



CONNECTING FOR A
Healthier Community

2025 Community Health Needs Assessment



Dear Mat-Su Residents,

The Mat-Su Health Foundation (MSHF) and Mat-Su Regional Medical Center (MSRMC) are pleased to present the 2025 Community Health Needs Assessment (CHNA). Working together with our community partners, the CHNA steering committee, and residents throughout the borough, this report provides insight into the health of Mat-Su. This is our fifth CHNA, and many of our initiatives and long-term community partnerships were developed in response to the key health concerns identified through the CHNA. The findings of this project truly guide our work as we aim to make Mat-Su a healthier place for all its residents.

When we consider the health of our community, it means so much more than just medical care. It means having access to basic needs, such as stable housing, nutritious food, meaningful work, and reliable transportation. It means having a coordinated system of services that address behavioral health needs, addiction and recovery resources, housing and food security, and promote healthy foundations for children and families. For people to thrive, a sense of belonging and a connection to community keep us rooted so we can continue to grow. The partnership between MSHF and MSRMC seeks to meet the needs of Mat-Su residents of all ages, statuses, and groups for better health.

The CHNA uses a variety of approaches to gather local data to elevate key health and well-being concerns and priorities, with Mat-Su for Mat-Su. From the 2013 CHNA, the R.O.C.K. Mat-Su collective was born, aiming to strengthen families and reduce child maltreatment across the borough. Working with over 60 partner organizations, R.O.C.K. actively works to impact the systems surrounding our children and families, ensuring they grow up well-loved and well-supported. Based on the 2016 CHNA, we found that many Valley residents are unable to access the resources they need or locate the services that best support them. This led to the creation of Connect Mat-Su, an information and referral hub that bridges that gap by connecting residents to diverse resources that meet their needs. Over the 12 years we have been conducting this needs assessment, the behavioral health continuum of care has consistently been a top concern. Community voices elevated the need for a local solution, which led MSHF and MSRMC to submit a certificate of need to the State of Alaska for a capital project: an expanded behavioral health hospital adjacent to the hospital. This expansion will provide an additional 45 beds for adults and adolescents, bringing timely, trauma-informed care closer to home, enabling them to stay in their community and heal, closer to their families, friends, and support networks.

This place is our home. We want to see Mat-Su flourish. We are raising families here, growing up and growing old in this community. Our lives, our livelihoods, and our daily rhythms are built here, which makes the health of our region that much more important. Our vision for the Mat-Su borough is a place where all people, regardless of their background, have the opportunity and access to live healthier lives. From access to food, transportation, housing, and economic mobility to meaningful work, environmental stewardship, a sense of belonging, and basic needs, we continually work toward a borough that consistently bridges gaps and develops innovative solutions to complex challenges. The CHNA provides us with direct insight into the experiences and lived wisdom of our residents, guiding our work and offering a greater vision for a healthier Mat-Su for all. **We hope that you see yourself reflected in this assessment, and that the insights inspire optimism and hope for a healthier future.**

Esther Pitts, President & CEO
Mat-Su Health Foundation

Taylor Rudd, CEO
Mat-Su Regional Medical Center

Land Acknowledgement

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

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.



Introduction

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.

This assessment was facilitated by Strategy Solutions, Inc., with support for the Mat-Su Household Survey from Alaska Survey Research (ASR). Additional data were provided by Steering Committee members, Mat-Su Health Foundation (MSHF), Mat-Su Regional Medical Center (MSRMC), 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 considered input from those who represent the broad interests of the communities served by MSRMC and the MSHF, including those with knowledge of public health and members of medically underserved, low-income, and underrepresented populations.

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Thank You. Chin'an. Tsin'aen.

We offer special thanks to the CHNA Steering Committee members who generously gave their time, energy, and expertise to support data collection and to provide insight and guidance to the assessment process and prioritization of health needs. Thank you for your contributions and for showing up with authenticity and care to each meeting.

Thank you to the more than 1,700 residents who participated in community surveys and focus groups, we are grateful for your willingness to share your experiences, knowledge, and perspectives. Your participation is so important to this work, thank you for trusting us with your data and stories.

We give heartfelt thanks to community story-tellers Gabrielle Rifman, Sam Farnum, Amber Bouslaugh, and Peg Provost for sharing your lived experiences with the steering committee. Your participation in the data sensemaking process was priceless, and an essential grounding that within the data are our neighbors with profound stories of determination and care for each other amid hardship. Thank you.

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List of Abbreviations

ACES - Adverse Childhood Experiences

ACR - Alaska Cancer Registry

ACS - American Community Survey

ADOLWD - Alaska Department of Labor & Workforce Development

ASR - Alaska Survey Research

ATR - Alaska Trauma Registry

BH - Behavioral Health

BRFSS - Behavioral Risk Factor Surveillance System

CDP - Census Designated Place

CHRR - County Health Rankings & Roadmaps

CUBS - Childhood Understanding Behaviors Survey

DOH - Alaska Department of Health

DPH - Alaska Division of Public Health

ED - Emergency Department

HAVRS - Health Analytics and Vital Records Section

HFDR - Health Facilities Data Reporting

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





Executive Summary



Introduction & Purpose

Every three years, the Mat-Su Health Foundation (MSHF) and the Mat-Su Regional Medical Center (MSRMC) conduct a Community Health Needs Assessment (CHNA) of the Matanuska-Susitna (Mat-Su) Borough in partnership with the community. A 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 promotes collaboration among local agencies and uses a mixed methods approach to incorporate population health data and outcomes, survey data, and community voice. In 2025, the Steering Committee included 24 community leaders, representing a diverse cross-section of the region. The report also includes an evaluation of the implementation strategies from the 2022 assessment.

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 that was published in December 2014. This CHNA supports the commitment of a diverse group of community agencies, organizations, and residents working together to achieve a healthier community in the Matanuska-Susitna Borough.

2025 Strategies & Goals

The purpose of this assessment is for MSHF and MSRMC to work together to complete an assessment that meets the IRS requirements, identifies the top health needs for the Mat-Su, and informs the development of a joint community health implementation plan. Staff identified the following strategies and goals for the 2025 CHNA process:

- Meaningfully engage community members and partners in the assessment and identification of top health priorities
- Utilize a standard set of secondary data indicators that were consolidated following the 2022 CHNA and include trends where relevant
- Where available, disaggregate data by demographics to identify disparities
- Increase efforts to build relationships and reach underrepresented populations
- Consider pros and cons of revising protocols for the randomly selected household telephone survey and implement changes to increase response and representation
- Focus on the vital conditions and expand upon economic mobility, social connections, and civic health

Executive Summary

Our Approach

This assessment is purposefully structured to view health within the broader context of “well-being,” and the vital conditions we all need to reach to our full potential. It also examines more closely the concepts of economic mobility, belonging, and civic muscle as catalysts to improve both individual and community health. By reviewing data from multiple sources and listening to community, this report provides a comprehensive and dynamic snapshot of the Mat-Su community’s health and wellness, the challenges residents are facing, and the progress achieved by MSHF and MSRMC—both individually and together—over the past few years.

This assessment would not be successful without the support and efforts of the many community members who engaged with us throughout the process. This CHNA was intentionally designed to incorporate a variety of quantitative and qualitative data collection and analysis methods including extensive secondary data from local, regional, state and national sources, along with data from over 1,700 community residents who participated in surveys and focus groups. The steering committee guided the overall process, provided local data from their agencies, and supported primary data collection. We are deeply grateful for their engagement and support.

Primary Qualitative Data Includes written and verbal responses to focus group questions and open-ended questions on surveys. Qualitative data provides an opportunity to listen to the perspectives, experiences, and stories of Mat-Su residents.	Primary Quantitative Data Includes the number and magnitude of community experiences and perceptions gathered from three different survey samples. The household survey was designed to reach a representative sample of the borough population.	Secondary Data Includes indicators related to health status, health outcomes, and health equity from public data sources, as well as data from local partners pertaining to health-related services provided in the region.
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The CHNA process was facilitated by MSHF staff and Strategy Solutions, Inc., with survey research support from Alaska Survey Research. Alaska Humanities Forum and MSHF staff facilitated a participatory data sensemaking methodology that informed the identification of top health needs.

Our Mat-Su Communities: Population Demographics

For this assessment, the community is defined as the Matanuska-Susitna Borough (Mat-Su), which represents the primary service area of the MSRMC and the MSHF. The borough, which spans 25,000 square miles and has 24 census tracts, has been organized into 6 subregions for this report. The core area includes Wasilla and Palmer and the communities in between (i.e. Gateway, North Lakes, and South Lakes). Regions that are immediately adjacent the Core were divided into a West Outer Core region and an East Outer Core region. Outside of the core area are three more rural subregions, Western/Knik Arm, Upper Su, and Glenn Highway.

The Mat-Su Borough is the fastest-growing borough, the second-most populous borough, and third largest by land. Current population is estimated at 117,000, experiencing consistent population growth through positive net migration, even as other areas like Anchorage have seen a decrease in residents. The borough's population grew by an estimated 8% between 2022 and 2025 and is projected to grow by another 15.4% by 2030.

Table 01: Estimated Population Growth | Source: ADOLWD, Bureau of Workforce Development

	2020 Census*	2030 Projection	2035 Projection	2040 Projection	2045 Projection	2050 Projection
Alaska	733,391	742,758	742,339	739,010	731,849	722,806
Anchorage	291,247	285,931	281,302	275,070	267,757	260,093
Mat-Su Borough	107,081	123,548	131,003	137,520	142,665	146,262
Mat-Su Growth From 2020		15.4%	22.3%	28.4%	33.2%	36.6%

However, this growth isn't spread evenly; some areas like the Western/Knik Arm region grew by 34.1% from 2010 to 2020 (Mat-Su population overall grew by 20.3% during that time), while the Glenn Highway area saw a decrease. This rapid and uneven growth places a huge demand on local infrastructure, including roads, as well as on education and employment opportunities.

The changing demographics also display the different needs of various communities within the borough, as some rural areas have an older population and lower average incomes compared to the more urban Core regions. The borough population is becoming more racially diverse. Educational attainment and household income differ widely across the borough. Some regions like the East and West Outer Core have higher than average household incomes, while areas such as Upper Su and Glenn Highway are lower than average. Some regions of the borough, like Palmer and Glenn Highway, have a higher proportion of people with disabilities. Additionally, the Mat-Su is home to 18.7% of Alaska's veterans. Understanding the population and demographic trends helps us to understand the health needs and disparities experienced and can help health care, public health and community planning professionals to develop programs that meet the needs of the growing population.

Executive Summary

Top Health Priorities in the Mat-Su

The selection of the top health needs in the Mat-Su community was informed by the community data presented in this report and community members lived experiences, as well as the scope and severity of the problem, associated health disparities, and impact on health outcomes. After four months of data collection and analysis, key themes were identified that resonated across secondary data and the qualitative and quantitative primary data. Key themes and data were summarized for the steering committee as they moved into the data sensemaking and prioritization process, where they helped to determine the “importance the community places on addressing the need.”

The Steering Committee identified six priorities for MSHF and MSRMC to consider as significant health needs. Each priority need is written with accompanying definitions (see Chapter 3 Top Health Priorities in the Mat-Su). Additionally, the Steering Committee identified two key themes related to the health needs, that should be considered in the health improvement planning process: belonging as a determinant of health and systemic barriers that create instability. Belonging and economic mobility intersect with each priority, and this connection is described. Additionally, community needs cannot be isolated as a single issue or problem to be fixed, many of these needs are inter-related parts of complex systems and not all residents experience these priority needs in the same way.





Safe and Stable Housing

The Mat-Su housing continuum lacks pathways to safe and stable housing and coordinated supportive wrap around services for all residents.



Safe, Reliable, and Affordable Transportation

Mat-Su transportation infrastructure struggles to keep pace with population growth and development, causing safety concerns and limited options for essential travel.



Accessible and Affordable Childcare

Mat-Su parents and caregivers face high costs and limited options for childcare.



Nutritious Food

Rising food costs and inconsistent access to fresh, nutritious, and culturally appropriate food causes Mat-Su residents to experience hunger and food insecurity.



Health Services for Every Resident

Residents are experiencing increased mental health concerns, inability to afford the cost of care and/or insurance, and limited provider availability for primary, specialty, and behavioral health care.



Community Places and Spaces

The Mat-Su has few indoor physical places for community connection or recreation, and spaces are often capacity-limited, resulting in residents experiencing social isolation and lack of belonging, especially during winter months.

Executive Summary

Key Findings

Mat-Su residents love living in the Mat-Su because of the natural beauty, access to the outdoors, and the strong sense of community. People in the Mat-Su expressed both positive changes and challenges as the community has grown. For example, people noted more access to local health care specialist and clinics, like the VA clinic, saving them time from driving into Anchorage for services. However, they also noted long wait times to see their primary care doctor, often resulting in needing to access care through urgent care clinics. Residents also mentioned the increase in trails and pathways yet noted the limited connectivity of pathways and lack of sidewalks in many new neighborhoods and housing developments. Some additional challenging changes that residents described included increased traffic; urban sprawl; and the loss of farmland, natural spaces, and wildlife.

Economic mobility has been declining in Mat-Su, which means it has become harder for people to move up the income ladder. The gap between the highest- and lowest-income earners has nearly doubled, growing by 99% in Mat-Su. This decline in mobility has been hardest on people from low-income households. Many residents are experiencing economic challenges and face issues with access to affordable housing, transportation, food, childcare, health care and behavioral health services. Additionally, fewer people in the Mat-Su report good quality of life. However, people living in rural areas, older adults, people with higher incomes, and married women were more likely to report a better quality of life. Overall, only 17% of Mat-Su residents on the household survey said they feel a very strong sense of belonging in their community, though this was higher for rural and older residents.

The following table describes each of the high-level community assets and needs. The individual chapters, organized by the vital conditions of the Well-Being Portfolio, provide more detail on the findings and how each vital condition is connected to economic mobility and belonging and civic muscle.



	Mat-Su Community Assets	Mat-Su Community Needs
Housing	<p>Strong sense of community</p> <p>Ability to age in place</p> <p>Preservation of local identity</p> <p>Family-friendly neighborhoods</p>	<p>Widespread housing insecurity</p> <p>Unaffordable market and income gap (workforce housing and low-income housing)</p> <p>Lack of emergency and transitional housing</p> <p>Inadequate or unsafe living conditions (lack of potable or safe water, and heat source in winter)</p>
Transportation	<p>Independence through personal vehicles</p> <p>Safe biking and walking reported in some neighborhoods (Palmer area, generally)</p> <p>Proximity to services in core areas</p> <p>Neighbor support systems providing informal rides or carpools</p>	<p>Rapid growth outpacing infrastructure</p> <p>Limited and inaccessible public transit</p> <p>Barriers to essential services</p> <p>Lack of options other than personal vehicle</p>
Safety & Injury	<p>Neighbors looking out for each other in some communities</p> <p>Safe, welcoming spaces for youth and families</p> <p>Accessible emergency medical services and health providers</p>	<p>Increased property crime, drug use, and domestic/interpersonal violence</p> <p>Serious concerns about youth and school safety, including bullying and physical violence</p> <p>Concerns about walking and biking safely with limited connected pathways</p>
Environment	<p>Connection to nature and landscape</p> <p>Mental and physical well-being from outdoor access</p> <p>Community stewardship and pride</p>	<p>Environmental degradation and wildlife loss</p> <p>Inadequate infrastructure</p> <p>Trash, dumping, and environmental neglect</p>

	Mat-Su Community Assets	Mat-Su Community Needs
Behavioral Health	<p>School-based mental health services</p> <p>Peer support groups and community-led recovery efforts are highly effective</p> <p>Mobile crisis units and outreach teams</p>	<p>Increasing mental health concerns by households</p> <p>Severe provider shortages, long wait times (up to 6+ months)</p> <p>Youth substance use is rising, tied to untreated mental health and lack of safe spaces</p> <p>Barriers like housing, transportation, and cost of living</p>
Belonging and Community	<p>Friendly, welcoming neighbors (in some areas)</p> <p>Active volunteer groups and community organizations fostering connection</p> <p>Inclusive youth programs</p>	<p>Lack of a walkable downtown or central gathering hub</p> <p>Limited infrastructure supporting affordable programs and events, especially in winter</p> <p>Difficulty making social connections, especially for newcomers, parents, and isolated adults</p>
Healthcare Access	<p>Expanded services and providers, particularly within the core area</p> <p>Increased access to some services locally, e.g. some specialty services, VA clinic, and Tribal health</p>	<p>High cost of care</p> <p>Too few primary care providers per patient population</p> <p>Long wait times; lack of providers accepting Medicare, Medicaid, or other insurances</p> <p>Insufficient caregiver support systems</p> <p>Transportation and isolation limiting access and creating discharge delays</p>

	Mat-Su Community Assets	Mat-Su Community Needs
Economic Mobility	Increasing local job opportunities in healthcare and education	Decrease in economic mobility and widening class gap
	Availability of adult education and vocational training programs	Housing costs outpacing wages
	Supportive community organizations and networking opportunities	Multiple jobs required to cover basic living expenses
Food		Limited local job opportunities that pay a livable wage
	Food pantries and community food programs	Long travel to find affordable, quality, fresh food
	Reliable school meal programs for children	Rising food costs strain limited household budgets
	Prepared meal delivery programs for older adults or those with limited mobility	Reliance on food banks due to inadequate SNAP or benefit/assistance gaps
		Large number of residents have changed food purchasing habits (e.g. brand, scaling back, or less nutritious options) due to rising costs

Assessment to Action

This marks the fifth Community Health Needs Assessment (CHNA) completed by Valley Hospital Association Inc. (VHA)/dba MSHF and the MSRM. The foundation and hospital work in different yet symbiotic ways to improve and support the health and well-being of the Mat-Su community. The purpose and ambition of the MSRM is to “help people get well and live healthier lives by providing safe, quality healthcare, building enduring relationships with patients and providing value for the people and communities [they] serve.” Their way of working is to focus on the acute and preventative medical needs of the community by hiring and training qualified practitioners and developing clinic capacity. The mission of the MSHF is to improve the health and wellness of Alaskans living in the Mat-Su through community engagement, policy reform, research and evaluation, and funding for grants and scholarships. Following the completion of each CHNA, MSHF and MSRM develop and evaluate an implementation strategy to address the priority community health needs. This is documented in the Community Health Improvement Plan (CHIP) and annual evaluation reports.



Chapter 1



Progress & Outcomes

Progress and Outcomes

This marks the fifth Community Health Needs Assessment (CHNA) completed every three years by Valley Hospital Association Inc. (VHA)/dba MSHF and the MSRMC. Following the completion of each CHNA, MSHF and MSRMC are required to develop and evaluate an implementation strategy that addresses the priority community health needs. This is documented in the Community Health Improvement Plan (CHIP) and annual evaluation reports.¹ The information from MSRMC that is contained in this evaluation shows the hospital's commitment to Mat-Su Borough residents and support for MSHF's mission and community outreach. Additionally, this evaluation highlights where the foundation and hospital collaborate to create a healthier community.

The foundation and hospital work in different yet symbiotic ways to improve and support the health and well-being of the Mat-Su community. The purpose and ambition of the MSRMC is to "help people get well and live healthier lives by providing safe, quality healthcare, building enduring relationships with patients and providing value for the people and communities [they] serve." Their way of working is to focus on the acute and preventative medical needs of the community by hiring and training qualified practitioners and developing clinic capacity (Figure 01 – MSRMC way of working). The mission of the MSHF is to improve the health and wellness of Alaskans living in the Mat-Su through community engagement, policy reform, research and evaluation, and funding for grants and scholarships (Figure 02 – Our way of working by WBP). Through the joint venture and shared governance, MSHF and Community Health Systems (co-owners, 35% & 65% respectively) along with MSRMC (operator) partner on hospital improvements to meet the health needs of the growing population of Mat-Su residents. Additionally, as co-owner the Mat-Su Health Foundation contributes to capital improvements at MSRMC.

¹ The CHIP and annual evaluation reports are available at <https://www.healthymatsu.org/learning/mshf-reports>



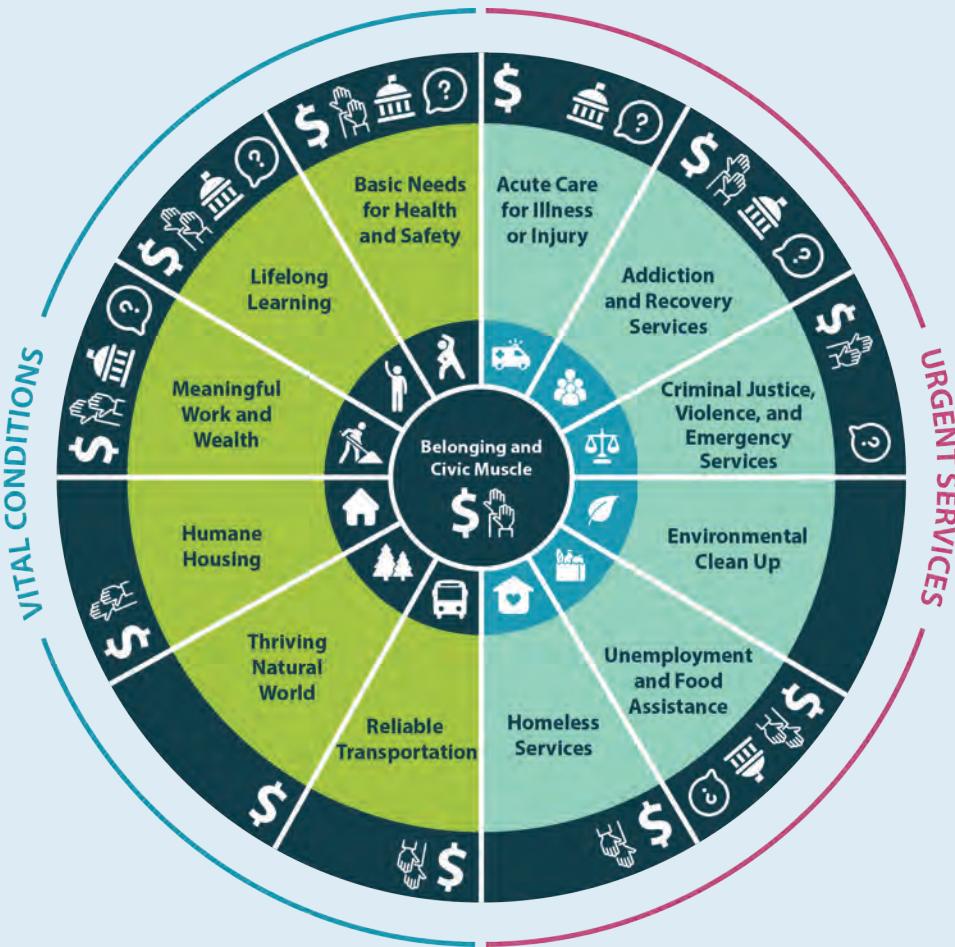
Figure 01: Mat-Su Regional Medical Center's Way of Working



Figure 02: Mat-Su Health Foundation's Way of Working by the Well-Being Portfolio

Our way of working by well-being portfolio

-  Funding
-  Community Engagement
-  Policy/Advocacy
-  Research & Evaluation



Chapter 1: Progress & Outcomes

Notable Improvements Since 2020

Following their ways of working the MSHF and MSRMC work both independently and collaboratively to improve the health and wellness of Mat-Su residents. The following are some of the most notable individual and collaborative investments in the past five years.

Collaborative Improvements and Investments

- The 16-bed inpatient behavioral health unit opened in 2020 and was one of the only units in Alaska to continue to accept patients during COVID. The demand continues to outpace the capacity of the unit and in 2025 MSRMC along with MSHF submitted a certificate of need to build a 45-bed freestanding behavioral health hospital for adults and adolescents.
- The MSHF and MSRMC are committed to growing the healthcare workforce in Mat-Su. The two entities are collaborating and working with key partners to develop a Teaching Health Center (THC) aimed at establishing a medical residency program. The THC is a strategy to address the need for increased access to primary care providers for Mat-Su residents, expansion of healthcare services, and growth of the healthcare workforce. Currently, the Mat-Su THC Community Group provides oversight to the Governance Consortium Committee and the Graduate Medical Education Committee. The consortium of community stakeholders, including Mat-Su Regional Medical Center is working towards identifying a Sponsoring Institution to initiate the Accreditation Council for Graduate Medical Education (ACGME) application process in 2026.
- The Mat-Su Valley Drug-Endangered Children's (DEC) Multi Disciplinary Team (MDT) launched in 2022 as the first of its kind in Alaska. The team, a collaborative of 15 local agencies including R.O.C.K. Mat-Su and MSRMC, work together to support children who live in drug environments and help families to get the support they need to access treatment, stable housing, employment and family reunification.

Mat-Su Regional Medical Center Improvements

- In early 2025, MSRMC achieved the Level III Trauma Center designation, strengthening their ability to serve the Mat-Su with advanced trauma care. There are currently no other level III Trauma Centers in the state of Alaska and the only two Level II Trauma Centers are in Anchorage.
- MSRMC expanded specialty services in Cardiology including a \$3.5 million investment to add a second cardiac cath lab, as well as the addition of Gastroenterology, Plastic Surgery and Dialysis.
- MSRMC provided over \$65.9 million in charity and uncompensated care from 2020 to 2024.
- MSRMC is committed to developing future providers and hosted 509 medical and allied health students in 2024.

MSHF Investments and Programs

In the past five years the foundation has grown into its theory of change and way of working by adding a Director of Public Policy to build upon and focus efforts on policy and advocacy, by adding and staffing two new departments— Evaluation and Learning and Community Engagement, and by expanding focus areas and expanding the philanthropy team.

Since 2020, the MSHF has invested over \$76 million in grants and scholarships to improve the health and wellness of people living in the Mat-Su. Additionally, the foundation has supported the growth and expansion of the R.O.C.K. Mat-Su program and launched the Connect Mat-Su information and referral resource.

Figure 03: Funding by Focus Area, 2020 – 2024



Healthy Aging
\$11.6 million | 90 grants
Established 2011



Healthy Families
\$16.4 million | 79 grants
Established 2014



Healthy Minds
\$10.3 million | 57 grants
Established 2015



Healthy Foundations
\$12.3 million | 70 grants
Established 2019



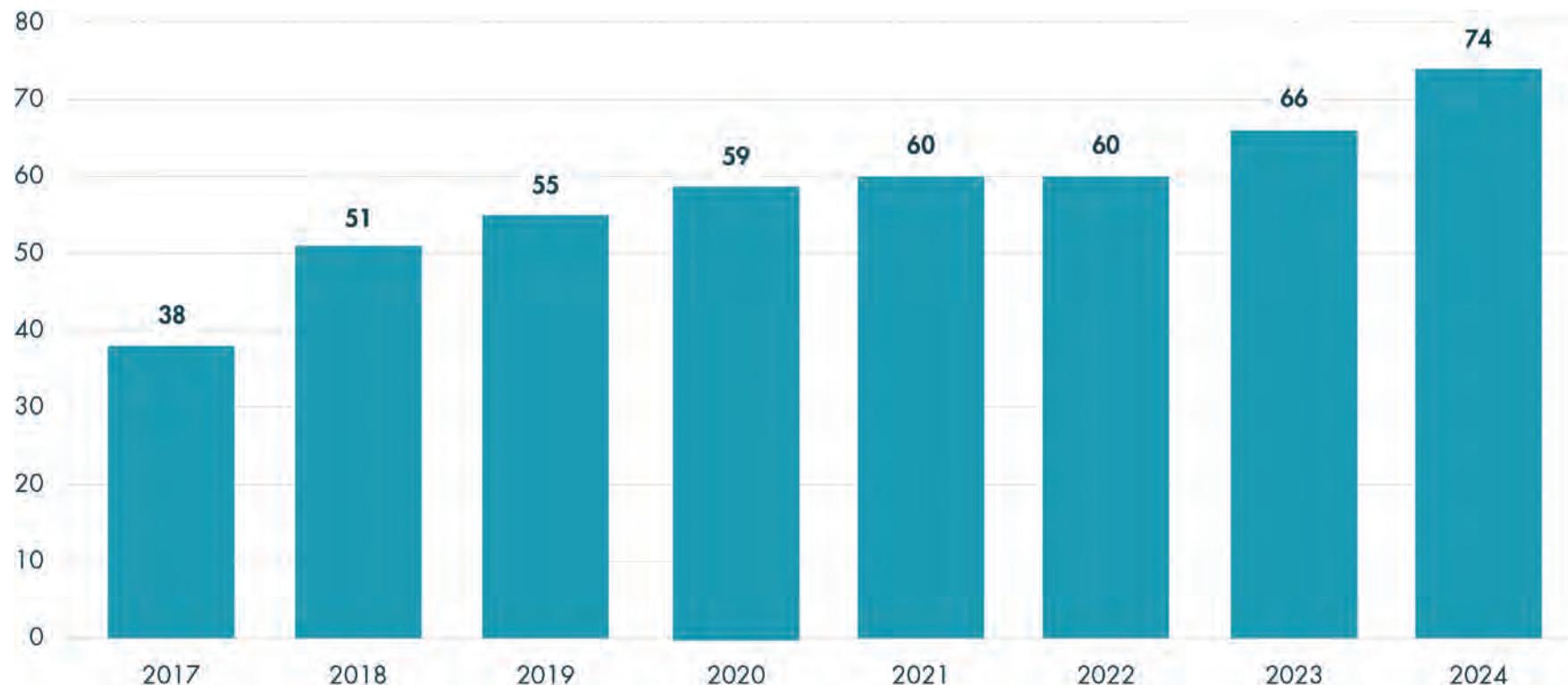
Healthy Futures
\$2.8 million | 26 grants
\$10.8 million in scholarships
Established 2020

R.O.C.K. Mat-Su

R.O.C.K Mat-Su, which stands for Raising Our Children with Kindness, was established in 2014, after the first Mat-Su Community Health Needs Assessment. It is a cross-sector collaborative of community members joining together to promote family resilience and reduce child maltreatment. R.O.C.K. Mat-Su, comprised of 74 partners, works strategically toward 1) Strengthening families so all children are safe, healthy, and thriving, and 2) Ending child abuse and neglect, and reducing Adverse Childhood Experiences (ACEs). Since 2017, the number of partners engaged in R.O.C.K. Mat-Su has grown by 95%, from 38 in 2017 to 74 in 2024 (Figure 04).



Figure 04: R.O.C.K. Mat-Su Partner Growth

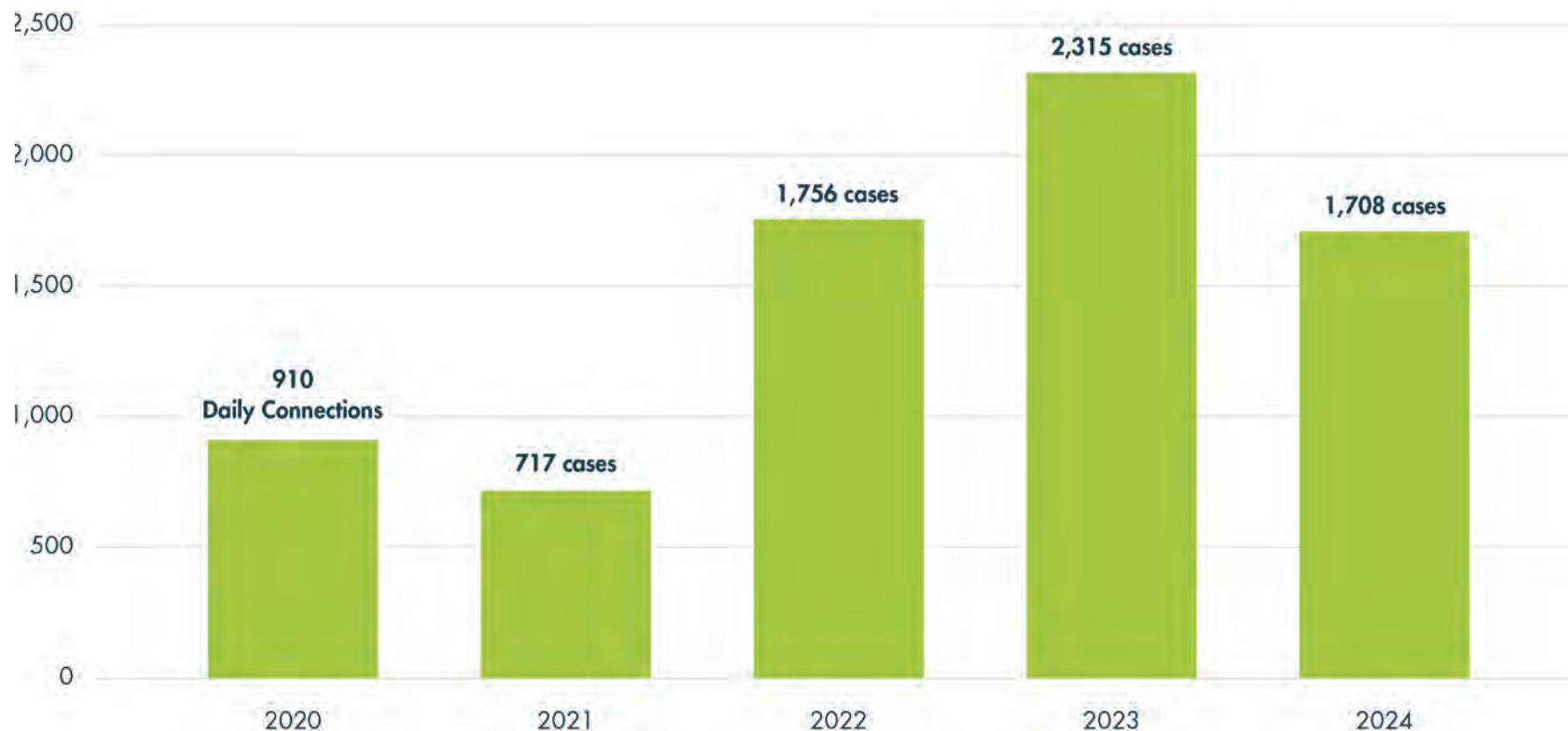


Connect Mat-Su

Connect Mat-Su was established in 2019 as a resource for the Mat-Su community to support residents with immediate access to information, referrals, and direct assistance needed to thrive physically, mentally, socially, and emotionally. Connect Mat-Su has grown significantly since opening their doors, peaking at 2,315 cases in 2023 (Figure 05). In addition to being an information and referral resource, Connect Mat-Su is a strategic partner working to improve systems in the Mat-Su by leading and supporting efforts around crisis intervention, housing and homelessness, and service coordination.



Figure 05: Annual Connect Mat-Su Cases, 2020 – 2024



Chapter 1: Progress & Outcomes

Progress and Outcomes Since 2022

The top priorities identified in the 2022 community health needs assessment included:

1	Housing/Emergency Shelter	2	Behavioral Health Continuum of Care	3	Children and Families are Safe, Healthy, and Thriving	4	Transportation Network
5	Social Connectedness	6	Economic Opportunities	7	Equitable Access to Resources	8	Primary & Preventative Care

The following is a summary of outcomes and impact highlights for each top priority. For more detailed information, see the individual annual evaluation reports for 2023, 2024, and 2025, available on our website.

Housing and Emergency Shelter | Implement emergency shelter and address gaps in the housing continuum.

Key MSHF Programmatic and Systems Change Work

Connect Mat-Su is a critical resource in supporting individuals and families who are unhoused, at risk of eviction, or who are struggling to pay their mortgage or utility bills. Over half of the client-initiated cases they support are related to housing needs. They help residents navigate the system and find service for which they are eligible. Connect Mat-Su partners with Mat-Su Electrical Cooperative to distribute rental assistance funding, preventing housing instability and supporting vulnerable residents. Additionally, Connect Mat-Su collects real-time data on community needs and systems gaps.

In 2019 MSHF supported Wasilla Area Seniors, Inc. (WASI) with expanding their campus by purchasing 7.29 acres of adjacent land and leasing it to WASI for \$1 per year. The Foundation has since transferred ownership of the land to WASI, which happened in two phases as in-kind grants. WASI then successfully secured other funding resources to develop two senior housing projects, Aspen House and Willow House. This project made available a total of 80-units each for adults age 55+ and is supporting older veterans and individuals experiencing homelessness.

MSHF Community Investments

- MSHF has contributed funding to three affordable housing projects with Valley Residential Services since 2022, adding units from efficiency to 3-bedrooms, including designated units for persons with low or very low income and people with disabilities.
- Choosing Our Roots expanded services to the Mat-Su with funding from MSHF. They offer a host home and case management program to support LGBTQ+ youth experiencing homelessness in the Mat-Su.
- The Daybreak Palmer Navigation Center opened in 2023 to support people experiencing homeless. MSHF contributed funding in 2024, to support the navigation center and case management. Case managers are a resource for Palmer Police and the Mobile Crisis Team to assist in connecting individuals to services and basic resources.

Behavioral Health (BH) Continuum of Care | Mat-Su residents have access to an effective and complete BH continuum of care.

Key MSHF Programmatic and Systems Change Work

Since the first CHNA in 2013 the MSHF has engaged with community partners to strategically develop programs and resources that serve people in crisis and support recovery. This includes programs like High Utilizer Mat-Su (HUMS) to reduce the repetitive use of the emergency department (ED) and connect individuals to resources and services and the Crisis Intervention Team (CIT) Academy that provide training for Mat-Su first responders and behavioral health providers. Since the last CHNA, in 2023 the Mobile Crisis Team (MCT) was launched by True North Recovery and expanded in 2024 to serve beyond the Wasilla boundary. The MCT responds to emergency calls related to domestic violence, family mediation, driving under the influence, child abuse, loss of life, alcohol and drug abuse crisis, suicide ideation, house fires, vehicle repossessions where people will be homeless, veterans in crisis, disoriented seniors, and youth having experienced trauma to mitigate and care for residents experiencing crisis in partnership with law enforcement.

MSHF Community Investments

- The Alaska Behavioral Health Alliance (ABHA) is committed to improving access to behavioral health services by building provider capacity and workforce, developing data strategies and infrastructure, and advocating for sustainable and supportive reimbursement rates. The MSHF funded ABHA to provide technical assistance, data support, and a platform for measurement-based outcomes to Mat-Su providers.
- MSHF funding supported the expansion of the Day One Center through True North Recovery to increase the number of detox beds to 13 total.
- The MSHF continues to fund the Sunshine Community Health Center to operate and expand the Behavioral Health in Schools (BHIS) program. They are now able to bill for some services. The program serves 15 schools and over 400 students annually.

“I have really been helped personally through this program. It is amazing to have someone that I can talk to that is not part of my friend group or family. It has really helped me come out of my shell.” —BHIS Student

MSRMC Improvements

MSRMC expanded behavioral health services in 2025 by launching an intensive outpatient program and partial hospitalization program (IOP/PHP) for adults. This program fills a gap for patients who need more intensive care than outpatient therapy but don't require hospitalization.

Children and Families are Safe, Healthy, and Thriving | All Mat-Su children and families are safe, healthy, and thriving through an engaged and coordinated community.

Key MSHF Programmatic and Systems Change Work

R.O.C.K. Mat-Su has worked to embed trauma-informed, family-centered practices within the child welfare system through initiatives like the Families with Infants and Toddlers (FIT) Court and Family Contact Improvement Partnership (FCIP). The FCIP has impacted family reunification success rates, strengthened long-term child welfare outcomes, and supported retention of Office of Children's Services (OCS) staff.

Healthy Families funded the Infant Learning Program (ILP) documentary film, an early childhood advocacy project with Mat-Su Services for Children and Adults (MSSCA) and CCS Early Learning. The ILP film project release aligned with proposed policy to support the program statewide. The film premiere was a collaboration with R.O.C.K. Mat-Su and MSHF Director of Policy and Advocacy. The venue was at capacity with 80 attendees, mostly lawmakers, legislative staffers, and community partners.

MSHF Community Investments

- MSHF is a strategic partner with Youth 360, an afterschool program adapted from the Icelandic Prevention Model, that offers a safe space for youth to connect with one another and build community. MSHF has funded the United Way Mat-Su since 2019 to operate two Youth 360 club houses in Wasilla and Houston. In 2024, MSHF funded Northgate Church to open a third Youth 360 site.
- MSHF has funded CCS Early Learning (Head Start) and Sunshine Station Child Care Center to improve childcare access for underserved communities. The Palmer Head Start facility, built and owned by MSHF, provides quality care for low-income families, children in foster care, and families experiencing homelessness. MSHF provided funding to support professional development and paid leave for staff to support staff retention and transportation services to maintain access for families after the Meadow Lakes facility closure. Sunshine Station Child Care Center is the only licensed facility in the Talkeetna area. MSHF provided capital funding to expand the center and improve access in an underserved rural area.
- MSHF joined the Alaska Summer Camp Initiative, partnering with Alaska Community Foundation, Rasmuson Foundation, and others, to extend summer camp scholarships and capacity in the Mat-Su Borough.

MSRMC Improvements

MSRMC actively participates in the Drug-Endangered Children's multi-disciplinary team to develop a coordinated response among referral agencies to more adequately address the needs of drug endangered children and their parents and caregivers.

Transportation Network | Build relationships and connections that support residents' access to rides and enhance the system where possible to address gaps.

Key MSHF Programmatic and Systems Change Work

MSHF engaged in sustained public transportation advocacy with the borough, resulting in more local government investment in mobility services. Pilot projects, such as the Central Dispatch Project, provide the community ways to test ideas with limited risk. MSHF sponsored the Central Dispatch Project, which made it possible for the borough and local partners to pilot coordinated transportation services and evaluate what works before scaling.

MSHF Community Investments

- Invested grant funding to nonprofit transportation providers which served as the local match allowing the transit providers to access federal funding. With support from MSHF, regional transit providers restructured routes to prioritize community needs, improving rider access to key destinations like hospitals, job centers, and grocery stores.
- MSHF provided funding to Sunshine Transit and Upper Susitna Food Pantry for the Ripples Program to provide weekly transport for seniors to access congregate lunch at the Upper Susitna Senior Center and to deliver food boxes to seniors twice monthly.
- MSHF funded Youth 360 to provide bus rides for program participants 2022-2025, reducing barriers for youth to participate in the program afterschool.



Social Connectedness | Foster collective attachment, social support, and connectedness within and between Mat-Su's many communities.

Key MSHF Programmatic and Systems Change Work

The Design Connections™ Program for older adults, intended to build connection and reduce loneliness, showed statistically significant improvements in participants' sense of purpose and promising impacts on decreasing loneliness. There is now a community-led expansion of the program happening in Mat-Su. More information about the pilot program outcomes is available in the 2025 report.²

MSHF supports the Mat-Su Council on Aging as a key advocacy partner by funding its operational capacity and data initiatives, such as the Older Adults 55+ Survey.

Braided Stories, a trauma-informed workshop of R.O.C.K. Mat-Su, aims to engage community members and social change leaders in an educational experience to deepen understanding and awareness of systemic racism. The workshops have been offered multiple times per year since 2021.

MSHF Community Investments

- MSHF funded Youth 360 with the United Way Mat-Su to provided stipends for youth to participate in afterschool activities.
- MSHF funds Mat-Su senior centers and tribes which provide opportunities for older adults and elders to socialize and age in community.
- As a result of MSHF funding, Seniors are able to access congregate meals at the Upper Susitna Senior Center through the Ripples program, a collaboration of the Upper Su Food Pantry, Sunshine Transit and the Upper Susitna Senior Center.

MSRMC Highlights

To foster a socially connected and health informed community, MSRMC provides programs and classes for Mat-Su residents. This includes the Senior Circle program for residents aged 50 and older who want to have active lifestyle, learn about health, and meet others. The membership is free and provides physician-led seminars, social engagements, and volunteer opportunities.

² Swartz and Birsel (2025). Facing the Future with Optimism Report. Available at: https://www.healthymatsu.org/wp-content/uploads/BS_Design-Connections-Report.pdf

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

Key MSHF Programmatic and Systems Change Work

MSHF started a 5-year stipend program with Pacific Northwest University of Health Sciences in 2021 to encourage students to complete clinical rotations in the Mat-Su and consider long-term placement.

The MSHF scholarship program continues to innovate and find ways to increase access and decrease burden for potential scholars. This includes shifting to a needs-based model for scholarship awards, launching renewable applications for returning scholars, and creating the scholarship hub physical location in the building to better support in-person student needs.

MSHF convenes key workforce development stakeholders (e.g., educators, employers, government agencies, elected officials and workforce associations) to collaborate on addressing Mat-Su health care workforce needs.

MSHF Community Investments

- MSHF continues to provide academic scholarships, vocational scholarship, and professional development and training scholarships for Mat-Su residents to build their career in healthcare and human services.
- MSHF funded the State of Alaska SHARP loan repayment program to improve the recruitment and retention of health professionals in the Mat-Su.
- MSHF funded UAA's efforts to expand access to social work education, with a specific focus on growing support for Mat-Su-based behavioral health workforce needs.
- Nine Star's MSHF grant supports their strategic plan to expand economic opportunities for Mat-Su residents by investing in employment support and wrap-around services that help individuals transition from public assistance to self-sufficiency. This investment not only equips residents with the skills to secure stable employment but also builds a stronger, more resilient local economy.

MSRMC Improvements

MSRMC continues to partner with Project SEARCH, a program of the Mat-Su Borough School District (MSBSD) that supports students with disabilities in securing competitive employment. In 2023 and 2024, MSRMC employed a total of 14 Project SEARCH graduates.

Equitable Access to Resources* | All Mat-Su residents have equitable access to resources that ensure health, wellness, and safety.

Key MSHF Programmatic and Systems Change Work

Connect Mat-Su continues to grow as a trusted resource for the Mat-Su Community. Using information and referral as both a prevention and response tool, Connect Mat-Su not only addresses immediate concerns but also drives upstream and downstream system change. Often described as a catalyst for change and a container for innovation, it has the flexibility to adapt and respond in ways others cannot, working collaboratively with partners to fill gaps and strengthen the overall safety net for Mat-Su residents. Connect Mat-Su users report improved quality of life (63% of individuals surveyed in 2024) and a better understanding of how to connect to resources (78% of individuals surveyed in 2024).

Connect Mat-Su partners with community organizations to improve access to resources for Mat-Su residents. It is a critical resource in strengthening crisis response efforts by helping to create a more effective, service-oriented model and by filling gaps in post-crisis support. Connect Mat-Su partners with Sunshine Community Health Center and Mat-Su Public Health to improve real-time access to resources. This includes an e-referral project with Sunshine Community Health Center to screen for social determinants of health and refer patients to Connect Mat-Su for resources to meet their needs.

MSHF convenes food system stakeholders, including pantries, agencies, elected officials, and local producers to foster collaboration, coordinate efforts, and inform policy priorities.

MSHF Community Investments

- MSHF funded the Matanuska Community Farmers Market which launched in 2023 and is the first and only market in Mat-Su providing SNAP Market Match.
- MSHF funded the Mat-Su Food Bank to relocate and increase storage and distribution capacity.
- MSHF continues to fund Willow Food Pantry, the Upper Su Food Pantry, and Kids Kupboard to operate food programs for children.
- For three years in a row, the MSHF has funded and partnered on a Veteran's Resource Fair, ensuring veterans have access to needed resources.
- MSHF provide grants to Alaska Warrior Partnership and Valley Charities, to support veterans through seasonal assistance programs. This was often a lifeline for people and provided direct assistance with firewood, snow removal, utility support, and food, to keep veterans safe and help them age in place.
- MSHF funded the Palmer Church of God to develop the Palmer Family Park, the first fully accessible and inclusive playground in Mat-Su.

MSRMC Investments

MSRMC distributed a total of \$15.5 million in charity care and uncompensated care in 2023 and \$19 million in 2024. Additionally, the hospital gave back to the community in 2024 by donating to Kids Kupboard and hosting a peanut butter drive for MatSu Food Bank.

* (e.g., Housing, Food, Transportation, Healthcare)

Primary and Preventative Care | Promote equitable access to primary and preventative care.

MSHF Community Investments

- MSHF has helped to strengthen access to medical, dental, and behavioral health services by funding the operations of the Sunshine Community Health Center and Mat-Su Health Services, both are Federally Qualified Health Centers (FQHC) serving Mat-Su Residents.
- Since 2023 MSHF has provided grant funding to the Healthy Smiles Forever program through Christian Health Associates, expanding preventive and restorative dental care for residents in long-term care facilities.
- MSHF has supported the launch and continued operations of the Durable Medical Equipment (DME) program with Valley Charities since 2021. The program provides access to DME (e.g., walkers, wheelchairs, crutches) on loan for free, this ensures residents can afford and access DME while temporarily recovering from an injury or surgery, and it helps to reduce waste.

MSRMC Improvements

From 2022 to 2024, MSRMC has recruited a total of 39 providers (Table 02) and added new clinical capacity in 2023 for gastroenterology, plastic surgery, and dialysis. In 2024, MSRMC invested \$3.5 million to add a second cardiac catheterization suite and new imaging technology. With this expansion and the addition of an interventional cardiologist the MSRMC can provide timely and advanced interventional treatments in emergencies.

Table 02: MSRMC Provider Recruitment

2022 Providers	2023 Providers	2024 Providers
5 mid-level	2 mid-level primary care	3 infectious disease providers
2 family medicine	1 gastroenterologist	3 urgent care providers
2 interventional cardiologists	1 family practice	2 gastroenterologists
1 psychiatrist	1 plastic surgeon	2 mid-level cardiac
1 ear, nose, throat specialist	1 neurologist	2 orthopedic
1 general surgeon	1 psychiatrist	2 behavioral health



Chapter 2



Our Approach



Our Approach

Mat-Su is our home. We embark on this assessment with humility, understanding that knowledge comes in many forms. We gathered data, engaged with many people from across Mat-Su, and listened deeply to their stories. This report presents the data, stories, and experiences of Mat-Su residents. While this assessment is a guide to the foundation and the hospital, we take care to ensure that it is a resource for the whole community.

This assessment is purposefully structured to view health within the broader lens of “well-being,” offering a richer understanding that can guide the community in using resources and investments to enhance overall health. It also examines more closely the concepts of belonging and civic muscle and economic mobility as catalysts to improve both individual and community health. By reviewing data from multiple sources and listening to community, this report provides a comprehensive and dynamic snapshot of the Mat-Su community’s health and wellness, the challenges residents are facing, and the progress achieved by MSHF and MSRMC—both individually and together—over the past few years.

Stakeholder Engagement

This assessment would not be what it is without the support and efforts of the many community members who engaged with us throughout the process. This assessment was shaped by a steering committee and conversations with additional stakeholders, including Knik Tribe and Sunshine Transit staff. The steering committee consisted of a diverse group of community members who are experienced in areas across the well-being portfolio (See acknowledgements on page 5 for full list of committee members). They met five (5) times over the course of the project in 2025: March 20, April 23, May 20, August 20, and September 9.

Steering committee members informed the overall process, provided local data from their agencies, helped to identify focus group audiences and participants, coordinated venues and/or helped conduct intercept surveys, and provided direct input into the issues and challenges facing Mat-Su residents. We are deeply grateful for their engagement and support.

In addition to the steering committee, we included four community members in the data sensemaking process by inviting them to share their lived experiences with the steering committee. Community storytelling deepened understanding the complexities and barriers to thriving in the Mat-Su. We are grateful for their participation and willingness to engage with their stories.

Well-Being Portfolio

This assessment is intentionally designed to frame health status in the context of the Rippel Foundation’s Vital Conditions for Health and Well-Being. Vital conditions are the “properties of places and institutions that we all need all the time to reach our full potential.” This includes necessities like nutritious food and safe drinking water, humane housing, reliable transportation, access to education and meaningful work, as well as a sense of belonging and agency in community. A thriving community is possible through the investment in vital conditions, yet often there is an over-reliance on urgent services. Urgent services are “broadly defined as all of the services that anyone under adversity would need to temporarily regain or

restore their health and well-being. These include everything from urgent care clinics to food pantries and homeless shelters.” Urgent services are requirements of a healthy, thriving community, however, there can be an imbalance when vital conditions are lacking and there is increased demand on urgent services.

The Well-Being Portfolio graphic displays the balance of vital conditions and urgent services, with belonging and civic muscle at its center (Figure 06). Communities thrive when there is a balance of investment in vital conditions and urgent services, when residents have a sense of belonging and power to shape the future, and when they can work upstream to address the root causes of health inequities. Therefore, this report is designed to collect data related to both traditional public and community health indicators as well as additional indicators of community well-being.

Figure 06: Well-Being Portfolio

Well-being portfolio



Data Methods

This assessment uses multiple data sources and methods, both qualitative and quantitative, to understand the health and well-being of the Mat-Su. Three main types of data were used for this assessment:

Primary Qualitative Data

Includes written and verbal responses to focus group questions and open-ended questions on surveys. Qualitative data provides an opportunity to listen to the perspectives, experiences, and stories of Mat-Su residents.

Primary Quantitative Data

Includes the number and magnitude of community experiences and perceptions gathered from three different survey samples. The household survey was designed to reach a representative sample of the borough population.

Secondary Data

Includes indicators related to health status, health outcomes, and health equity from public data sources, as well as data from local partners pertaining to health-related services provided in the region.

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 the strengths and resources available..

Demographic and Socioeconomic Analysis

The demographic and socioeconomic profiles, which can be found in Chapter 4: Our Mat-Su Communities and Chapter 6: Economic Mobility, provide a description of the demographic, education, and economic summary of Mat-Su Borough compared with Anchorage and the state of Alaska (where available). Demographic and socioeconomic data were obtained from Claritas Spotlight powered by Environics Analytics, and the U.S Census Bureau and the American Community Survey (ACS).

The following list shows six subregions, which were clustered by census tracts, and used in the analysis:

Upper Su

Glenn Highway

Core Area

East Outer Core

West Outer Core

Western/Knik Arm

As incorporated cities, Houston, Wasilla, and Palmer are also listed out as separate communities in the demographic comparisons where possible.

Secondary Health Indicators

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 Survey (BRFSS) data.
 - Each year, the CDC along with Departments of Public Health, complete a BRFSS Survey. The BRFSS is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices and health care access primarily related to chronic disease and injury.
 - The health-related indicators included in this report for Alaska are BRFSS data collected by the Alaska Department of Health (DOH) , Division of Public Health (DPH). The MSHF contributes funding to the survey in order to increase the sample size of participating Mat-Su residents, around 730 residents in total.
- Healthy People 2030 Goals
- County Health Rankings and Roadmaps (CHRR), a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
- A variety of other secondary research studies and statistics were included, and the sources are cited within the report.

Data presented are the most recent published by the source at the time of the data collection.

MSHF also reached out to various community agencies to gauge interest and support for partnering on the 2025 CHNA. The list of partners who participated in the data collection and provided input and additional secondary data indicators includes:

- Mat-Su Health Services, Inc.
- Mat-Su Regional Medical Center
- thread
- Upper Susitna Food Pantry
- CCS Early Learning
- American Lung Association Alaska
- Mat-Su Public Health Center
- Sunshine Community Health Center
- Matanuska-Susitna Borough School District*

MSHF Connect Mat-Su Referral Data

Connect Mat-Su is a comprehensive health and social services information and referral hub. It is a program of the MSHF that was established in response to community needs identified in previous studies. Connect Mat-Su is a physical and virtual resource center that provides Mat-Su residents with immediate information, referrals, and direct assistance specific to the Mat-Su region.

*The information presented in this report is based on data specific to the Matanuska-Susitna Borough School District. Due to the percentage of respondents, these results should not be interpreted as representing the views or experiences of the District population as a whole. As with all voluntary surveys, the District has no way to verify or authenticate individual responses, nor can we confirm whether the intended respondent (e.g., a parent) completed the survey, if responses were truthful, or if they were completed randomly. Readers should interpret survey findings with caution and are encouraged to use multiple data sources to triangulate and validate conclusions.

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 members track requests for information, support assistance and referrals. Referral data is included in each of the report topical sections where applicable for 2022, 2023, and 2024.

Primary Data Methods

The MSHF worked with Strategy Solutions and the Steering Committee to design a variety of primary data methods to engage with community during the spring and summer of 2025. Data was collected during the months of March through July. Intentional outreach efforts were made to engage the voices of the following groups: LGBTQ+ community, older adults, youths and adolescents, young adults, people experiencing housing insecurity, caregivers, female Veterans, low-income residents, and public health and higher education resource professionals.

2025 Mat-Su Household Survey

As a subcontractor to Strategy Solutions, ASR conducted a survey of households in the Mat-Su Borough. The purpose of the survey was to capture perceptions of individual and community health, as well as information about personal health needs, social connectivity, and opportunities around economic mobility that were not available from secondary data sources.

The questions were designed to replicate selected portions of the 2022 Mat-Su Household Survey where trend data was desired. Additional questions and variables were chosen to measure specific aspects of economic mobility. The Mat-Su Household Survey was conducted using a dual methodology of mail and survey panel via text. Both methods of outreach invited participants to a survey hosted online.

The intent of the mail portion of the survey was to endeavor to target households that were around or below current Federal Poverty income levels for their household size, with the goal of oversampling this population to some degree. The survey panel is an ASR tool that allows us to easily and inexpensively contact hundreds of recruited survey respondents in the Mat-Su Borough who have conducted surveys with ASR before.

Total Sample: 1,055



184 Mail Submissions



871 Text to Web Submissions

A sample size of 1,055 yields frequency results that are subject to a margin of error of +/- 3.0% at 95% confidence.

Mail Survey

A customized postcard mailer was designed for this project. The content on the card included introductions of MSHF as the client, ASR as the research entity conducting the survey, a brief description of the project and its purpose, along with three methods respondents could use to access the survey:

- 1) Via a QR code
- 2) A survey URL
- 3) A phone number that non-Internet-connected respondents could use to request a paper survey

The mailer contained a unique six-letter security code that the respondent could use to access the survey. This made sure that each survey invite could only be used to complete one survey.

The invitation was mailed on April 21, 2025 to 8,120 households in the Mat-Su Valley. Recipients were selected by using publicly available data for household income and number of occupants, to select those around or below 2025 Federal Poverty Level for Alaska. This was done in an effort to oversample low-income households. Data and mailing lists were provided by Exact Data in Chicago, Illinois.



Text to Web Panel Survey

ASR maintains a panel of survey respondents who have opted-in to receiving surveys. Panelists are only recruited from surveys that are general population, 18+ adult, text-to-online surveys. The genesis of the cell number is random. An email invitation to 2,905 ASR panel member residents in the Mat-Su Valley was sent on May 1, 2025, once response from the mail survey had slowed. The sample frames of ASR text-to-online surveys are drawn from a cellphone number database that has at its genesis a random generation methodology, so we can be confident that our panelists are randomly invited. Furthermore, ASR doesn't allow opt-in to the panel from non-random sources, via social media for example, or on ASR's website.

While the mail survey utilized an "open" link, protected by a six-letter passcode, the panel survey distributed "individual" links to each panelist, with no passcode. Survey settings were made to ensure that panelists could only participate once

Data Analysis & Weighting

Data from both collection methods were combined into one raw file. Whenever multiple methodologies are used in survey research it is important that it be searched for duplicates, i.e. double responses completed by the same individual, via each of the methodological channels. This deduplication process compared email address (submitted in the mail survey for the purposes of the prize drawing), IP address, and "immutable demographics, like zip code, year born and gender. As a result of this process, 20 records were identified as certain or very likely duplicates. In each case, the panel response was deleted. This reduced the dataset down to the final sample size of 1,055.

Personal identifying data (most notably the email address, IP address and passcode) was removed from the data for import into IBM's Statistical Package for the Social Science (SPSS), a statistical software commonly used for the analysis of survey data.

Survey data collected via any method is often skewed among certain demographics, most notably education level, age, and certain political measures. ASR uses an iterative proportional fitting technique to weight survey data and correct for these inaccuracies. For this project, the demographic measures included were respondent age, race, education level, gender, and marital status. Data was also apportioned regionally, down to zip code level. Targets for each demographic were based on latest census estimates for the State of Alaska. As a result of all these methods, we can be confident that we have a sample of 1,055 Mat-Su Borough residents that is closely representative of the total adult population of the region.

NOTE: No political questioning of any kind was asked in this survey. However, ASR maintains demographic data for their panelists, and the importation of this information into the dataset allowed us to also do an estimated weight by party affiliation and 2024 vote for President.

Prizes

ASR routinely incentivizes survey respondents using a prize drawing. For this project, \$5,000 was set aside for this purpose. \$1,000 was used for an "early bird" drawing for the mail respondents, with the rest distributed to randomly selected winners.

Connect Mat-Su Participant Survey

A modified version of the 2022 MSHF Connect Survey was developed with input from MSHF and Connect Mat-Su staff. The survey was designed to obtain information regarding health needs and experiences related to economic mobility. Connect-Mat-Su distributed the survey link via text message to 1,970 participants who had given consent to receive future communications. A total of 168 surveys were completed.

Intercept Surveys

Intercept Surveys are designed to catch people at a public location and ask them for input. Participants were asked a series of questions related to the health of the community along with basic demographic information. The surveys were conducted as one-on-one interviews or distributed for participants to complete independently. Individuals could complete a paper survey or an online survey via QR code. The survey was based on the intercept survey used in the 2022 CHNA and adapted to include questions around belonging, civic engagement, and economic mobility. MSHF staff scheduled the locations and surveys were conducted by Strategy Solutions, MSHF staff, and community resource providers.

Intercept surveys were conducted at 19 locations from April 23, 2025 to May 30, 2025 with a total of 340 people participating. Intercept survey participants were given a \$10 gift card to either Fred Meyer or Three Bears Alaska for their participation in the survey. Upper Su residents were also offered the option of a Cubby's gift card (Table 03).



Table 03: Intercept Survey Participants by Location

Date	Location	Group	# Completed	Date	Location	Group	# Completed
4/23/25	Benteh Wellness	Parents	1	5/2/25	Upper Susitna Food Pantry	Residents	27
4/24/25	Sunshine Clinic – Willow	Residents	15	5/3/25 and 5/4/25	Trapper Creek Laundry Mat and Post office	Residents	21
4/24/25	Wasilla Library	Residents	16	5/2/25	ROCK Family Carnival, Wasilla	Residents, Families of young children	30
4/24/25	Mat-Su College	College Students	27	5/14/25	Chickaloon Walk for Prevention	Sutton Residents, Chickaloon Tribe	25
4/25/25	Sutton Library	Residents	11	4/30/25 to 5/20/25	Daybreak Offices	Unhoused, Re-entry	16
4/28/25	Big Lake Library	Residents	5	5/22/2025	Mat-Su Public Health Center	Residents	20
4/28/25	Alaska Family Services Thrift Store	Residents	23	5/27/2025	Sunshine Transit Bus Stops at Walmart and Three Bears, Wasilla	Upper Su residents, transit riders	7
4/29/25	Sunshine Clinic – Talkeetna	Residents	26	5/29-5/30/25	Black Birch Books	Residents	17
4/29/25	Talkeetna Senior Center	Seniors	33				
4/30/25	Food Pantry at Church of God	Residents	22				
4/30/25	Palmer		2				
				Total			342

Focus Groups

Focus Groups are a form of primary qualitative research. Participants were asked to respond to questions related to the health of the community, personal barriers to health, belonging, and residents aspirations for a healthy community.

A total of 16 focus groups were conducted across the Mat-Su (although 18 were scheduled) with a total of 157 individuals participating (Table 04). Focus groups were selected to represent both community members, as well as provider/professional perspectives. Focus group participants represented the broad interests of the communities served by MSHF, including outreach specifically to older adults, veterans, LGBTQ+ individuals, caregivers, and resource providers.

The focus group questions were designed to be exploratory in nature and intended to capture the opinions of the individuals participating in the group. 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.

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.

The Focus Groups were facilitated by Evaluation and Learning staff from MSHF. Participants were given a \$50 gift card to either Fred Meyer or Three Bears Alaska for their participation in a focus group. Upper Su residents were also offered the option of a Cubby's gift card.

Table 04: Focus Group Participants by Group

Date	Location	Group	# Participants	Date	Location	Group	# Participants
4/22/25	Mat-Su College	College Students	8	4/30/25	Turkey Red	Daybreak Providers	7
4/24/25	Willow Library	Home School Parents	5	4/30/25	Turkey Red	Female Veterans and Veteran Caregivers	12
4/24/25	Wasilla Library	Residents	12	4/30/25	Youth 360 – Wasilla	Youth	7
4/25/25	Mat-Su College	Faculty and Staff	7	5/9/2025	Sutton Library & Community Resource Center Youth Wellness Program	Youth	12
4/25/25	Sutton Library	Residents	12	5/13/2025	Alaska Family Services	AFS Providers	8
4/26/25	Mat-Su Health Foundation	Female Veterans and Veteran Caregivers	8	5/15/2025	Mat-Su Health Foundation	Healthy Aging Through Design Connections (Older Adults)	9
4/26/25	Mat-Su Health Foundation	LGBTQ+ Population	0	5/29/2025	Wasilla Community Church	Faith-Based Service Providers (Valley Pastors Prayer Network)	9
4/28/25	Big Lake Library	Residents	0	Total		157	
4/28/25	Palmer Senior Center	Seniors/Residents	13				
4/29/25	Talkeetna Library	Residents	11				
4/29/25	Youth 360 – Houston	Youth	17				

Qualitative Data Analysis

To assist with the analysis of qualitative data (focus groups and open-ended responses from the Intercept and Connect Mat-Su Participant survey), MaxQDA's AI-supported coding function was utilized to identify and organize themes across participant responses. MaxQDA applies natural language processing (NLP) techniques to segment text, detect recurring patterns, and suggest thematic codes that align with the content. The software's AI module generated initial code suggestions by clustering similar language and concepts, which provided a foundation for thematic organization. These automated codes were then reviewed, refined, and validated by the team at SSI.

Themes were initially identified by MaxQDA across all focus groups. The team at SSI then cross referenced these themes with data from the various surveys as well as secondary data to create a list of Key Themes. MaxQDA was also used to identify themes within selected subpopulations (youth/young adult, older adults, resource providers, and veteran caregivers) from which narrative summaries were created by the team at SSI. And finally, MaxQDA was also used to identify commentary across all of the qualitative data sources based on identified topic areas such as housing, transportation, food, etc., to include in the individual chapters.

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 the time the data was collected to the time it was 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 quantitative data obtained primarily from the Mat-Su Household Survey utilized a different approach and methodology than in previous surveys:

- Data was collected through an on-line survey, using a pre-existing survey panel augmented with a mail survey invitation to low-income households.
- Previous surveys utilized a telephone methodology.

Although the data is compared to previous years, caution should be used in interpreting the data.

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

- Data was obtained from a convenience sample of citizens willing to participate
- Survey data was based on individuals willing to participate in the study

Economic Mobility & Belonging and Civic Muscle

Health equity is achieved when every person has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.²

The report provides a focus on Economic Mobility and Belonging and Civic Muscle for every topical area, relating each topic to these central perspectives that relate to every aspect of health.

Community Resources

At the end of the report, a QR code and weblink direct readers to a real-time query of resources curated on the Connect Mat-Su website (www.connectmatsu.org). This format ensures resource information is dynamic and relevant long after the report publication.

Prioritization Process

Sensemaking and Storytelling

In preparation for the Steering Committee meeting on August 20, members were provided access to a list of the key themes from the research to date along with summary reports of the Mat-Su Household Survey, Focus Groups, Intercept Survey, and Connect Participant Survey data via the online tool Padlet. Thematic summaries were also developed and distributed to steering committee members to engage them in understanding and interpreting the data to assist with identify priorities.

The Thematic Summaries included a quantitative and qualitative snapshot of the data based on the key themes from the research to date and specific populations represented in the qualitative data:

- Behavioral Health
- Belonging and Community
- Economic Mobility
- Environmental Conditions
- Food Access
- Healthcare Access
- Housing
- Safety & Injury
- Transportation
- Older Adults
- Resource Providers
- Veterans and Veteran Caregivers
- Youth and Young Adults

² <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

Chapter 2: Our Approach | Data Methods

Steering Committee members also received a copy of the key trend data from the secondary research, included in the Health Outcomes chapter of this report.

In August, the steering committee members participated in a sensemaking exercise called Collective Story Harvesting, co-facilitated by the Alaska Humanities Forum and MSHF Community Engagement department. Story Harvesting is a structured way of representing lived experience by listening to experiences of community members to guide decision-makers into empathetic thinking, deeper understanding of data, and meaningful decision-making.

During the session, the Steering Committee members were organized into four tables, each including a storyteller. The four storytellers shared a 5-7 minute personal story with the entire group based on one or more of the key themes that emerged from the quantitative and qualitative data analysis. The rest of the group listened closely, paying attention to what the stories revealed about relationships, learnings, challenges, and questions. Each of the table participants was asked to listen from a particular perspective and share that perspective during the table discussion that followed after each of the stories. After the four individual story discussions, the group reviewed the thematic data summaries and reflected together to identify key insights, common threads, and ideas that could inform future work and conversations. The results of this exercise are included in the Prioritization Chapter of this report.

Prioritization Survey

After the August meeting, Steering Committee members were invited to participate in a survey to prioritize significant health needs. The survey was open for one week. It included a list of 38 health needs, that were identified from the data based on scope, severity, associated health disparities, or impact on health outcomes. Steering Committee members were asked to select the “top 10” priorities from the list and to include the rationale for their selection of each of the priorities.

Prioritization Discussion

The Steering Committee met on September 9 to discuss the results of the Prioritization Survey and to finalize the list of top priorities. The final list and description of top health priorities can be found in Chapter 3 on page 58.

Approval

The Community Health Needs Assessment Report was approved by the MSHF board on October 25, 2025.

The Community Health Needs Assessment Report was approved by the MSRMC Joint Venture board on December 4, 2025.

Implementation Strategy

The MSHF and MSRMC leadership developed an implementation strategy outlined on the MSHF website. In early 2026, the Community Health Improvement Plan (CHIP) will be published on the MSHF website.





Chapter 3



Top Health Priorities in the Mat-Su

Foreword by Chami Krueger | LMSW, Clinician, Parent, Lifelong Alaskan, 15+ Years Living in Mat-Su; Co-Director of Programming, Choosing Our Roots

When the steering committee began discussing data-driven priorities for the next three years, we quickly realized how interconnected each health disparity is to another. Food, housing, transportation, access, finances... one braids into the next, into the next, and into the next, eventually creating a mosaic of challenges facing our communities. We struggled to prioritize, spending much of our time discussing ways one priority is part of others and could be included together, because we felt as though we were, as one person put it: "grading human suffering." We didn't want to leave anyone or anything behind.

As a social worker, intersectionality is not a new word to me. It's used so frequently, I forget that most people outside of my career field don't know what we mean when we say this word. Intersectionality was originally used by Kimberlé Crenshaw to describe how different aspects of a person's identity - race, gender, religion, socio-economic status - overlap, creating a unique tapestry of lived experience around challenges and opportunities. In this same way, we can view health disparities as intersecting identities, weaving together to create an insurmountable challenge for one person to face alone. For example, when we talk about housing, we're also talking about access, availability, affordability, economic mobility, transportation, food, water, and safety. When we talk about isolation, we include transportation, affordability, accessibility, connection, food, water, safety, and on and on and on. When we discuss one health challenge facing the Mat-Su Valley, we are actually discussing all of them. They are intertwined, interconnected, intersecting. Which means focusing on even one issue will have a positive impact on the others.

Top Health Priorities in the Mat-Su

The selection of the top health needs in the Mat-Su community was informed by the data presented in this report and community members lived experiences, as well as the scope and severity of the problem, associated health disparities, and impact on health outcomes. The steering committee reviewed the key themes, data, and listened deeply to community stories before completing a survey to select the top health priorities. There are six priorities that were considered significant health needs raised by the community.

Each priority names the problem identified through the data and chosen by the steering committee. Each priority need is written with accompanying definitions. This helps to explain what we mean when we say something should be affordable or accessible. These definitions also help interpret what it means in the Mat-Su, based on the challenges our communities face that are unique to our area. Additionally, belonging and economic mobility were recognized as key themes that intersect with each priority. This connection is described for each priority need.



Chapter 3: Top Health Priorities in the Mat-Su

Often community needs cannot be isolated as a single issue or problem to be fixed, many of these needs are inter-related parts of complex systems. And not all residents experience these priority needs in the same way. Throughout this report, we will identify disparities when the data is available. Disparities are largely preventable differences that adversely affect populations who experience social, economic, or environmental disadvantages or discrimination. Health disparities may exist, for example, based on race/ethnicity, socioeconomic status, geography, sexual orientation, gender, or disability. Identifying disparities helps us to understand the social and structural factors that impact population health.

Belonging as a Determinant of Health

- Well-being is tied directly to connection and belonging within community. This is noted in the Well-Being Portfolio model.
- Belonging (or social isolation) is as impactful as any formal service. The services that had the most tangible impact were ones that developed a strong connection with those they serve, while experiencing social isolation undermines any efforts or resources.
- Belonging happens at the Intersections of Health, Family, and Community. Individual well-being cannot be separated from family and community context. Caregiving is inseparable from family-unit health; family structure and peer networks shape recovery and belonging; residents find purpose through advocacy opportunities and meaningful employment.

Systemic Barriers Create Instability

- Poorly designed systems, often inflexible and siloed, leave people vulnerable during moments of crisis, undermine recovery and wellbeing, and compound health-risks:
 - Housing programs are fragmented, rigid, and poorly communicated
 - Lack of postpartum and addiction support
 - Transportation barriers
 - Legal histories (felony convictions) often reduce or block access to housing, employment, and support services
- Healing and recovery depend largely on timing and readiness of support systems. Lack of coordination or limited capacity often results in missing critical “windows of readiness,” failing to meet individuals “in the moment” when they are ready for help, leaving gaps that perpetuate instability undermining long-term success.
- Recognition of disparities: Data collection efforts often fall short in capturing the unique challenges faced by underrecognized groups including Black, Indigenous, and People of Color, people with disabilities, LGBTQ+, foreign born residents, and Alaska native tribal members, leading to a disconnect between the reported numbers and the reality of life in the Mat-Su.



Safe and Stable Housing | The Mat-Su housing continuum lacks pathways to safe and stable housing and coordinated supportive wrap around services for all residents.

Definitions:

Safe: Adequate utilities (heat, water) and space per person

Stable: Renter rights and rental opportunity. Provision of supportive services to prevent eviction and access program resources.

Affordable: Housing options across the continuum, including emergency short-term and transitional. Definitions of housing affordability are relative to a persons' immediate status, median household income in Mat-Su, and family size.

- **Emergency Short Term:** Temporary shelter for urgent need due to domestic violence, economic, or safety crisis; provide immediate stabilization and support services
- **Transitional:** Temporary (6-24 month) residence with supportive services towards permanent housing
- **Affordable:** 60% of median income relative to family size
- **Workforce:** 80-120% of median income relative to family size



Belonging: Strong community ties, mutual aid, and pride in preserving neighborhood character reflect that housing is about more than affordability—it's also about connection, independence, and quality of life.



Economic Mobility: Stable housing supports workforce participation and owning a home can build wealth. Stable housing in childhood and growing up in a high mobility neighborhood correlate with higher income as an adult. Households that experience housing cost burden have less income available for other necessities like nutritious foods.

Chapter 3: Top Health Priorities in the Mat-Su

Safe, Reliable, and Affordable Transportation | Mat-Su transportation infrastructure struggles to keep pace with population growth and development, causing safety concerns and limited options for essential travel.

Definitions:

Safe & Accessible: Infrastructure includes crosswalks, multi-use paths, multi-modal options, sheltered public transit stops.

Affordable: Public transportation; options beyond personal vehicle.

Reliable: Vehicle repair options; public transit increased routes and reliability.

Non-emergency Transportation: To and from healthcare services to reduce avoidable discharge delays.



Belonging: Mat-Su residents expressed a need for safe, reliable, and affordable transportation options to places they work, obtain services and healthcare, and stay connected with their community. Transportation can support inclusion and access to community spaces and events. Mat-Su residents need ways to reach community spaces, meetings, and everyday essentials, such as grocery stores.



Economic Mobility: Transportation can strengthen access to jobs, schools, and healthcare. Access to reliable transportation influences worker success and earnings. Specifically, in Mat-Su reliable transportation can mean access to education, training, and higher paying jobs.

Accessible and Affordable Childcare | Mat-Su parents and caregivers face high costs and limited options for childcare.

Definitions:

Affordable: Childcare is considered affordable if the expense consumes 7-10% of household income, cost-burdened working families and caregivers are faced with difficult choices.

Access: Locations near neighborhoods and workplaces; care available during non-traditional working hours (24 hour), for children over the age of 12, or for children with disabilities or special care needs; availability of quality care with no or low waitlist.



Belonging: Quality childcare can help people access community resources and build social connections. It can create stability, providing more time to participate in community connections. Access to early childhood education can support children to build relationships and belonging with trusted adults and peers.



Economic Mobility: Quality childcare can help people access jobs, healthcare, and community resources. It can help children feel safe, included, and build connections which can provide a foundation for their future success. Receiving mentorship in adolescence has a positive impact on future earnings.



Nutritious Food | Rising food costs and inconsistent access to fresh, nutritious, and culturally appropriate food causes Mat-Su residents to experience hunger and food insecurity.

Definitions:

Affordable: Consistent, accessible assistance and reduced stigma; addressing the SNAP gap; expanded retailers accepting benefits; assistance for vulnerable populations.

Nutritious: Fresh, high-quality produce and other food that meets individual's dietary needs available at all sources (grocery, farmers markets, food banks).

Culturally Preferred: Foods that meet diverse tastes and needs based on cultural identity, including traditional gathering and hunting of local foods.

Access: Resources available near where people live; transportation options to resources; addressing the seasonality of winter months being more difficult.



Belonging: Food sovereignty can strengthen familial, cultural, and community connections. Mat-Su residents need more spaces and ways to connect, celebrate, and learn around food.



Economic Mobility: Having access to nutritious foods and a balanced diet can support overall health and improve individuals' ability to learn and work. Nutrition improves childhood health, development, and education outcomes.



Health Services for Every Resident | Residents are experiencing increased mental health concerns, inability to afford the cost of care and/or insurance, and limited provider availability for primary, specialty, and behavioral health care.

Definitions:

Affordable: More providers who accept Medicaid and Medicare; cost barriers for insured and uninsured residents.

Timely: Access to appropriate level of care when it is needed, e.g., reduced wait times for primary care appointments and less reliance on urgent or emergency services.

Access: More providers across the continuum of care; transportation for non-emergency medical care; service accessibility and inclusion for people with seen and unseen disabilities, including trauma-informed care; medical, dental, and prescription services.



Belonging: Residents, especially caregivers, need enhanced care coordination and support to navigate healthcare resources and systems. Support from family, friends, or neighbors can help people access healthcare or navigate hardship following medical emergencies. Access to culturally appropriate services and being free from discrimination in healthcare can improve health outcomes.



Economic Mobility: Access to healthcare, including insurance, impacts health and earnings. Households cost burdened by medical bills have less income available for stable housing, transportation, and nutritious foods. Supporting education opportunities, scholarships, and loan repayment programs to fill healthcare gaps can improve access and support individual upward mobility.

Community Places and Spaces | The Mat-Su has few indoor physical places for community connection or recreation, and spaces are often capacity-limited, resulting in residents experiencing social isolation and lack of belonging, especially during winter months.

Definitions:

Accessible: Indoors during the winter months; Walkable, centralized and/or accessible by transit; with centralized information on events and resources.

Inclusive: During evenings and weekends; to youth and young adults, people with disabilities, and people desiring sober-spaces.



Belonging: The built environment, or social and civic infrastructure, are the places and spaces where we live, learn, work, and play. These places, like libraries, parks, recreation facilities, schools, and the way we design cities and neighborhoods, like pathways, sidewalks, public transit, have an impact on social interaction in a community. These spaces provide opportunities to meet others, engage in dialog, learn, and build trust. Additionally, caring for our spaces and neighborhoods, like community clean up events or community gardens helps to build belonging.



Economic Mobility: Feelings of belonging and respect increase participation in local activities and social connection. Social capital, i.e., strong social connections and professional networks, help people find resources and support that can lead to higher income and more stable jobs. Participating in extracurricular activities in adolescence, like sports, clubs, and work, correlates to upward mobility and higher earnings in adulthood. Also, creating inclusive spaces with no or low cost to participate support economic connectedness (i.e., cross-class interaction) which improves upward mobility.





Chapter 4



Our Mat-Su Communities:
**Population
Demographics**

Foreword by Dave Evans

Academic, Husky Dad, World Traveler

Living outside Alaska, people hear about the Last Frontier or see images of snowcapped mountains and endless open spaces and think to themselves, "What a wonderful life that would be." My partner and I were no exception. After first considering moving to Alaska a decade ago, in 2024, made the commitment. We sold our home and most of our belongings gathered from 14 years overseas. We shipped a dozen boxes, our two huskies, and ourselves to the Mat-Su Valley.

With two jobs already lined up, myself in the University of Alaska system and my partner in the Alaska Department of Health, we were excited for what we knew Alaska had to offer. But like most 'grass is greener' stories, we experienced multiple hurdles to resettling here, especially due to Alaska being a place where the cost of living is rising, and many sectors are experiencing depressed wage growth.

Our first challenge was finding a place to live that accepted larger dogs. This was hard, despite some renowned dogs in the history of the state...but I digress. After spending six weeks in an Airbnb, we found a rental that would accommodate our "need to" haves (but not necessarily the "nice to" haves) west of Wasilla. And with that, we committed to paying more to rent than we paid for our mortgage overseas.

We moved to the Mat-Su knowing that my job in education was only guaranteed for a single year, although I accepted it because I have always received an extension when working in contract-based roles. However, the concern in the Mat-Su is related to job mobility, meaning other states have more options. My partner received a "permanent" contract for her new job with the state. She enjoyed the role and was really starting to connect with her colleagues when overnight a change in funding ended several jobs, including hers. This permanent contract lasted less time than my 9-month contract. Fortunately, there was another opening in a different team that she was able to fill, but this still meant stress and starting over, in a sense. What if Alaska did more to ensure people have a sturdy foundation to move here, to help keep this state strong and prosperous?

On top of the challenges with housing and employment stability, living in a rural area can make it difficult to find things outside of work and home, to connect and enjoy time away from these necessities. Alaskans are known for their independence, and their love of snow-centered recreation, both of which are great. But new transplants struggle to find ways to connect with their community. Our home does not have space for snow machines or ATVs. Many roads leading to the lakes are private and people keep to themselves. However, community is how we thrive. We chose Alaska. We chose the Mat-Su. We want to be your colleagues, your neighbors, and even your friends. We need to find a way to help new residents feel welcome and accepted.



About the Matanuska-Susitna Borough

The Matanuska-Susitna Borough (Mat-Su) is situated on the ancestral lands of the Ahtna and Dena'ina peoples in Southcentral Alaska about 40 miles northeast of Anchorage. Incorporated in 1964, the Mat-Su is Alaska's fastest-growing region, home to more than 117,000 residents across 25,000 square miles. Within the borough there are three incorporated cities – Palmer, Wasilla, Houston; 26 unincorporated communities governed by community councils¹; and two federally recognized Alaska Native tribes².

The Mat-Su is the state's second-most populous borough and third largest by land. 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.

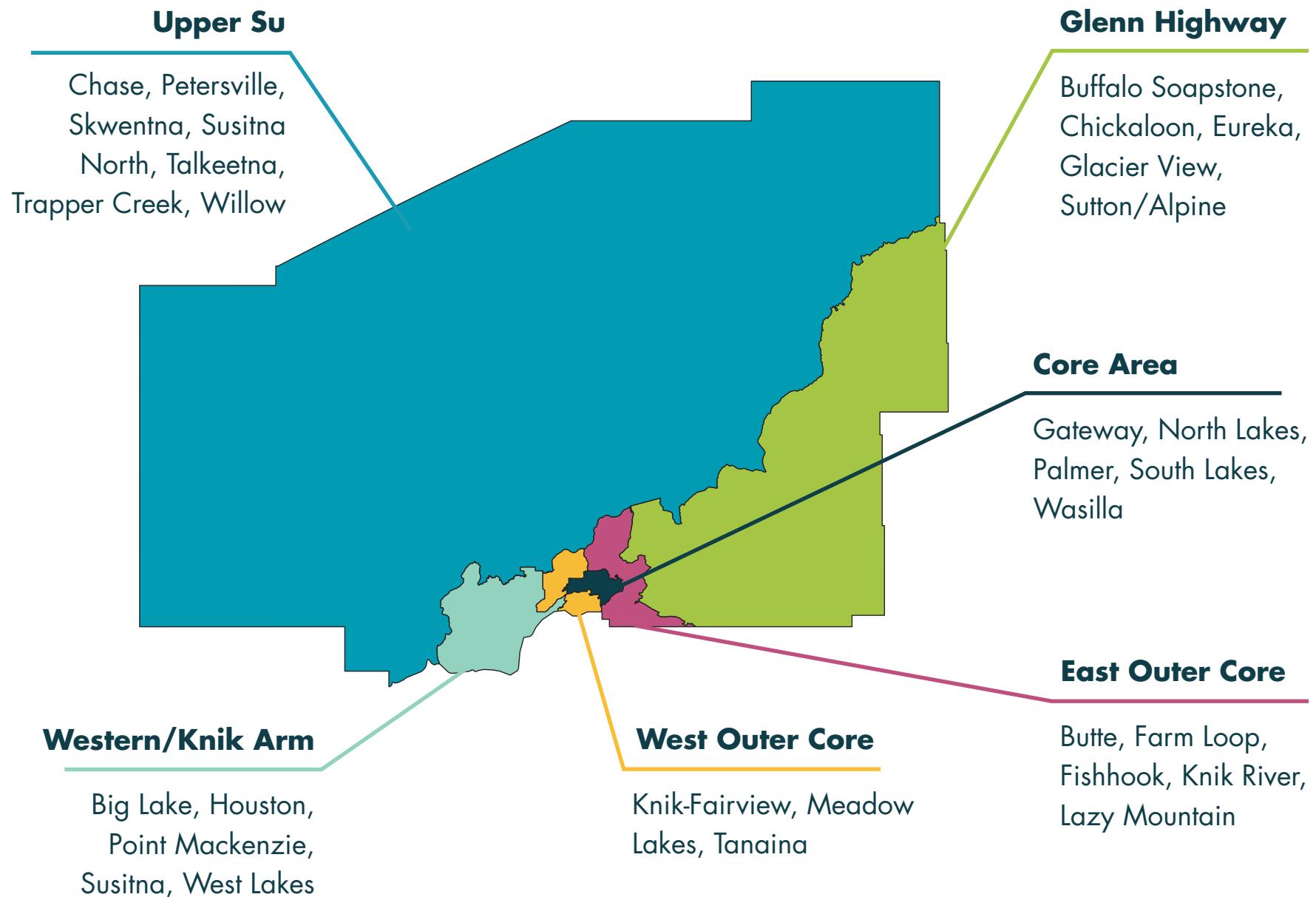
For the purpose of this report, the borough has been divided into 6 subregions, outlined in Figure 07. The core area includes Wasilla and Palmer and the communities in between (i.e. Gateway, North Lakes, and South Lakes). Regions that are immediately adjacent the Core were divided into a West Outer Core region and an East Outer Core region. There are 24 census tracts within the borough, that are grouped according to these six subregions and in some instances data for each tract is shared.

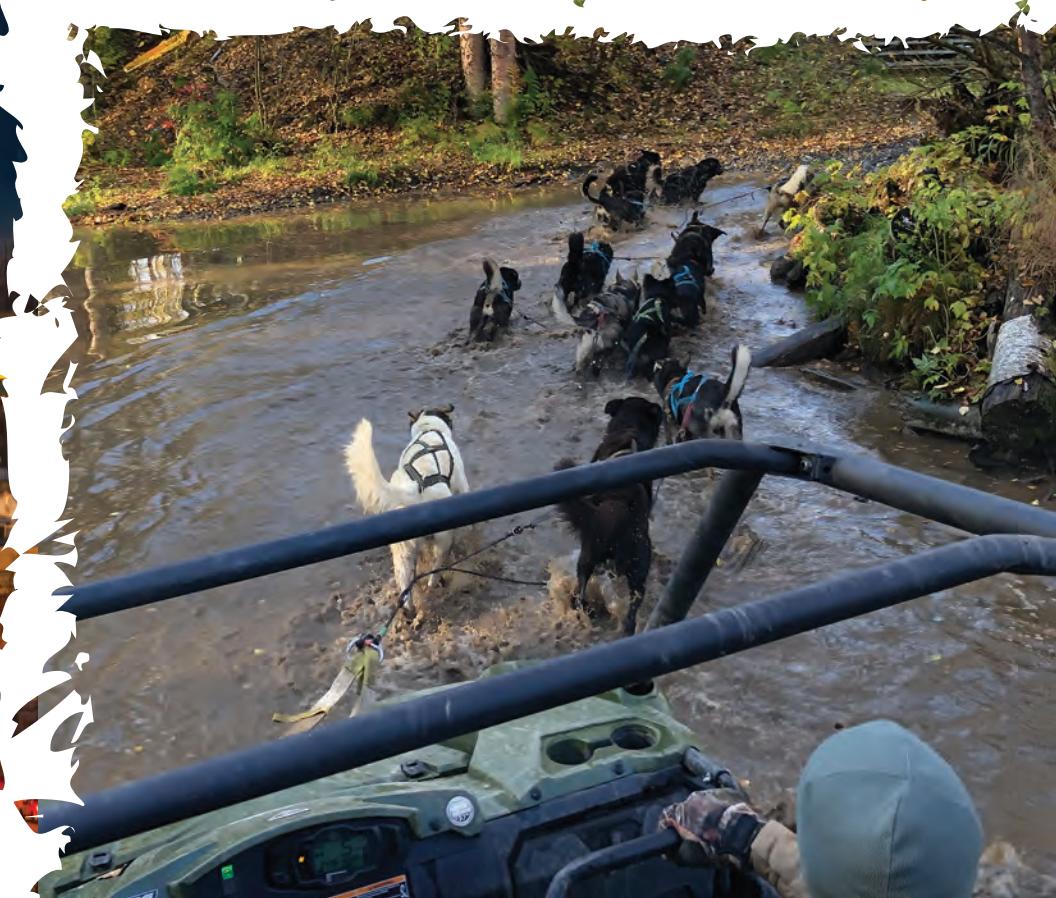
In order to understand the health needs of a population, it is important to know the size, age distribution, and household structure of the population. People at different ages and who live in different household types have different health needs that must be addressed by appropriate policies and programs. Additionally, population growth rate trend data can help health care, public health and community planning professionals to develop programs that meet the needs of the population, whether it is stable, growing or declining.

¹ Community councils serve as a nonprofit, voluntary, self-governing association of residents of an area. It is recognized by assembly resolution, but is not an arm of the Borough. <https://matsu.gov.us/maps/communitycouncils>

² Knik Tribe (<https://www.kniktribe.org/>) and Chickaloon Village Traditional Council (<https://www.chickaloon-nsn.gov/>)

Figure 07: Mat-Su Borough Subregions





Living in Mat-Su

We asked focus group participants two questions to better understand what people value about the Mat-Su, what draws them here and keeps them here, and what changes they have noticed in the growing community.



What do you love about living in the Mat-Su?

Mat-Su residents described the region's natural beauty and outdoor opportunities as what first draws them—and keeps them—here. One resident spoke favorably of how the Mat-Su environment benefits her, sharing:

"I love being close to the mountains, trails, and rivers. Just stepping outside grounds me."

Others, newer to the area, echoed the sentiment: "I love the wilderness," and another shared how they enjoy hunting and watching moose wander nearby. People consistently mentioned the spaciousness and tranquility, appreciating that life here feels open and unhurried. One family noted that after years in Anchorage, the valley "is smaller, less crowded, and everyone feels more friendly. It's easier to get outside and enjoy the nature without feeling rushed or boxed in." The sense of freedom in the outdoors makes the Mat-Su a place where residents are able to find space to recharge and feel deeply connected to their surroundings.

Equally important to residents is the strong sense of community. Longtime locals and newcomers alike describe a culture of friendliness, support, and civic engagement. One resident spoke about the nurturing community atmosphere, saying:

"The community here is caring; people help each other out. You can jump in and make a difference if you want to."

Another highlighted the proximity of local leaders, saying, "In bigger cities, you'd never run into the mayor or a judge casually at the store. Here, it's normal." Families especially appreciate the support networks available—from youth programs and childcare resources to local nonprofits and volunteer opportunities. Even newcomers who arrived seeking outdoor adventure quickly found a warm welcome: one individual shared, "I was living in a homeless shelter and within weeks I had my own place and a part-time job. People here really bend over backwards to help each other."

The valley's blend of convenience, lifestyle, and freedom rounds out why people love living here. Residents can enjoy small-town living with access to schools, healthcare, shops, and local services, without sacrificing the sense of space and connection to nature.

"I can run to the store or the post office and see people I've known my whole life."

Others appreciate the entrepreneurial opportunities and small-business friendliness, where regulations are lighter and neighbors are supportive. Across ages and decades of residency, people describe the Mat-Su as a place where natural beauty, strong community ties, and a slower pace of life converge: a place where families can grow, individuals can pursue passions, and everyone can feel at home. As one resident put it simply, "This is where I want to be—it feels like home."



If you have lived in the Mat-Su long enough to see it change, what changes have you noticed?

Many residents appreciate the positive outcomes of a growing community, noting Mat-Su now offers more services, opportunities, and conveniences than in previous decades.

"Having the VA clinic here was very helpful—PTSD was strong, and it was nice to have local support."

Expanded healthcare, including MSRMC, makes medical care more accessible without traveling to Anchorage. Residents have noticed increases in small businesses. A young adult who moved to Alaska during COVID said, "there's a huge change between now and COVID, but something I've really noticed is a lot of small businesses are popping up." Residents talked about new programs and the opportunity for social connection, including programs for youth and seniors, such as Tai Chi, square dancing, and activities at libraries and community centers.

Growth has also brought a mix of challenges. Residents described increased traffic; urban sprawl; and the loss of farmland, natural spaces, and wildlife. One long-term resident lamented, "There used to be moose herds that would stop traffic at Caswell Lakes—they aren't there anymore." While residents have noticed an increase in trails and bike paths, many also noted the need for more pathways and more connectivity among pathways. Safety concerns have also grown, with rising crime, substance misuse, and school violence affecting daily life: "I don't think schools are safe anymore... my 10-year-old sees things I never saw growing up." Housing affordability and daycare shortages create barriers for families, while closures of beloved local stores and community programs diminish the small-town feel. Some residents also noted that rapid development has fostered a sense of disconnect:

"New subdivisions don't have sidewalks...you don't see kids outside. We've lost community cohesion."

Residents see growth as both an opportunity and a challenge. Expanded services, recreational options, and commercial development are valued, yet these advances coexist with environmental changes, increased noise, and social fragmentation. "We have plenty and can get to what we need," one resident observed, "but I don't want us to become Anchorage someday." While infrastructure and resources have improved, residents express concern about planning, community identity, and preserving the natural beauty that drew many to the Mat-Su. The balance between modern conveniences and the traditional character of the region remains central to residents' vision for the future.

"We're getting bigger, cutting down trees, and running things like the Lower 48—but that's not what Alaska was meant to be."

Mat-Su Population Trends

The Mat-Su has become the second most populous borough in Alaska, after Anchorage, and is the only borough in Alaska with consistent positive net migration.³ While Anchorage has had negative net migration for several years, Mat-Su continues to gain residents, including residents from Anchorage and other parts of Alaska. The Mat-Su population grew by an estimated 8% between 2022 and 2025, and it is expected to grow 15.4% by 2030 (Table 01). Though there are large differences in growth across the six regions of the borough, where Glenn Highway saw a 15.1% decrease in population between 2010 and 2020, while Western/Knik Arm grew by 34.1%, followed by the West Outer (23.5%) Core and East Outer Core (22.7%) regions (Table 07). The consistent growth in the Mat-Su means there is more demand for housing and the majority of new homes in Alaska are being built in Mat-Su, it also places demand on infrastructure, like roads, as well as education, and employment opportunities.

Population and demographic trends differ across the subregions of the borough. There are often disparities between rural and more urban locations closer to the Core. For example, income levels differ widely, with some regions like the East and West Outer Core having higher average household incomes, while areas such as Upper Su and Glenn Highway fall behind. Some areas have experienced significantly more population growth which puts more strain on infrastructure to support the growing population. Rural areas of the borough tend to have a much higher median age indicative of an aging population. Some regions of the borough like Palmer, have a higher proportion of people with disabilities. Together, these differences highlight that not all residents have the same access to opportunities for education, income, and health.

³Alaska Economic Trends (June 2023). The Resilient Mat-Su, p.9-18. Retrieved from: <https://live.laborstats.alaska.gov/trends-magazine/2023/June/where-robots-are-doing-the-work>

Table 05: Community Population by Census Tract, 2025 | Source: Claritas LLC, 2025

Upper Su	5,963
Talkeetna Census Tract 1.02	2,830
Western Mat-Su Census Tract 1.01	763
Willow Census Tract 4.02	2,370
Western/Knik Arm	15,357
Big Lake Census Tract 5.01	2,187
Houston Census Tract 4.01	2,077
Knik Arm Census Tract 6.04	8,550
West Lakes Census Tract 5.02	2,543
West Outer Core	31,049
East Meadow Lakes Census Tract 7.03	5,228
Fairview Census Tract 6.01	6,484
Foothills Census Tract 6.03	8,906
Tanaina Census Tract 7.06	6,338
West Meadow Lakes Census Tract 7.01	4,093

East Outer Core	14,874
Butte/Lazy Mountain Census Tract 13	6,178
Fishhook Census Tract 3	8,696
Glenn Highway	1,818
Matanuska River Census Tract 2	1,818
Core Area	48,116
Bogard Census Tract 10.03	4,441
Gateway Census Tract 11	8,164
Palmer (East of the Glenn) Census Tract 12.01	5,931
Palmer (West of the Glenn) Census Tract 12.02	5,354
Seldon Census Tract 7.05	4,485
South Lakes Census Tract 10.04	5,435
Wasilla-Fishhook Census Tract 10.01	4,905
Wasilla North Census Tract 8	6,074
Wasilla (West of the Parks) Census Tract 9	3,327

Table 06: Estimated Population Growth | Source: ADOWLD, Bureau of Workforce Development

	2020 Census*	2030 Projection	2035 Projection	2040 Projection	2045 Projection	2050 Projection
Alaska	733,391	742,758	742,339	739,010	731,849	722,806
Anchorage	291,247	285,931	281,302	275,070	267,757	260,093
Mat-Su Borough	107,081	123,548	131,003	137,520	142,665	146,262
Mat-Su Growth From 2020		15.4%	22.3%	28.4%	33.2%	36.6%

*US Census, 2020



Table 07: Population Trends and Growth by Geographic Clusters | Source: Claritas LLC, 2022, 2025

	2010 Census	2020 Census	2025 Estimate	2030 Projection	Growth 2010-2020	Projected Growth 2020-2030
Upper Su	4,909	5,500	5,963	6,332	12.0%	15.1%
Glenn Highway	2,051	1,741	1,818	1,874	-15.1%	7.6%
Western/Knik Arm	10,240	13,728	15,357	16,379	34.1%	19.3%
West Outer Core	22,641	27,970	31,049	33,474	23.5%	19.7%
East Outer Core	11,019	13,521	14,874	15,848	22.7%	17.2%
Core Area	38,133	44,621	48,116	50,763	17.0%	13.8%
Houston	1,890	1,975	2,077	2,153	4.5%	9.0%
Palmer	5,456	5,888	6,508	6,741	7.9%	14.5%
Wasilla	7,830	9,054	9,737	10,332	15.6%	14.1%
Mat-Su Borough	88,993	107,081	117,177	124,670	20.3%	16.4%
Anchorage	291,832	291,247	286,266	286,426	-0.2%	-1.7%
Alaska	710,233	733,391	734,538	741,476	3.3%	1.1%

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

Chapter 4: Our Mat-Su Communities - Population Demographics | Population Trends & Demographics

Just as the population has grown in Mat-Su, so has the number of households⁴ (Table 08). While all regions of the borough gained households between 2010 and 2020, three regions had a higher rate of growth than the borough – Western/Knik, West Outer Core, and East Outer Core. This can place greater burdens on the available housing stock and the availability of affordable housing.

Table 08: Households and Household Growth in Mat-Su Subregions | Source: Claritas LLC, 2022, 2025, includes family and nonfamily households

	2010 Census	2020 Census	2025 Estimate	2030 Projection	Growth 2010-2020	Projected Growth 2020-2025	Projected Growth 2025-2030
Upper Su	2,235	2,584	2,848	3,057	15.6%	10.2%	7.3%
Glenn Highway	671	704	736	759	4.9%	4.5%	3.1%
Western/Knik Arm	3,798	4,677	5,202	5,607	23.1%	11.2%	7.8%
West Outer Core	7,674	9,613	10,683	11,560	25.3%	11.1%	8.2%
East Outer Core	3,932	4,807	5,252	5,591	22.3%	9.3%	6.5%
Core Area	13,512	15,995	17,309	18,341	18.4%	8.2%	6.0%
Houston	722	798	852	892	10.5%	6.8%	4.7%
Palmer	1,925	2,144	2,388	2,502	11.4%	11.4%	4.8%
Wasilla	2,991	3,562	3,873	4,145	19.1%	8.7%	7.0%
Mat-Su Borough	31,822	38,380	42,030	44,915	20.6%	9.5%	6.9%
Anchorage	107,331	109,343	108,237	108,800	188.0%	-1.0%	0.5%
Alaska	258,057	269,148	271,371	275,158	4.3%	0.8%	1.4%

⁴ According to 2020 US Census definitions, a household consists of all the people who occupy a housing unit. A house, an apartment or other group of rooms, or a single room, is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is, when the occupants do not live with any other persons in the structure and there is direct access from the outside or through a common hall. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roommates, is also counted as a household. The count of households excludes group quarters. There are two major categories of households, "family" and "nonfamily."

Demographics | Household Income

Household incomes in the Mat-Su on average are lower than Anchorage and Alaska (Table 09). In subregions, the incomes tend to cluster between \$25,000 and \$100,000. Though average household income is lower in the Houston, Upper Su, and Glenn Highway areas and is higher in and around the Core Area. The Eastern Outer Core has the highest proportion of households earning \$100,000 or more at 50.4% of households, and the fewest earning under \$25,000 at 8.9%.

Table 09: Percent of Households by Household Income | Source: Claritas LLC, 2022, 2025

	< \$15,000	\$15,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$149,999	\$150,000 - \$199,000	\$200,000+	2025 Est. Average Household Income
Upper Su	9.4%	6.8%	24.3%	15.9%	12.7%	18.1%	6.7%	3.4%	\$86,034
Glenn Highway	5.8%	9.9%	22.7%	18.5%	11.8%	13.6%	8.7%	9.0%	\$91,597
Western/Knik Arm	7.4%	7.9%	16.7%	15.1%	14.5%	19.2%	8.8%	10.6%	\$106,107
West Outer Core	5.9%	3.1%	13.7%	14.0%	15.2%	23.4%	11.9%	12.7%	\$119,743
East Outer Core	5.2%	3.7%	13.3%	13.8%	13.6%	23.2%	12.4%	14.9%	\$126,341
Core Area	6.2%	5.6%	12.4%	15.5%	14.5%	21.3%	10.9%	13.6%	\$119,632
Palmer	5.9%	6.7%	15.3%	16.8%	15.3%	21.9%	9.3%	8.9%	\$102,230
Wasilla	11.0%	10.3%	14.3%	16.4%	13.2%	16.9%	7.9%	10.1%	\$98,799
Mat-Su Borough	6.4%	5.2%	14.4%	15.0%	14.4%	21.5%	10.8%	12.6%	\$116,057
Anchorage	5.8%	4.0%	12.5%	13.6%	12.2%	21.2%	12.9%	17.8%	\$135,683
Alaska	6.3%	5.1%	14.0%	14.6%	13.0%	21.0%	11.3%	14.8%	\$123,589

Demographics | Age

Alaska's and Mat-Su's population are young with almost a quarter (23.3% and 24.3%, respectively) of the population comprised of children under the age of 18 (Table 10). The West Outer Core has the highest proportion of children (26.5%) and lowest proportion of older adults (12.7%). The proportion of children is the lowest in the Upper Su at 14%, and they have the highest proportion of older adults (28.6%) compared to other regions in the Borough. While Mat-Su has a slightly high proportion of children compared to Anchorage the median age in Mat-Su is slightly higher than Anchorage (Table 11).



Table 10: Children and Older Adults | Source: Claritas LLC, 2025

	Under 18 years	65 years and over
Upper Su	14.5%	28.6%
Glenn Highway	21.9%	25.4%
Western/Knik Arm	21.2%	15.3%
West Outer Core	26.5%	12.7%
East Outer Core	24.0%	16.3%
Core Area	25.2%	14.9%
Houston	22.3%	16.5%
Palmer	23.1%	16.0%
Wasilla	24.0%	17.0%
Mat-Su Borough	24.3%	15.4%
Anchorage	23.0%	14.1%
Alaska	23.3%	15.3%

Table 11: Population by Age | Source: Claritas LLC, 2025

	Age 0-14	Age 15-24	Age 25-54	Age 55-64	Age 65-84	Age 85 and Over	2025 Est. Average Age	2025 Est. Median Age
Upper Su	11.4%	9.6%	29.9%	20.5%	27.2%	1.4%	48.7	54.4
Glenn Highway	17.5%	11.7%	32.2%	13.3%	24.3%	1.2%	42.9	44.2
Western/Knik Arm	17.6%	12.1%	42.4%	12.6%	14.6%	0.7%	39.4	38.8
West Outer Core	22.1%	13.9%	40.7%	10.6%	12.1%	0.6%	36.2	35.1
East Outer Core	19.6%	14.0%	37.7%	12.4%	15.3%	1.0%	39.1	39.1
Core Area	20.8%	14.1%	39.6%	10.6%	13.7%	1.2%	37.5	36.2
Houston	18.5%	12.8%	36.6%	15.6%	16.0%	0.5%	40.3	40.9
Palmer	19.1%	14.6%	40.5%	9.9%	14.4%	1.6%	38.0	35.7
Wasilla	19.8%	12.9%	40.1%	10.1%	15.2%	1.8%	38.3	36.0
Mat-Su Borough	20.0%	13.5%	39.4%	11.6%	14.4%	1.0%	38.2	37.4
Anchorage	19.3%	13.4%	42.2%	11.1%	13.0%	1.1%	37.7	36.1
Alaska	19.5%	13.3%	40.6%	11.4%	14.1%	1.1%	38.2	36.8

Demographics | Sex

The percent of the population as represented by binary genders indicates that Alaska as a whole as well as the Mat-Su Borough, tends to have more male than female residents (Table 12). This is the case for every group of communities, although the city of Wasilla has a higher percentage of women (50.8%) than men. The Western/Knik Arm area has a significantly higher population of men (58.1%) than women (41.9%).

Table 12: Population by Sex | Source: Claritas LLC, 2025

	Male	Female	% Male	% Female
Upper Su	3,193	2,770	53.6%	46.5%
Glenn Highway	924	894	50.8%	49.2%
Western/Knik Arm	8,920	6,437	58.1%	41.9%
West Outer Core	16,129	14,920	52.0%	48.1%
East Outer Core	7,701	7,173	51.8%	48.2%
Core Area	24,351	23,765	50.6%	49.4%
Houston	1,123	954	54.1%	45.9%
Palmer	3,271	3,237	50.3%	49.7%
Wasilla	4,791	4,946	49.2%	50.8%
Mat-Su Borough	61,218	55,959	52.2%	47.8%
Anchorage	146,502	139,764	51.2%	48.8%
Alaska	385,485	349,053	52.5%	47.5%

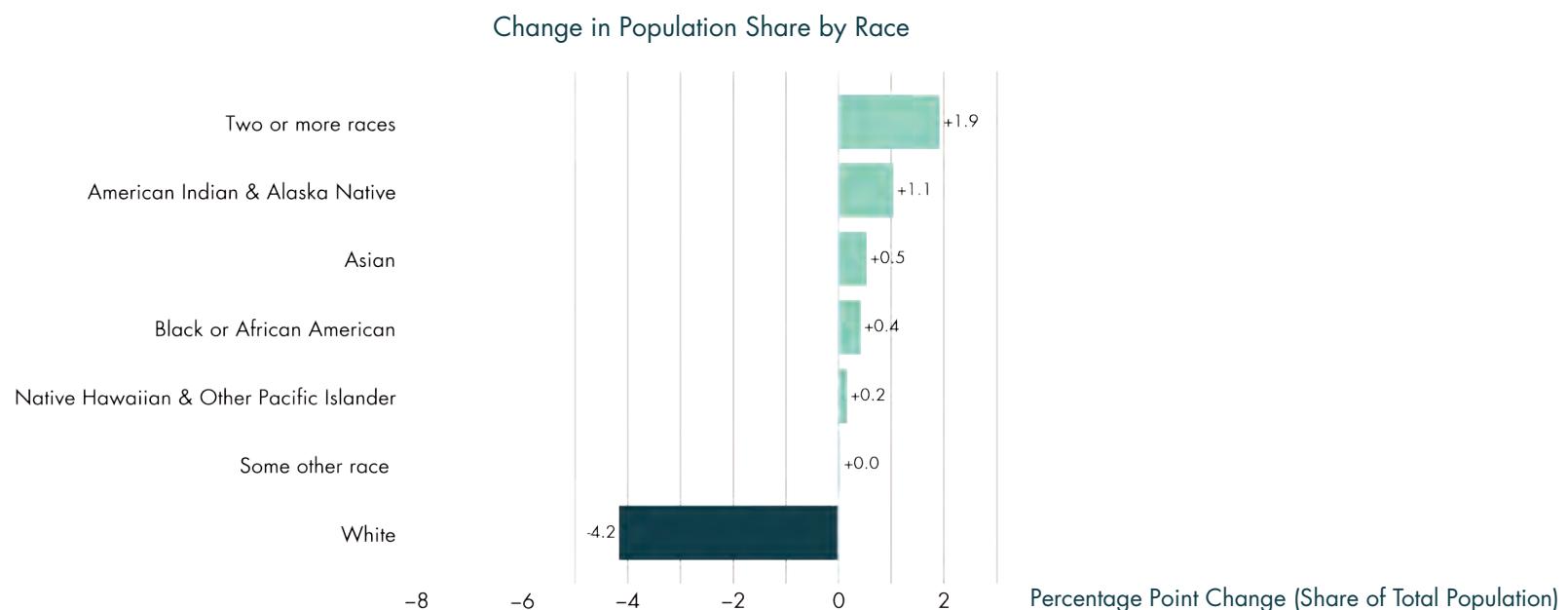
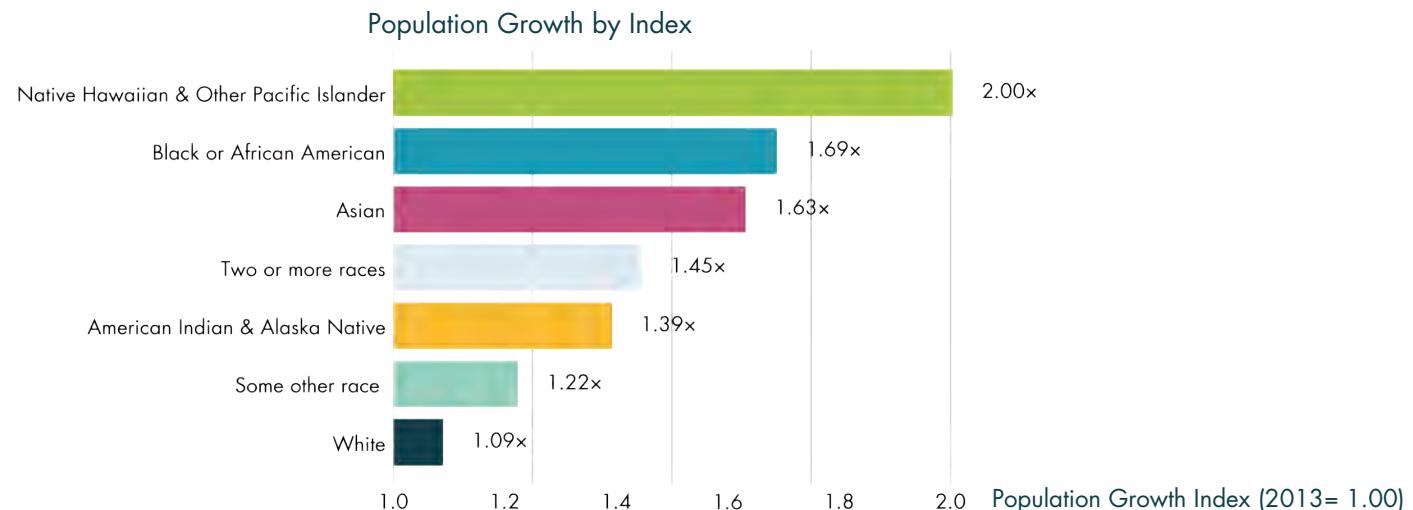
Demographics | Race

While the highest proportion of Mat-Su residents identify as white, the Mat-Su Borough is become more diverse (Figure 08). Between 2013 and 2023 the Mat-Su population grew across all racial identities, with the highest rate of growth among residents identifying as some other race, two or more races, or Native Hawaiian and Other Pacific Islander. Across the borough subregions there are difference in population by race (Table 13). The Western/Knik Arm region has the highest proportion of Alaska Native and American Indian alone at 10.6%. The West Outer Core has the highest percentage of two or more races at 13.9%.

Table 13: Population by Race | Source: Claritas LLC, 2025

	White Alone	Black or African American Alone	Alaska Native and American Indian Alone	Asian Alone	Native Hawaiian and Other Pacific Island Alone	Some Other Race Alone	Two or More Races
Upper Su	84.4%	0.5%	3.7%	0.9%	0.0%	1.5%	9.1%
Glenn Highway	79.3%	0.2%	5.7%	0.6%	0.1%	1.1%	13.1%
Western/Knik Arm	72.0%	1.7%	10.6%	1.5%	1.2%	1.7%	11.4%
West Outer Core	75.0%	0.9%	6.5%	1.6%	0.5%	1.8%	13.9%
East Outer Core	81.3%	0.5%	4.3%	1.0%	0.2%	1.7%	11.0%
Core Area	75.2%	1.2%	6.3%	1.6%	0.5%	1.7%	13.4%
Houston	82.7%	0.3%	5.3%	1.1%	0.3%	0.4%	9.9%
Palmer	72.9%	1.4%	8.0%	1.7%	0.7%	2.0%	13.2%
Wasilla	73.2%	1.4%	7.2%	1.9%	0.9%	1.8%	13.6%
Mat-Su Borough	76.1%	1.1%	6.5%	1.4%	0.5%	1.7%	12.7%
Anchorage	54.0%	4.8%	8.8%	10.1%	3.8%	3.7%	14.8%
Alaska	58.1%	3.0%	15.1%	6.2%	1.9%	2.7%	13.1%

Figure 08: Population Growth by Race, 2013 to 2023 | Source: ACS 5-Year Estimates, 2013, 2023



Demographics | Education

The Mat-Su Borough has a higher percentage of high school graduates (33.8%) compared to Anchorage (24.2%) and the rest of the state of Alaska (28.9%) (Table 14). Within the Mat-Su Borough, the areas in and around the Core have the highest proportion of residents with a Bachelor's degree or higher, followed by the Upper Su.

Table 14: Population by Education | Source: Claritas Envirionics, 2022

	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 Doctoral Degree
Upper Su	2.6%	4.5%	33.9%	25.4%	10.5%	17.3%	5.2%	0.6%
Glenn Highway	2.7%	2.6%	36.0%	26.5%	11.0%	14.9%	4.9%	1.4%
Western/Knik Arm	2.2%	6.0%	41.3%	23.3%	10.6%	11.1%	4.5%	1.0%
West Outer Core	1.8%	4.1%	35.9%	26.1%	12.3%	11.7%	6.8%	1.3%
East Outer Core	1.5%	3.7%	27.5%	26.6%	12.3%	19.3%	7.0%	2.1%
Core Area	1.3%	3.6%	31.7%	25.6%	12.7%	15.6%	7.8%	1.9%
Palmer	1.4%	4.2%	32.7%	25.5%	9.6%	15.6%	8.7%	2.4%
Wasilla	1.0%	4.0%	38.6%	25.4%	11.9%	10.6%	7.5%	1.0%
Mat-Su Borough	1.7%	4.1%	33.8%	25.6%	12.1%	14.5%	6.8%	1.6%
Anchorage	2.2%	4.0%	24.2%	22.6%	8.9%	23.7%	9.5%	4.9%
Alaska	2.2%	4.4%	28.9%	24.2%	9.5%	19.4%	8.1%	3.4%

Demographics | Disabilities

The Mat-Su Borough has a slightly higher population of residents with disabilities at 13.5% when compared to Anchorage. Palmer (19.8%) and the Glenn Highway (19.0%) had the highest percentages of residents with disabilities when compared to the other subregions of the borough.

Table 15: Overall Population with Disabilities | Source: ACS 5-year estimates, 2023

	Total civilian non-institutionalized people with disabilities (#)	Total civilian non-institutionalized people with disabilities (%)	Under 18 years with a disability (#)	Under 18 years with a disability (%)
Upper Su	551	11.0%	23	2.1%
Glenn Highway	280	19.0%	5	2.0%
Western/Knik Arm	1,400	12.9%	116	4.2%
West Outer Core	3,469	12.1%	441	5.4%
East Outer Core	2052	14.5%	188	5.3%
Core Area	6,769	14.3%	472	3.7%
Palmer	1,175	19.8%	114	8.2%
Wasilla	1,434	15.6%	11	0.5%
Mat-Su Borough	14,521	13.5%	1,245	4.3%
Anchorage	33,792	12.2%	3,377	4.9%
Alaska	92,451	13.1%	8,167	4.6%

Demographics | Veterans

The Mat-Su is home to 18.7% of Alaska's veterans, which make up around 9% of the Mat-Su population. 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 16).

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 17. The Mat-Su Borough has a slightly higher percentage of female veterans (15.7%) than Anchorage (15.5%) and the state overall (14.4%).

The next most prevalent age cluster for all areas is 55 to 64 years of age, except for Wasilla, where only 9.2% of the veteran population is in this age group. Though, Wasilla has the highest proportion of veterans over age 75 at 19.2%. Approximately one in five (19.7%) Mat-Su veterans are 65 to 74 years of age. Around a quarter of the Mat-Su veteran population (25.4%) has a disability, slightly higher than Anchorage (24.8%) but lower than the state overall (27.8%). Palmer at 44.3% has a higher percentage of veterans with a disability.



Chapter 4: Our Mat-Su Communities - Population Demographics | Population Trends & Demographics

Table 16: Veterans by Race | Source: ACS 5-year estimates, 2023

	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 or Latino (of any race)	White alone, not Hispanic or Latino
Mat-Su Borough	11,042	85.1%	2.8%	3.0%	1.0%	0.1%	1.3%	6.7%	3.9%	83.2%
Palmer	523	86.6%	1.5%	3.6%	0.2%	0.0%	2.5%	5.5%	3.3%	85.5%
Wasilla	880	83.1%	3.0%	5.2%	1.5%	0.0%	0.0%	7.3%	0.9%	83.1%
Anchorage	23,940	70.3%	7.6%	3.3%	5.4%	1.9%	2.8%	8.7%	5.7%	68.3%
Alaska	58,910	75.4%	4.3%	6.4%	3.1%	0.9%	1.9%	8.0%	4.9%	73.5%

Table 17: Veterans by Sex and Age | Source: ACS 5-year estimates, 2023

	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	11,042	84.3%	15.7%	11.5%	34.6%	21.8%	19.7%	12.4%	25.4%	74.6%
Palmer	523	84.9%	15.1%	11.9%	26.0%	22.4%	21.2%	18.5%	44.3%	55.7%
Wasilla	880	88.6%	11.4%	13.4%	34.3%	9.2%	23.9%	19.2%	27.8%	72.2%
Anchorage	23,940	84.5%	15.5%	15.5%	30.0%	22.1%	19.8%	12.6%	24.8%	75.2%
Alaska	58,910	85.6%	14.4%	12.1%	30.7%	21.0%	21.8%	14.5%	27.8%	72.2%

Population Focus | Older Adults

These are key experiences identified via a focus group coordinated with the Mat-Su Council on Aging.

Community Connection and Belonging: Older adults consistently value the strong sense of community. Many participants describe feeling welcomed and supported by their neighbors, local businesses, and community organizations. They find belonging through various venues including churches, senior centers, pools and gyms, hiking groups, volunteer organizations, and local gathering places. However, maintaining these connections requires effort and some newer residents may struggle to find their place in the community due to rapid growth and suburban sprawl.

Transportation and Mobility Challenges: Transportation emerges as one of the most significant barriers. Many participants express concerns about driving safety, especially in winter conditions, and the lack of reliable public transportation options. The absence of sidewalks and safe walking paths in many areas forces residents to depend on cars, creating particular hardships for those who can no longer drive or don't have access to vehicles. Medical transportation is especially problematic, with some relying on neighbors, family, or expensive taxi services to reach appointments.

Healthcare Access and Quality: While many appreciate improvements in local medical facilities and the presence of hospital facilities, significant challenges including difficulty finding primary care providers who accept Medicare, long wait times, and the continued need to travel for specialized care. Dental and vision care are particularly expensive.

Impact of Population Growth and Development: Long-term residents consistently note dramatic changes due to population growth. While growth brought conveniences like more stores and services, it also created significant challenges. Traffic congestion, loss of farmland and open spaces, and strain on infrastructure are common concerns. Participants frequently criticize the lack of planning in development, noting subdivisions built without adequate road access or consideration for services.

Outdoor Recreation and Lifestyle: The outdoor lifestyle and recreational opportunities remain central to why older adults love living in the Mat-Su Valley. Participants consistently mention hiking, biking,

swimming, skiing, and other outdoor activities as essential to their physical and mental health. Pools are particularly important for senior fitness and social connection. Concerns exist about ensuring trails and facilities remain accessible for people with mobility limitations.

Economic Concerns and Housing Affordability: Many older adults express financial stress related to property taxes, healthcare costs, and housing affordability. Housing affordability is a significant concern, both for themselves and their adult children who may want to remain in the community. Senior housing options are limited with long waiting lists, and the requirements for affordable housing create barriers.

Social Infrastructure and Community Services: The lack of community centers in many areas limits opportunities for gathering and programming. The closure of meal programs at some senior centers has eliminated important social connections for isolated individuals. However, participants note that information about available services is often hard to find, and many beneficial programs are underutilized due to lack of awareness.

Intergenerational Connections and Knowledge Transfer: Several participants express interest in stronger connections between generations, noting that interactions with young people are energizing and beneficial. They see value in programs that would allow older adults to share their knowledge and experience with younger community members, while also learning from them (particularly around technology).

Technology and Digital Divide: Many older adults struggle with the increasing digitization of services and information. Simple tasks like changing passwords, filling out online forms, or navigating websites can be extremely stressful and time-consuming, creating barriers to accessing essential services. Participants express a strong need for patient, accessible technology support that could help them navigate an increasingly digital world.

Vision for the Future: Participants consistently emphasize the importance of maintaining open spaces, improving transportation options, ensuring accessible healthcare for all, and creating more opportunities for community connection. They want to see better planning for growth that preserves qualities of the Mat-Su while providing the infrastructure needed to support an aging population.

Population Focus | Youth & Young Adults

These are key experiences identified via focus group discussions coordinated with Mat-Su college, Youth 360 After-school clubs in Houston and Wasilla, and the Sutton Library Youth program.

Connection to Nature and Community Identity: Young adults expressed deep appreciation for the Mat-Su's natural environment, and as a primary reason for loving their community. Many have lived in the area for significant portions of their lives and value the small-town atmosphere, friendly people, and sense of community. The wilderness and outdoor recreational opportunities appear central to their identity and quality of life.

Rapid Growth and Development Concerns: Participants across all focus groups noted significant changes in their community, primarily related to population growth, new construction, and infrastructure development. Many expressed ambivalence about the pace of change.

Healthcare Access Challenges: Issues included long wait times, high costs, and the need to travel for specialized care. Mental health services were particularly problematic, with participants noting difficulty connecting to counseling services, insurance complications, and ongoing stigma. The high cost of healthcare forces many to delay or avoid treatment, particularly impacting college students and low-income families.

Drug Use and Mental Health Crisis: Drug abuse, particularly vaping and marijuana is a major concern. Participants noted the normalization of substance use and easy accessibility. This connects to broader mental health challenges, with participants discussing depression, isolation (particularly post-COVID), and limited mental health resources. The dark winter months, social isolation, and lack of engaging activities were cited as contributing factors to both substance use and mental health struggles.

Limited Youth Resources and Activities: Participants expressed frustration with limited age-appropriate activities and spaces for teenagers and young adults, citing "going to Walmart" as one of the few available activities. There's a strong desire for recreation centers, more community events, youth gyms, and safe spaces for socializing with extended hours.

Transportation and Infrastructure Issues: Transportation emerged as a significant barrier, particularly for young people without reliable vehicles. The lack of public transportation limits access to jobs, healthcare, and activities, especially for those living in rural areas. Safety problems like potholes, lack of sidewalks, and dangerous road conditions were frequently mentioned. Participants expressed desire for better public transit, more sidewalks for safe walking and biking, and improved road maintenance, particularly during winter months.

Economic Barriers and Employment Challenges: Economic pressures significantly impact young adults' lives, from housing costs to healthcare expenses. Many participants noted the difficulty of finding flexible employment that accommodates student schedules, with most available jobs being in retail or food service. Housing costs make it difficult for young adults to achieve independence.

Strong Support Networks Despite Challenges: Youth program staff, teachers, coaches, and parents were frequently mentioned as trusted adults who provide both practical and emotional support. The college environment was particularly praised for its personal attention, supportive faculty, and sense of community. These relationships appear crucial for helping young adults navigate challenges and feel connected to their community. Libraries and bookstores were valued as welcoming community gathering spaces that host events and provide information about local activities. Downtown areas were celebrated as a vibrant community hubs. Churches and faith communities provided important spiritual and social support for many participants.

Vision for Community Improvement: Their 30-year vision emphasized environmental protection, reduced drug abuse, better infrastructure, more community connection, and maintaining the area's natural character while accommodating growth responsibly. Common recommendations included more sidewalks and bike paths, public transportation, recreation centers for teens, community gardens, better drug prevention programs, more mental health resources, and events that bring different age groups together.

Population Focus | Resource Providers

These are key experiences identified via focus group discussions coordinated with staff at agencies that provide health and human services in the Mat-Su, including: Daybreak, Alaska Family Services, Valley Pastor Prayer Network members (faith-based community), and Mat-Su College faculty & staff.

Rapid Growth and Infrastructure Strain: Participants shared the population boom has changed the community. Providers noted that resources can't keep up with demand: roads are less safe, urgent care has long waits, and grocery stores that accept benefits have decreased. Growth has moved faster than the community's ability to maintain the quality of life. More residents need services, but the system hasn't expanded enough to meet the need.

Healthcare Access Crisis: Many said it's nearly impossible to get timely primary care, pushing people into overcrowded urgent care centers. Emergency rooms are overwhelmed and people with mental health or sensory needs may choose to leave untreated because the environment is too stressful. Specialty, mental health, and trauma-informed care are especially limited—especially problematic for families with special needs children or child protective service requirements. Medicaid patients struggle to find providers who accept their insurance. Concerns about the local hospital's reputation add another barrier. High-deductible insurance and exorbitant prescription costs cause delays in accessing care.

Economic Pressures and Basic Needs: Working families experience rising costs while wages stay flat. Food costs have increased since COVID. Housing is the most pressing issue: rents have more than doubled, landlords demand applicants earn three times the rent, and fees can run \$500 just to apply. Teachers, healthcare workers, and social service staff are struggling—some reporting they are unhoused, despite working full time. Economic pressures cause working families to not be able to afford to live in the community they serve, creating instability and forcing professionals to leave the borough or state.

Social Isolation and Community Disconnection:

Many working residents described feeling isolated and disconnected. Neighbors who once helped each other now keep to themselves, and some people said they don't feel safe. Alaska's strong culture of independence makes it harder to build community ties. This shift from trust and support to defensiveness and isolation has changed neighborhood dynamics.

Geographic isolation also limits connection, with families traveling long distances for school or activities. Stigma and judgment keep many from asking for help, whether it's seniors ashamed to seek support or professionals struggling with the same challenges as their clients.

Transportation and Accessibility Barriers: Families without reliable vehicles face serious hardships—especially in rural areas. For vulnerable groups—like seniors, people with disabilities, or those in crisis—the lack of reliable transportation can be life-threatening. Adults with disabilities said that inconsistent public options make it hard to keep jobs or maintain independence. Many participants stressed that community planning assumes everyone drives, leaving very few options.

Workforce and Employment Challenges: Workforce shortages affect nearly every sector in the Mat-Su, from healthcare to childcare. Organizations struggle with high turnover and unfilled jobs. Rising housing costs, few amenities, and the sense of social isolation also make it harder to attract and keep new workers. Jobs themselves are often inflexible, which is especially hard for caregiving. Service-sector jobs tend to allow fewer options for remote or flexible work. Many questioned whether the area can attract and retain younger workers.

Resilience and Community Assets: People love the natural environment. Churches in particular are filling big gaps by helping with food, housing, and even car repairs. Alaskans' creativity and resilience were named as major assets. Many said there are "unlimited resources of collaboration" if groups can move past competition and work together. The area's location offers opportunities to balance both urban and rural benefits.

Vision for Community Development: Participants called for more "third spaces" beyond home and work, like community centers, affordable indoor recreation areas, and intergenerational gatherings open year-round. Residents shared a vision for more connected, walkable communities with centralized services. They imagined downtown areas that combine housing, dining, shopping, and event spaces, as well as "one-stop" centers for coordinated services. These ideas reflect a strong desire to make life more convenient and community oriented. Many said the "keep Alaska, Alaska" mindset needs to be more flexible so the region can adapt to growth while still preserving what makes it special. They envisioned affordable housing, better transportation, and community spaces that build on resilience while reducing isolation.

Population Focus | Female Veterans & Veteran Caregivers

These are key experiences identified via focus group discussions coordinated with several veteran-serving organizations.

Healthcare Access and Quality Improvements: Veterans and caregivers consistently celebrated the establishment of the VA clinic and the expansion of medical services locally, reducing the need to travel for care. Participants noted better access to specialists, physical therapy, occupational therapy, and alternative treatments like chiropractic and massage therapy. However, challenges remain with insurance acceptance (particularly Tri-Care), long wait times for specialty care, and difficulty navigating healthcare systems. Mental health services were frequently mentioned as inadequate, with limited local options for PTSD treatment and inpatient mental health care.

Transportation Barriers: Participants noted that many veterans don't drive or lack reliable transportation, making it difficult to reach appointments and maintain social connections. While some mentioned VA transportation services, these were described as limited in scope and requiring advance notice. The lack of accessible public transportation and the rural nature of many residential areas compound isolation issues, especially for elderly or disabled veterans.

Community Connection and Belonging: Participants expressed a need for more structured opportunities to connect with other veterans and caregivers facing similar challenges. Both groups valued existing veteran organizations and support networks but indicated these resources aren't well-publicized. Participants appreciated informal community connections through activities like soccer, church, and neighborhood relationships, but specifically sought more regular gatherings for veteran families to share experiences and resources. The desire for peer support was particularly strong among caregivers dealing with PTSD, TBI, and other service-related conditions.

Caregiver Support and Resources: Caregiver burden was a significant theme, with spouses and family members expressing feeling isolated and unprepared to handle the complexities of caring for veterans with PTSD, TBI, and other service-related conditions. Caregivers noted limited resources for their own healthcare needs and expressed concern about future care needs as they age. Many described the learning curve of understanding and responding to veteran mental health issues, survivor guilt, and other trauma-related behaviors. The need for respite care, temporary assistance, and caregiver education programs was consistently mentioned.

Infrastructure and Development Concerns: While participants appreciated new businesses and improved services, they expressed concerns about traffic congestion on roads not designed for increased volume, lack of sidewalks and connected walking paths, and development without adequate planning. Participants consistently mentioned the need for better pedestrian infrastructure, public transportation, and thoughtful development.

Economic Challenges and Basic Needs: Economic pressures emerged in discussions about affordable housing, high food costs, and employment that supports the local cost of living. Participants noted the difficulty of accessing affordable, healthy food options and expressed appreciation for local farmers markets and farms. Affordable housing was mentioned as increasingly difficult to find, and the high cost of living was seen as potentially driving young people away from the area for education and employment opportunities.



The background of the slide is a photograph of an aerial view. It shows a highway with several cars, a forested area, and a small town or industrial complex. In the foreground, there is a large, stylized graphic of a house. The house is white with black outlines and has a dark roof. The word "HAPPY" is written in black on the side of the house. The overall image has a teal tint.

Chapter 5



Economic Mobility

Foreword by Aaron Clements

Community Member

The Mat-Su valley has a whole lot of caring people. As I approach 15 years of living in the Mat-Su Valley, I know we care deeply about our families, our neighbors, our schools, our outdoors, our community spaces and so much more. Sometimes our care can also lead us to thoughts about how we hope that things may be able to improve for those we care about. The Valley population is growing, along with some opportunities for greater health and wellness for many residents. Yet, perhaps you, like me, see the challenges that many of our family, friends, and neighbors face when just trying to make it by month-to-month. Perhaps you wonder alongside me, about your parents' prospects of having more than just enough resources to thrive. Perhaps you think about your children, grandchildren, or future generations and wonder what they will experience as they try to confront our current financial realities:

Will they be able to afford housing and even dream of buying a house? Will they be able to find meaningful employment in our community? What hurdles might they experience when trying to live a healthy life? Will they be able to afford healthcare, and basic needs like food and shelter that can help lead to a healthy quality of life?

I am starting to envision an optimistic view of the Mat-Su. A Mat-Su where prospects of economic flexibility provide more options and choices for everyone. I imagine that more jobs provide wages keeping with the cost of living; a robust community where training opportunities abound to increase skills and employment prospects; working adults can follow dreams and aren't held back due to fear of financial burdens; young children have the highest quality of childcare while becoming more affordable for parents and also a viable wage for early childhood workers; older adults and people of all abilities thrive with an abundance of choices for how they live, recreate, and connect. Imagine your sibling is finally able to purchase a home or expand their family; imagine long commutes are a thing of the past resulting in families and community members gaining more quality time together; our youth see a bright future full of opportunities and livable wages. I like to imagine a Mat-Su that is full of promising choices for everyone, where there is a place for everyone. That hope abounds as people see the future improving with their overall quality of life. These are things that I dream about when I ponder economic mobility: Hope and opportunity for a healthy future right where we live - for anyone, for everyone, for those we care so much about.



Chapter 5: Economic Mobility

Introduction

Economic mobility, also referred to as upward mobility, is a term that means a person or family can move up or down the economic ladder over time. It is a measure of economic progress and the opportunity for income growth and wealth building.

There are two main types of economic mobility:

- **Intergenerational mobility** is when someone's economic status is different from their parents'. For example, a child from a low-income family grows up to earn a high income.
- **Intragenerational mobility** is when a person's economic status changes during their own life. For example, someone may start with a low-paying job and later move into a better-paying career.

People can move **upward** (to a better financial position) or **downward** (to a worse one). When economic mobility is high, there are more opportunities and fewer barriers for people to succeed, regardless of class, race, disability, gender, or the neighborhood where they live or grew up. When it's low, upward mobility is limited and more achievable for individuals from high-income families, while people from low-income families are less likely to rise up the ladder. Economic mobility has been on the decline in the United States for many decades. Ninety percent of children in the 1940s grew up to be financially better off than their parents, and by the 1980s less than 50 percent of children were able to better their financial situation.¹ More recently, a comparison of incomes in adulthood for children born in 1978 and 1992, revealed that while racial gaps in economic mobility still exist and are wide there was a reduction in the racial gap, though there were increases in class gaps.² The key takeaway is that growing up in a thriving community improves children's outcomes and it is possible to change opportunity in a generation.

There are lifetime experiences, referred to as mobility experiences, that shape a person's opportunity and significantly impact lifetime income.³ The Camber Collective reviewed findings of over 230 research studies and assessed the lived experiences of over 4,000 Americans to establish evidence for 28 mobility experiences. These experiences can be described in six domains—financial well-being, physical and mental health, social and familial relationships, career progression, community interactions, education—and aren't limited to one phase of life but range from birth through childhood and adolescents and into adulthood. They evaluated the impact each of the 28 experiences has on lifetime income, though many also impact "individuals' sense of power, autonomy, or connection and belonging in their communities."

Upward mobility can be achieved when people have economic success, power and autonomy, dignity and belonging.⁴ When communities support all residents to access rewarding work, quality education, affordable and stable housing, and good health care, then people have can achieve upward mobility.

¹ Raj Chetty, David Grusky, Maximilian Hell, Nathaniel Hendren, Robert Manduca, And Jimmy Narang (2016), The fading American dream: Trends in absolute income mobility since 1940, National Bureau of Economic Research. <https://opportunityinsights.org/paper/the-fading-american-dream>

² Opportunity Insights (2024), Changing Opportunity: How Changes in Children's Social Environments Have Increased Class Gaps and Reduced Racial Gaps in Economic Mobility, Non-Technical Research Summary. https://opportunityinsights.org/wp-content/uploads/2024/07/ChangingOpportunity_Nontech.pdf

³ Camber Collective (2024). Life Experiences that Power Economic Mobility. Mobility Experiences: A Research Series on Pathways to Economic Mobility.

⁴ Urban Institute. Upward Mobility Glossary. <https://upward-mobility.urban.org/upward-mobility-glossary>

Economic Success: People have adequate income and assets to support their and their families' material well-being.

Power and Autonomy: People have control over their lives, ability to make choices, and means to influence larger policies and actions that affect their future.

Dignity and Belonging: People feel the respect that comes from contributing to their family, work, and community and are valued for those contributions.

What Affects Economic Mobility?

- **Quality Education** – Good schools and access to college help people get better jobs and earn more money.
- **Rewarding work** – Stable, good-paying jobs that offer chances for growth.
- **Family wealth** – Some families can give financial help or pass down money and connections.
- **Access to health insurance and quality healthcare** – Access to affordable care reduces financial burden, while access to preventative care, primary provider, and behavioral health supports good health and well-being.
- **Where you live** – Inclusive neighborhoods with strong economies, good schools, and reliable public services.
- **Social networks** – Mentors or connections can help people find jobs and opportunities.
- **Government policies** – Laws and programs around taxes, education, and work protections can help or hurt mobility.

Economic Mobility and Community Health

Economic mobility and community health are strongly connected. Communities with more upward mobility usually have better health. People are more likely to live longer, have lower stress, and avoid chronic diseases. Access to quality education, safe housing, and stable jobs not only help people earn more—it means they have the opportunity for better health outcomes. On the other hand, poor health and structural or systemic barriers can make it harder for people to work or learn, keeping them stuck in poverty and making it harder for future generations to succeed.

Improving economic mobility—by investing in health care, education, housing, and jobs—can lead to healthier, stronger communities in the long run. Health equity plays a critical role in shaping economic mobility by influencing individuals' capacity to work, learn, and build financial security. Communities with access to quality healthcare, nutritious food, stable housing, and safe environments are more likely to see higher rates of employment, educational attainment, and income growth. Conversely, health disparities—often rooted in systemic inequities related to race, geography, income,

gender, disability, or education—can limit a person’s potential to participate fully in the economy. For example, barriers like lack of childcare or transportation impact people’s ability to engage in work or education. Opportunities for economic mobility and health equity improve individual well-being, strengthen workforce participation, reduce public spending, and increase social and economic resilience across generations.

Health equity is not just a matter of justice—it is a practical prerequisite for broad-based economic opportunity and upward mobility. Addressing disparities in health access and outcomes is essential for unlocking individual potential and strengthening community prosperity.



Belonging and Civic Muscle

There is a direct connection between a person’s sense of belonging and their ability to improve their financial situation. When people feel respected and valued for their contributions to their family, work, and community, they are more likely to participate in local activities and have strong social connections. This social connection, or social capital, helps people find resources and support that can lead to higher incomes and more stable jobs. Social capital can improve upward mobility for families living in poverty, however they often experience barriers related to time, money, or childcare that make it difficult to build social capital.

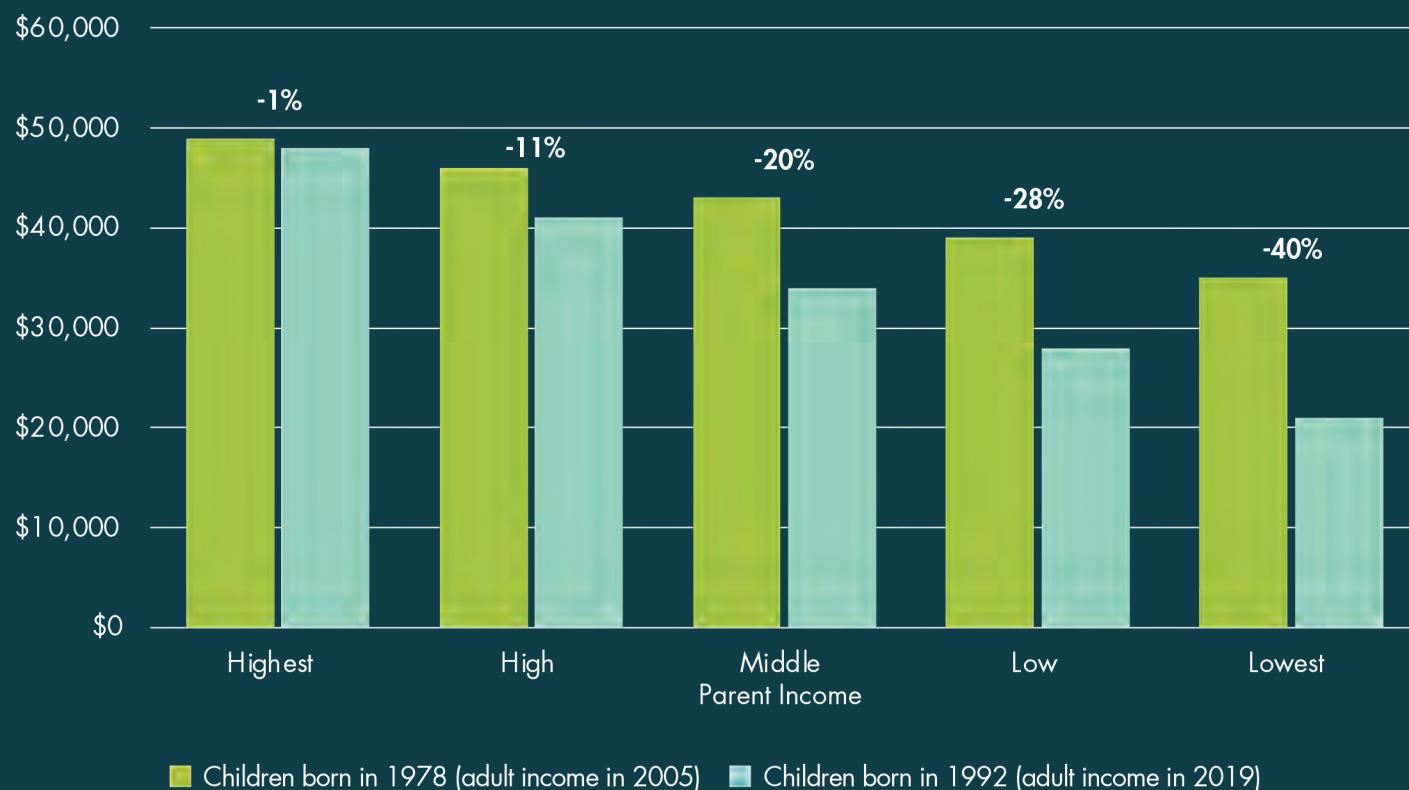
Social capital can be explained in the different types of connections, or ties, we have to our family, friends, neighbors, colleagues, and community leaders. Bonding ties, often with family members and close friends, help us to “get by.” When we have strong family connections, free of trauma, we often have resources and support to navigate hardship. Bridging ties are connections across diverse groups that provide access to broader resources that help us “get ahead.” When we live in inclusive neighborhoods or attend schools with people from different socioeconomic backgrounds it supports opportunity for upward mobility. Lastly, linking ties are related to power and autonomy and our ability to influence policies and actions. When we sit on nonprofit boards, participate in community councils, or have opportunities to speak with elected officials it gives opportunity to influence policies that impact resources, services, or jobs.

Encouraging civic education and engagement, creating and maintain parks, building neighborhoods that promote social connections, supporting families with relationship building (e.g. early relational health) all help build social capital and belonging, which improves upward mobility.

Key Data Insights

Economic mobility has been declining in Mat-Su, which means it has become harder for people to move up the income ladder. The gap between the highest- and lowest-income earners has nearly doubled, growing by 99% in Mat-Su. This decline in mobility has been hardest on people from low-income households. Mat-Su residents born into the lowest-income families, had the largest decline in average income as adults, based on comparisons of people born in 1978 and people born in 1992. That means individuals born into the lowest-income Mat-Su households in 1992 made 40% less average income as adults when compared to those born in 1978 (Figure 09).

Figure 09: Change in Annual Average Household Income (at age 27) for Children Born in 1978 and 1992 Who Grew Up in Mat-Su



Source: Opportunity Atlas

Chapter 5: Economic Mobility | Key Data Insights

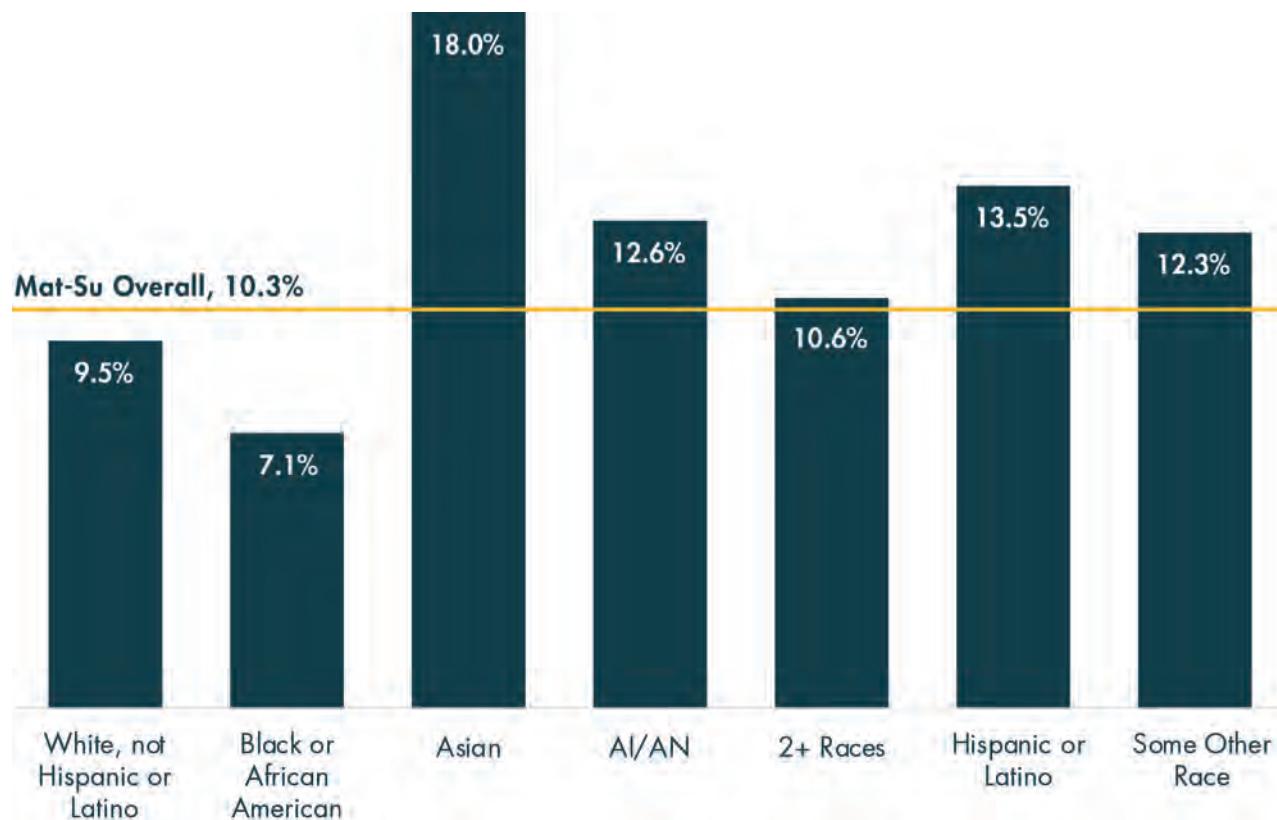
The change in household income for the 1978 and 1992 birth cohorts also varies by race and parent income (Figure 10). For example, American Indian and Alaska Native residents from high income households experienced an increase in mobility while their White peers experienced almost no change. Despite the upward mobility for American Indian and Alaska Natives from high-income households, they still earn on average \$5K less than their White peers indicating the race gap, though declining, still exists. While the class gap widened across all races and ethnicities reported in Mat-Su, American Indian and Alaska Native residents experienced the largest gap. American Indian and Alaska Native residents from the highest-income families saw their income grow by 51%, yet among the lowest-income families, American Indian and Alaska Native residents saw a significant decrease of 58% in average income as adults.

Figure 10: Percent Change in Household Income Between Birth Cohorts in Mat-Su by Parent Income and Race/Ethnicity | Source: Opportunity Atlas



In the Mat-Su Borough, there are significant disparities in the experiences of poverty by race/ethnicity, geography, and educational attainment. The overall poverty rate in Mat-Su is 10.3%, though Asian (18.0%), Hispanic or Latino (13.5%), American Indian and Alaska Native (12.6%) residents and residents identifying as some other race (12.3%) experience poverty at higher rates (Figure 11). While poverty rates vary significantly across the borough by census tract, ranging from 4.6% to 18.9% (Figure 12), none of the census tracts are considered "poverty areas" according to the U.S. Census Bureau (i.e., areas with 20% or higher poverty). The areas with the highest poverty rates include Wasilla North (18.9%), Houston (18.6%), and Seldon (16.9%) census tracts. The Core Area has the greatest disparity with poverty rates ranging from 6.5% in Gateway to 18.9% in Wasilla North. Education is a significant factor for poverty levels in Mat-Su. Residents who have more education have a lower likelihood of being in poverty (Figure 13). People without a high school diploma have a poverty rate of 16.1%, which is 5.9% above the overall rate and 11.8% above the rate for residents with a bachelor's degree or higher (4.3%).

Figure 11: Poverty Rates by Race/Ethnicity, Mat-Su | Source: US Census Bureau ACS 5-year, 2019-2023



Chapter 5: Economic Mobility | Key Data Insights

Table 18: People Below Poverty by Census Tract, Mat-Su Borough | Source: US Census Bureau ACS 5-year, 2019-2023, mySidewalk

Borough Subregion/Census Tracts	Rate
Upper Su	13.5%
Talkeetna Census Tract 1.02	13.8%
Western Mat-Su Census Tract 1.01	9.8%
Willow Census Tract 4.02	14.7%
Western/Knik Arm	11.3%
Big Lake Census Tract 5.01	11.9%
Houston Census Tract 4.01	18.6%
Knik Arm Census Tract 6.04	8.6%
West Lakes Census Tract 5.02	12.0%
West Outer Core	10.7%
East Meadow Lakes Census Tract 7.03	14.6%
Fairview Census Tract 6.01	7.8%
Foothills Census Tract 6.03	13.2%
Tanaina Census Tract 7.06	6.8%
West Meadow Lakes Census Tract 7.01	12.1%

Borough Subregion/Census Tracts	Rate
East Outer Core	8.7%
Butte/Lazy Mountain Census Tract 13	8.5%
Fishhook Census Tract 3	8.8%
Glenn Highway	4.6%
Matanuska River Census Tract 2	4.6%
Core Area	10.2%
Bogard Census Tract 10.03	8.6%
Gateway Census Tract 11	6.5%
Palmer (East of the Glenn) Census Tract 12.01	10.2%
Palmer (West of the Glenn) Census Tract 12.02	10.2%
Seldon Census Tract 7.05	16.9%
South Lakes Census Tract 10.04	7.3%
Wasilla-Fishhook Census Tract 10.01	7.3%
Wasilla North Census Tract 8	18.9%
Wasilla (West of the Parks) Census Tract 9	6.7%

Figure 12: People Below Poverty by Census Tract, Mat-Su Borough | Source: US Census Bureau ACS 5-year, 2019-2023, mySidewalk

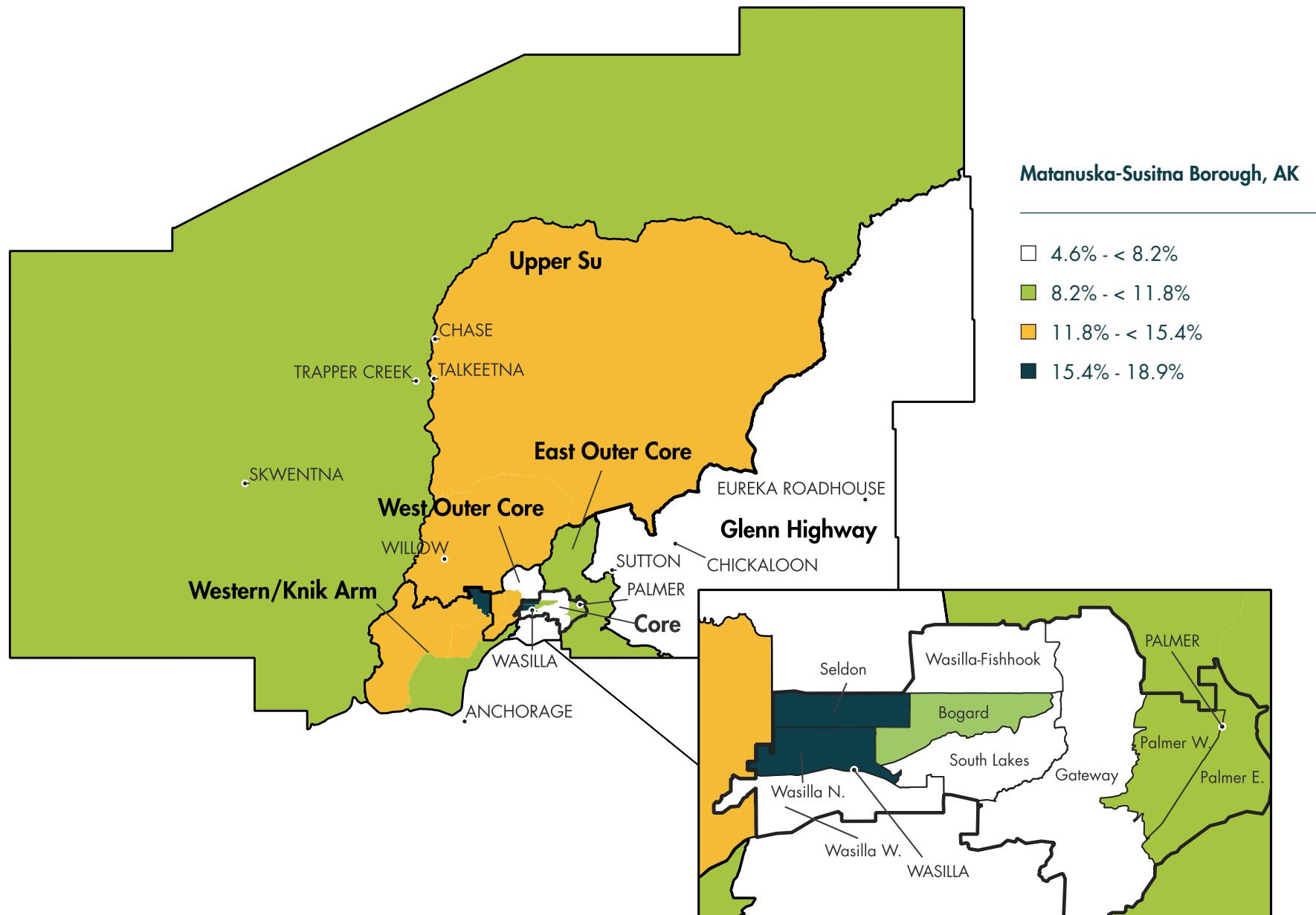
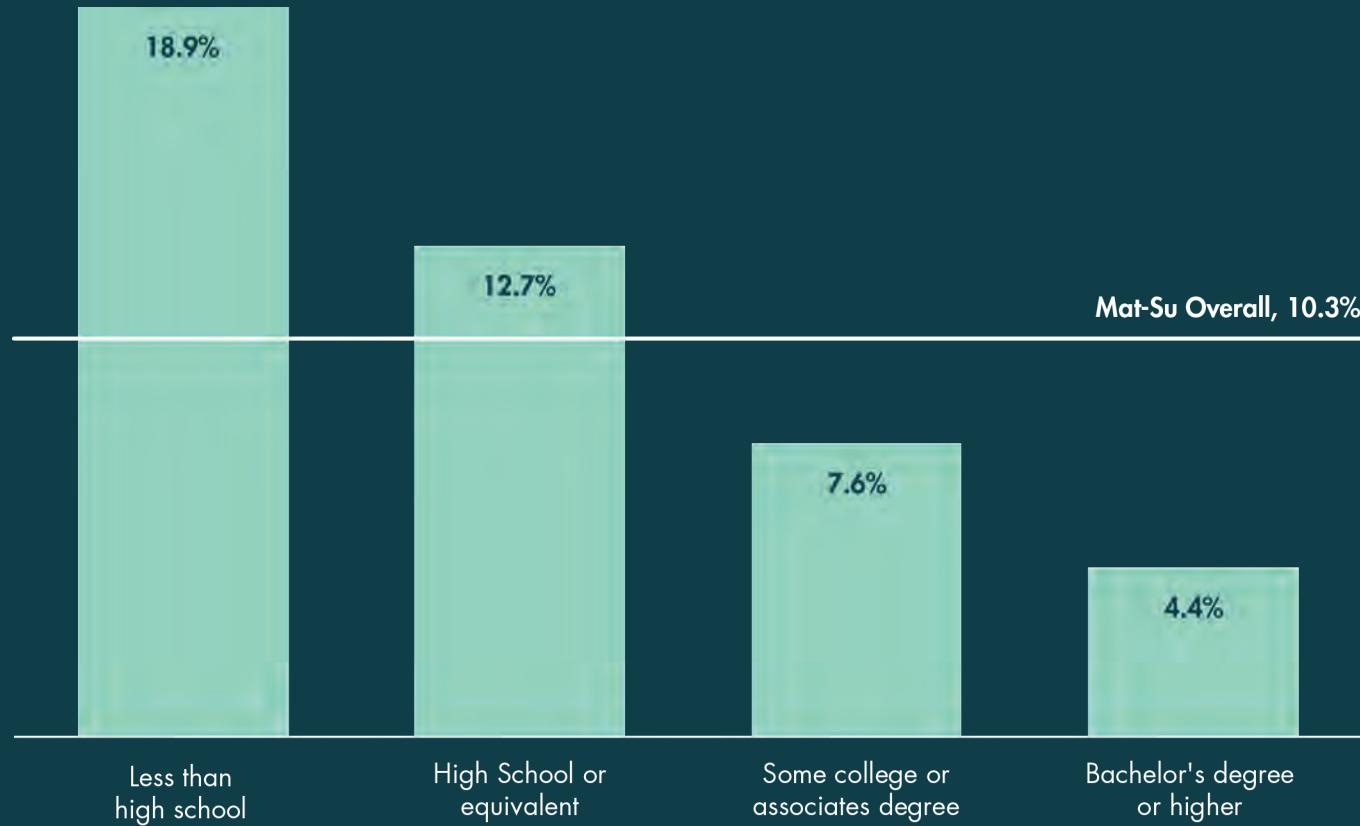
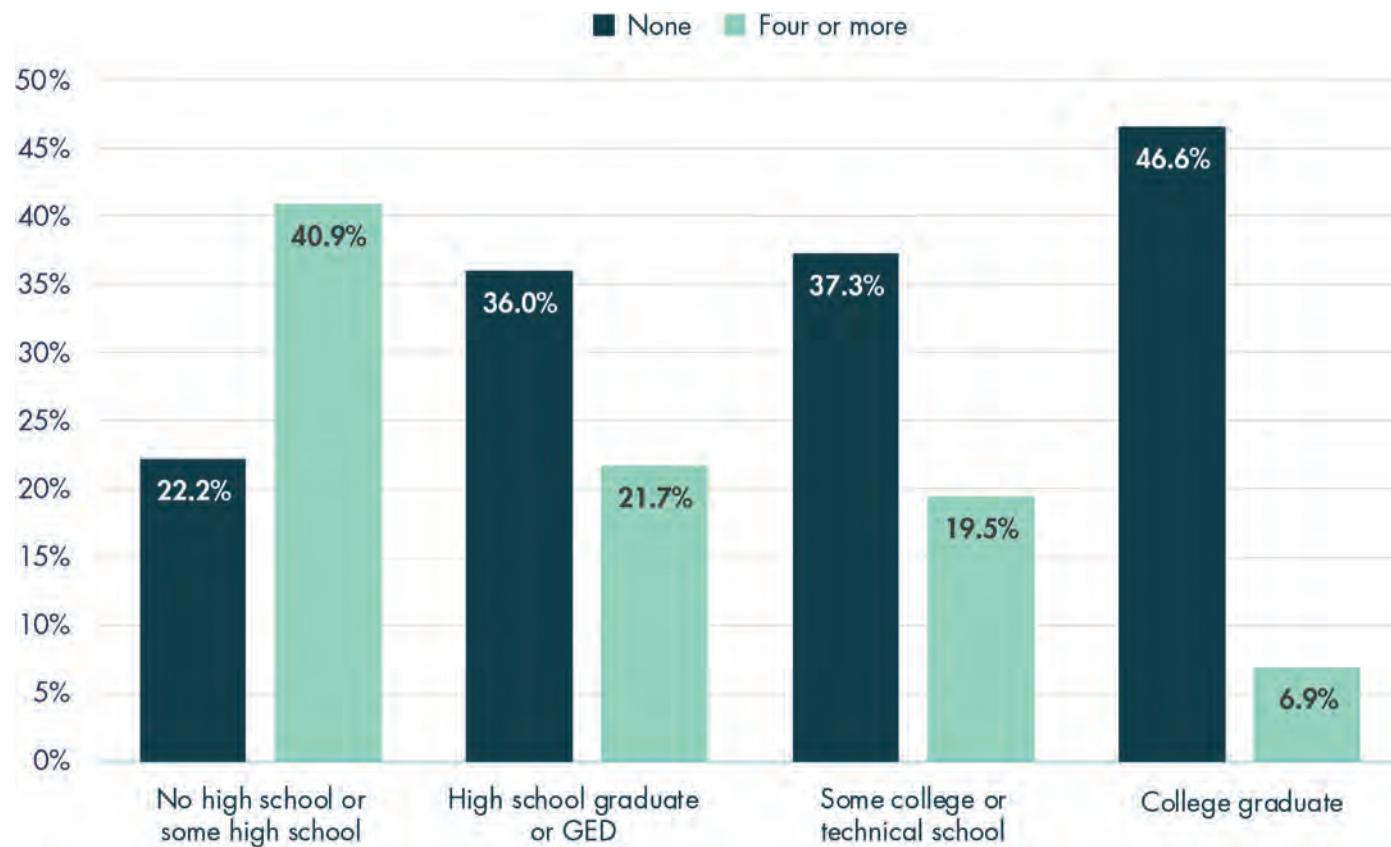


Figure 13: People Age 25+ Below Poverty by Educational Attainment, Mat-Su | Source: US Census Bureau ACS 5-year, 2019-2023



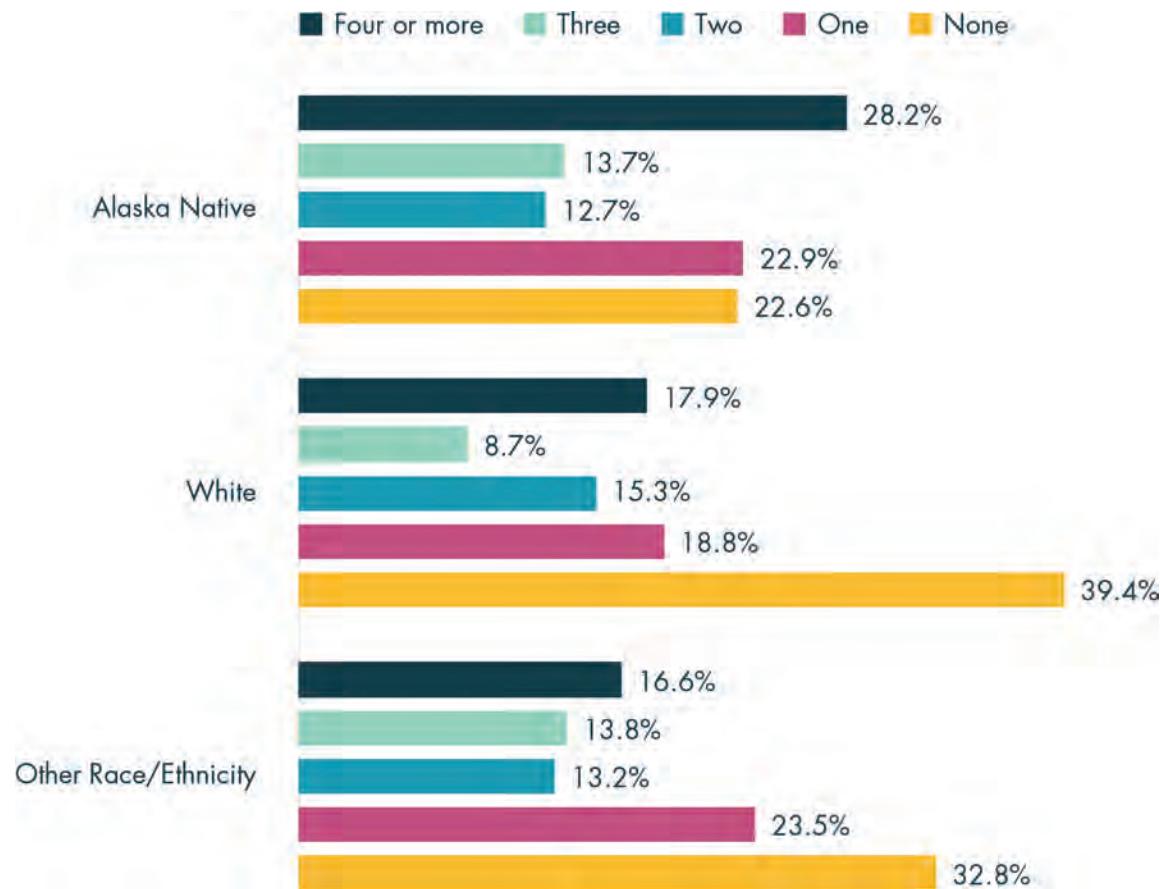
In addition to the connection between education attainment and poverty, higher education is also linked to fewer social risk factors⁵ (e.g. insecurity with food, housing, or transportation) which are issues that can negatively affect a person's health and well-being (Figure 14). Social risk factors and health outcomes differ among racial groups. Alaska Native adults are significantly more likely to report having a high number of social risk factors (four or more), with a rate of 28.2% compared to 17.9% for White adults (Figure 15). This is a disparity that carries over to health outcomes, as there is a correlation between poor mental and physical health and increasing number of social risk factors.

Figure 14: Prevalence of Social Risk Factors by Education Level for Adults 25+, Mat-Su Borough | Source: DOH, AK BRFSS, 2022-2023



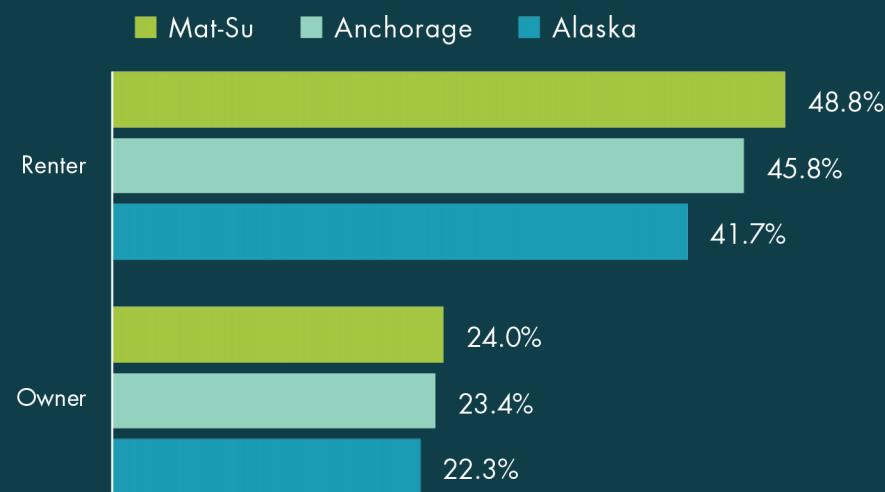
⁵ According to BRFSS the 12 social risk factors include, stress, social isolation, lack of social and emotional support, food insecurity, housing insecurity, loss or reduction of employment, unmet medical need due to cost, receive food stamps, lack of reliable transportation, lack of health insurance or coverage, utility insecurity, and life dissatisfaction.

Figure 15: Prevalence of Social Risk Factors by Race, Mat-Su Borough | Source: DOH, AK BRFSS, 2022-2023



When you spend a significant portion of income on housing and utilities, there is fewer dollars available for other necessities, like nutritious food, healthcare, or childcare, and fewer dollars available for savings, like college 529 plans and retirement. Housing costs are a burden for many residents in Mat-Su, especially for renters. Since COVID, the cost of rent in Mat-Su and Alaska overall have continued to rise. The cost to rent a two-bedroom apartment in Mat-Su rose by 5.2% from 2023 to 2024 and by 8.6% from 2024 to 2025.^{6,7} In comparison, while the cost of rent in Mat-Su is cheaper than Anchorage, rent rose by only 3.9% and 4.3% in Anchorage for the same time periods. In Mat-Su, almost half of renters spend more than 30% of their income on housing compared to just 24% of homeowners (Figure 16). This burden is particularly severe for some groups; for instance, 43.9% of Asian renters spend more than half of their income on rent, while 42.9% of Native Hawaiian or Pacifica Islanders spend half of their income on their mortgage (Figure 17).

Figure 16: Excessive Housing Cost | Source: US Census Bureau ACS 5-year estimates, 2019-2023
Excessive housing cost is defined as spending 30% or more of income on housing

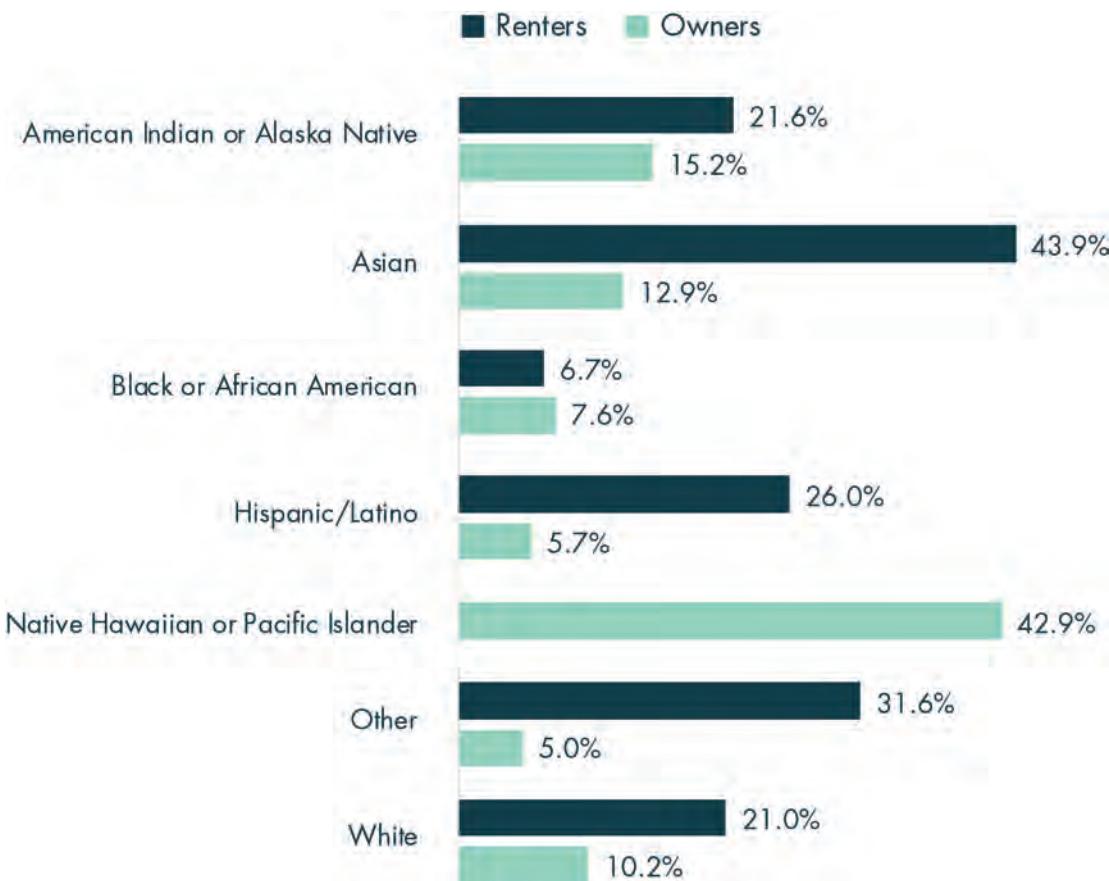


⁶ ADOWLD, Alaska Economic Trends September 2024, p. 11-12. Retrieved from: LaborStats.Alaska.gov

⁷ ADOWLD, Alaska Economic Trends September 2025, p. 4-5. Retrieved from: LaborStats.Alaska.gov

Figure 17: Mat-Su Owner & Renter Households with Severe Housing Costs by Race/Ethnicity | Source: HUD CHAS 2017-2021

Excessive housing cost is defined as spending 30% or more of income on housing



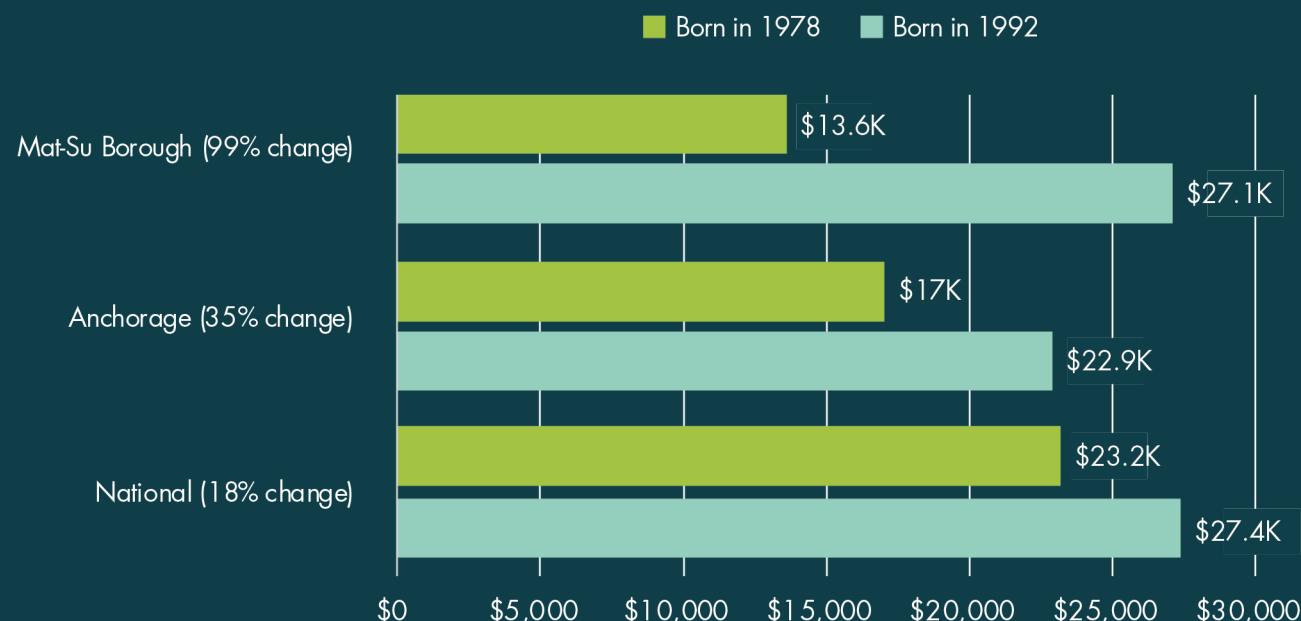
Survey and focus group data reinforced how difficult it is for households to increase income or build wealth under current conditions. According to the Mat-Su Household Survey, many Mat-Su residents feel there are opportunities to improve their financial situation, but this feeling varies depending on factors like income and race. For example, people with higher incomes and White respondents are more likely to feel they have chances to build wealth. While a slight majority of Mat-Su Household Survey respondents reported being able to meet basic needs, far fewer felt confident about their ability to grow financially; Connect Mat-Su survey respondents reported even greater financial stress.

Many Mat-Su residents described living in or near poverty despite working full-time or multiple jobs. Wages have not kept pace with the rising cost of living, leaving households stretched thin and often unable to cover basic needs without falling into debt or crisis. Families also mentioned difficulty in finding and affording childcare. The high cost of housing and utilities consumed much of people's income, with many reporting they spent far more than they could afford on rent or mortgages. This leaves little room for savings, wealth-building, or handling unexpected expenses. Young adults expressed frustration about their limited ability to afford housing or build a future in the region, while seniors, single parents, and people on fixed incomes shared that they were one emergency away from financial collapse. Residents emphasized that the gap between what people earn and what it costs to live is the central barrier to achieving stability. Taken together, the findings show that poverty, stagnant wages, and high housing costs are not just individual struggles but structural challenges that make upward mobility and long-term financial security out of reach for many families in the Mat-Su.

More About Economic Mobility in the Mat-Su

Economic mobility in Mat-Su has declined and the class gap has widened. The earnings gap between the highest- and lowest-income people who were born in 1992 and grew up in Mat-Su widened by 99% (\$13.6K) compared to the earnings gap of individuals born in 1978 (Figure 18). The Mat-Su Borough saw the largest change in the earnings gap compared to Anchorage which grew by 35% (\$5.9K) and the nation which grew by 18% (\$4.2K).

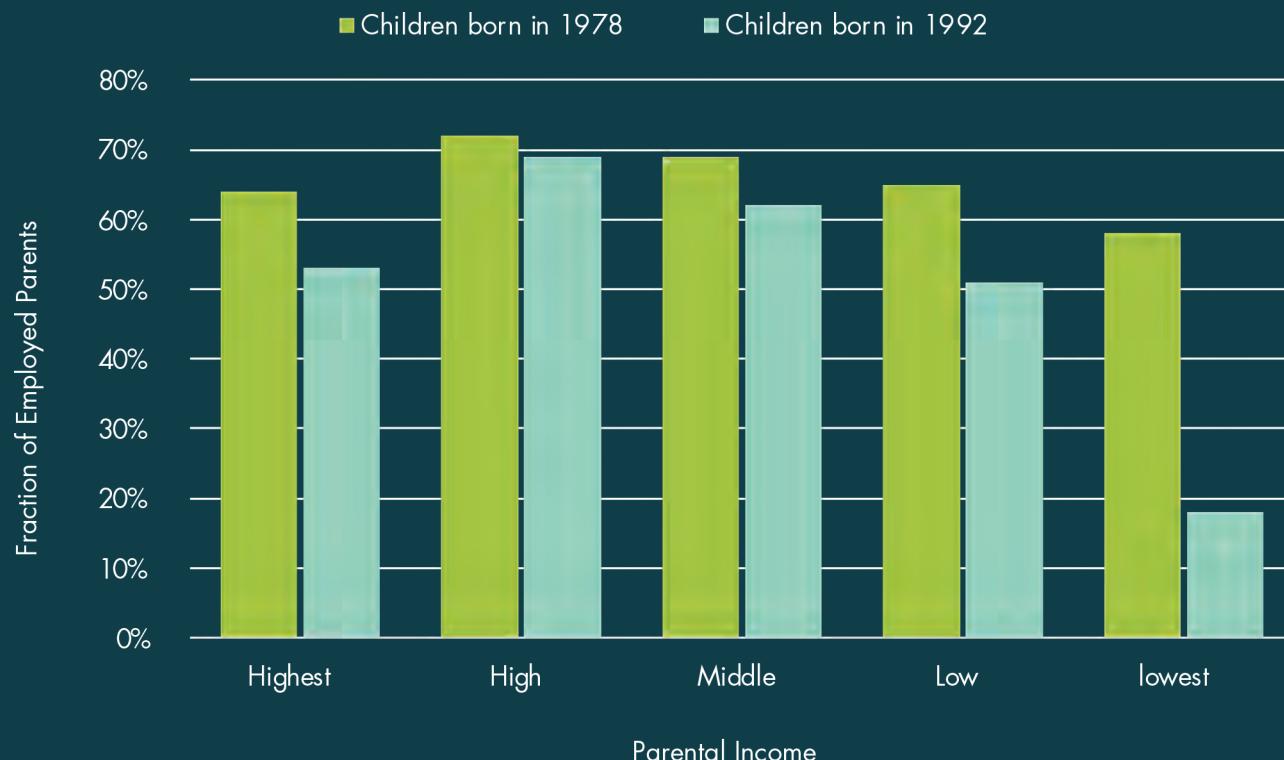
Figure 18: Earnings gap at age 27 between individuals from highest and lowest parent income households | Source: Opportunity Atlas



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When children grow up in communities with increasing parental employment rates they have better outcomes for upward mobility.⁸ In Mat-Su, residents born into the lowest income households in 1992 were less likely to have employed parents compared to the 1978 cohort (Figure 19). The fraction of employed parents in the Mat-Su region decreased for every parental income group from the 1978 birth cohort to the 1992 birth cohort, though it was most pronounced for the lowest income group with a 40% decrease. Additionally, children who grow up in communities with more economic connectedness (cross-class interaction) are much more likely to rise out of poverty. Based on the scatter plot in Figure 20, the Mat-Su Borough has a higher-than-average level of both economic connectedness and upward income mobility compared to other boroughs in Alaska. The Mat-Su Borough is in the 93rd percentile for economic connectedness. The scatter plot shows a strong positive relationship between these two factors for both Alaska and the nation, meaning that counties or boroughs with higher economic connectedness tend to have higher upward income mobility. Economic connectedness was also analyzed by high schools. The majority the high schools in the MSBSD place above the 60th percentile for economic connectedness when compared across Alaska and the nation (Figure 21). However, Burchell High school ranks in the 13th percentile for economic connectedness, the lowest in the borough and the state.

Figure 19: Change in Fraction of Employed Parents for Mat-Su | Source: Opportunity Atlas



⁸ Opportunity Insights (2024): Changing Opportunity: How changes in children's social environments have increased class gaps and reduced racial gaps in economic mobility. Non-Technical Research Summary. Retrieved from: https://opportunityinsights.org/wp-content/uploads/2024/07/ChangingOpportunity_Nontech.pdf

Figure 20: Economic Connectedness and Upward Income Mobility {Matanuska-Susitna Borough compared to counties in Alaska}
 Source: Opportunity Insights, Social Capital Atlas

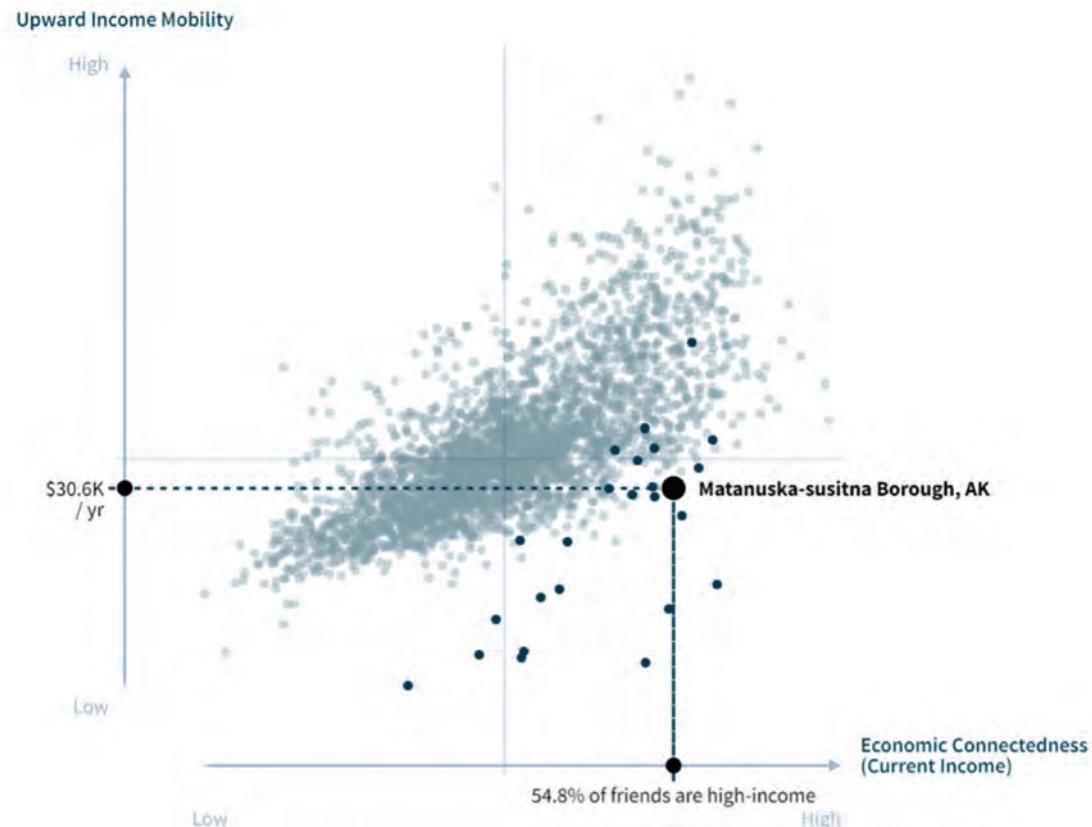
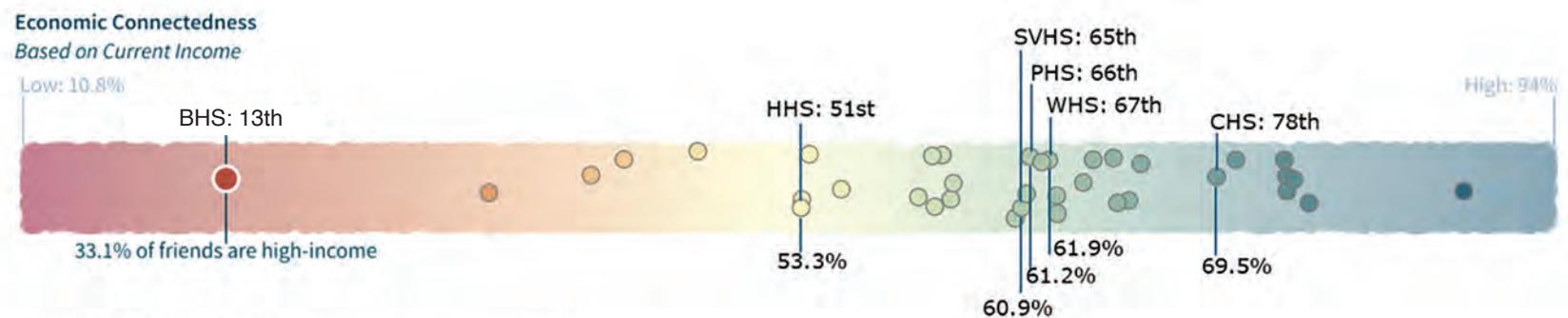


Figure 21: Economic Connectedness of MSBSD High Schools | Source: Opportunity Insights, Social Capital Atlas



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Social risk factors may impact someone's health and wellbeing as well as opportunities for upward mobility. The Alaska Behavior Risk Factor Surveillance Survey (Ak BRFSS) added questions to the 2022 and 2023 surveys to understand Alaskans experience with a variety of social risk factors. The expanded index includes a total of 12 factors, many which relate to belonging and social connection or to economic mobility. The most common reported social risk factors by Mat-Su residents include stress (35.8% reporting), social isolation (31.9%), and lack of social and emotional support (23.8%), though around 10%-12% of people experience risk factors that are related to economic mobility (Table 19), e.g. housing insecurity, lost employment, lack of transportation. Mat-Su residents with a high social risk factor score were more likely to report poorer mental and physical health (Figure 22). This does not necessarily mean one causes the other, but rather the two are associated.

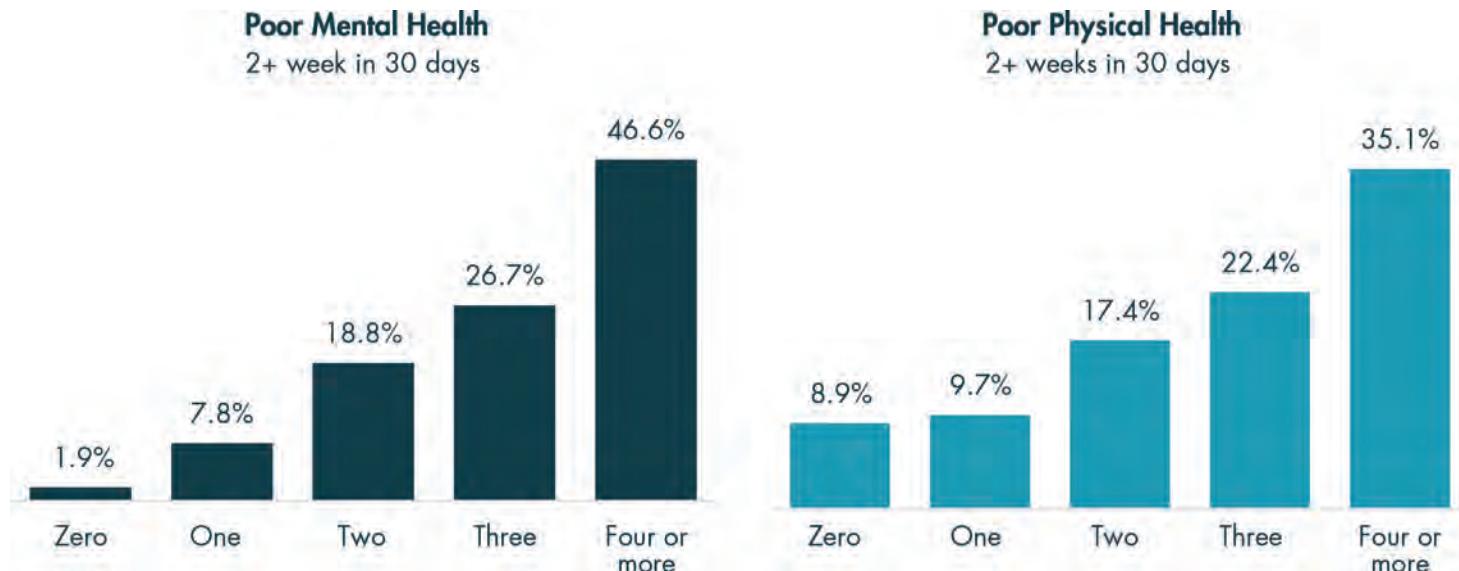
Table 19: Percent of Mat-Su Adults Who Report Experiencing Each Social Risk Factor

Social Risk Factor	Rate
Stress	35.8%
Social isolation	31.9%
Lack of social and emotional support	23.8%
Food insecurity	12.7%
Unmet medical need due to cost	12.6%
Housing insecurity	12.0%
Lost employment	12.0%
Lack of health insurance or coverage (ages 18-64)	11.6%
Lack of transportation	11.2%
Receiving food stamps	10.3%
Utility insecurity	8.3%
Life dissatisfaction	6.7%

"If I work at all, I lose my Medicaid. I cannot afford medical bills."

"I find I really need an extra \$200/month to be somewhat not extremely stressed."

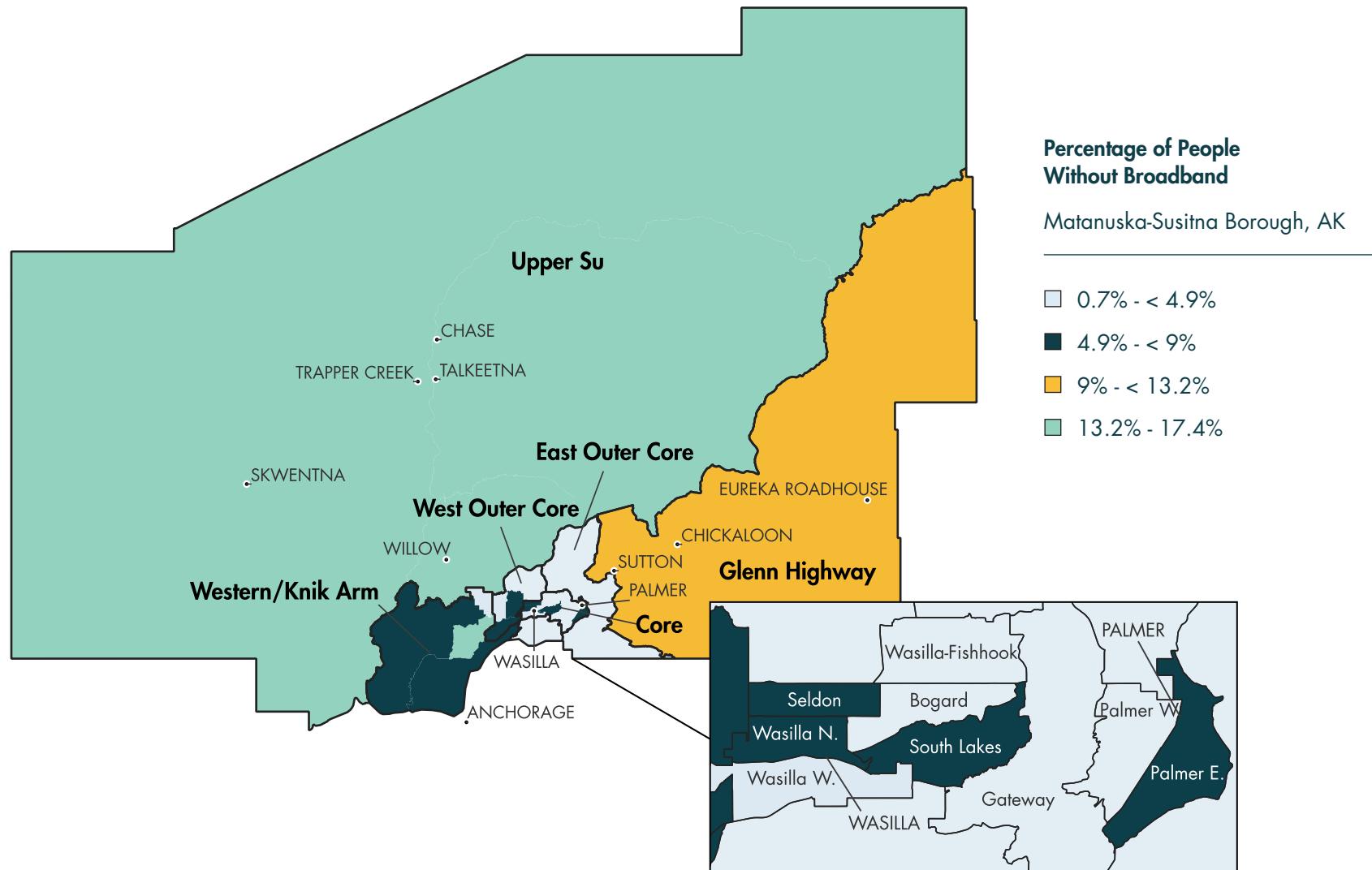
Figure 22: Relationship of Social Risk Factors Score with Poor Mental and Physical Health | Source: DOH, AK BRFFS, 2022-2023



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Many people use the internet to access bank accounts, pay bills, attend courses or job training, and access telehealth appointments. Having access to broadband can have an impact on health and upward mobility. Access to broadband varies across the borough's many census tracts (Figure 23). Most, though not all, of the census tracts within the core and outer core areas have fewer households without broadband access and there are more households in rural and remote areas without access. The area with the most households without broadband access is Talkeetna at 17.4%.

Figure 23: Households without Broadband, Mat-Su Borough | Source: US Census Bureau ACS 5-year, 2019-2023, mySidewalk



Mat-Su Residents' Perceptions of Economic Mobility Opportunities

Despite the experiences of declining economic mobility, Mat-Su residents are optimistic about the opportunities for upward mobility for people living in the Mat-Su. Based on responses to the Mat-Su Household Survey, most residents believe people in the Mat-Su have opportunities to improve their financial situation (Figure 24). Most respondents either strongly or mildly agreed that people in the Mat-Su have opportunities to improve their economic status (63.8%) and to increase their household income (63.4%). However, people were slightly less optimistic about building wealth (59.5%), for example through home ownership or retirement savings. People who lived in the Mat-Su for more than 10 years, people who are White, and people with higher household income were more optimistic about opportunities to build wealth (Figure 25, Figure 26). Additionally, older adults aged 55+ and married men were more likely than average to agree people in the Mat-Su have opportunities to build wealth, increase household income, and improve their economic status.

Figure 24: Perceptions of Economic Mobility Opportunities for People Living in Mat-Su | Source: Mat-Su Household Survey, MSHF, 2025

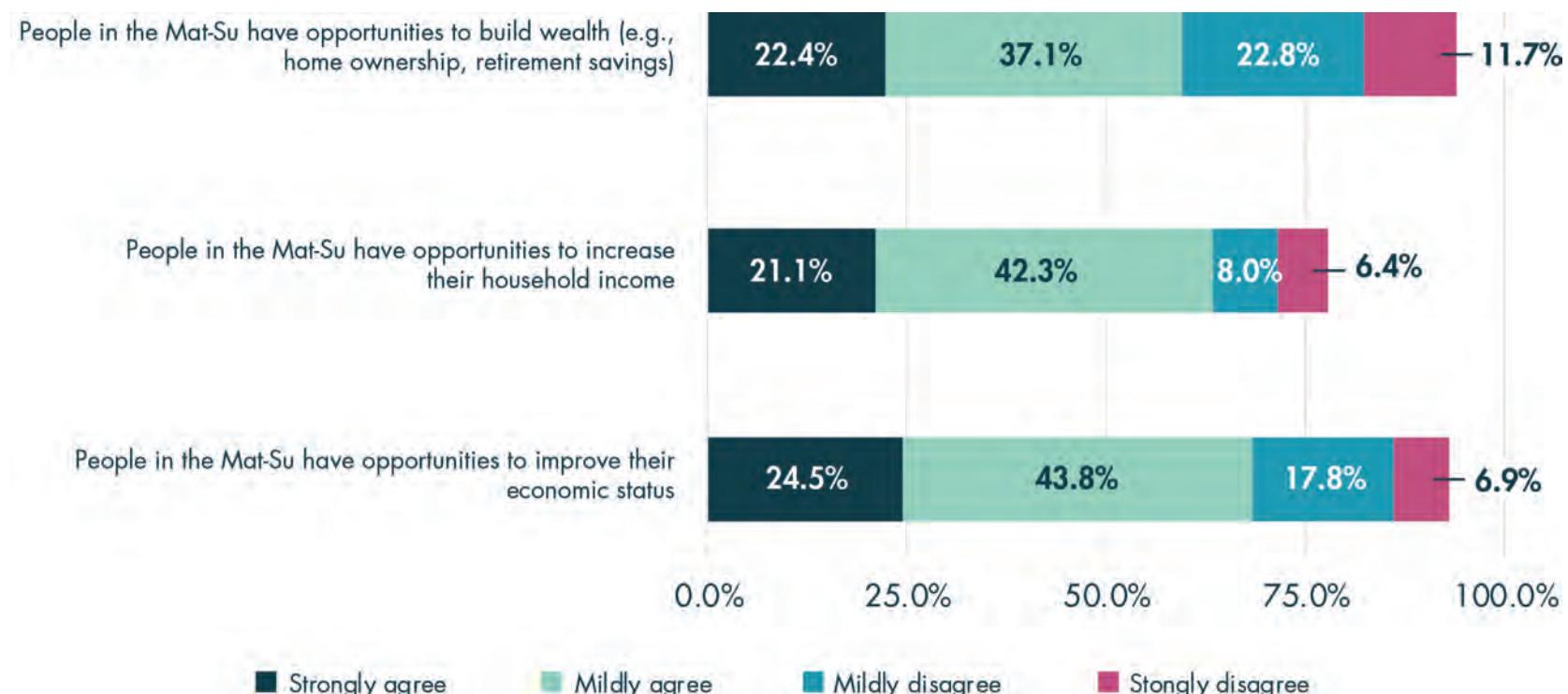
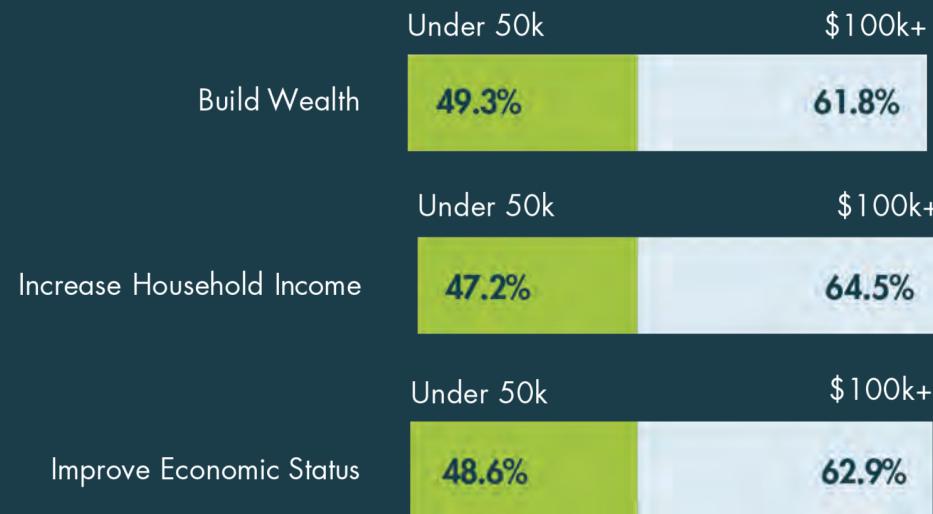


Figure 25: Difference in Perceptions of Economic Mobility Opportunities by Race | Source: Mat-Su Household Survey, MSHF, 2025

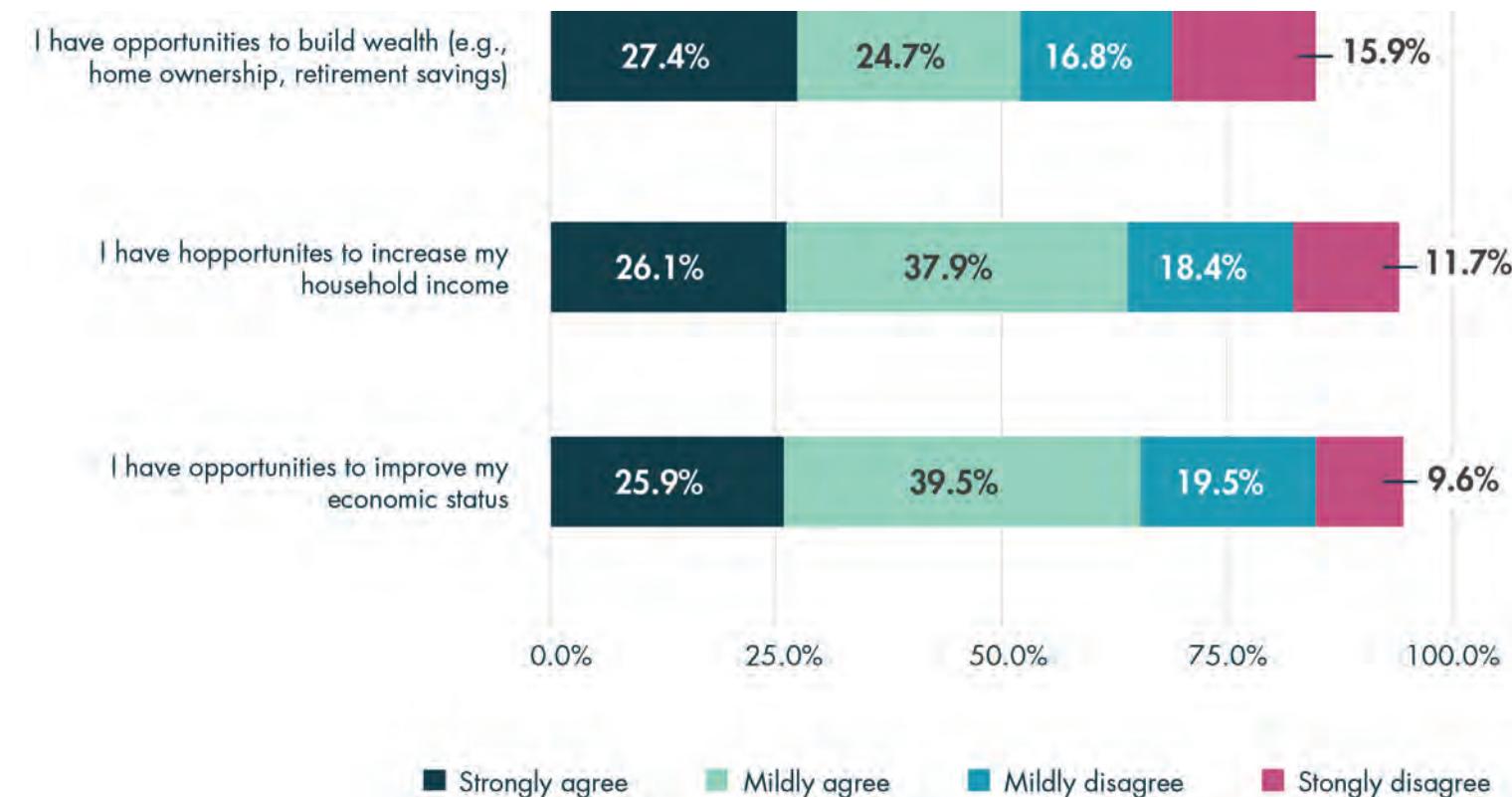


Figure 26: Difference in Perceptions of Economic Mobility Opportunities by Household Income | Source: Mat-Su Household Survey, MSHF, 2025



The Mat-Su Household Survey asked Mat-Su residents about their own personal opportunities for upward mobility (Figure 27). Most people feel they have some opportunities to improve their finances, but not everyone agrees. About two-thirds of respondents said they have opportunities to build wealth, increase household income, and improve their economic status, while nearly 30% disagreed with all three statements. There were differences by specific populations, for example married men were more likely than average to agree with all three statements and college graduates were more likely than average to agree they have opportunities to build wealth. However, fewer American Indian and Alaska Native residents compared to white residents agreed they have opportunities to build wealth or improve their economic status (Figure 28). There were also difference across household income, with fewer residents with household income below \$50,000 agreeing they had opportunities to improve their personal income and wealth (Figure 29).

Figure 27: Perceptions of Opportunities to Build Personal Income and Wealth | Source: Source: Mat-Su Household Survey, MSHF, 2025

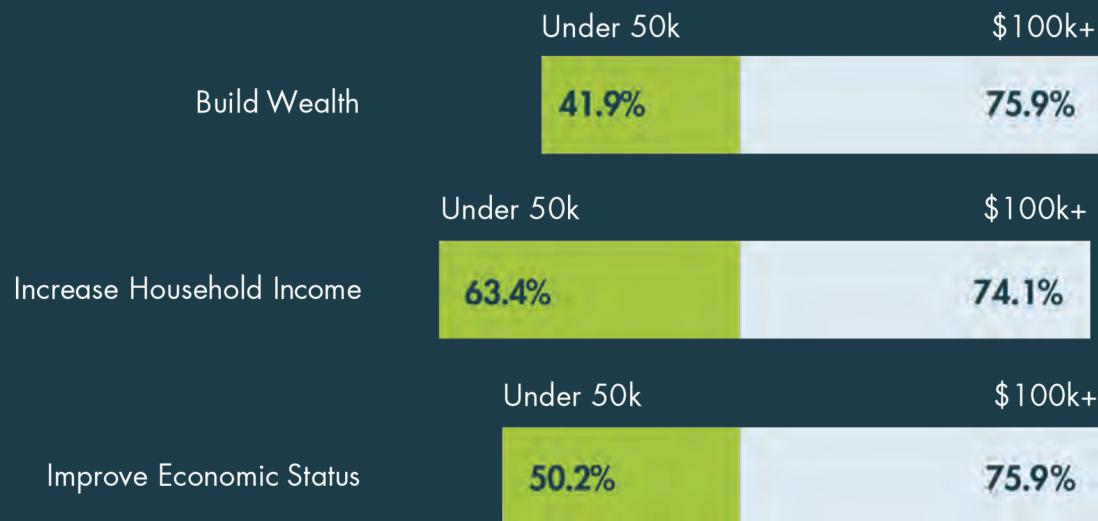


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Figure 28: Difference in Perceptions of Opportunities to Improve Personal Wealth and Economic Status by Race | Source: MSHF Household Survey, MSHF, 2025



Figure 29: Difference in Perceptions of Opportunities to Improve Personal Wealth and Status by Household Income | Source: MSHF Household Survey, MSHF, 2025



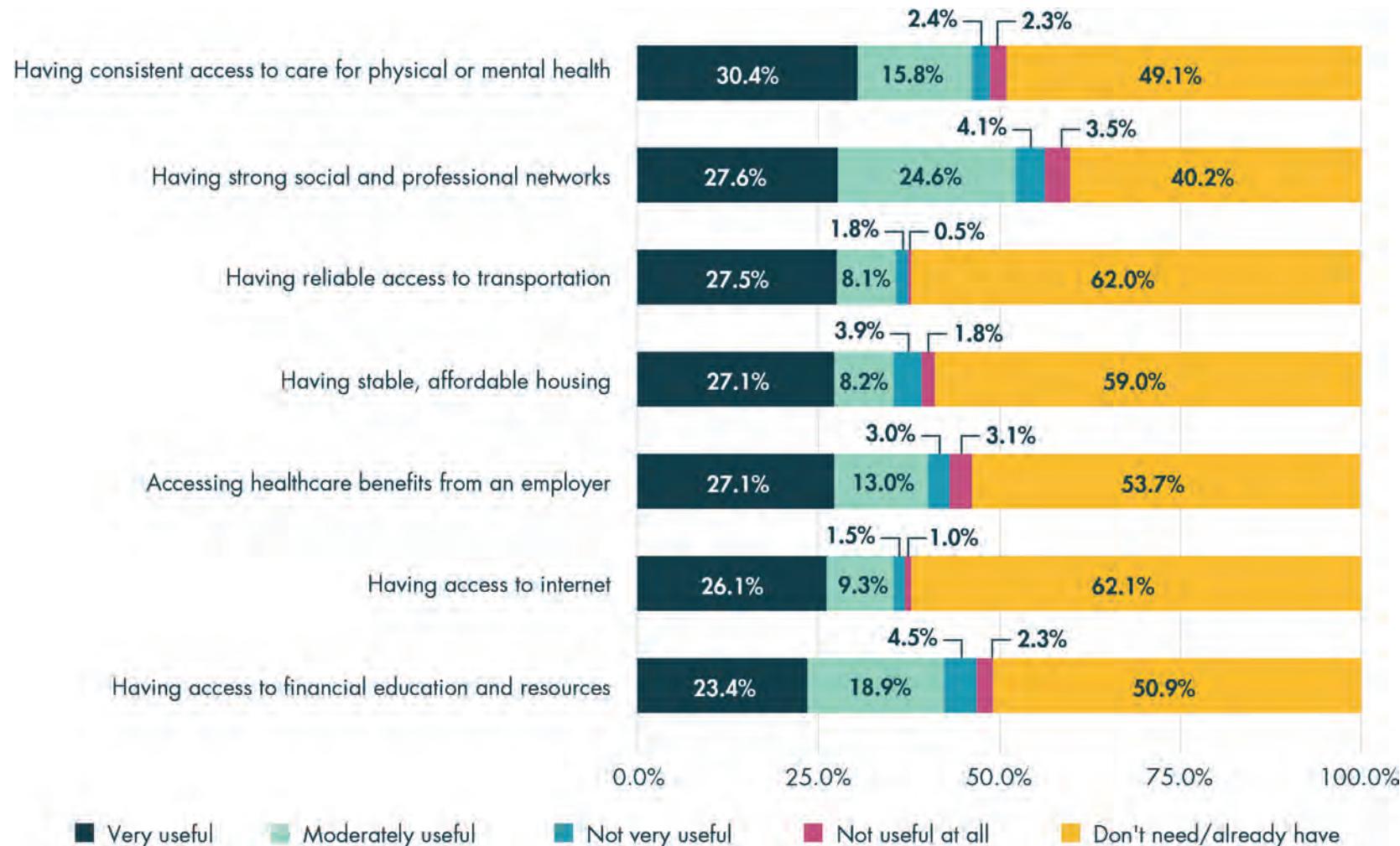
Respondents were asked to indicate which of the following opportunities or experiences would be helpful to improve respondents' economic situation. Based on the survey data, many people feel that different resources are very important for their lives. The most useful resources, and those with the fewest people responding, "don't need/already have," were "consistent access to care for physical or mental health" and "strong social and professional networks" (Figure 30.). For most of the resources listed, like "access to internet," "stable housing," and "transportation," most people felt they either already had them or didn't need them, although there is still approximately 30% or more of respondents who would find them useful.



How useful would the following opportunities or experiences be to you in terms of helping you to improve your economic situation?

Figure 30: Usefulness of Opportunities/Experiences to Improve Economic Situation, Household Survey, Chart 1 of 2

Source: Mat-Su Household Survey, MSHF, 2025

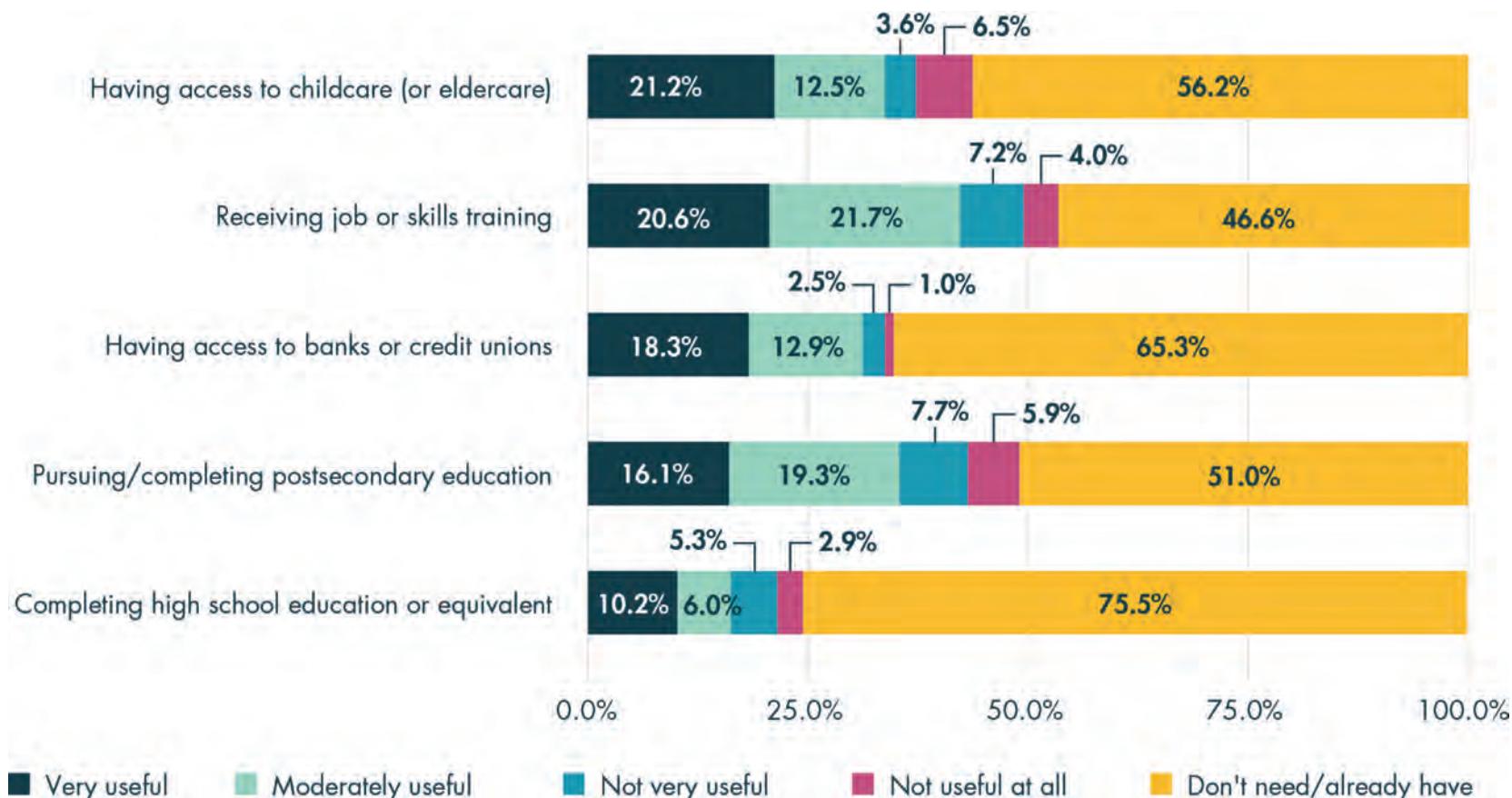


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Based on the responses to the Household Survey, more than three quarters of the respondents (75.5%) have already completed their high school education or the equivalent. Figure 31 shows that of the offered list of resources, job or skills training was seen as the most useful of the resources on this list, with 42.3% of respondents rating it as “very” or “moderately useful.” Having access to childcare or eldercare was also considered useful by a significant number of people, as was pursuing post-secondary education. A majority of people (65.3%) also said they don’t need or already have access to banks or credit unions. Still, more than one in 5 would benefit from having access to childcare or eldercare and receiving job or skills training. A smaller percentage (18.3%) would benefit from having access to banks or credit unions, pursuing/completing secondary education (16.1%) and completing high school or equivalent (10.2%).

Figure 31: Usefulness of Opportunities/Experiences to Improve Economic Situation, Household Survey, Chart 2 of 2

Source: Mat-Su Household Survey, MSHF 2025



Nearly half of the Intercept Survey respondents, about 47%, either strongly agreed or agreed that they have chances to increase their household income or build wealth through things like owning a home or saving for retirement (Figure 32). About a quarter of people, 27%, disagreed. In contrast, 51% of Connect Mat-Su survey respondents disagreed that they have opportunity to increase their income or build wealth (Figure 33). Connect Mat-Su participants were also asked if they have enough money to meet their basic needs and to adapt for unplanned expenses, again the majority of respondents disagreed with this statement (53%). Additionally, related to financial stability, Connect Mat-Su respondents were more likely than not to say they had difficulty maintaining steady employment (67.4%) and that they had difficulty paying utility bills (56.9%) (Figure 34).

“Even if you do work, it’s not enough to live. People are struggling. I don’t know how anyone with less income than me survives.”

Figure 32: Ability to Build Personal Income and Wealth, Intercept Survey | Source: Intercept Survey, MSHF, 2025

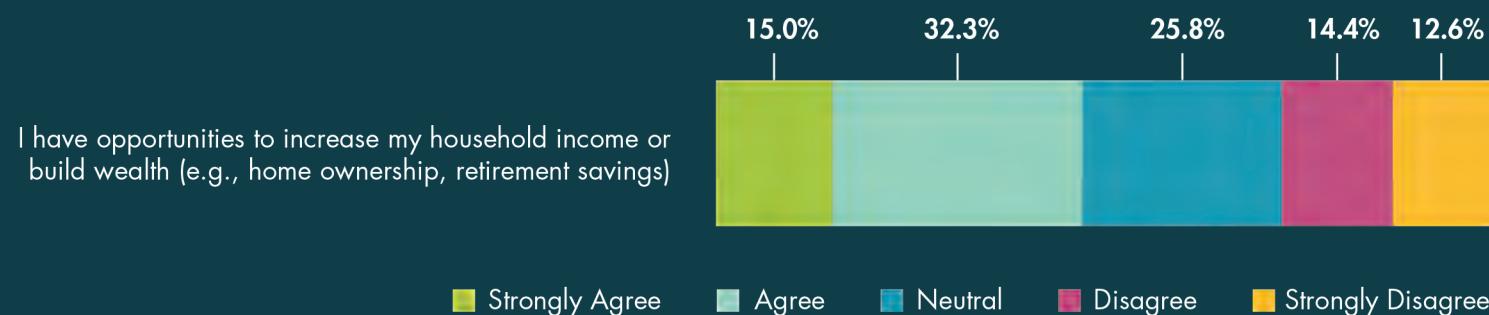


Figure 33: Ability to Meet Basic Needs and to Build Personal Income and Wealth, Connect Mat-Su | Source: Connect Mat-Su Survey, MSHF, 2025

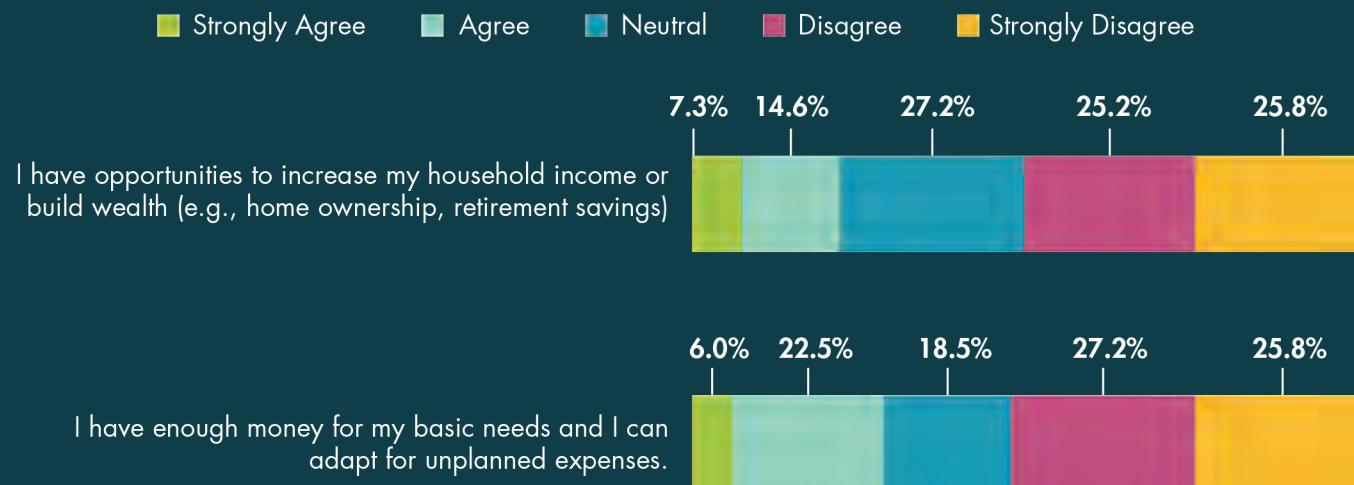
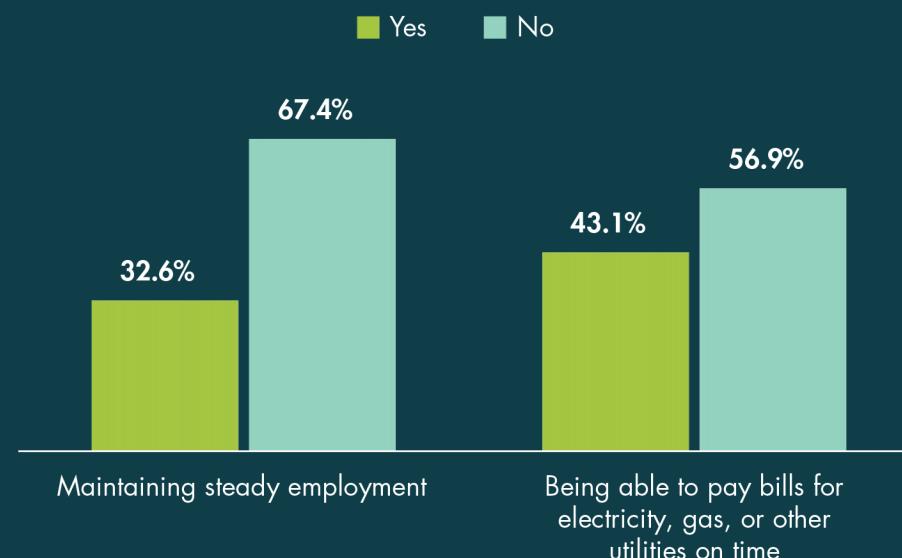


Figure 34: Difficulty with Financial Stability, Connect Mat-Su | Source: Connect Mat-Su Survey, MSHF, 2025



Community Input | Focus Group Summary

Full-time work often falls short of providing financial stability, especially for young adults and families with children. High housing costs, lack of cost-of-living adjustments, and job requirements misaligned with local skills were key concerns. Youth cited limited stable employment and barriers to education, such as cost, transportation, and lack of local options as major obstacles. Despite challenges, participants noted growing local job opportunities, especially in healthcare and education, and valued adult education, vocational training, and community support as pathways to greater economic independence.

"We both work full time and we're still just barely making it. There's no way we could afford to buy a house here."

"Childcare is so expensive it cancels out what you earn from working. It doesn't make sense."

"If you get a tiny raise, you lose your benefits. Then you're worse off than before."

"It's a constant Jenga puzzle. Every month something has to give – a bill, childcare, sleep."

Community Input | Intercept Survey Summary

Many respondents described daily struggles to meet basic needs, especially those who are single parents, people with disabilities, and individuals working multiple jobs. Employment access is often limited by lack of transportation and affordable childcare, particularly in rural areas where public transit is unreliable or unavailable. Without childcare or a vehicle, many cannot reach jobs, healthcare, or community resources. Participants called for higher wages, year-round jobs, affordable housing, job training, improved transit, and better infrastructure. They also emphasized the need for clearer communication about existing services and more inclusive outreach for those in remote or demanding life situations.

"Minimum wage is too low and pricing is too high."

"[We need] more job/career opportunities for single moms as well as more affordable after school programs."

"Already work a full-time job and have children but still income is sparse."

Community Input | Connect Mat-Su Participant Survey Summary

Seniors, people with disabilities, single parents, and those on fixed incomes reported being unable to earn a livable wage - often forced to choose between essentials. Even minor unexpected costs can lead to financial crisis. Limited access to quality jobs with stable hours, fair pay, and flexibility was another major barrier. Some with advanced degrees or experience still struggle to find suitable work, while others feel pressured into low-wage or short-term jobs just to maintain limited benefits.

"I live in a dry cabin and live too far to access work, water, or ways to pay phone or water bill's plus gas \$ to put in car."

"Denied unemployment so far... feel pressured to look for work immediately and take interviews just to have access to UI... even if it doesn't align with my long-term goals."

"It all comes back to not being able to earn a living wage. Not paid enough per hour, also not able to secure permanent employment."



WELCOME
TO BEAUTIFUL
DOWNTOWN
TALKEETNA

Chapter 6
•••••

Belonging & Civic Muscle

Foreword by Kevin Toothaker | Knik Tribe

Workforce Development and Cultural Activities Coordinator;
Onward Upward Board President; 41 years lived in Mat-Su

Imagine having your plans for the day all set, you are so excited you can barely sleep. The weather is good; the timing is perfect for harvesting some food for later in the year.

There are so many things you are worrying about, to make sure your plans go, well...as planned. The weather is what it is, having your equipment be clean and sharp for the events about to take place, all the wood is gathered, covered, and ready to use, you have a good workforce handy with everyone knowing their jobs, workstations set up for processing, young workers supporting the older workers and learning at the same time.

We are waiting for the right time to start fishing— too soon and there will not be enough fish saved to return in the future, or too late and we will not get to receive all of the nourishment our community requires. Our survival depends on preparation for the winter season.

We are ready to harvest the sustenance planned for, when we see some sails coming up the inlet...

We are in a place where Cultural knowledge is basically non-existent, other than what residents brought from where they came. The knowledge and understanding of the Dena'ina Athabascans, or rather the lack thereof, is dramatic. The Mat-Suy Valley is one of the most diverse communities in the state BEFORE considering the lack of any indigenous knowledge for road names, mountain peaks, placenames in general...and there are at least 14,000 Alaska Native/American Indians in the community, as a low-ball guess.

However, since I have begun doing research on Dena'ina, I have started going to different places that have been indicated as villages or places where Dena'ina lived. I must say that the land speaks to me in a way that it never did before. Now I get to imagine how they were able to survive without the things that make me comfortable today, and it poses questions that I have to research and learn more about the history of both the Land and the Dena'ina so when I visit the area again, I understand it just a bit better and am a richer person as a result of that knowledge.

I learned that the Dena'ina used to ice skate across the inlet from Knik to Eklutna. Our elder spoke of how the upper inlet froze every winter, but has not since the Eklutna Power Plant has come online, the result of the millions of gallons of water from the trail-race.

That moose came to the upper inlet just before the homesteaders and really had a boost from the colonists, prior to that, caribou were prevalent. Shem Pete said that the 4 miles up from the mouth of the Deshka River there was a fish trap that supported 4,000 Dena'ina in the Summer. The Village at the mouth of the Deshka river was known as Krot Village, there was a north Krot Village and a south Krot Village.

Knowing that knowledge has made me have a deeper understanding of both the Dena'ina cultural history and land, together has created a cultural identity of the Dena'ina People that is both rich and powerful...a need to be shared.

The pandemic made us look at our communities. We were stuck in our households. While we caught up on Netflix, we also started going out locally. Even day trips on trails all around our neighborhood had to be planned as the parking lots were full when the weather was nice.

It is as if the pandemic introduced us to the local beauty we took for granted. We discovered the local plant life, the migration of the birds, the history of the land and how it speaks to you if you allow it.

It is easier to hear the land and understand it if you know the history. If you know that there was a thriving society of Dena'ina heritage who lived in harmony with the land, then the wonder of the land becomes even more powerful and reverent.



Introduction

Belonging and Civic Muscle is one of the vital conditions for health and wellbeing and is essential to building healthy communities. Belonging means that people feel like they are a valued part of their community and civic muscle means that they have the power to make changes and help shape the future of their community. Civic participation, like voting, volunteering, and public advocacy, builds social capital and impacts individual health and well-being. When people feel like they belong and their voice matters, communities become healthier and stronger.

A community with strong belonging and civic muscle is one where everyone feels welcome, connected, and supported. People in these communities can contribute their ideas and skills, and they have a say in important decisions that affect their lives. This helps make the community a better place for everyone. Having healthy and fulfilling relationships with family, friends, and neighbors can give people strong social support, which helps them navigate challenges and thrive.

When people trust each other and work together, they can build what's called "social cohesion," which means people have positive social relations, a sense of belonging, and a focus toward the common good. High social cohesion makes it easier to solve problems as a group and encourages everyone to participate. Over time, this creates a positive cycle—working together builds stronger connections, and these connections make people more likely to stay involved and care about their community.

Community spaces and the built environment can support belonging and social cohesion. Places, like libraries, parks, recreation facilities, schools, and community gardens have an impact on social interaction in a community. These spaces provide opportunities to meet others, engage in dialogue, learn, and build trust.

Key Data Insights

Belonging, Quality of Life, and Community Spaces

Slightly over half of Mat-Su residents feel a sense of belonging to their local communities, though only 17% said they feel a very strong sense of belonging to their community (Figure 35). Similarly, 20% of respondents to the Connect Mat-Su participant survey reported a very strong sense of belonging and 32% said somewhat strong. Based on Mat-Su Household Survey responses, feelings of belonging were higher for rural residents (68.0%), residents aged 55 and older (65.2%), and married males (70.4%). Residents who have lived in the Mat-Su for less than five years (49.6%) and single males (46.0%) were less likely to rate their sense of belonging as very or somewhat strong (Figure 36).



How would you describe your sense of belonging to your local community?

Figure 35: Mat-Su Residents Sense of Belonging in Community

Source: Mat-Su Household Survey, MSHF, 2025

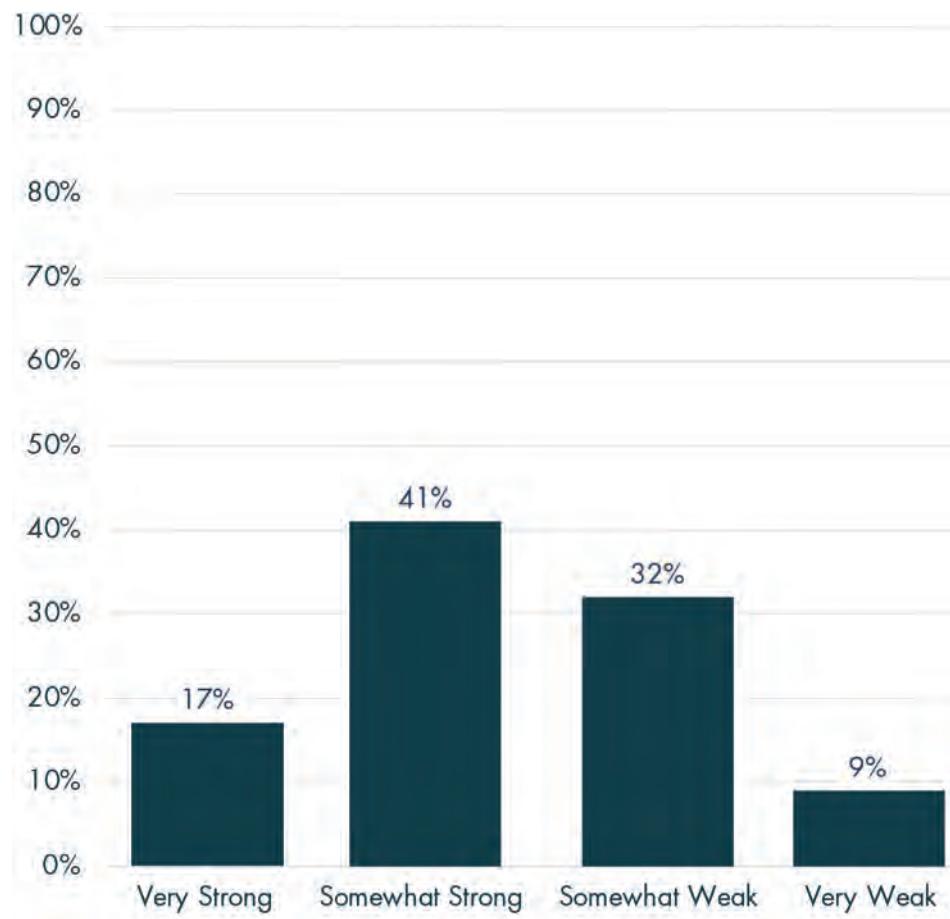
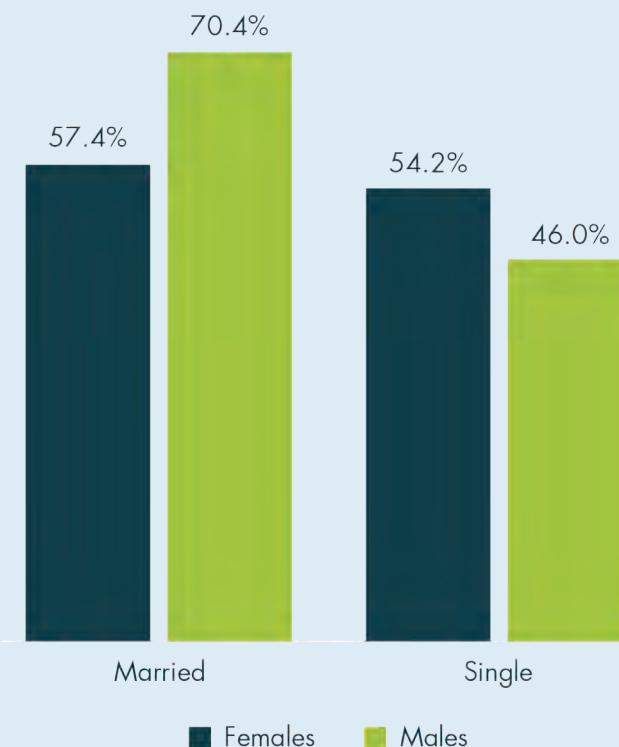


Figure 36: Sense of Belonging by Martial Status and Gender

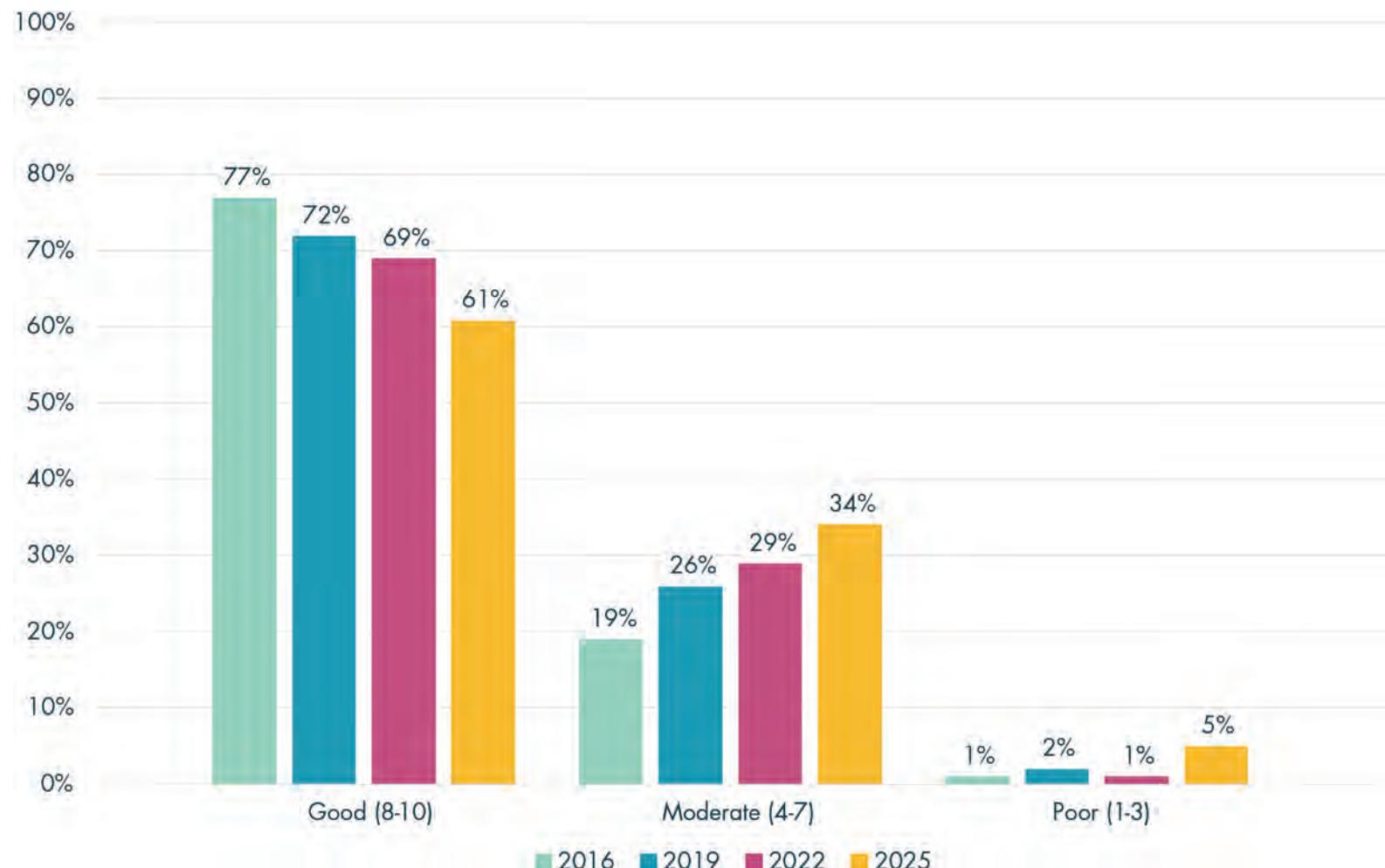
Source: Mat-Su Household Survey, MSHF, 2025



Chapter 6: Belonging & Civic Muscle | Belonging, Quality of Life, and Community Spaces

Since 2016, the number of people in the Mat-Su rating their quality of life is good has been decreasing. Fewer people in the Mat-Su Borough feel their quality of life is good (Figure 37). Only 61% said their quality of life is good in 2025, down from 77% in 2016. People living in rural areas and older adults were more likely to report a better quality of life, 70.5% and 72.3% respectively, while people living in poverty rated their quality of life lower (46.4%). Quality of life ratings also varied by race with 62.7% of White residents rating their quality of life as good compared to 49.4% Alaska Native/American Indian residents and 52.9% of residents identifying as other race/two or more races.

Figure 37: Overall Quality of Life in the Mat-Su Borough | Source: Mat-Su Household Survey, MSHF, 2025



The majority of Mat-Su residents have access to places to purchase food, libraries/community centers, and outdoor spaces near where they live (Figure 38). Fewer people live near playgrounds, libraries, motorized pathways, farmers markets and community gardens. Access to farmers markets decreased the further residents were from the core (49.3% in the core, 30.9% outer core, and 28.5% rural/remote). Also, individuals living below poverty report lower than average access to farmers markets near where they live. Residents in the outer core areas (which includes, Knik-Fairview, Meadow Lakes, Tanina, Fishhook, Farm Loop, Lazy Mountain, Butte and Knik River) reported lower than average access to libraries (36.7%), playgrounds (46.4%), and community gardens (12%) near where they live. Most respondents to the Connect Mat-Su participant survey strongly agreed/agreed (65%) that they have access to places and spaces for community connection near where they live, 18.4% were neutral and 15.8% strongly disagreed/disagreed.



Which of the following amenities are present in your local community or near where you live?

Figure 38: Community Amenities, Built and Natural Environment, and Civic Infrastructure | Source: Mat-Su Household Survey, MSHF, 2025

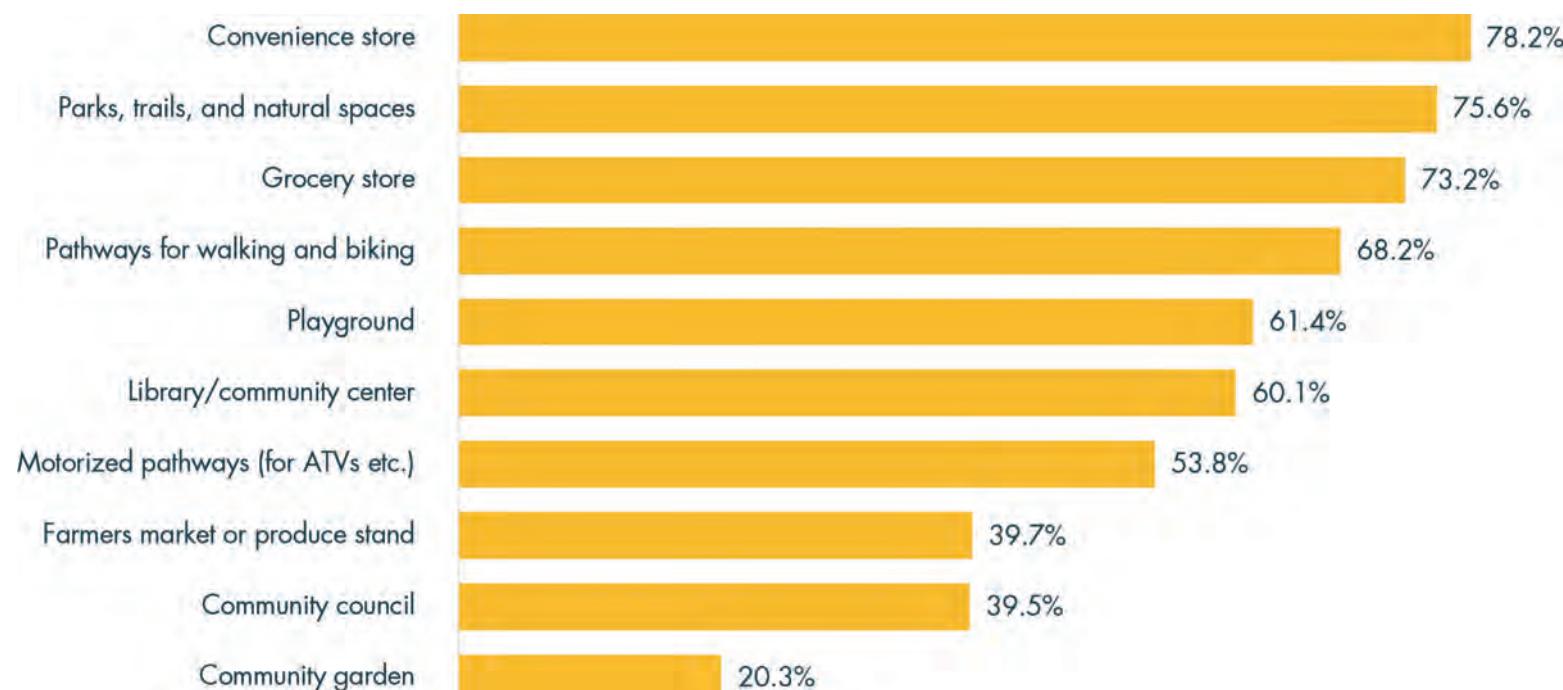


Table 20: Relationship Between Community Amenities and a Strong Sense of Belonging | Source: Mat-Su Household Survey, MSHF, 2025

	Strong/Somewhat Strong sense of belonging and HAVE it near where they live	Strong/Somewhat Strong sense of belonging and DO NOT HAVE it near where they live
Access to pathways for walking and biking	64.0%	46.3%
Community Council	70.5%	50.4%
Community Garden	76.6%	53.7%
Convenience Store	60.8%	49.6%
Farmers Market or produce stand	68.3%	51.8%
Grocery Store	60.8%	51.8%
Library/Community Center	64.3%	49.5%
Motorized Pathways	62.7%	53.4%
Parks, trails, and natural spaces	64.0%	40.9%
Playgrounds	65.1%	47.7%

Community Input | Focus Groups

Most focus group participants expressed a strong sense of belonging and a deep connection to the Mat-Su, its natural beauty, and outdoor spaces. They emphasized that a high quality of life depends not only on meeting basic needs but also on having affordable, accessible programs and places where all ages can gather and thrive. They described a desire for walkable neighborhoods, green spaces, and community hubs that make it easier to stay active and connected. However, while many felt welcomed by their community, others—especially newer residents—shared that forming lasting connections can be hard. Potlucks, barbecues, gardens, and local events were seen as ways to bring people together while also improving health and happiness. Many praised the libraries, community centers, churches, senior centers, the local college, and youth organizations for creating spaces that feel inclusive and supportive. Residents said that activities like sports, art programs, volunteer opportunities, and walking groups help reduce isolation and build trust across generations. Many residents who have lived in the Mat-Su for a long time reminisced about the community schools program and longed for it to return, noting it was a place to build connection and learn through events and classes aimed at adults or families.

"Community events like potlucks and fish camps make us feel close & connected."



Community Input | Intercept Survey

Many respondents described how their quality of life is linked with access to affordable services and welcoming community spaces. Respondents expressed a need for gyms, pools, parks, and indoor gathering places where families can connect year-round without financial barriers. People also shared that access to basic services like healthcare, housing, mental health supports, and transportation is just as important to daily wellbeing. Without these, residents said they often feel isolated, overwhelmed, and unable to fully enjoy life in the Mat-Su region.

Most survey respondents (74%) rated their sense of belonging in community as very strong (27%) or somewhat strong (47%). Yet, some survey respondents expressed a deep sense of disconnection from the broader community, noting that limited resources and barriers to participation make it hard to belong. Many said they did not feel informed or welcomed at meetings, events, or volunteer opportunities, and some avoided joining local groups because of feelings of exclusion or lack of support. Still, residents pointed to small pockets of connection—like neighborly support, local bookstores, or helpful agencies—that show belonging is possible when spaces are welcoming and inclusive.

“We have parks—outdoor third places—but no indoor third places to meet people outside of my house.”

“More public community events. Better access to resources.”

“We need a community gym/exercise center... would provide a safe place to walk around a short track inside during the winter!”

“Family that sticks together, we all work, we don’t take help from nobody.”

Community Input | Connect Mat-Su Participant Survey

Many survey respondents described how the high cost of living and limited services make daily life difficult and stressful. Paying for housing, utilities, food, healthcare, and transportation takes a heavy toll, leaving little time or energy for recreation or social activities. Respondents shared that social isolation and unreliable support systems often make it hard to feel connected to the community. Many said they felt forgotten or left behind by the organizations meant to help, which led to feelings of hopelessness and disconnection. While some acknowledged moments of support from neighbors, food banks, or transit services, these were often limited or difficult to access. People expressed a need for more welcoming spaces and programs that truly bring the community together. They shared a strong desire for stability, dignity, and more accessible resources that would improve their overall wellbeing and create a better quality of life for themselves and their families.

“Being a single parent is almost impossible to have a good quality and quantity of family time. There are no parks/playground for children way down Knik Goose Bay road.”

Social Support

Around a quarter of Mat-Su residents report they sometimes, rarely, or never receive social and emotional support, though individuals without a high school diploma and low-income residents (at or below 185% of the poverty guideline) are more likely to report low social and emotional support (Figure 39). Around 30% of Matsu residents report always, usually, or sometimes feeling lonely, which is slightly less than Anchorage (31.1%) and Alaska (32.4%) overall. Mat-Su residents with a higher prevalence of loneliness are Alaska Native (38.2%), individuals without a high school diploma (46.9%), low-income residents (39.2%), and residents aged 18 to 34 (39.2%). In fact, the prevalence of loneliness decreased with age (Figure 40).

Figure 39: Lacking Social and Emotional Support by Education & Poverty
Source: DOH, AK BRFSS, 2022-2024

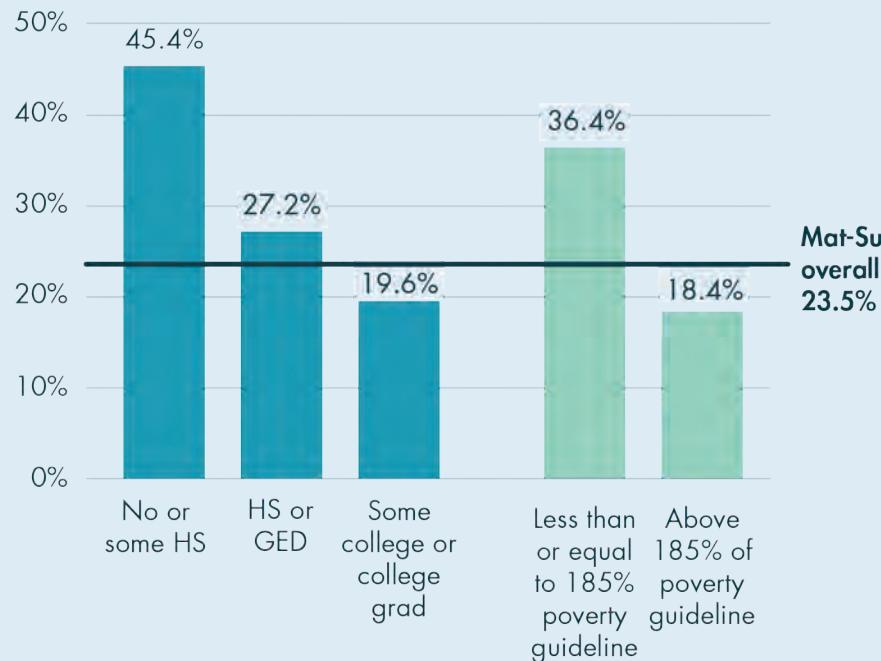
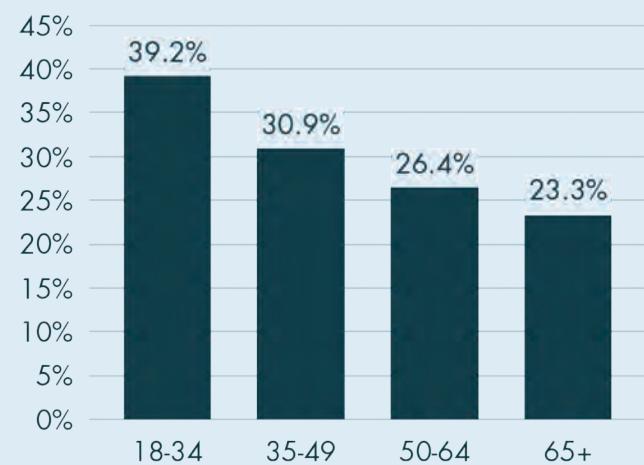


Figure 40: Feelings of Loneliness by Age
Source: DOH, AK BRFSS, 2022-2024

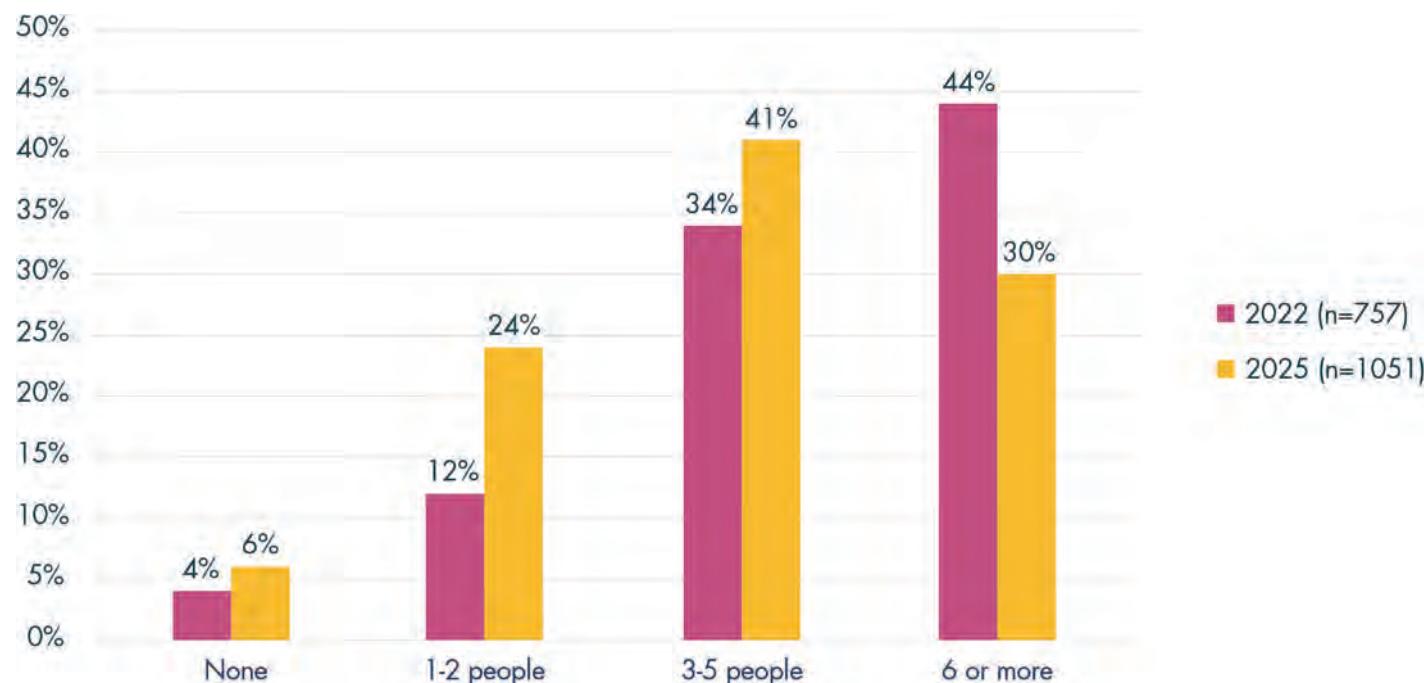


Most people in the Mat-Su have one to five people they can count on to help with a practical problem (Figure 41). In 2025, the number of residents reporting six or more people they can count on dropped from 44% in 2022 to 30%. Though college graduates (34.6%), married males (39.8%), and people with incomes over \$100,000 (38.4%) were more likely to report six or more connections. Around 6% of people report having no one they can count on, this is higher for residents who have lived in Mat-Su less than five years (9.5%), Alaska Native/American Indian residents (13.7%), and residents living 185% or below poverty (10.5%). Further, most people indicated they would ask a family member (72.9%) or friend (62.7%) for advice with a problem (Figure 42). Smaller percentages indicated co-worker (21.4%), church leader (19.1%), or neighbor (10.9%). Almost one in ten respondents (8.9%) indicated that they would call no one. A little over half of the respondents to the Connect Mat-Su participant survey said they would ask a friend (56%) or family member (58%), and 23% said nobody.



How many people can you count on to help with a practical problem?

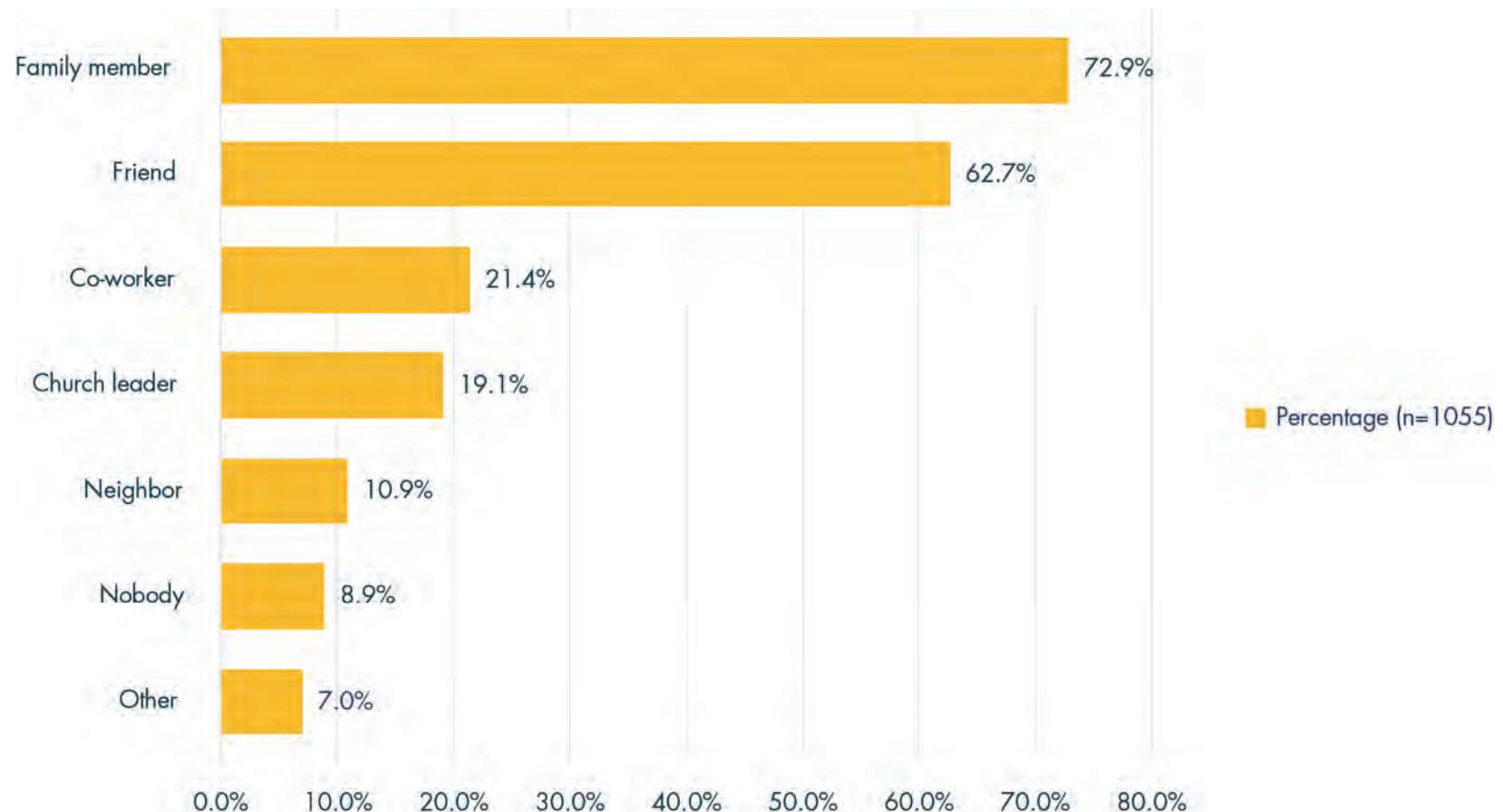
Figure 41: Number of People You Count On | Source: Mat-Su Household Survey, MSHF, 2022 & 2025





If you needed advice on how to handle a problem, such as a financial, emotional, or work-related issue, who would you ask for help?

Figure 42: People to Ask for Advice with a Problem | Source: Mat-Su Household Survey, MSHF, 2025



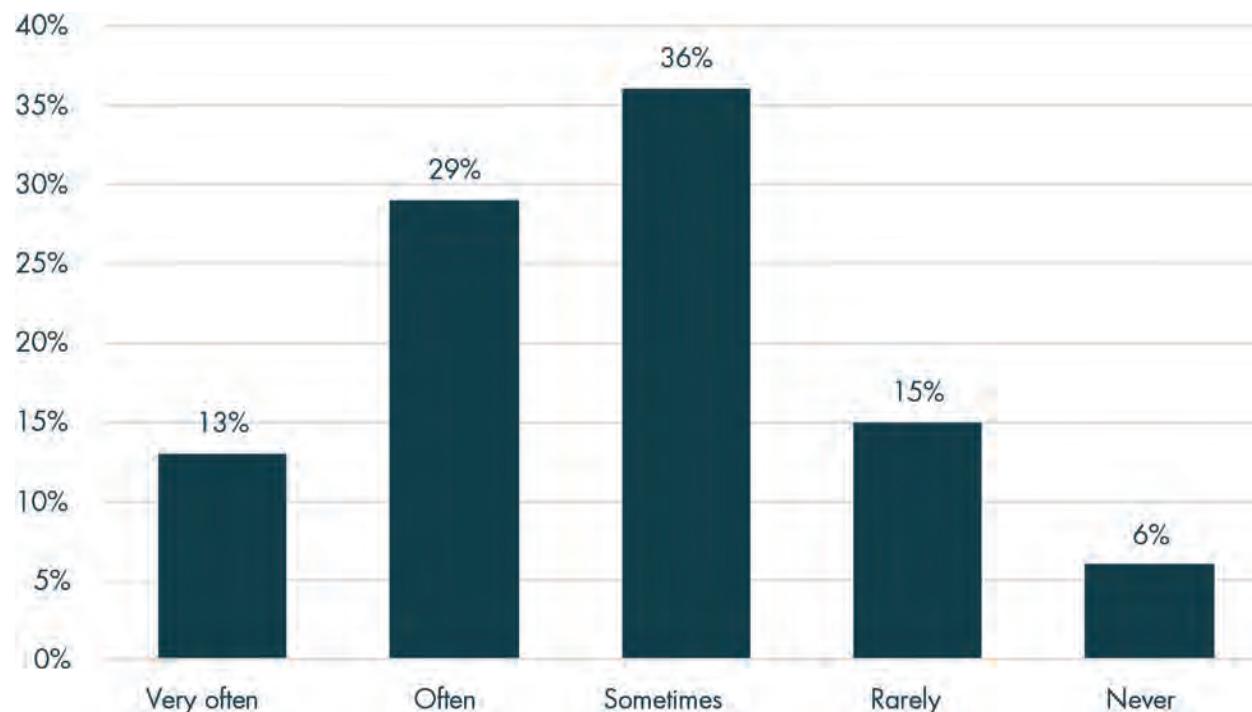
*The “other” responses included paid professionals (e.g., therapist, counselor, financial advisor, healthcare provider), a mentor or professor, self-guided or researched online, veteran or union resources, and local community resources (e.g., Connect Mat-Su, AYFN, AFS, CCS).

Just over half (51%) of the respondents to the Mat-Su Household Survey felt that people in their communities help each other very often/often (Figure 43) and just under half (42%) indicated that they personally have helped others very often/often in the past 12 months (Figure 44). In both instances, people who believe community members help one another and those who help others are significantly more likely to rate their community belonging as very strong/somewhat strong (Figure 45).



How often do people in your community help each other?

Figure 43: Frequency of People In Community Helping Each Other | Source: Mat-Su Household Survey, MSHF, 2025





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 44: Frequency of Personally Helping Others | Source: Mat-Su Household Survey, MSHF, 2016-2025

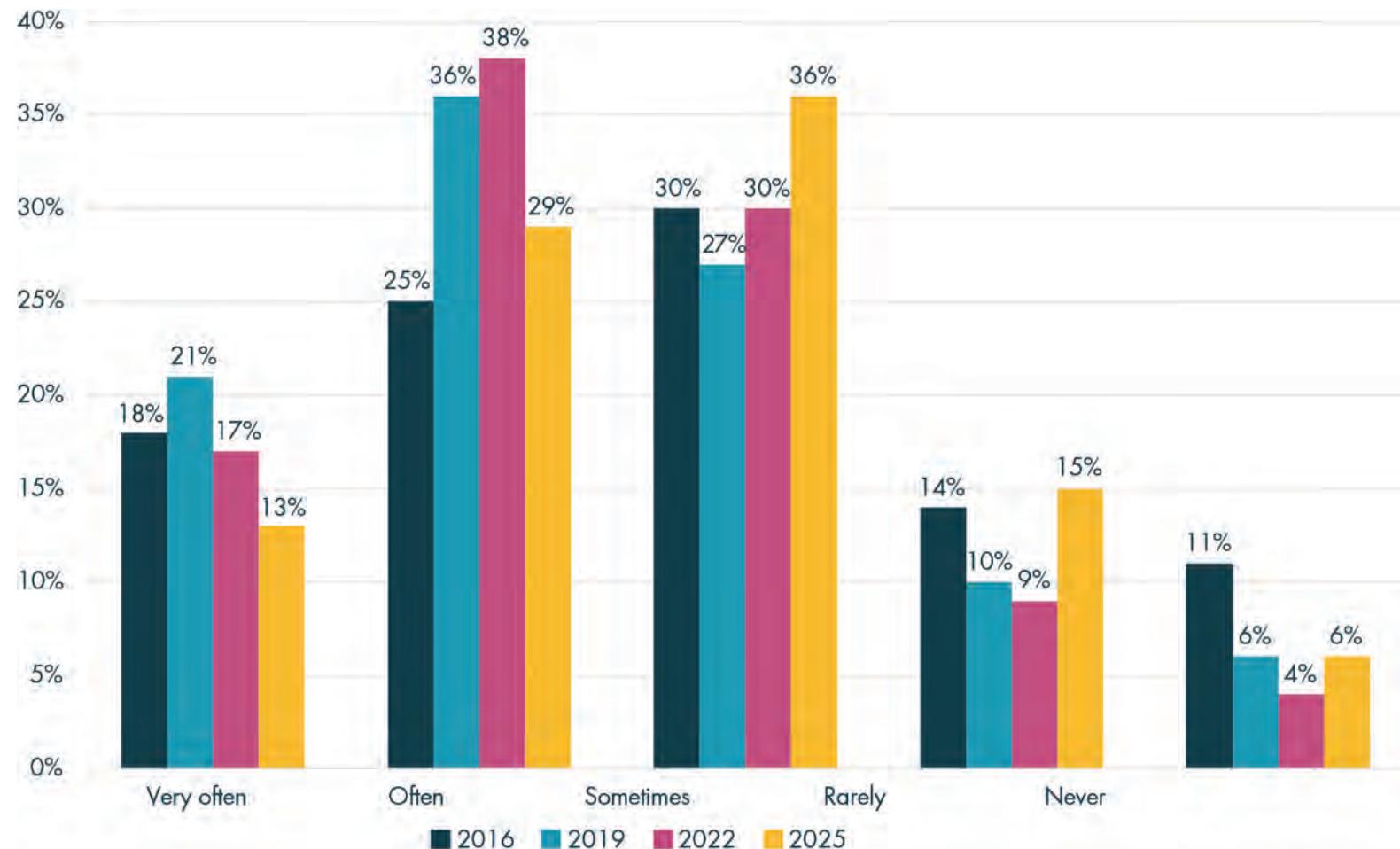


Figure 45: Sense of Belonging Compared to the Frequency of Residents Helping One Another | Source: Mat-Su Household Survey, MSHF, 2025



Community Input | Focus Groups

Residents emphasized the importance of strong social supports to help people through challenges and build resilience. Many talked about valuing independence, but noted residents are quick to jump in to help one another in times of crisis. Neighbors, family networks, friend groups, churches, and local organizations were often described as lifelines, offering everything from childcare and meals to emotional support and encouragement. Though focus group participants expressed different experiences with their neighbors. Some lived in well-connected neighborhoods with neighbors that look out for one another and help each other out, while others described feeling isolated from, feuding with, or simply not knowing their neighbors. Some people talked about not having family close but building community and family with their neighbors and friends. Programs for youth, seniors, and families—such as sports, mentorship, and community centers—were especially valued for creating a sense of safety and belonging. Many participants noted that when formal services are limited or hard to access, these informal supports become even more critical for meeting basic needs and keeping communities connected.

“I’ve lived here 37 years—connections take time. Not everyone has that tenure or mobility.”

“People are set in their ways and don’t want to change—that includes how we connect.”

“I don’t know what we’d do in an emergency. We have acquaintances but not close friends.”

“I joined a moms’ group—it’s great—but it’s just one thing. Hard to meet people otherwise.”

“My church community is amazing and supportive; it’s my greatest sense of belonging.”

“Volunteer groups have helped me meet people and feel part of something bigger.”

“Youth 360 is a creative, lively place where I feel welcome and accepted.”

“Neighbors really check on each other here, it feels like a family.”

“The women veterans’ groups connect us all, no matter if we’re introverts or extroverts.”

“There’s a real sense that people want to help one another and build together.”

Community Input | Intercept Survey

Residents repeatedly linked their sense of connection to the availability of both formal and informal social supports. Neighbors, small community groups, and local businesses were mentioned as important sources of encouragement and belonging. At the same time, people emphasized the need for stronger supports for vulnerable populations, including seniors, youth, single-parent families, people with disabilities, and those experiencing homelessness. Respondents envisioned a community where social supports are widespread, reliable, and available to anyone who needs them.

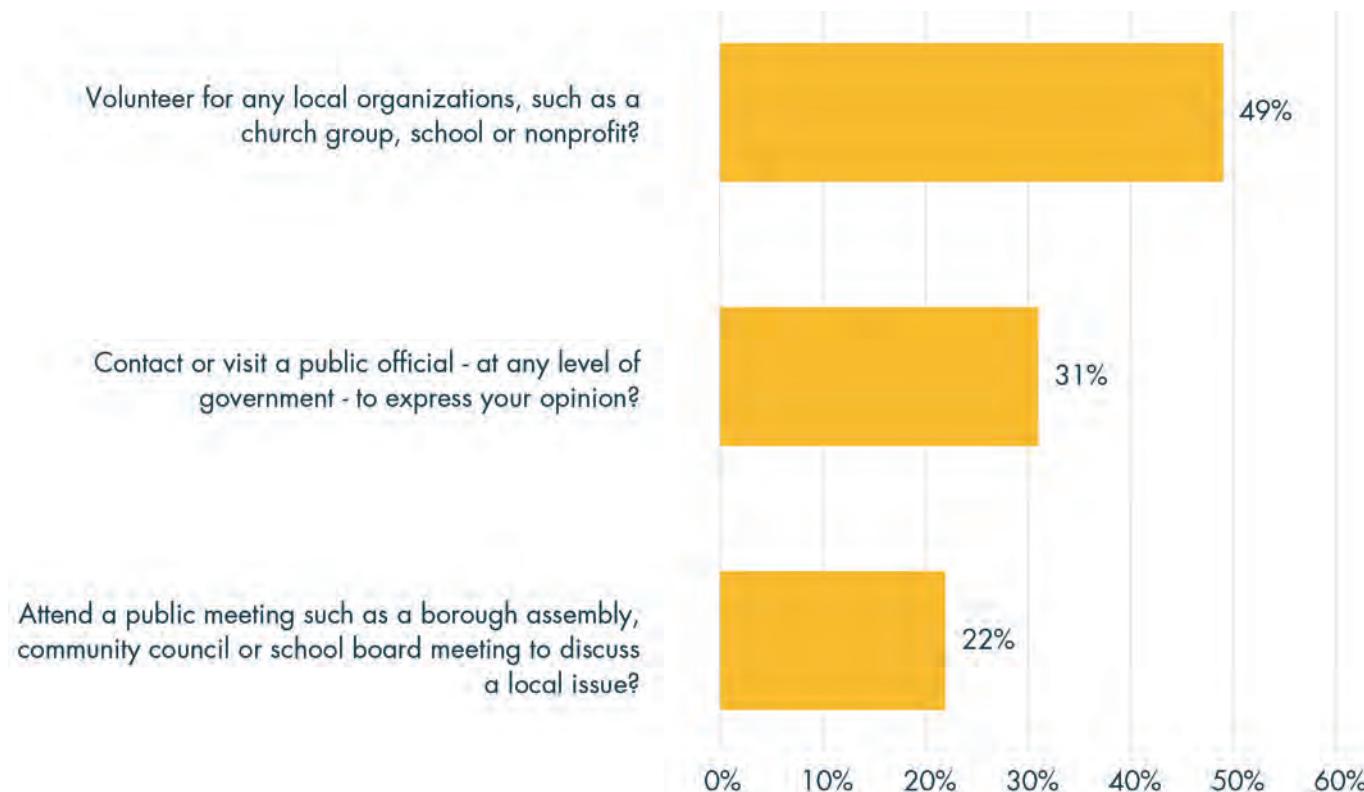
Community Input | Connect Mat-Su Participant Survey

Respondents repeatedly pointed to the importance of strong social networks and informal supports, such as neighbors, family, and community volunteers. For many, these supports provided small but meaningful lifelines during difficult times. However, survey feedback made clear that informal supports alone are often not enough—especially for single parents, seniors, or people with disabilities. Residents expressed a need for more consistent, accessible, and reliable programs that help them meet every day needs and feel truly supported.

Civic Participation

Civic participation includes activities like voting, volunteering, attending public meetings and engaging in advocacy. Nearly half of Mat-Su residents reported volunteering in the prior 12 months on the Mat-Su Household Survey (Figure 46). About a third (31%) contacted or visited a public official and less than a quarter (22%) attended a public meeting. Residents with a college degree (47.7%) were 2.5 times more likely to contact or visit a public official compared to high school graduates (18.7%) and residents aged 55 (41.7%) and older were two times more likely to contact a public official than 18 to 34-year-olds (21.1%). There was a higher participation in public meetings by residents in rural areas (29.2%), college graduates (35.2%), residents with household income above \$100,000 (27.9%), residents aged 55+ (26.7%), and married males (29.3%). Those least likely to attend a public meeting were Alaska Native/American Indian residents (7.6%) and people living below the poverty level (10.7%).

Figure 46: Civic Participation, Past 12 Months | Source: Mat-Su Household Survey, MSHF, 2025



Community Input | Focus Groups

Community members expressed interest in being more involved in shaping the future of their towns. Volunteering, joining local events, and working together on neighborhood projects were all seen as meaningful ways to participate. Residents said that civic participation not only builds pride but also creates a shared sense of responsibility for solving problems and improving life in the Mat-Su. They emphasized that opportunities to give input should be open, welcoming, and accessible to everyone, so that people of all ages and backgrounds feel their voices matter.

Community Input | Intercept Survey

Over half of the intercept survey participants (56.2%) indicated they had volunteered in the past 12 months and one third (33.9%) participated in at least one public meeting. Some of the barriers noted, such as lack of information, transportation, or time, prevented many residents from engaging in community activities and decision-making. Several respondents noted they wanted to participate but felt shut out by poor communication or unwelcoming environments. At the same time, residents expressed interest in more community-driven initiatives that support healthy lifestyles, youth empowerment, public safety, and local projects. Increasing outreach and making civic opportunities more accessible were seen as key to helping people feel included and valued.

"I don't get told about public meetings... It would be helpful to be told about local organizations I can volunteer for."

"I just haven't been to any meetings... too busy with personal life."

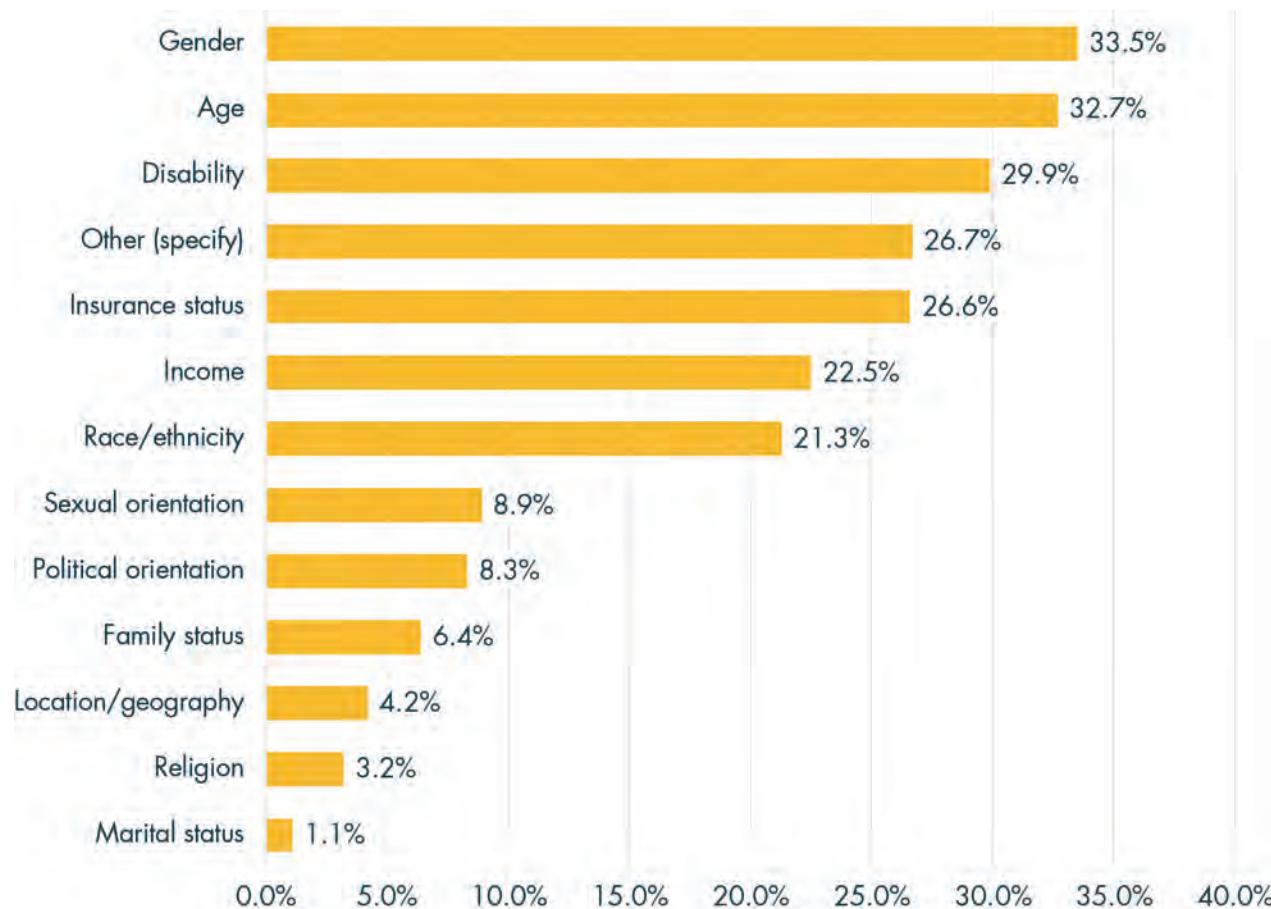
Community Input | Connect Mat-Su Participant Survey

Around 50% of Connect Mat-Su survey participants had volunteered in the last 12 months and around 30% had participated in a public meeting. Participants spoke of wanting to contribute but that many residents have little capacity to participate in community life due to financial pressures and survival needs. Increasing opportunities for meaningful engagement and ensuring that voices from all backgrounds are included could strengthen trust and shared responsibility within the community.

Stigma and Discrimination in Accessing Healthcare

Most residents responding to the Mat-Su Household Survey (92%) said they had not felt discriminated against when receiving healthcare, while 8% reported that they felt discriminated against as a patient (Table 21). Of those who felt discriminated against, about a third (31%) experienced discrimination one time in the past 12 months, almost half (45%) experienced it 2-3 times and about a quarter (24%) experienced it 4 or more times (Table 22). The most reported reasons for discrimination included gender (33.5%), age (32.7%), disability (29.9%) or other (26.7%) (Figure 47).



Figure 47: Reason for Discrimination | Source: Mat-Su Household Survey, MSHF, 2025

Other responses included the following:

- Weight/Obesity-related stigma (8 responses): Many felt judged or dismissed due to their weight, including misclassification as addicts or being ignored by providers.
- Substance use history (3 responses): Individuals reported being stereotyped or denied care due to past drug use or criminal history.
- Provider bias and dismissal (4 responses): Respondents felt unheard, disrespected, or discharged prematurely by care providers.
- Racism and family structure discrimination (2 responses): One white parent of Native and mixed-race children described being harassed and disbelieved about family relationships at regional facilities.
- Insurance and access barriers (3 responses): Delays in appeals, denial of treatment, and lack of advocacy from employee-sponsored plans were noted.
- Cultural and medical mismatch (1 response): Native patients called for more natural treatment options tailored to their biology.
- Judgment over lifestyle or personal health decisions (3 responses): This included criticism over smoking cessation methods, vaccination status, and life choices.
- Pain management and medication challenges (2 responses): Reports of being denied necessary medications or reacting badly to prescriptions without follow-up care.



Do you feel discriminated against when you receive health care?

Table 21: Feel Discriminated Against When Receiving Healthcare

Source: Mat-Su Household Survey, MSHF, 2025

	2022 (n=757)	2025 (n=1055)
Yes	11%	8%
No	88%	92%
Don't know	1%	N/A
Refused	1%	N/A



On how many occasions in the last 12 months has this happened to you?

Base: Feel discriminated against in receiving healthcare (n=89)

Table 22: Frequency of Discrimination Within Last 12 Months

Source: Mat-Su Household Survey, MSHF, 2025

	2025 (n=89)
1 time	31%
2-3 times	45%
4 or more	24%



Respondents were also asked to identify how this discrimination impacted their health. These experiences reflect a range of systemic and interpersonal issues contributing to mistrust and inequity in healthcare. These insights underscore the deep emotional toll of healthcare bias and the critical need for providers to listen, believe, and personalize care. These responses also reflect how insurance coverage and systemic bias can result in significant gaps in care, worsening health outcomes and patient trust.



In what ways has this discrimination you've experienced impacted your health?

Emotional, Mental Health, and Physical Health Impacts:

Mental Health Impacts

20+ Responses | The most common themes included anxiety, depression, feelings of worthlessness, stress, anger, shame, and suicidal ideation. Several also reported PTSD, isolation, or worsened agoraphobia.

Physical Health Deterioration

6+ Responses | Reports included high blood pressure, aggravated symptoms, increased pain, fatigue, and delayed necessary procedures.

Stigma & Judgment

6+ Responses | People felt judged for their weight, age, pregnancy-related conditions, disabilities, or vaccination status, often leading to embarrassment or loss of trust.

Medical Gaslighting & Dismissal

5+ Responses | Patients—especially women and those with rare conditions—described their symptoms being downplayed or ignored, sometimes resulting in emergency surgeries or avoidable complications.

Negative Impacts on Children & Families

4+ Responses | Experiences included lack of support for children with autism, services being withdrawn due to behavior, limited resources for young children, and ACEs scores increasing due to poor medical/mental health interactions.

Coping Behaviors

2-3 Responses | Some noted unhealthy stress responses, such as wanting to resume smoking or suppressing emotions to “get through” appointments.

Delayed, Denied, or Inadequate Medical Care:

Insurance-related Discrimination

10+ Responses | Many reported difficulty finding providers who accept Medicare, Medicaid, or Tricare, leading to delays, refusals, or limited care options. Some believed age or insurance status influenced dismissive treatment.

Delayed or Denied Care

8+ Responses | Several experienced delays in diagnosis, treatment refusals, or care dismissed as non-urgent, even when symptoms were serious or life-threatening.

Dismissal of Women's Health Concerns

6+ Responses | Women reported pain being minimized or misattributed to menstrual issues, weight, or age. Diagnoses like PCOS, endometriosis, and serious medical events were ignored or delayed due to gender bias.

Self-advocacy & Provider Switching

6+ Responses | Individuals described having to fight for care, switch providers, or rely on family to push for appropriate treatment. People described having to search for new doctors—often multiple times—because of provider refusals, closed offices, or lack of insurance acceptance.

Loss of Trust in the Healthcare System

5+ Responses | Patients described providers as inflexible, checklist-driven, and unwilling to listen or learn, especially in complex or non-standard cases.

Financial Barriers

5+ Responses | Respondents shared that inability to pay out-of-pocket prevented access to needed care, second opinions, or specialized treatments.

Cultural & Racial Bias Against Alaska Native Patients

3+ Responses | Alaska Native respondents shared that they felt unwelcome at facilities, were treated differently, and needed culturally appropriate care, including natural treatments and attention to unique biological sensitivities.

Mistreatment & Disrespectful Provider Behavior

2+ Responses | Some patients reported harassment or judgment during routine care (check-ins, screenings, exams), further discouraging them from seeking help. Patients felt talked down to or misunderstood due to perceived language barriers or assumptions tied to race or ethnicity.

Avoidance or Disengagement from Care:

Reduced Healthcare Seeking Behavior

8+ Responses | Multiple respondents said they no longer feel comfortable, go without care, seek care less often, or avoid providers entirely due to previous treatment. Many said they now avoid seeking care due to past experiences of being judged, shamed, or dismissed.

Refusal to Use Emergency Services

2+ Responses | Due to repeated dismissals or mistreatment, some refuse to visit the ER, even in emergencies.

Emotional Impact on Future Care

2 Responses | Feelings of discomfort or discouragement led to avoiding future care even when medically necessary.

Avoidance of Discussing Health

1 Response | Feelings of discomfort or discouragement led to avoiding future care even when medically necessary.

Disruption of Ongoing Care

1 Response | Previous experiences led to a break in screenings or continued treatment.

Geographic and Logistical Burdens on Access:

Forced travel to Anchorage

4 Responses | Due to discrimination or lack of services in Mat-Su Valley, patients must travel long distances to Anchorage for both emergency and specialty care.

Increased Time & Financial Burden

2+ Responses | These trips often required time off work, extra expenses, and caused household disruption.

Community Input | Focus Groups

A recurring theme was the importance of creating communities where everyone feels safe, respected, and valued. Many residents said that stigma and discrimination—whether related to income, health, background, or personal identity—can prevent people from fully engaging in community life. They shared a vision of a region where programs, events, and public spaces are welcoming to all, and where people can ask for help without fear of being judged. Freedom from stigma was seen as essential for building trust, strengthening relationships, and ensuring that every resident has the chance to belong and succeed.

Community Input | Intercept Survey

Respondents spoke about how stigma related to poverty, mental health, or substance use can prevent people from seeking help or taking part in community life. Some said they avoided events or programs because they felt judged, unsupported, or overlooked. Residents called for more respectful, welcoming environments where everyone feels safe and valued. Reducing stigma and promoting equity were seen as essential steps to creating a more compassionate and connected Mat-Su community.

“I would belong to more things in the community if there was more acceptance. I found a good niche at Black Birch Books but otherwise I don’t feel like I belong.”

“I feel the Mat-Su Valley community is hostile to me.”

Community Input | Connect Mat-Su Participant Survey

Survey participants described how feelings of being judged, overlooked, or ignored can prevent them from seeking help or fully participating in community life. Those managing health crises, housing insecurity, or caregiving responsibilities often felt especially vulnerable to stigma. Respondents emphasized the importance of creating safe and welcoming spaces where all residents are respected, supported, and able to access resources without fear of discrimination or bias.

"Public assistance has been very unsympathetic...to my needs and the needs and requirements for my 6 young children that I'm raising alone."

"Employee burnout is real though and I think our society needs to acknowledge that people need to pause sometimes and recover mentally and physically for a brief period without consequence."

Social Support for Youth and Families

In the 2024-2025 school year, most Mat-Su students in 6th through 12th grade reported having strong support from caring adults and encouragement at school (Table 23). About 70% say they can name at least three adults who really care about them. More than half (54.6%) of the students take part in clubs, sports, or other activities, though about 31% are not involved.

Table 23: Student Support, Grades 6-12 Matanuska-Susitna Borough School District | Source: MSBSD, District-Wide Grade 6-12 Student Climate and Connectedness Survey Summary and Discussion Points FY25 Document per Data Request

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I can name at least 3 adults who really care about me	70.20%	18.40%	*	*
I am involved in clubs, sports, or activities in my school or community	54.60%	14.50%	25.40%	5.50%

*Actual percentage missing, due to not being labeled in original source

The experiences of mothers of three-year-olds, collected annually through the Alaska Childhood Understanding Behaviors Survey (CUBS), provide insights to social supports for mothers and their children. Most mothers of three-year-olds in the Mat-Su have someone to help when they are sick, to take them to the clinic, to loan them money, and to talk to about life decisions (Table 24). Though, a slightly lower percentage of mothers have someone to loan them money.

Table 24: Social Support, Mothers of Three-Year-Olds, 2020-2022 | Source: CUBS Data Visualization Tool Version 1.5.6: Alaska CUBS

	Mat-Su Borough % (95% CI)	Anchorage % (95% CI)	Alaska % (95% CI)
Someone will help me when I am sick	91.8 (85.9-95.7)	87.4 (82.8-90.8)	87.6 (85.1-89.8)
Someone will take me to clinic	95.3 (90.1-97.8)	91.0 (87.1-93.7)	91.2 (89.0-93.0)
Someone will loan me money	87.3 (78.6-92.7)	86.7 (82.4-90.1)	85.8 (83.2-88.0)
Someone will talk to me about decisions in my life	92.7 (85.9-96.4)	90.2 (86.2-93.2)	89.6 (87.4-91.5)

Households with children are asked specific questions on the Mat-Su Household Survey to understand the social supports of parents/caregivers and the children in their care. Nearly three-quarters of respondents (71% combined) said they were very likely (35%) or likely (36%) to ask for help if they needed someone to help care for their children (Figure 48). While the percentage of people saying they would be very likely to ask for help increased slightly from 2022 to 2025 it is down 15% from 2016. The percentage of respondents who said they were unlikely to ask for help with childcare has steadily increased since the 2016 survey from 8% to 19%. Single females (46.3%) and residents with incomes between \$50,000 and \$100,000 (40.5%) were more likely than average to ask for help. Conversely, people with incomes below the federal poverty level had rates 2 times higher for being very unlikely to ask for help (20.5% versus 10.5%). A high percent of Alaska Native/American Indian respondents (37.4%) were also very unlikely to ask for help.



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 (n=411)

Figure 48: Likeliness to Ask for Help With Child Care | Source: Mat-Su Household Survey, MSHF, 2016-2025



For survey years 2016 to 2022, this question included options for refused/don't know, which is why the percentages charted do not total 100%.

Chapter 6: Belonging & Civic Muscle | Social Support for Youth and Families

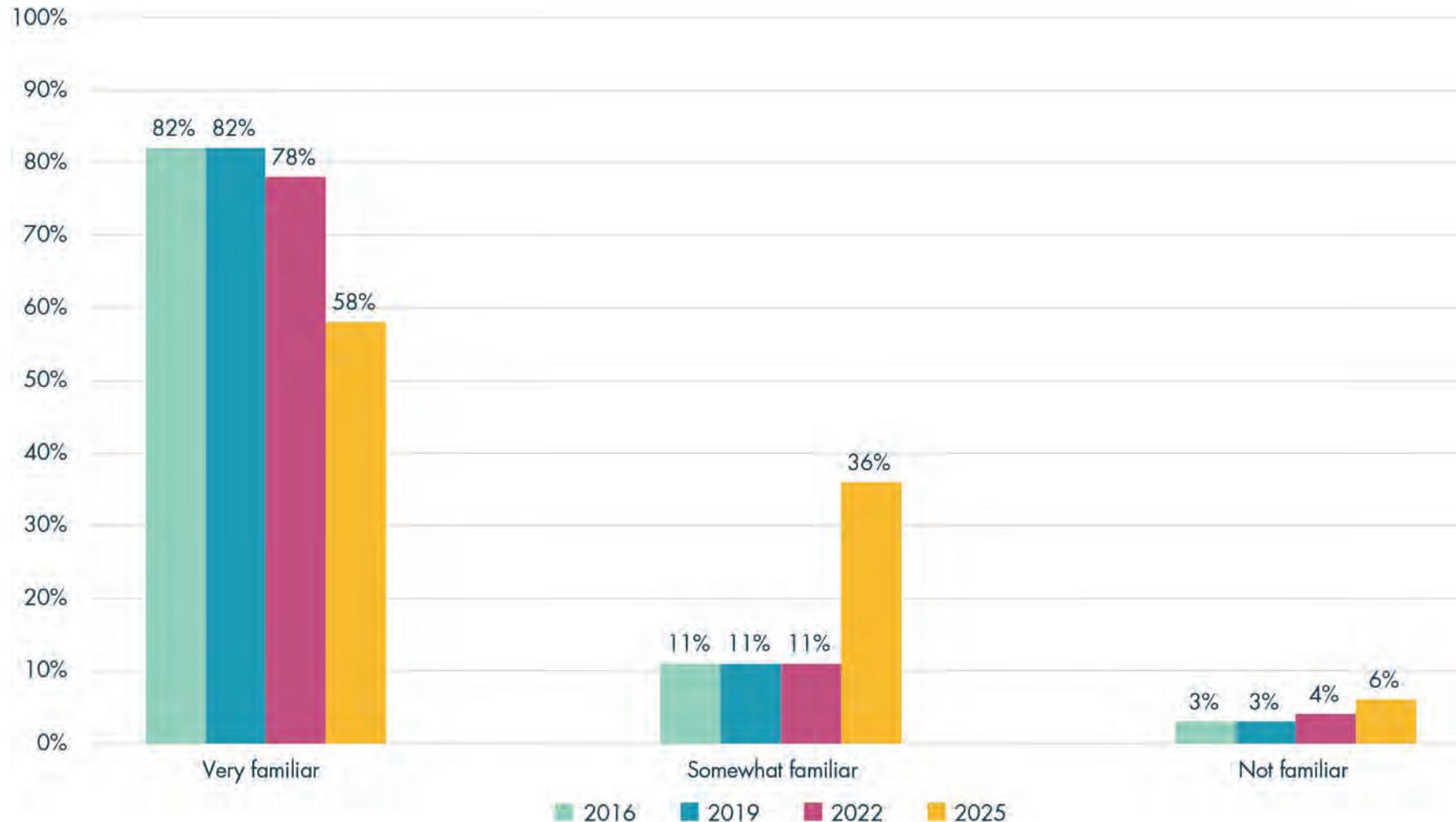
Parents or caregivers/guardians knowing their children's friends and the parents of their children's friends helps build social capital, connection, and accountability. A little more than half of Mat-Su Household Survey respondents who have children in the household reported that they are very familiar with their children's friends (58%), and 36% said they were somewhat familiar (Figure 49). A small percentage (6%) reported that they were not familiar with their children's friends. Respondents were less likely to report that they are very familiar with their children's friends in the 2025 survey compared to previous surveys. About four out of 10 respondents (39%) who have children living in the household reported that they are very familiar with the parents of their children's friends, and 43% said they were somewhat familiar (Figure 50). Almost one in five (18%) reported that they were not familiar with the parents of their children's friends. Respondents were less likely to report that they are very familiar, and more likely to say they are somewhat familiar with the parents of their children's friends in the 2025 survey compared to 2022 and prior surveys. The percentage of respondents who indicated that they are not familiar with the parents of their children's friends tripled in the past three years from 6% to 18%. Married females are significantly more likely to be very familiar with their children's friends (72.0% versus 57.6%) and the parents of their children's friends (54.2% versus 38.9%). Additionally, those who live in the rural/remote areas of the borough are significantly more likely to report that they are very familiar with the parents of their children's friends (59.8% versus 38.9%).





**Regarding children living in your household, are you very familiar, somewhat familiar, or not familiar with –
Your children’s friends (%)** Base: Children in household (n=411)

Figure 49: Familiarity With Children’s Friends | Source: Mat-Su Household Survey, MSHF, 2016-2025

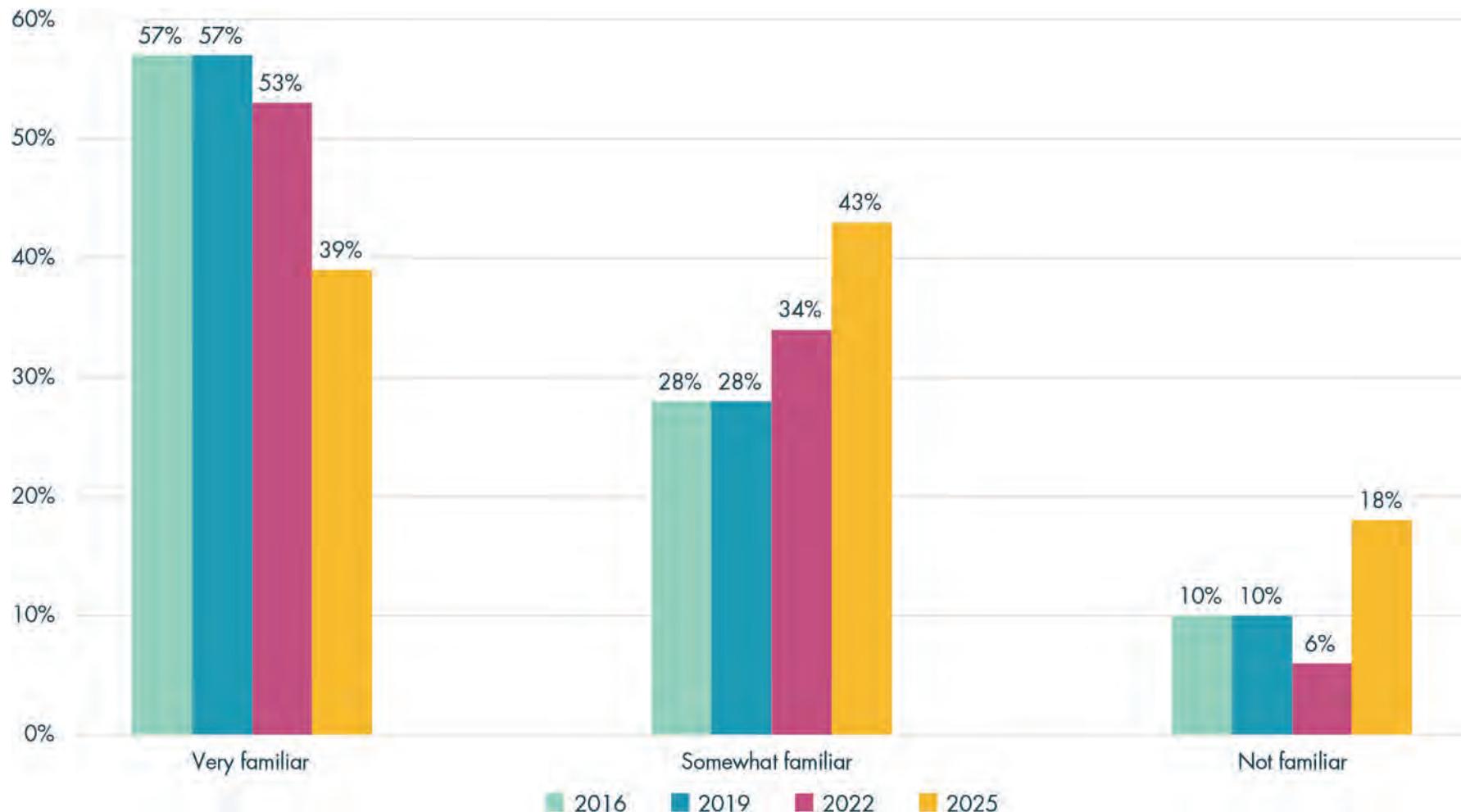


For survey years 2016 to 2022, this question included options for refused/don't know.



**Regarding children living in your household, are you very familiar, somewhat familiar, or not familiar with -
The parents of your children's friends (%)** Base: Children in household (n=411)

Figure 50: Familiarity With Parents of Children's Friends | Source: Mat-Su Household Survey, MSHF, 2019-2025



For survey years 2016 to 2022, this question included options for refused/don't know.

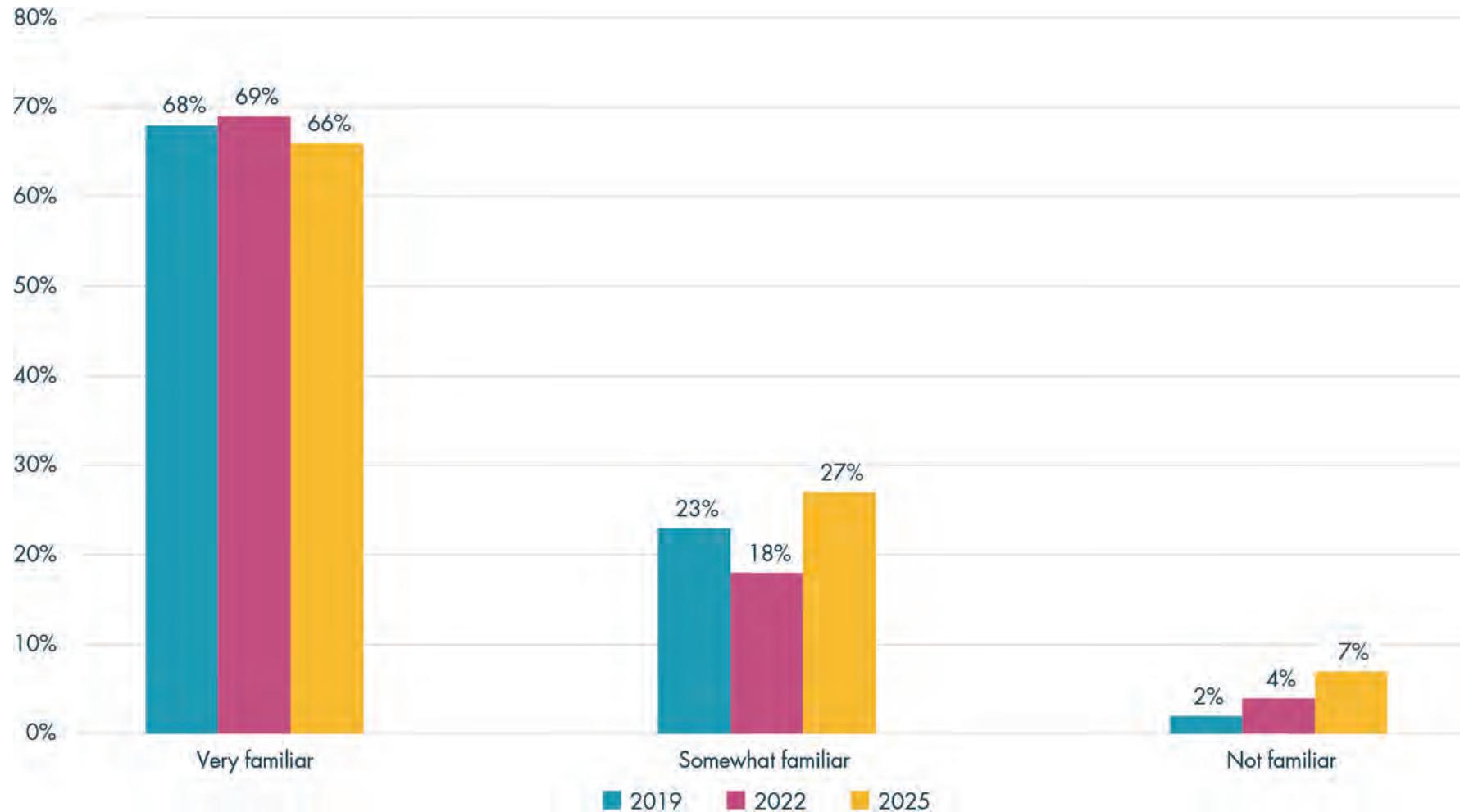


More than two-thirds of parents and caregivers (66%) reported that they are very familiar with what their children do at school or daycare daily, and 27% said they were somewhat familiar (Figure 51). A small but increasing percentage (7%) reported that they were not familiar with what their children are doing daily at school or daycare. People in rural/remote areas of the borough (78.4%), college graduates (72.1%), and people with a household income between \$50,000 and \$100,000 (71.0%) were more likely to be very familiar with what their children do daily. Parents and caregivers living below poverty were more likely to be unfamiliar (17.7% versus 7.4%). Additionally, parents and caregivers overall are less familiar with options for afterschool activities for their children (Figure 52). Just over half of parents/caregivers (56%) in 2025 said they were very familiar with options for afterschool activities compared to 70% in 2019 and 2022. Respondents with household income below \$50,000 were more likely to be unfamiliar with after school options (33.0% versus 18.2%).



**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 (%)** Base: Children in household (n=411)

Figure 51: Familiarity With Children's School/Daycare Activities | Source: Mat-Su Household Survey, MSHF, 2019-2025

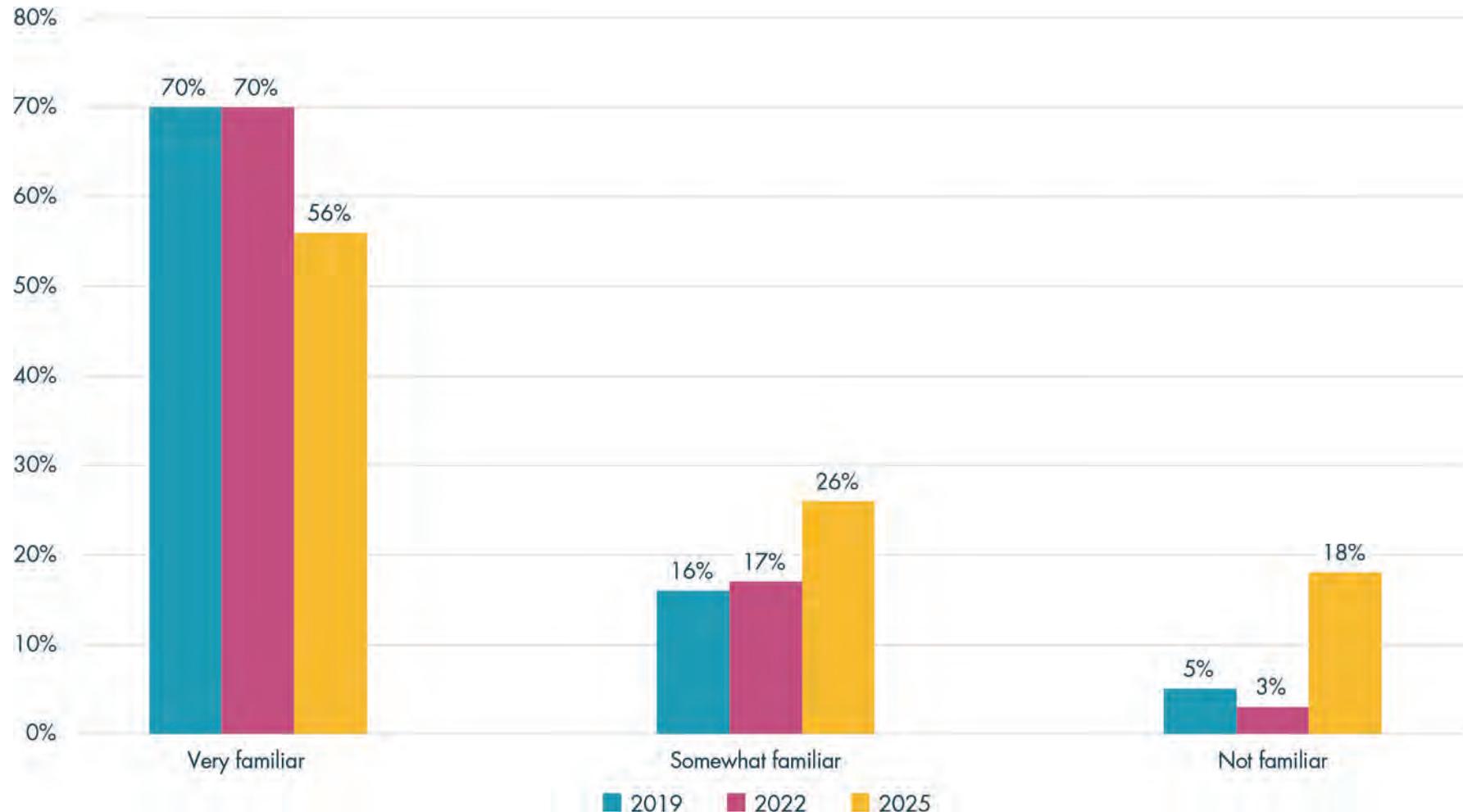


For survey years 2016 to 2022, this question included options for refused/don't know.



**Regarding children living in your household, are you very familiar, somewhat familiar, or not familiar with –
Afterschool activity options for your children (%)** Base: Children in household (n=411)

Figure 52: Familiarity with Afterschool Activity Options for Children | Source: Mat-Su Household Survey, MSHF, 2019-2025



For survey years 2016 to 2022, this question included options for refused/don't know.

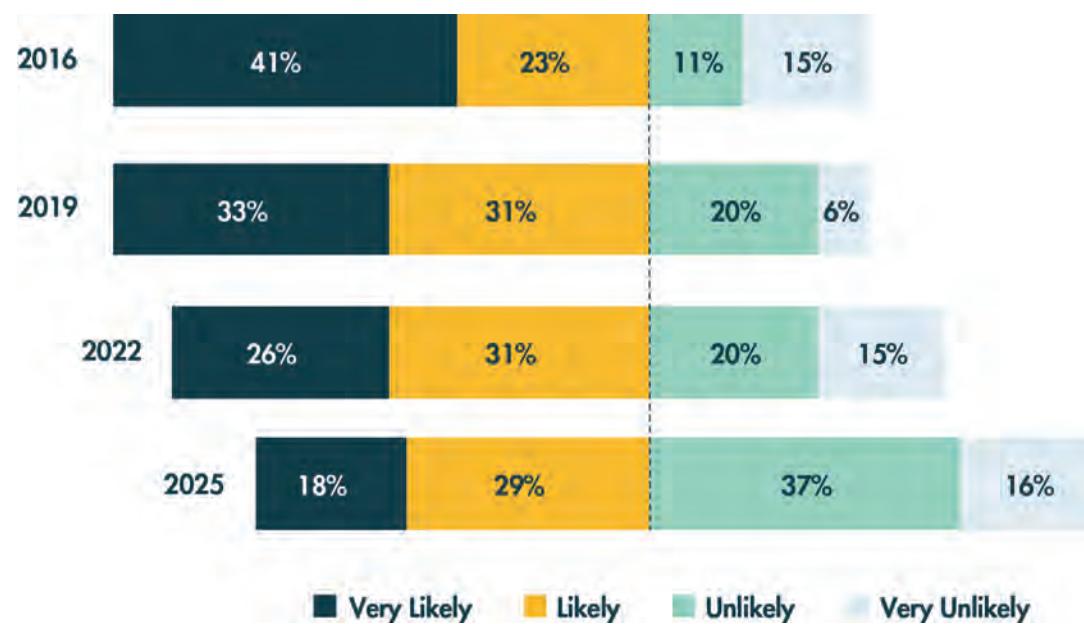
Chapter 6: Belonging & Civic Muscle | Social Support for Youth and Families

The percentage of residents who would very likely report a child in their neighborhood skipping school has steadily declined since 2016, 18% in 2025 compared to 41% in 2016 (Figure 53). That means only about one in five residents in 2025 would be very likely to report a child from their neighborhood skipping school to the child's parent or school.



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? (n=1055)

Figure 53: Likeliness of Reporting Child Skipping School | Source: Mat-Su Household Survey, MSHF, 2016-2025

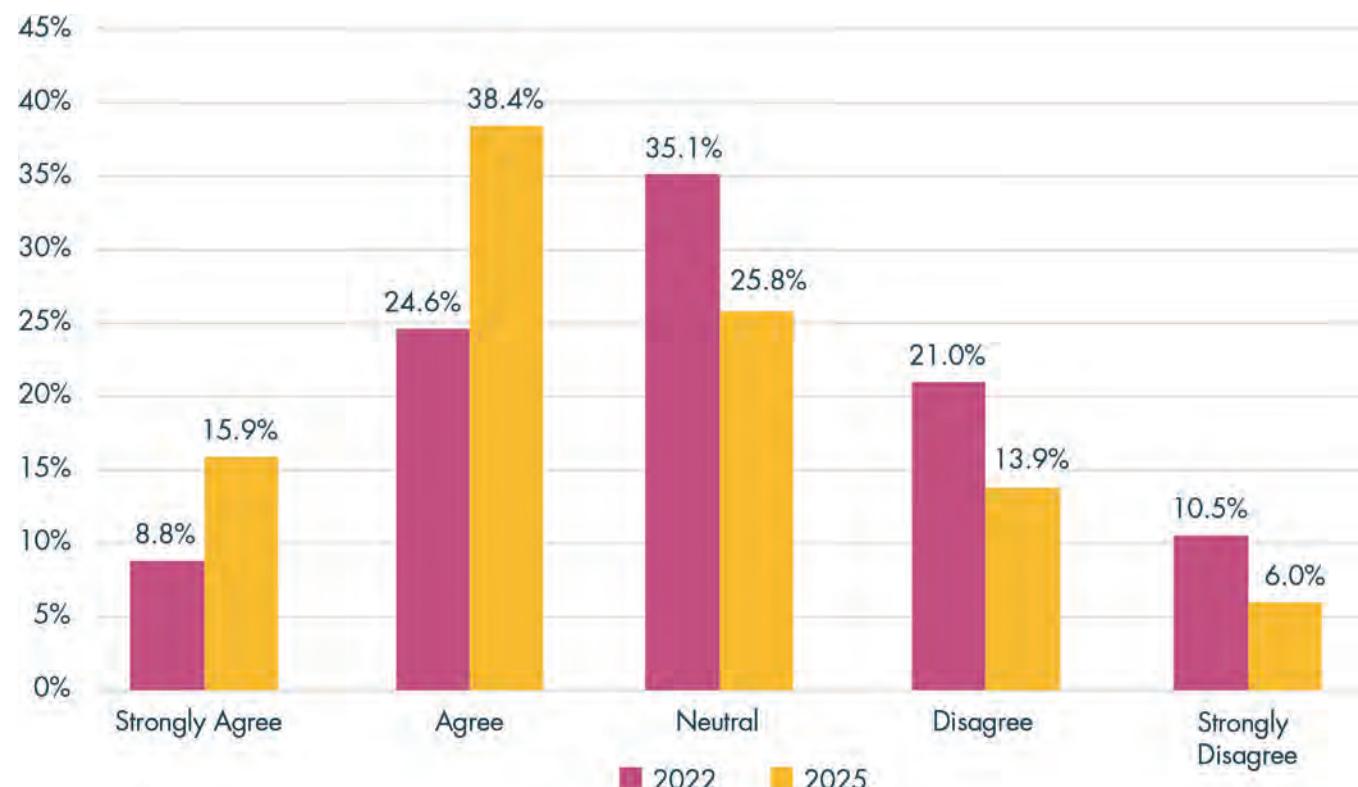


For survey years 2016 to 2022, this question included options for refused/don't know.

Community Resources

Connect Mat-Su is an information and referral resource for residents in the Mat-Su seeking help accessing resources and services. In 2025, around 47.3% of respondents to the Mat-Su Household Survey had heard of Connect Mat-Su, slightly more than in 2022 (42.0%). Of the 499 Mat-Su Household Survey respondents who had heard of Connect Mat-Su, they were then asked if and how they utilized the service. About one in four respondents indicated they had used the service either online, in-person, via phone, and/or text message. Over half of the respondents to the Connect Mat-Su participant survey strongly agreed or agreed that people in the Mat-Su can connect to the resources they need when they have an issue or problem (Figure 54).

Figure 54: People in Mat-Su Community Are Able to Connect to Resources They Need When They Have an Issue or Problem
Source: Connect Mat-Su Survey, MSHF, 2022-2025



Community Input | Focus Groups

Residents repeatedly highlighted the importance of knowing what resources are available and how to access them. Programs like Connect Mat-Su were praised for linking people to services, but many said better communication and collaboration between agencies is still needed. Transportation challenges and limited outreach often keep isolated or underserved residents from getting help. Participants envisioned a future where information is easy to find, resources are well coordinated, and services are designed to be affordable and inclusive for all.

Community Input | Intercept Survey

Residents shared frustrations with not knowing what services and opportunities were available or how to access them. Many said they lacked reliable information about meetings, events, or local supports, which kept them from participating. Programs like Connect Mat-Su were seen as important. Respondents called for more consistent communication, targeted outreach, and stronger coordination across agencies so that people—especially those in rural or underserved areas—know where to turn for help.

“To be able to be connected to the community resources that one could need... there would need to be community resources.”

“Due to my income I am unable to reach any of the resources available... I don’t feel connected to the local community near me.”

“Very difficult to get connected to agencies in Mat-Su—long, long phone wait times & usually no return calls.”

Community Input | Connect Mat-Su Participant Survey

Many respondents highlighted gaps in services and the challenges of navigating complex or outdated systems. While programs like Connect Mat-Su, local transit, or food banks provided some help, respondents said access was often difficult, and follow-up from organizations was inconsistent. People expressed a need for better coordination, more reliable outreach, and easier access to programs that help families, seniors, and vulnerable residents meet basic needs.

"You've got people who have been on the housing program for 10+ years... Meanwhile you have families that are in desperation."

"I don't know where to go to get help."

"There isn't any help or options out here. Everything is too far away or costs too much."

A close-up photograph of a young child with light brown hair, smiling broadly. A stethoscope hangs around their neck. The background is slightly blurred, showing what appears to be a medical or clinical setting.

Chapter 7



Early Childhood Experiences & Lifelong Learning

Foreword by Brenda Sheldon

Executive Director, Mat-Su Council on Aging

Growing up in the Midwest, my family grew most of our food and canned many of our fruits and vegetables. When I moved to Alaska in 2000 and started raising my family, I wanted to continue this family tradition. Thanks to the Cooperative Extension Service here in the Mat-Su, I found the educational resources that I needed. Even today, I am researching what new foods we can grow in our family garden and how to preserve them. We gift many of the foods in our garden to our friends and share with them what we have learned and how they can be successful growing and preserving in Alaska. Just like I see with the many raised garden beds at Wasilla Area Seniors (WASI), the joy of growing and learning at my home garden is just as rewarding as sharing the bounty and celebrating our harvest with each other at any age. Lifelong learning keeps us curious, connected, and growing—no matter our age.

My journey of lifelong learning began with my work in healthcare, where my goal was to help others. What I didn't expect was how much I would learn from the people I serve. Their stories—of triumphs, setbacks, and ways they found to move forward—taught me lessons no book ever could. These interactions have been my greatest teacher, guiding what I know and keeping me curious, connected, and growing. I see the challenges that age gives us and the life altering changes that can accompany it. Many people succumb to the changes, yet others thrive in their new normal, showing me that no matter our age or circumstances, learning to adapt with a positive attitude gives us the strength to greet each day with purpose.

There is so much to see and experience in Alaska; our state will make sure we all continue to learn as we age and explore. I still make a point of talking to people traveling Alaska to learn about the natural wonders that surround us. I ask for advice and resources that will prepare our family to enjoy the next area we explore, rain or snow.

Lifelong learning is about staying curious and open to growth at every stage of life. Learning doesn't stop when school ends—it's in the books we read, the skills we try, the conversations we have, and the experiences that challenge us. By continuing to learn, we keep our minds active, adapt more easily to changes around us, and discover new passions we might never have expected. Lifelong learning helps us stay connected—to ourselves, to others, and to the world—while giving us the tools to live with purpose, creativity, and resilience.



Introduction

Early childhood experiences, access to education, continuous learning through adulthood, and literacy all have an impact on individuals' health and wellbeing, and opportunities for career and income growth. Lifelong learning encompasses learning across the life span and isn't limited to the school years from kindergarten through college. Experiences in early childhood, especially in the first five years of life, have an impact on growth and development, and health and wellbeing as an adult. Early life stress, or adverse experiences, like physical or sexual abuse, family instability, unstable housing, poverty or food insecurity can contribute to developmental delays and poor health outcomes. Protective factors can help mitigate the effects of ACEs, for example, positive relationships with caregivers, positive friendships, caring adults outside of the home, or caregivers with steady employment.

Education and community health are closely connected. Higher levels of education and income are associated with longer life expectancy. Education and professional development often lead to higher paying and sometimes safer jobs. Places that focus on education from early childhood through adulthood tend to be healthier, have fewer diseases, and face fewer health problems. This creates stronger communities where people have better opportunities for success and to be active citizens.

Economic Mobility

Lifelong learning plays a critical role in economic mobility by equipping individuals with the skills and knowledge necessary to continue their education, obtain employment with opportunities for advancement, adapt evolving job markets and seize new career opportunities. As industries change and technology advances, continuous learning ensures that workers remain competitive, can pursue higher-paying jobs, and are better prepared for career advancement. Access to adult education opportunities, such as vocational training, and professional development, can enable individuals to improve their qualifications, increase their income, and achieve greater financial stability over time. According to Mobility Experiences, education is one of the most impactful experiences for upward mobility, where completing high school can increase lifetime income by 16% and completing college by 39%. As individuals achieve economic stability through education and skill development, they are more likely to afford healthcare, access nutritious food, secure safe housing, and engage in healthy lifestyles.

Belonging and Civic Muscle

Lifelong learning includes continuous development of cognitive, social, and emotional abilities. These skills help people to build relationships and social capital. Positive childhood experiences and access to early childhood education can support children to build relationships and belonging with trusted adults and peers. And when people continue learning throughout their lives, they meet others, share ideas, and build friendships.

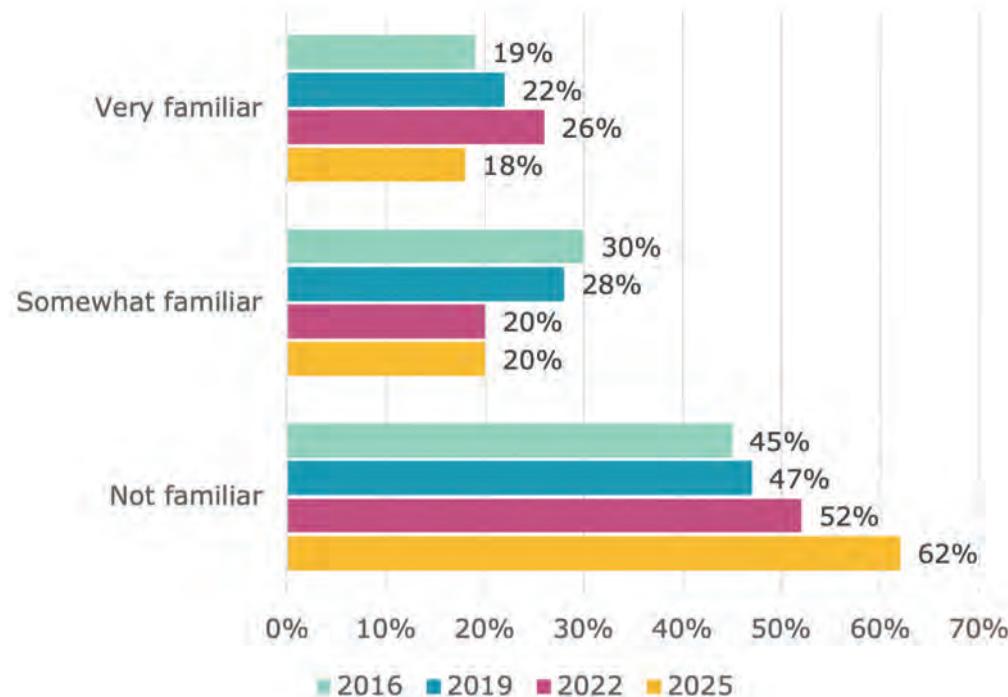
Lifelong learning also helps people build civic muscle, which means they gain the knowledge and skills to make a difference in their community. Social studies and civics education is important for understanding systems of government and becoming a meaningfully engaged citizen in democracy. When people learn about important issues, how local government works, or how to organize events, they feel more confident to speak up and act. This helps them work together with others to solve problems and make their community a better place for everyone.

Key Data Insights

Positive & Adverse Childhood Experiences

The Mat-Su Household Survey has been tracking community awareness of ACEs since 2016. In Mat-Su, fewer people are aware of ACEs than before, though this should be interpreted with caution since survey methods changed in 2025 (Figure 55). In the 2025 Mat-Su Household Survey, only 18% of respondents said they are very familiar with the term, while 62% said they have never heard of it. Some groups are more familiar with ACEs than others. People with four or more children were more likely than average (60.8% versus 38.0%) to be at least somewhat familiar with the term ACES. While overall 18.1% of residents were very familiar with ACEs, college graduates (41.5%), newer residents who have lived in Mat-Su for less than five years (29.1%), residents aged 35-44 (24.0%), and residents with household incomes over \$100,000 (22.3%) were more likely to be very familiar with the term. Additionally, both single (22.9%) and married (25.9%) women were more likely to be very familiar with the term than single (11.7%) or married (10.9%) men.

Figure 55: Familiarity with the Term ACEs | Source: Mat-Su Household Survey, MSHF, 2016-2025



Chapter 7: Early Childhood Experiences & Lifelong Learning | Positive & Adverse Childhood Experience

Mat-Su data on ACEs is limited to the experiences collected from adults living in the Mat-Su on the Behavior Risk Factor Surveillance Survey (BRFSS) in 2014 and 2015 and data collected annually from mothers of three-year-olds on the CUBS. The Overcoming ACEs with Resilience Survey (OARS), conducted in 2023, focused on measuring ACEs, Protective and Compensatory Experiences (PACEs), and health outcomes from over 3,000 adults in Alaska. The survey response included 461 Mat-Su residents, though the data has not been analyzed by region. Additionally, the Youth Risk Behavior Survey (YRBS), collects data on risk and protective factors for high school and middle school youth, though the most recent data for Mat-Su is from 2019. The MSBSD also conducts an annual survey of parents and 6th through 12th graders on school climate and connectedness.

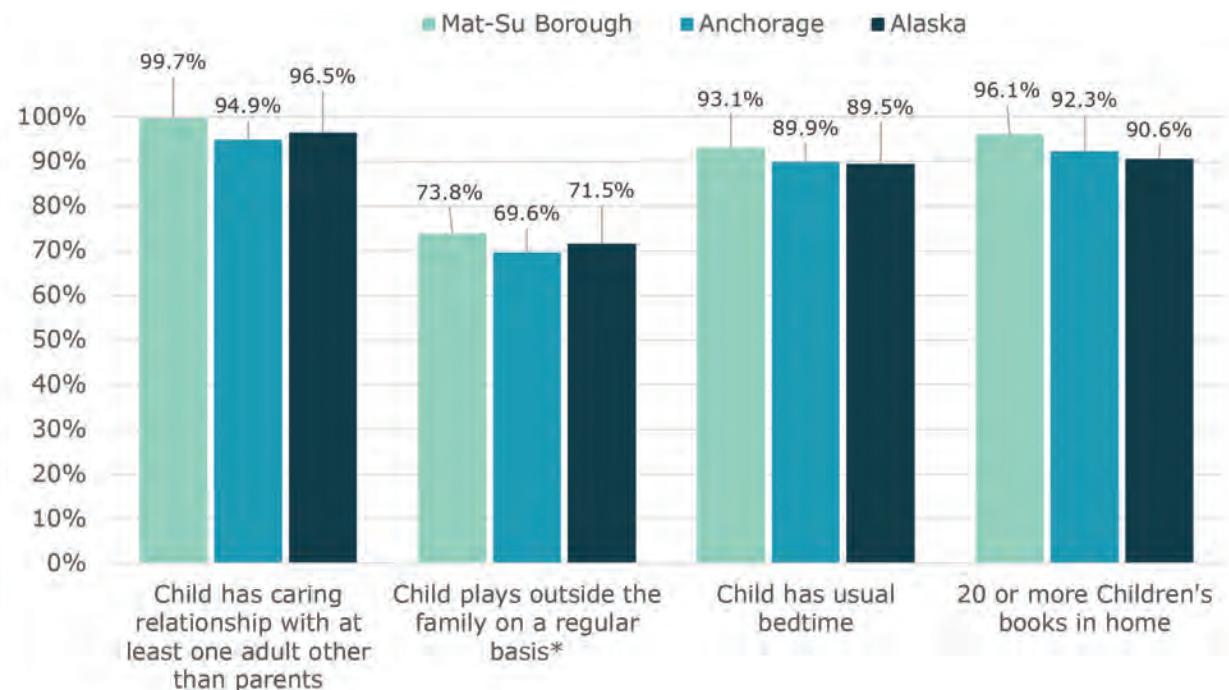
For the combined years of the 2014 and 2015 BRFSS, Mat-Su had the highest percentage of people reporting four or more ACEs of all public health regions at 20.7%. For Alaska overall, 17.9% of adults had reported four or more ACEs. There were 36.3% of adults in Mat-Su who reported zero ACEs, compared to 35.9% for the state of Alaska. More women than men experienced four or more ACEs at 20.1% compared to 15.9%, respectively. Alaska Native residents and residents identifying as other race/Hispanic also had disproportionately higher rates of four or more ACEs, 23.0% and 21.7% respectively, compared to 16.1% of White residents. There was an association between the expanded ACEs score and experiencing five or more poor physical health days in the past 30 days where people with ACEs scores of four or more were significantly more likely to report poor physical health days (28.9% compared to 11.2% for zero ACEs). The same was true for poor mental health days, where 33.5% of individuals with an ACEs score of four or more reported poor mental health days for five or more days in the past 30 days compared to 15.0% of people reporting zero ACEs. While the ACEs data from the BRFSS provides some insights to the prevalence and impacts of ACEs, it is ten years old and is limited to the experiences reported by adults (ranging in age from 18 to 65+) about their childhood.

The CUBs data does not provide an ACEs score but rather provides indicators for protective factors and childhood stressors at age three as well as maternal health, abuse, and stress. Most of these indicators are measured annually with the most recent data available being 2020 through 2022. Typically, data for Mat-Su from individual years should be interpreted with caution because of the smaller sample size and therefore most indicators are presented for the combined years 2020, 2021, and 2022.



Most three-year olds in the Mat-Su have a caring relationship with at least one adult other than their parents (Figure 56). Though significantly fewer three-year-olds play with others outside the family on a regular basis. This is lower for 2020-2022 than prior years likely because of COVID, 73.8% compared with 80.1% for 2017-2019. Most mothers of three-year-olds also report that their child has a regular bedtime and that they have access to more than 20 children's books, including library books, in the home.

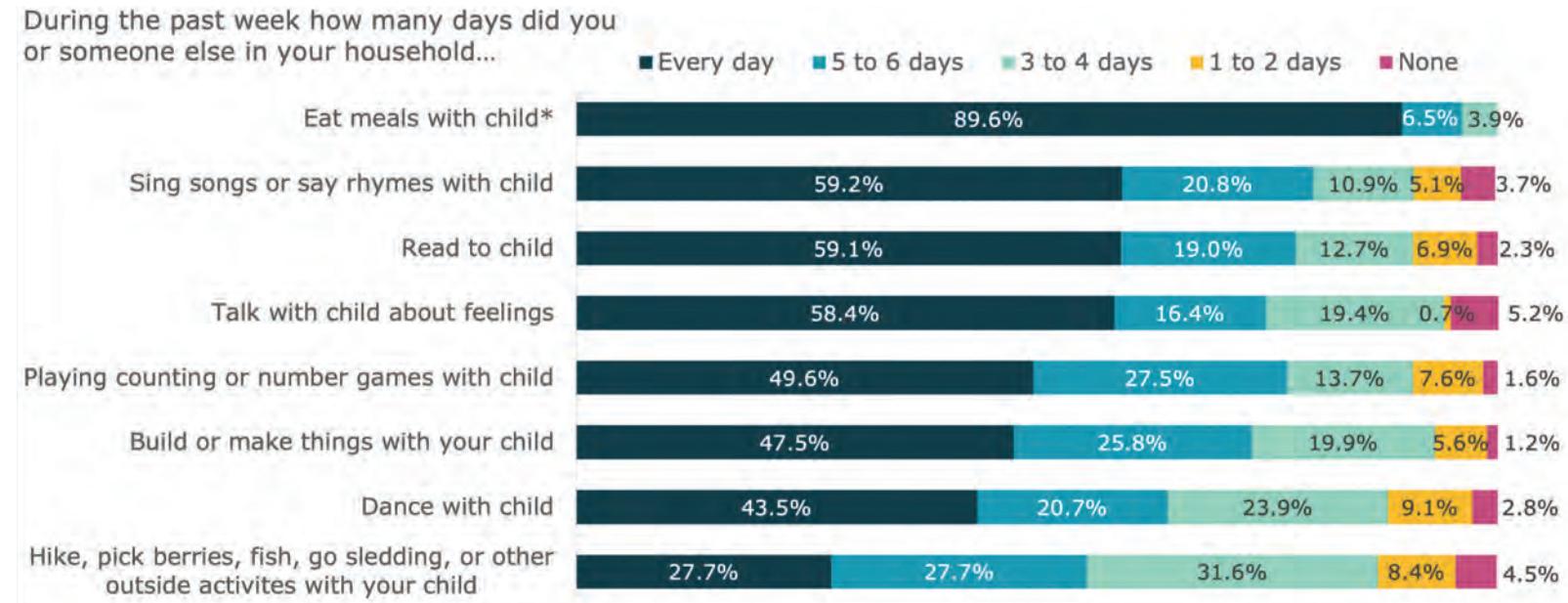
Figure 56: Presence of Protective Factors that Support Child Development, Mothers of Three-Year-Olds | Source: DOH, CUBS, 2020-2022



*This is lower for 2020-2022 than prior years likely because of COVID, e.g. for 2017-2019 the percentage was 80.1% for Mat-Su, 83.3% for Anchorage, and 80.9% for Alaska.

Mothers of three-year-olds were also asked how frequently they, or others in the household, engage in activities that support their child's development (Figure 57). Most mothers (89.6%) report that they or others in the household eat meals with their child every day. Around 60% of mothers report that they or others in the households sing songs or say rhymes, read, or talk about feelings with their child every day. Even fewer mothers reported that they or others play counting or number games (49.6%), build or make things (47.5%), or dance (43.5%) with their child every day. Less than one third of mothers or others in the household engaged in outside activities with their child every day (27.7%).

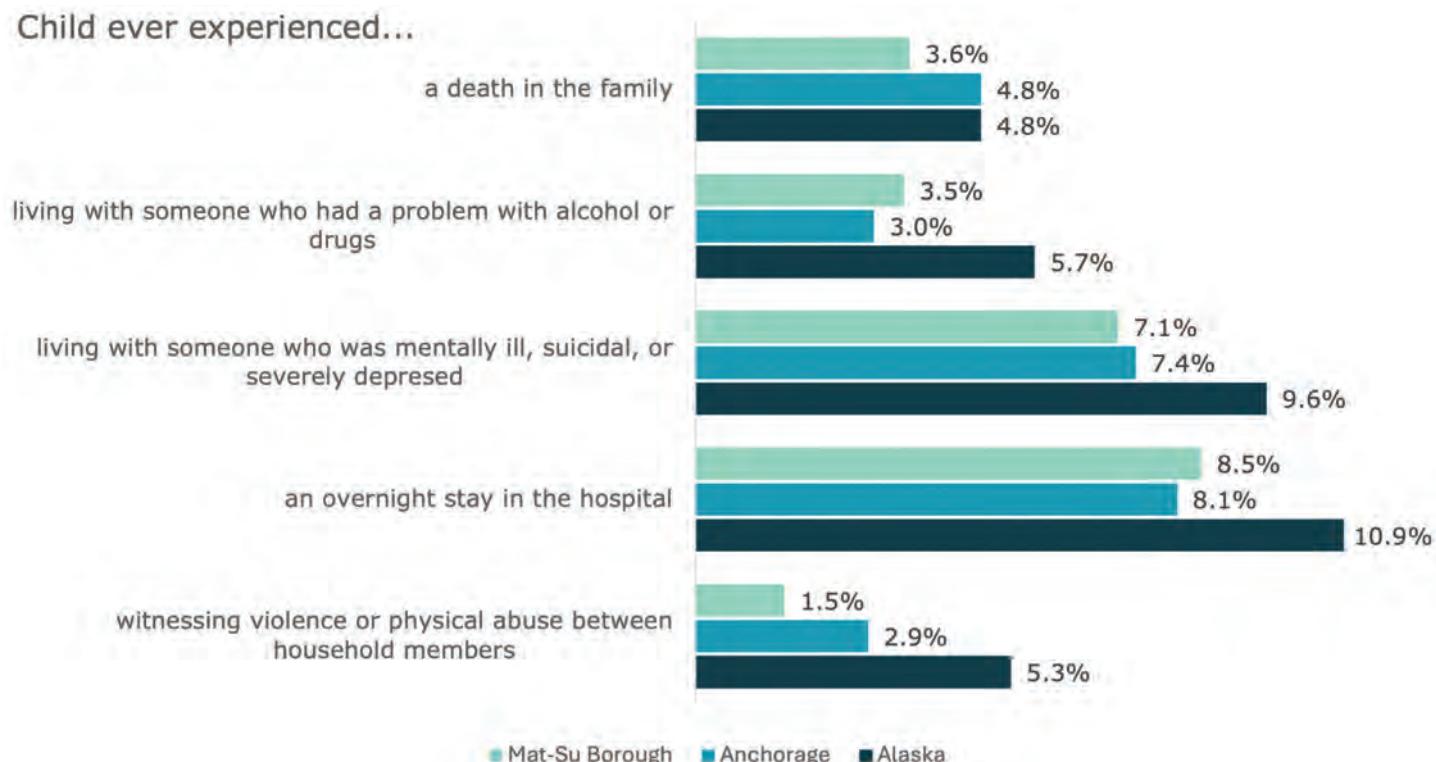
Figure 57: Frequency of Engagement Activities with Three-Year-Old by Mother or Someone Else in the Household, Mat-Su | Source: DOH, CUBS, 2020-2022



*This indicator used a scale of 0 to 2 days, 3 to 4 days, 5 to 6 days, every day. The response for 0 to 2 days was 0%.

Fewer three-year-olds in the Mat-Su have ever experienced certain childhood stressors compared to three-year-olds across Alaska (Figure 58). Around 4% of three-year-olds in Mat-Su had ever experienced the death of a family member, though this was highest in 2020 at 6.7% of three-year-olds. Regarding the presence of behavioral health concerns in the home, 3.5% of three-year-olds had ever lived with someone who had a problem with alcohol or drugs and 7.1% had ever lived with someone who was mentally ill, suicidal, or severely depressed. While caution should be used when comparing between years, the presence of both behavioral health concerns was quite a bit higher in 2022 than prior years. Around 1.5% of three-year-olds had ever witnessed violence or physical abuse between members of the household. A total of 8.5% of three-year-olds in Mat-Su had ever had to stay overnight at the hospital.

Figure 58: Experience of Childhood Stressors Birth to Three, Mothers of Three-Year-Olds | Source: DOH, CUBS, 2020-2022



Growing up in poverty is also considered an ACEs which exposes children to chronic stress. In the Mat-Su about one in 10 children live in poverty. Table 25 provides an annual estimate for the proportion of children living in poverty in Mat-Su, Anchorage, and Alaska from 2018 to 2023. There are disparities by race/ethnicity for the rates of children living in poverty (Table 26). The rate of poverty for Asian children (27.1%) and Alaska Native/American Indian children (22.6%) is about double the rate for the borough overall. Children who are Asian or Hispanic, or who identify as two or more races experience higher rates of poverty in Mat-Su than in Anchorage or Alaska. The rate of children living in poverty was lowest for Black and African American children living in Mat-Su.

Table 25: Children in Poverty, Percent | Source: U.S. Census, Small Area Income and Poverty Estimates (SAIPE), 2018-2023

	2018	2019	2020	2021	2022	2023
Mat-Su Borough	11.8	12.8	9.5	11.6	11.3	10.5
Anchorage	12.1	11	9	11.3	12.7	9.9
Alaska	14.5	13.2	12.3	13.5	13.4	12.5

Table 26: Children in Poverty by Race/Ethnicity, Percent | Source: U.S. Census Bureau, ACS, 5-year estimates, 2019 - 2023

	Mat-Su Borough	Anchorage	Alaska
Total Children in Poverty	12.6	11.3	12.5
Alaska Native/American Indian	22.6	19.1	23.9
Asian	27.1	12.2	11.9
Black and African American	0.4	8.3	7.2
Hispanic	15.0	11.7	12.2
Native Hawaiian and Other Pacific Islander	-	32.1	29.9
Single Other Race	11.4	13.1	10.4
Two or More Races	13.9	9.3	10.9
White	11.3	5.6	7.7

Childcare and Early Childhood Education

In both Mat-Su and Alaska, access to early childhood education (ECE) services are limited, and the gap between what families need and what is available has grown (Table 27). In Mat-Su, there were about 9,000 children under age six in 2022, with around half not needing care because an adult was at home. By 2025, the number of young children dropped slightly, but the share needing care increased, leaving more families searching for services. The capacity of licensed and approved ECE programs also declined, serving 31% of children in 2022 but only 22% in 2025. Alaska showed a similar pattern, with available services covering just 26% of children in 2025, leaving 36% without access.

The cost of licensed ECE remained very high in 2025, averaging over \$12,800 per year in Mat-Su, which equals about 12% of household income overall. For single parents, especially single mothers, the burden is much heavier, with ECE costs taking up nearly one-third of their income in Mat-Su. Overall, the data shows that many families continue to face major challenges in finding and affording quality childcare and early childhood education.

Table 27: Early Childhood Education Data, Mat-Su and Alaska | Source: thread Alaska, Alaska's Early Childhood Education Data Dashboard, 2022 & 2025

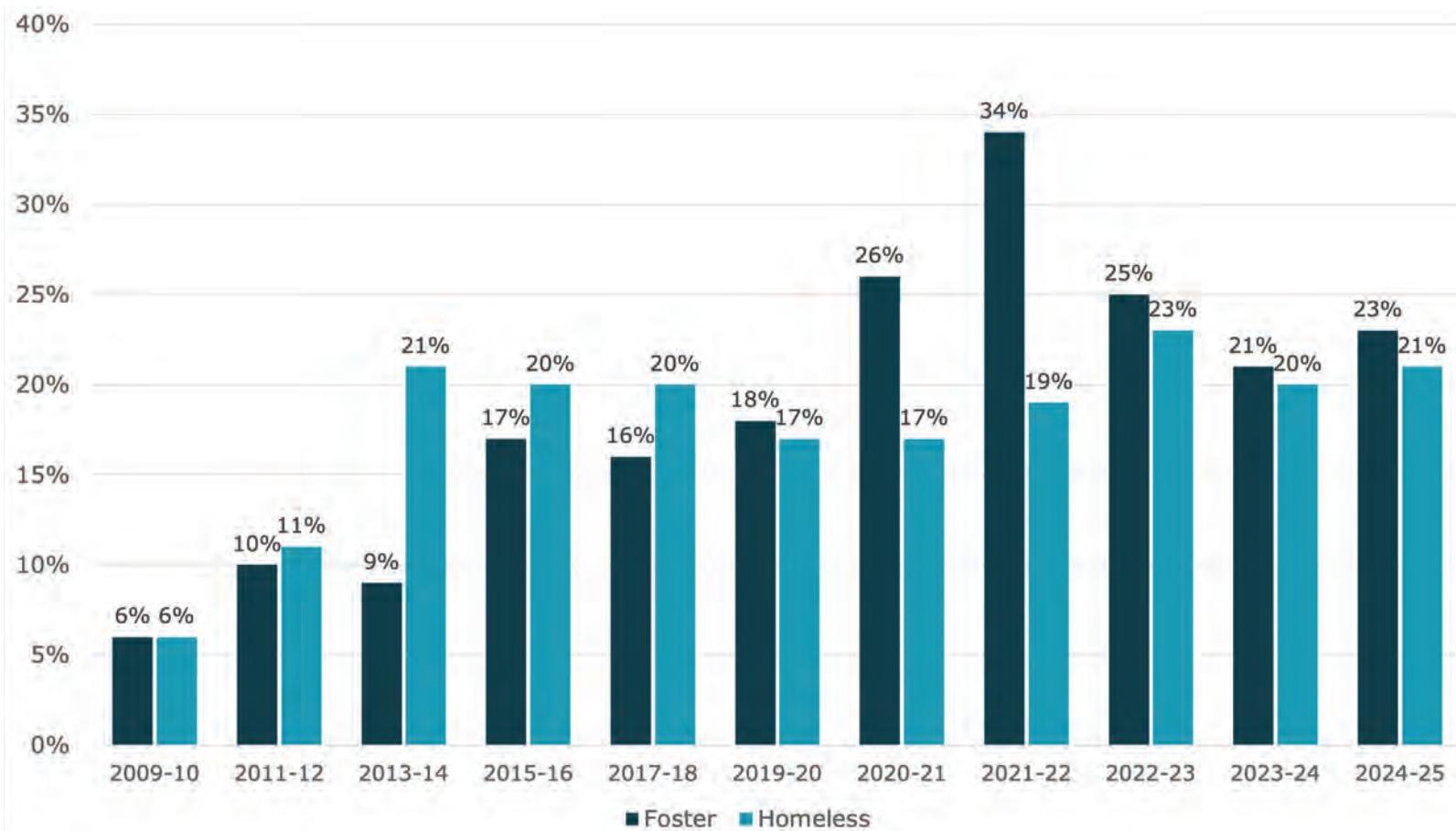
	Mat-Su Borough		Alaska	
	2022	2025	2022	2025
Population of Children Under 6 Years of Age				
Number of children	9,364	8,999	60,188	53,829
Children in Households with at Least One Adult Not in the Workforce				
Number of children	5,059	4,367	25,615	20,285
Percentage of children	54%	49%	43%	38%
Capacity in Quality ECE Services^a				
Number of children in licensed or approved early childhood education services	2,103	1,308	12,993	7,758
Number of children in public pre-k programs	495	499	3,988	3,023
Number of children in Head Start or Early Head Start programs	307	209	3,249	2,316
Number of children in military early childhood education services	0	0	1,139	915
Total number	2,905	2,016	21,369	14,012
Total percentage	31%	22%	36%	26%
Gap Between Need and Capacity^b				
Number of children	1,400	2,616	13,204	19,532
Percentage of children	15%	29%	22%	36%
School Readiness (% meeting 11 out of 13 AK Dev. Profile goals)				
Percentage of children	41%	31%	33%	31%
Cost of Licensed Early Childhood Education Services				
Average annual household cost*	\$15,139	\$12,800	\$13,775	\$16,274
Cost as a Percentage of Household Income				
All households	NA	12%	NA	15%
Married households	NA	10%	NA	13%
Single male households	NA	16%	NA	23%
Single female households	NA	32%	NA	34%

^a2025 data is based on Alaska Department of Health, 2020 and 2021 Alaska Childcare Market Price Survey ^bAccording to Thread, this is the difference between slots available and the number of children who live in households where all available caregivers are in the workforce. This is likely under estimating the need and the gap, because it makes an assumption that a parent not in the workforce is not in need of care. It is possible people are not in the workforce because they cannot find quality or affordable care.

Chapter 7: Early Childhood Experiences & Lifelong Learning | Positive & Adverse Childhood Experience

Among children enrolled in the local Head Start Program through CCS Early Learning, 23% were in foster care and 21% were considered homeless in the 2023-2024 school year. There was a dramatic increase in the percentage of kids in foster care enrolled at CCS Early Learning during the 2020-2021 and 2021-2022 school years.

Figure 59: Percentage of Children Enrolled at CCS Early Learning Who Are in Foster Care or Experiencing Homelessness | Source: CCS



Early childhood education supports children to develop social and emotional skills and prepare them for their kindergarten education. The percentage of children in the Mat-Su who are ready for kindergarten has fluctuated over the years (Figure 60). Kindergarten readiness peaked in the 2019-2020 school year for Mat-Su and Alaska. Typically, Mat-Su performs better than the state average on kindergarten readiness, though in more recent years Mat-Su has performed at or below the state average.

Figure 60: Kindergarten Readiness Over Time | Source: Kids Count Data Center



*Data was not collected in the 2020-21 school year.
All goals = met all 13 goals & Most goals = met 11 or 12 goals

Chapter 7: Early Childhood Experiences & Lifelong Learning | Positive & Adverse Childhood Experience

With increasing costs and limited capacity, it remains difficult for working families and caregivers to access quality childcare in the Mat-Su. The number of childcare centers per 1,000 population under 5 years old is lower in Mat-Su (3.7) than in Anchorage (4.4) but is similar to the state ratio of 3.7. CHRR, the 2025 Annual Data Release used data from 2010-2022 for this measure. From 2022 to 2025, the percentage of households with children in the home that experience inadequate access to childcare increased from 8% to 13% (Table 28). Parents or caregivers who identify as more than one race were 2.5 times more likely to have difficulty accessing quality childcare compared to White parents and caregivers, 27.2% versus 11.1% respectively. Additionally, more Connect Mat-Su Survey respondents in 2025 (18.8%) reported difficulty accessing quality childcare than in 2022 (12.1%).



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

Base: Children in Household

Table 28: Inadequate Access to Quality Childcare, Past 12 Month

Source: Mat-Su Household Survey, MSHF, 2022 & 2025

	2022 (n = 278)	2025 (n = 411)
Yes	8%	13%
No	89%	87%
Don't Know	2%	0%

Low-income families in the U.S. are more likely to be cost burdened by childcare, spending on average 31% of their income on childcare compared to high income families who spend about 6-8%. The U.S. Department of Health and Human Services caps the family copay limit for the Childcare Development Fund at 7% of household income, noting that amounts above that threshold pose barriers to childcare access.¹ They also acknowledge that 7% is still not affordable for a number of families participating in the CCDF. Working families and caregivers face difficult choices when they are burdened by high costs of childcare. The cost of childcare for a household with two children as a percentage of median household income in Mat-Su far exceeds the recommended proportion of income at 28.4% (Table 29).

Table 29: Childcare Cost Burden | Source: CHRR, 2025 Data Snapshot

	2023	2024
Mat-Su Borough	23%	28.4%
Anchorage	27%	38.1%
Alaska	25%	28.5%

Note: The CHRR 2025 Data Snapshot reports childcare cost burden as the cost of childcare for a household with two children as a percent of median household income based on data from 2023 and 2024. Caution should be used when comparing across years because there are variations in the data collection process and changes in underlying source data or methodologies year to year, in this case due to methods changes implemented by the Living Wage Institute for estimating child care costs.

¹ Department of Health and Human Services, 45 CFR Part 98, RIN 0970-AD02

Community Input | Focus Group Summary

Focus group participants expressed barriers particularly around childcare access and the affordability of after-school and enrichment activities. Childcare is frequently described as unaffordable or unavailable—especially during evenings or non-traditional hours—limiting parents' ability to work or attend educational programs themselves. Families note that playgrounds are locked, gyms are off-limits, and adult learning opportunities have largely disappeared.

"There is a lack of activities where parents can go during the day or where there is child care at night."

"We make decent money but still can't afford childcare—where is it all going?"

Community Input | Intercept Survey Summary

Childcare access was frequently cited as a major limiting factor for both employment and educational engagement. Respondents mentioned the lack of affordable, high-quality childcare options and noted the absence of facilities that operate during nontraditional hours. Single parents, families with children who have special needs, and people working multiple jobs highlighted how childcare shortages directly interfere with their ability to pursue personal development or training. Some called for larger daycare facilities or expanded after-school programs to help working families achieve stability.

"There's not enough access to childcare to enable me to work, there's limited economic opportunities."

Community Input | Connect Mat-Su Participant Survey Summary

Respondents reported major struggles accessing affordable, dependable childcare. For working parents—especially single parents and those with disabilities—childcare costs are a significant barrier to employment, medical appointments, and general stability. Childcare co-pays and the loss of Medicaid when working additional hours further complicate their ability to maintain health or to move out of poverty. Some are forced to choose between food, rent, and childcare, with devastating impacts on household resilience.

Several parents shared stories of working too few hours to meet bills while trying not to lose healthcare benefits, or being unable to work at all due to a lack of someone to care for their children or dependents with special needs.

Education and enrichment for children was also a concern. Some respondents worry about kids being left behind, especially those affected by the opioid crisis or living in unstable environments.

"Daycare co-pays due to job is unattainable. Run out of food in my household."

"Being a single parent is almost impossible to have a good quality and quantity of family time."

Elementary, Middle School, & High School Education

The percentage of students in the MSBSD who regularly attend school dropped from 74.3% for the 2015-2016 school year to 57.6% for the 2022-2023 school year (Table 30). Regular attendance means a student attended school for greater than 90 percent of the school days in which the student was enrolled. There was also a decline for Alaska over all in the same time period. Most 6th to 12th grade students who participated in the MSBSD School Climate and Connectedness Survey reported having strong support from caring adults and encouragement at school (Figure 61). Six out of 10 (60.4%) agreed that students are encouraged to do their best and 31.4% somewhat agreed. Over half (56.8%) agreed that teachers and adults believe all students can do good work and 32.4% somewhat agreed.

Table 30: Regular School Attendance, Mat-Su and Alaska

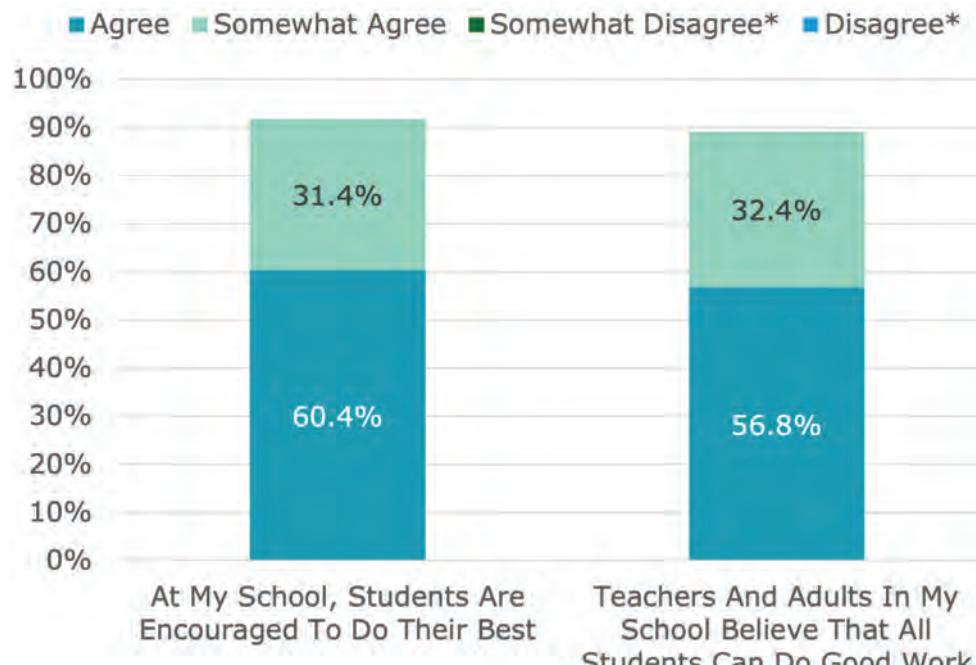
Source: Kids Count Data Center, 2015-2023

Timeframe	Mat-Su	Alaska
2015 - 2016	74.3%	73.6%
2016 - 2017	NA	NA
2017 - 2018	75.4%	73.9%
2018 - 2019	61.7%	71.0%
2019 - 2020	-	-
2020 - 2021	66.7%	77.7%
2021 - 2022	49.2%	51.4%
2022 - 2023	57.6%	55.0%



Figure 61: Student Support, Grades 6-12 Matanuska-Susitna Borough School District

Source: MSBSD, School Climate and Connectedness Survey, 2025

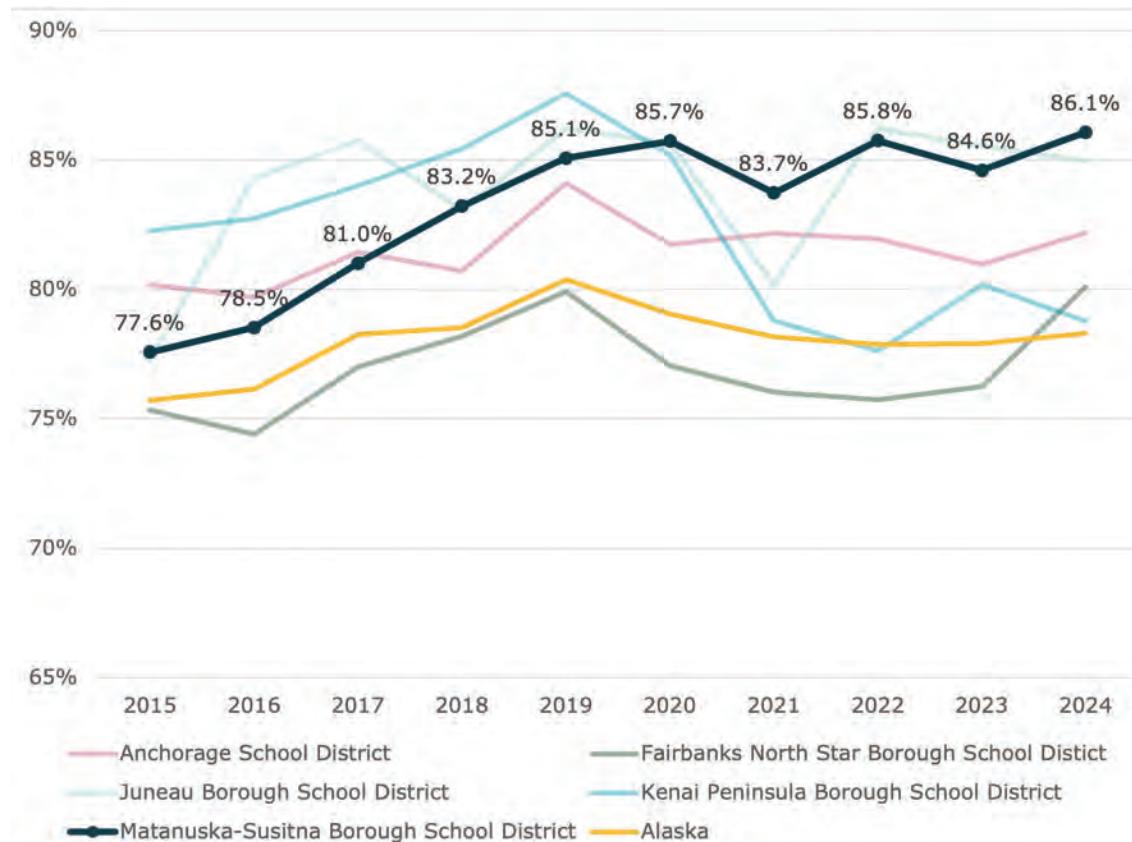


*Somewhat Disagree and Disagree responses are not displayed. Together they total 8.2%.

Despite declining school attendance, high school graduation rates in the Mat-Su Borough remain high and above the state average. Graduation rates for MSBSD increased by 8.5% from 2015 to 2024 (Figure 62). Compared to the other four large districts, Mat-Su is now the leading district for graduation rates. There was a slight decline in graduation rates in 2021 during COVID, but MSBSD saw a much smaller decline than Juneau Borough and Kenai Peninsula Borough School Districts. In 2024, graduation rates by school ranged from 72.7% to 100%, with six Mat-Su schools performing above the district rate (Table 31). Additionally, in Mat-Su, 94.3% of adults over the age of 25 have a high school diploma or equivalent, also known as high school completion rate (Figure 63). The rate for Mat-Su increased slightly over five years and is now higher than the rate for Anchorage and the state overall. The high school completion rate is above the high school graduation rate, which indicates that people who did not graduate high school are going on to get

Figure 62: High School Graduation Rate, "Big 5 Districts" and Alaska

Source: State of Alaska Geoportal, High School Graduation Rate: Four Years, 2015-2024



Chapter 7: Early Childhood Experiences & Lifelong Learning

Elementary, Middle School, & High School Education

Table 31: High School Graduation Rates by Mat-Su School, 2024

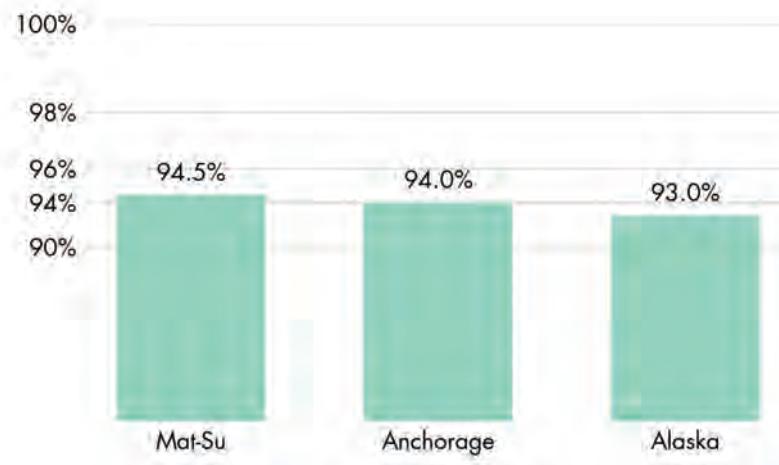
Source: State of Alaska Geoportal, High School Graduation Rate: Four Years

Mat-Su Schools	Graduation Rate
Mat-Su Middle College School	100.0%
Mat-Su Career & Tech Ed High School	98.1%
Colony High School	95.9%
Twindly Bridge Charter School	95.0%
Wasilla High School	90.1%
Houston High School	89.8%
Mat-Su Borough School District	86.1%
Burchell High School	84.0%
Palmer High School	82.8%
Valley Pathways	82.8%
Joe Redington Senior Jr/Sr High School	82.0%
Susitna Valley High	74.1%
Mat-Su Central School	72.7%
American Charter Academy	*
Glacier View School	*
Knik Charter Correspondence School	*
Knik Charter School	*
Mat-Su Youth Facility	*
Mat-Su Day School	*

*Suppressed, graduating student population below 10.



Figure 63: High School Completion Rate | Source: CHRR, 2025 Data Snapshot



From 2011 to 2023, the percentage of young adults aged 18 to 24 enrolled in college in the Mat-Su Borough stayed fairly steady (Table 32). In the earlier years, about 21% to 22% of young adults were enrolled, with the number reaching as high as 1,936 students between 2016 and 2020. However, by 2019 to 2023, enrollment dropped to 17%, or about 1,518 students. Across Alaska as a whole, the trend was similar, starting at 26% in 2011 to 2015 and slowly decreasing to 21% by 2019 to 2023. This shows that while Mat-Su's enrollment has usually been slightly lower than the state average, both the borough and Alaska overall have seen fewer young adults attending college in recent years.

Table 32: Young Adults Enrolled in College | Source: Kids Count, 2011-2023

Timeframe	Date Format	Mat-Su Number	Mat-Su Percent	Alaska Number	Alaska Percent
2011 - 2015	Percent	1,821	21%	21,085	26%
2012 - 2016	Percent	1,786	20%	19,650	25%
2013 - 2017	Percent	1,896	21%	19,416	25%
2014 - 2018	Percent	1,920	22%	17,965	24%
2015 - 2019	Percent	1,787	20%	17,007	24%
2016 - 2020	Percent	1,936	22%	16,597	24%
2017 - 2021	Percent	1,759	21%	16,408	24%
2018 - 2022	Percent	1,662	19%	14,319	22%
2019 - 2023	Percent	1,518	17%	14,325	21%

Community Input | Focus Group

Across the Mat-Su region, residents consistently emphasize the importance of accessible, flexible, and community-centered learning environments. On the positive side, many youth and families expressed appreciation for supportive educational spaces like Mat-Su College, Youth 360, and the public libraries. These spaces are seen as welcoming, personal, and sometimes the only place where individuals feel a true sense of belonging. Youth programs like Thrive Mat-Su and cultural learning opportunities, such as the Native Youth Olympics, also received praise for creating hands-on, inclusive experiences that foster peer support, physical activity, and personal growth.

Students and caregivers expressed frustration with academic pressures, such as mandatory AP classes, and a lack of practical life skills education, including insurance literacy, job readiness, financial planning, and online safety. There was also a strong interest and call for the return of the community school model that blend intergenerational learning, vocational skills, and cultural education in accessible formats.

“This is the third college I’ve attended, and the best—because it’s smaller and professors give out personal numbers and help with everything.”

“The staff and faculty go out of their way to help with resumes, essays... you feel like family here.”

“They used to have community schools where you could go to the gym or take classes—now it’s all locked up.”

Community Input

“Used to do volleyball and art classes for all ages... pay for materials if needed, but otherwise it was free.”

“Maybe a class on insurance—understanding what it means and how to use it as a young adult.”

“Out in the village they teach trapping and hunting—would love to see that for kids and families here.”

“AP classes are supposed to be advanced placement—why are they required to graduate?”

“Some people just don’t fit in traditional classrooms... we need more creative opportunities, more color and life.”

“There needs to be more options besides college—more trade programs, apprenticeships, things that lead to a real job.”

“It’s hard to go back to school when you’re barely surviving day to day. Who has time or gas money?”

Community Input | Intercept Survey

Survey participants expressed a deep need for better access to educational opportunities, workforce training, and support for lifelong learning, particularly for adults juggling multiple jobs or caregiving responsibilities. Many respondents indicated a desire to participate in community meetings, pursue continuing education, or access job training but reported significant barriers such as time constraints, lack of transportation, limited income, and minimal availability of local programs. A recurring theme was that people want to improve their lives through education and training but are often prevented from doing so by external structural barriers.

There was a strong interest for skill-building opportunities, especially those that lead to more sustainable job options or help bridge gaps in experience for young adults and single parents. Respondents suggested the community would benefit from more manufacturing jobs, better support for trades, and community-based gyms or centers that could host learning and wellness programs. A few mentioned an interest in government, volunteering, or leadership training but said they lacked the knowledge or time to get involved.

“More job/career opportunities for single moms as well as more affordable after school programs.”

“Students often struggle to have reliable transportation/living conditions.”

“More job opportunities for inexperienced young adults.”

Community Input | Connect Mat-Su Participant Survey

Opportunities for continuing education or retraining are available but often inaccessible due to poor follow-through, system delays, or conflicting requirements. One respondent described being ghosted after completing a job training program that promised further placement or education support. Others feel pressure to accept low-wage jobs immediately instead of pursuing more meaningful, long-term career pathways.

"Went to the employment office where they have a program for medical training... never happened. Completely ghosted."

"Trying to go to training... but feel pressured to take interviews just to get UI to survive."



The background image is an aerial photograph of a suburban or industrial area. It features a multi-lane highway curving through the center. On either side of the highway are large, modern industrial buildings with flat roofs and extensive parking lots filled with cars. A lake is visible in the lower right corner. The surrounding terrain is a mix of green trees and some open land. The overall scene suggests a developed, possibly tech-oriented, community.

Chapter 8



Meaningful Work & Wealth

Foreword by Ryan Romans | Director of Population Health, Sunshine Community Health Center, Inc.

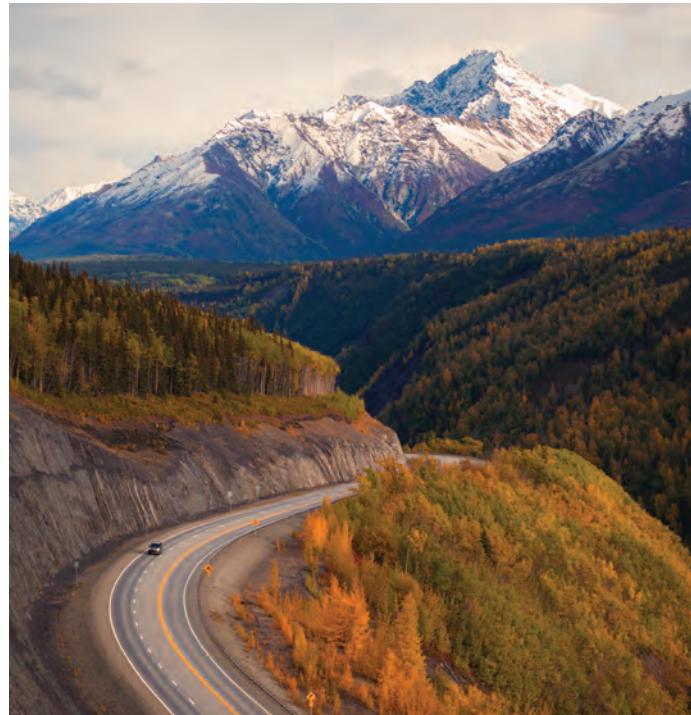
In the Mat-Su Borough, the decision to live rurally is usually about more than geographic preference. Rural and remote Mat-Su communities are rich in often under-valued assets like cultural knowledge, resourcefulness, intergenerational connections, resilience, and an innate understanding of balance between people and land, work and recreation, tradition and innovation. Yet, the very geography that offers peace, adventure, and solitude also imposes logistical and financial burdens. The cost of choosing to dwell in a rural place is not just in the higher cost for basic needs, or longer drive times, it is reduced access to career progression, fewer chances for lateral or upward mobility, and limited pathways to work that feels meaningful and sustaining.

What does it look like to live, work, eat, play, connect, and even thrive in a rural or remote Alaskan community? For residents in the Mat-Su Borough, meaningful work is often about more than earning a paycheck, it is about being able to live in your chosen place, care for a family with stability, and contribute to the social and economic wealth of the community. These characteristics shape how we access job opportunities, and the well-being of those that reside in the communities that make up our borough also includes the ability to attain medical and non-medical health related services, the quality of infrastructure, and the strength of community ties in a place so vast.

Here in the Mat-Su, our rural workforce often finds itself at a crossroads. Economic stability comes with significant trade-offs, most notably the sacrifice of time: Time lost in long commutes due to the scarcity of local jobs. Time spent away from children, supportive partners and community engagement. Time diverted from education or self-improvement due to the pressures of subsistence. The daily negotiations between time and money, distance and opportunity are defining features of what it means to have work and wealth enough to sustain life balance without taking a toll on your health.

Opportunities for income and self-employment are made from necessity in rural areas. With the rise of technological platforms and remote working options, rural residents can now access broader markets, offer freelance services, or launch small businesses without relocating to the urban environment, or commuting to the larger populous. This shift empowers individuals to diversify their income while reducing dependence on traditional markets and stimulates local economic development. However, challenges like limited internet access, financial resources, business support infrastructure still need to be addressed to fully unlock the potential of gig economy work and rural entrepreneurship.

The resilience of community members can be depicted by highlighting some of the local economy that exists within the Upper Susitna Valley. Whether you are stopping by the roadside stand in Trapper Creek to grab a loaf of Sourdough bread, or decorating your home with local artistry, each individual shares the unique commonality of turning rural living hobbies and passions into economic support and mutual benefit and enjoyment of their creative outlets.



Introduction

Meaningful work, wealth, and community health are all connected and affect each other in important ways. When people have meaningful jobs—work that they enjoy, that uses their skills, and that makes a difference—they are more likely to feel satisfied and less stressed. Having a meaningful job also helps people earn steady incomes and find chances to move up in their careers. This allows families to build wealth, rely less on government help, and spend more on important things like education, housing, and healthcare. Communities where many people have meaningful, good-paying jobs usually have less poverty, better healthcare services, and lower rates of sickness and substance misuse. On the other hand, places where people struggle to find meaningful work and fair pay often see more health problems, lower trust among neighbors, and shorter life spans.

Economic Mobility

Meaningful work and wealth are important to fostering economic mobility, as they provide both the immediate and long-term resources individuals need to improve their economic standing. Jobs that offer stability, growth potential, and alignment with personal values encourage higher levels of engagement and productivity, which in turn increase earning potential and open doors to better opportunities. According to *Mobility Experiences*, obtaining a first full-time job that offers opportunities for advancement can increase lifetime income by 24% and receiving job or skills training can increase lifetime income by 19%. Additionally, having manageable student debts increases lifetime income by an average of 5%.

Wealth, on the other hand, plays a crucial role in sustaining and accelerating economic mobility across generations. Unlike income, which is often limited to short-term needs, wealth provides a financial cushion that allows individuals and families to weather times of instability and invest in education, homeownership, business ventures, and retirement security. These investments are key levers for economic advancement and create pathways for future generations to achieve a higher standard of living.

Belonging and Civic Muscle

When people have work that feels important and pays enough to meet their needs, they feel proud and valued. This makes it easier for them to build friendships, take part in community events, and feel like they truly belong where they live and work. Social capital, i.e., strong social connections and professional networks, helps people find resources and support that can lead to higher income and more stable jobs. Also, inclusive spaces with no or low cost to participate support economic connectedness (i.e., cross-class interaction), which improves upward mobility. When people are not stressed about money or working multiple jobs just to get by, they can focus on things like spending time with family and friends, volunteering, attending local meetings, or helping neighbors. This builds civic muscle because it gives people the power to work with others, solve problems, and make positive changes where they live.

Key Data Insights

Mat-Su, now the second most populous borough in Alaska, has seen consistent growth in population and job count for more than 40 years.¹ Even through the COVID-19 pandemic, when the state and Anchorage lost a significant number of jobs, the Mat-Su lost only 1% of its jobs and recovered quickly. While the Mat-Su economy is still strongly connected with the Anchorage economy, the borough continues to provide more of its own resources as it grows. The local resources generate more economic activity and decrease reliance on services outside the region, also known as import substitution. For example, one of the main industries in the Mat-Su is healthcare, which Alaska Economic Trends reports grew by 74% in a decade. Residents have more access to healthcare locally than before and have less need to drive to Anchorage for care. This was supported by many individuals in the focus groups noting that they can meet most of their medical needs locally, only going to Anchorage for certain specialty appointments.

However, despite this growth, the main export of the Mat-Su remains to be its workforce. In 2021, 84% of Alaskans worked in the area where they live, in Mat-Su only 58% of residents worked locally.² The largest percent of Mat-Su residents working outside the borough, around 28%, commute to Anchorage for work. The remaining 13% working outside the Mat-Su are spread across at least 22 other boroughs and census areas in Alaska, including the North Slope (5% of Mat-Su workers). The industries with the highest proportion of Mat-Su to Anchorage commuters in 2021 were Healthcare and Social Assistance (16.8%), Construction (13.0%), Transportation and Warehousing (9.5%), and State Government (9.2%).

As a result of the high percentage of workers commuting to Anchorage or across areas of the large borough, Mat-Su workers have the highest average commute times in the State, an average of 35 minutes (Table 33). Of areas in the Mat-Su, residents in Houston have the longest commutes at an average of 42 minutes followed by residents of Western/Knik Arm at an average 39.6 minutes. Additionally, a higher proportion of workers from these areas travel over 60 minutes to get to work. Longer commute times can negatively impact physical and mental health, as well as quality of life.

“Now we can see community providers for veteran care and not drive to Anchorage for everything.”

“Even back in 2016 everything was in Anchorage; now autoimmune and surgical care are available here.”

¹ Alaska Economic Trends (June 2023), The Resilient Mat-Su Borough, p. 9-18.

² Alaska Economic Trends (December 2023), Commutes Look Different in Alaska, p10-13, 22.

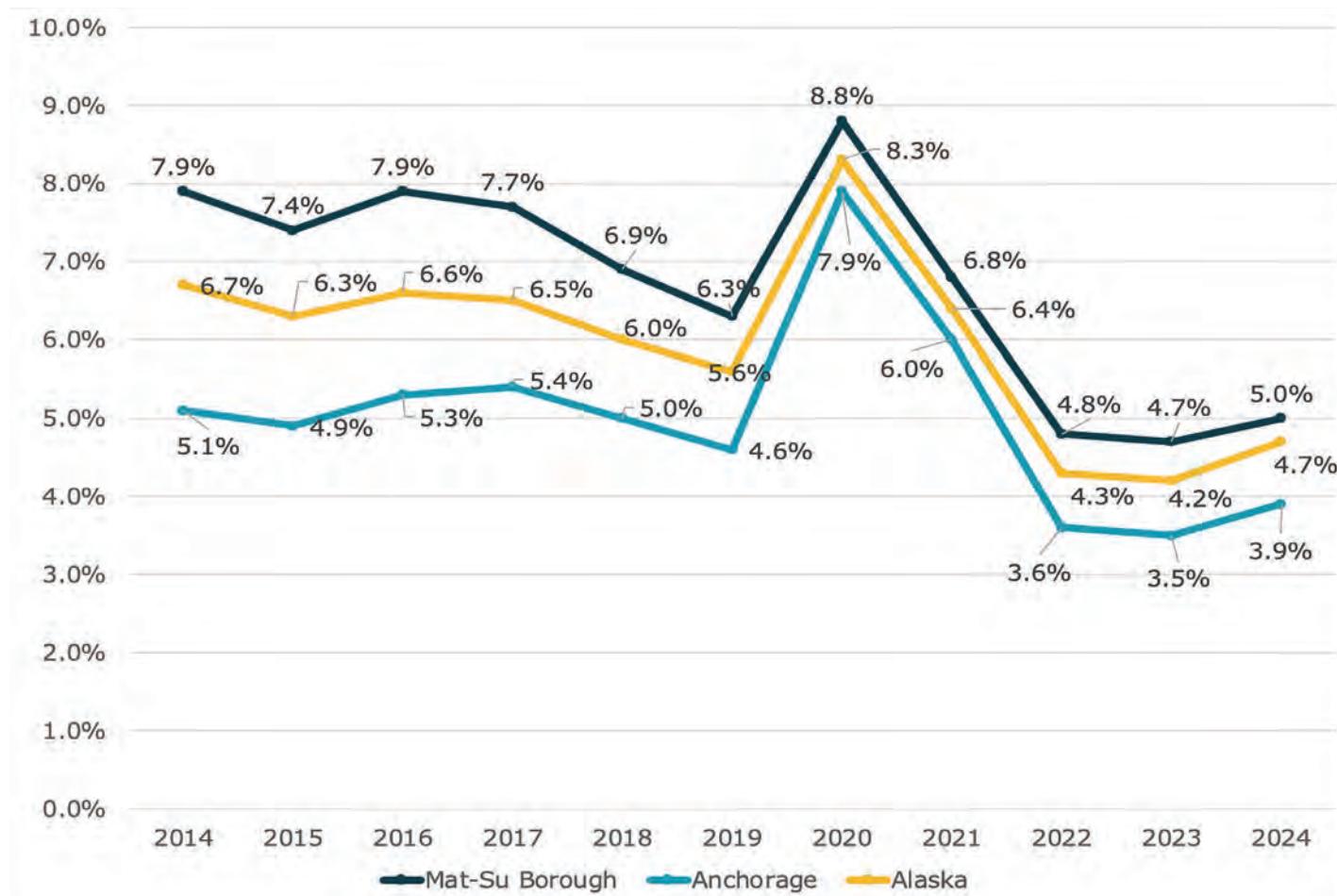
Table 33: Travel Time to Work, 2025 | Source: Claritas Environics, 2025

	Average Travel Time to Work	% Spending > 60 Travel Minutes
Upper Su	35.5	21.6%
Glenn Highway	32.0	23.5%
Western/Knik Arm	39.6	24.7%
West Outer Core	36.5	20.7%
East Outer Core	35.1	15.7%
Core Area	32.0	12.2%
Houston	42.0	26.1%
Palmer	30.0	10.3%
Wasilla	32.0	13.0%
Mat-Su Borough	35.0	16.9%
Anchorage	21.0	3.3%
Alaska	21.0	5.0%

Employment Status

Unemployment and poverty often create a cycle that makes it very difficult for people to find meaningful work and build wealth. According to the Bureau of Labor Statistics, in 2024, there were an estimated 53,13 people in the labor force, aged 16 and older, in Mat-Su of which 95% were employed and 5% were unemployed. Over the last decade, Mat-Su has consistently had a higher unemployment rate than Anchorage and Alaska (Figure 64). There were an estimated 11,111 people in Mat-Su with income below poverty level between 2019 and 2023. Of the people living below poverty who were of working age (aged 16 and older), a total of 33.5% were employed either part-time or full-time (Table 34).

Figure 64: Unemployment Rates, 2014 - 2024 | Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014 - 2024



Chapter 8: Meaningful Work & Wealth | Key Data Insights

Table 34: Percent of Population with Income Below Poverty that is Employed | Source: U.S. Census Bureau, ACS 5-year Estimates, 2019-2023

	Worked full-time last 12 months	Worked part-time last 12 months	Did not work last 12 months
Mat-Su Borough	8.7%	24.8%	66.5%
Anchorage	7.8%	36.2%	56.1%
Alaska	9.7%	37.0%	53.3%

People with disabilities have been historically marginalized from being able to access meaningful work. People with disabilities continue to face barriers to employment that can contribute to higher rates of unemployment or underemployment. In the Mat-Su, there is a slightly higher proportion of people aged 18 to 64 in the workforce who have a disability, 7.9% compared to 7.3% in Anchorage and 6.5% for Alaska. Unlike the unemployment rate of the overall population, the unemployment rate of people with disabilities aged 18 to 64 is lower for Mat-Su than Anchorage or Alaska. However, when compared to the unemployment rate for the overall population 16 and older people with disabilities have a higher unemployment rate.

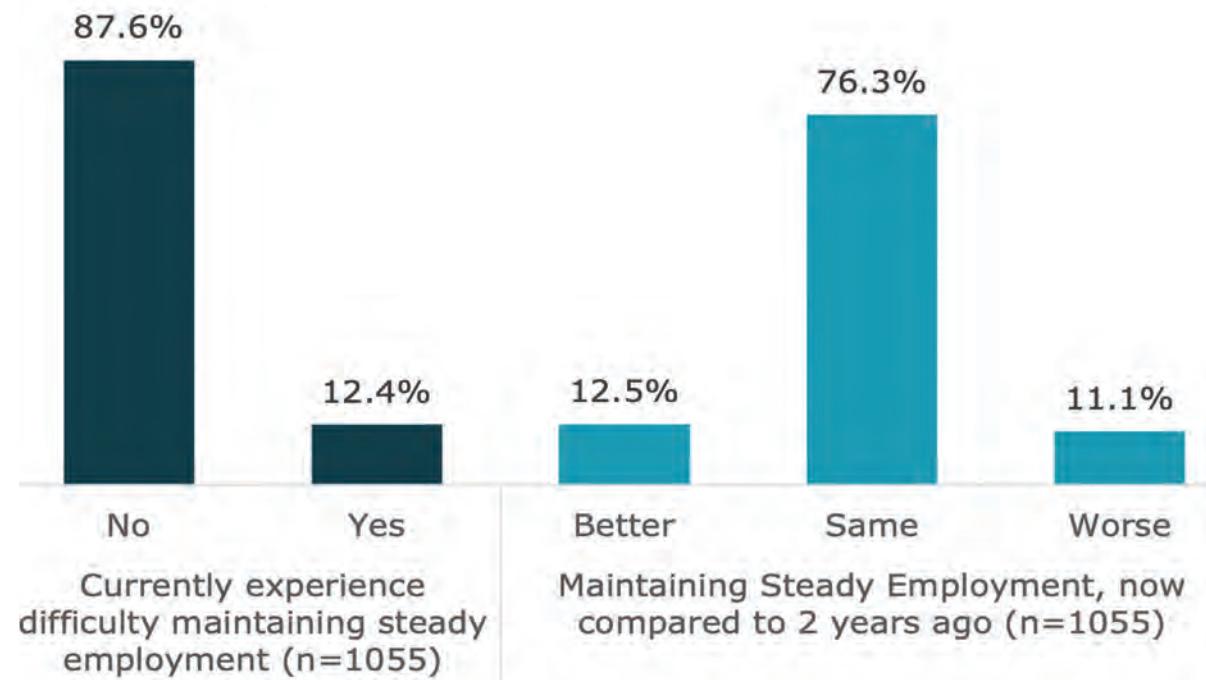
Table 35: Employment and Disability Status | Source: U.S. Census Bureau, ACS 5-year Estimates, 2019-2023

	% of employed people aged 18 to 64 with a disability	% of unemployed people aged 18 to 64 with a disability	People with disabilities unemployment rate
Mat-Su Borough	7.9%	15.8%	11.3%
Anchorage	7.3%	16.7%	12.1%
Alaska	6.5%	18.4%	11.7%

From the Mat-Su Household Survey, 12.4% of residents had difficulty maintaining steady employment in the prior 12 months (Figure 65). Residents who live in the outer core (17.0%) were significantly more likely to experience difficulty maintaining steady employment compared to those in the central core (10.0%) and rural/remote areas (11.0%). Residents with a high school diploma/GED or less (17.9%) are twice as likely to have difficulty maintaining steady employment compared to college graduates (8.8%). The percentage of residents having difficulty with employment decreased as income increased, where residents with household incomes below \$50,000 (28.2%) were three times more likely to have difficulty maintaining steady employment than residents with incomes of \$50,000 - \$100,000 (8.9%) and five times more likely than those with incomes of \$100,000 or greater (5.3%).

Single males (16.2%), single females (18.0%), residents identifying as two or more races (26.0%), and residents living below poverty level were also more likely to have difficulty maintain steady employment. Respondents were also asked to reflect on their situation two years ago, if maintaining steady employment had gotten better, stayed the same, or gotten worse, also displayed in Figure 65. While most respondents noted no change, 12.5% of respondents said it had gotten better and 11.1% said it had gotten worse for them. There were differences between the experiences of certain groups, some were more likely to say it had gotten better, like newer residents to the Mat-Su (20.6%) and residents aged 18 to 34 (20.8%). Others were more likely than average to indicate maintaining steady employment had gotten worse: residents with 4 or more children (23.9%), one person households (16.8%), single males (16.1%), residents indicating that they are gay/lesbian (18.6%), residents identifying as other/two or more races (18.0%), and residents with household incomes below the poverty level (31.4%). Additionally, 32.6% of respondents to the Connect Mat-Su participant survey said they were currently having difficulty maintain steady employment.

Figure 65: Residents' Experience Maintaining Steady Employment | Source: Mat-Su Household Survey, MSHF, 2025



Community Input | Focus Group Survey

While jobs are available in tourism, retail, and small businesses, most positions are low-wage, seasonal, or lack benefits. Residents highlighted that structural barriers—like limited childcare, unreliable transportation, and rigid work schedules—make it even harder to keep steady employment. Young people face especially limited opportunities, with few jobs open to teens under 18, and many young adults cannot afford to move out on their own. These challenges contribute to a growing wealth gap, where households with assets or dual incomes can get by, while others remain stuck in cycles of underemployment and financial hardship.

Community Input

“There aren’t many jobs out here unless you want to drive to Anchorage every day.”

“Everything is online now and if the system flags your application, no one even sees it. You’re automatically out.”

“I like that people around here support each other and share job leads.”

“Jobs don’t accommodate parents. If you ask for time off for your kid, you’re on the chopping block.”

“There are more jobs now than when I first moved here, especially in healthcare.”

“Adult education classes really helped me get the skills to find a better job.”

“Good jobs want a resume with five degrees and ten years’ experience for \$18 an hour. It’s ridiculous.”

“It’s easier to get training for new careers without having to leave the valley.”

“I can see a future here where my kids can grow up and find work without leaving town.”

Community Input | Intercept Survey

Many residents emphasized a shortage of stable, full-time jobs with livable wages, particularly outside tourism and resource-based industries. Barriers such as limited childcare, unreliable transportation, and accessibility challenges prevent some people, especially single parents and those with disabilities, from participating fully in the workforce. Respondents expressed a strong desire for more year-round, diverse employment opportunities, including trade, manufacturing, and small business growth, as well as programs that connect job training directly to employment.

Community Input

“I’m running out of money, more ways to make money in Palmer would be nice.”

“I’m a disabled veteran, so my income opportunities are directly limited. The economy is based primarily tourism and resource development which limits income and wealth building opportunity across all economic state rises.”

“There’s not enough access to child care to enable me to work, there’s limited economic opportunities.”

“More supported employment opportunities.”

“More job/career opportunities for single moms as well as more affordable after school programs.”

“More job opportunities for inexperienced young adults.”

“More accessible employment.”

Community Input | Connect Mat-Su Participant Survey

Finding stable, well-paying jobs remains a major challenge for residents. Many positions are limited, seasonal, or do not offer benefits, making it difficult to achieve steady employment. Structural barriers such as unreliable transportation, limited childcare, and minimal local job options further restrict access to sufficient work hours. Even when job training programs exist, respondents noted that actual job placement and career advancement are often elusive, leaving families without clear paths to economic stability.

Community Input

“I would prefer to have a full-time job.”

“There’s not enough access to childcare to enable me to work.”

“Limited local job opportunities, especially outside tourism and resource development, restrict economic growth.”

“More year-round job opportunities and manufacturing jobs are needed.”

“The lack of affordable childcare and reliable transportation limits workforce participation.”

Income and Wages

Income from meaningful work is important because it's not just about money; it's about providing a way for people to feel valued and secure. This income is what allows people to build wealth over time, giving them the freedom to make choices for their families, which in turn leads to a better quality of life. As the Mat-Su population and economy have grown, so has per capita income, which rose by 31% far outpacing Anchorage (20%) and Alaska overall (6%) (Table 36). However, the per capita income for Mat-Su remains lower than Anchorage. As a result, commuting to Anchorage to earn higher income is still a viable option for many workers. Additionally, Mat-Su is among only a few places in Alaska that has a net inflow of personal income because a number of residents commute out of the borough for work and many other places in Alaska have a large number of nonresident workers.³

Table 36: Per Capita Income | Source: U.S. Census Bureau, ACS 5-year Estimates, 2016-2020 & 2019-2023

	2016-2020	2019-2023	Percentage Increase
Mat-Su Borough	\$31,963	\$41,942	31%
Anchorage	\$41,127	\$49,338	20%
Alaska	\$37,094	\$39,236	6%

³ Alaska Economic Trends (June 2023), The Resilient Mat-Su Borough, p.9-13, 22.



Chapter 8: Meaningful Work & Wealth | Income and Wages

The median household income in Mat-Su is \$90,649, lower than Anchorage and Alaska (Table 37). There are also regional disparities within Mat-Su, with sub-regions such as the East Outer Core (\$100,718) and West Outer Core (\$96,763) having median household incomes much higher than areas like Glenn Highway (\$64,661), Upper Su (\$64,007) and Houston (\$57,615).

Table 37: Median Household Income by Sub-region, 2025 | Source: Claritas Environics, 2025

	Median Household Income
Upper Su	\$64,007
Glenn Highway	\$64,661
Western/Knik Arm	\$80,002
West Outer Core	\$96,763
East Outer Core	\$100,718
Core Area	\$92,430
Houston	\$57,615
Palmer	\$83,348
Wasilla	\$71,946
Mat-Su Borough	\$90,649
Anchorage	\$104,014
Alaska	\$94,011

Gender Pay Gap is a ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." A pay disparity can be indicative of structural barriers in accessing higher paying positions, which impacts earning potential and opportunities to build wealth. The gender pay gap remains a significant issue in Mat-Su, where women earn only 78 cents on the dollar compared to men, a rate lower than Anchorage and Alaska overall (both at 87 cents). Although women's median earnings in Mat-Su have increased from \$49,175 in 2022 to \$58,202 in 2025, they still trail behind men's earnings in the area and women's earnings in Anchorage and Alaska.

Table 38. Gender Pay Gap, 2020 - 2023 | Source: CHRR

	2020	2021	2022	2023
Mat-Su Borough	\$0.75	\$0.76	\$0.75	\$0.78
Women's Median Earnings	\$49,175	\$53,048	\$55,900	\$58,202
Men's Median Earnings	\$65,171	\$69,705	\$75,030	\$74,572
Anchorage	\$0.85	\$0.85	\$0.85	\$0.87
Women's Median Earnings	\$52,529	\$54,927	\$58,995	\$62,216
Men's Median Earnings	\$61,504	\$64,390	\$69,019	\$71,132
Alaska	\$0.85	\$0.85	\$0.85	\$0.87
Women's Median Earnings	\$51,273	\$53,722	\$57,815	\$60,325
Men's Median Earnings	\$61,539	\$64,397	\$69,353	\$70,700

Note: caution should be used when comparing data across years as data comes from overlapping five-year spans of the ACS. Additionally, margins of error for five-year estimates containing data collected in 2020 increased compared to prior five-year estimates. For more information about data comparability please visit [Comparing 2022 American Community Survey Data](#).

Chapter 8: Meaningful Work & Wealth | Income and Wages

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. The living wage is calculated based on costs for basic needs like, housing, food, transportation, healthcare, childcare, and internet and cellular plans. The living wage in the Mat-Su Borough, Anchorage and Alaska has increased substantially between 2022 and 2025, while the minimum wage has increased from only \$10.34 to \$11.91 during that time. Consequently, the 2025 living wage for a single adult with no children in Mat-Su is more than double the Alaska minimum wage (Table 39). For households with two adults and one child, the living wage is nearly four times higher than the minimum wage.

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. The poverty wage (Table 39, two middle columns) is lower than the minimum wage and far lower than the living wage. This misalignment has widened the “living wage gap,” making it difficult for low- and moderate-income households to achieve economic self-sufficiency, particularly for families with children who require higher household incomes to cover basic needs.

Table 39: Living, Poverty, and Minimum Wages 2022 & 2025 | Source: Living Wage Calculator, Massachusetts Institute of Technology, 2022, 2025

	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 2022	\$15.80	\$17.20	\$7.74	\$6.60		
Mat-Su Borough 2025	\$24.58	\$41.15	\$9.40	\$16.01		
Anchorage 2022	\$16.11	\$17.56	\$7.74	\$6.60		
Anchorage 2025	\$23.68	\$40.31	\$9.40	\$16.01		
Alaska 2022	\$16.72	\$18.00	\$7.74	\$6.60	\$10.34	\$10.34
Alaska 2025	\$24.11	\$40.67	\$9.40	\$16.01	\$11.91	\$11.91

Community Input | Focus Group Survey

Across the Mat-Su region, residents shared that wages often do not match the rising costs of living. Even with full-time jobs, many families struggle to cover housing, healthcare, transportation, and food. Some people take on multiple jobs, side gigs, or rely on family support to make ends meet. Participants noted that even those in higher positions, such as management or skilled trades, feel financial strain because pay has not kept pace with expenses. This creates a situation where hard work does not always lead to financial security or stability.

“Even if you do work, it’s not enough to live. People are struggling. I don’t know how anyone with less income than me survives.”

“A higher minimum wage/more job opportunities in the school systems.”

“Trying to find a job that pays enough to cover basic needs is impossible.”

Community Input | Intercept Survey

Survey respondents in the Mat-Su region consistently reported difficulty earning enough to cover basic living costs and being able to plan for the future. Many reported high housing costs, unpredictable expenses, and limited opportunities to save, making long-term financial security challenging. Even working multiple jobs does not always guarantee stability, and residents highlighted the need for higher wages that allow families to plan for homeownership, retirement, and other financial goals.

“Already work a full time job and have children but still income is sparse.”

Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su survey respondents reported difficulty earning enough to cover basic living expenses. Many are burdened by the high costs for housing, childcare, vehicle repairs, and other essentials, which leave little room for savings or long-term financial planning. Some rely on credit or dipping into savings to make ends meet. The risk of losing benefits like Medicaid also discourages people from increasing work hours, creating a situation where even earning more can leave families financially worse off.

“Working multiple jobs still doesn’t guarantee financial security.”

Debt and Financial Stability

High debt and financial struggles impact financial wellbeing and opportunities to save for the future. Table 40 compares the delinquent debt of Mat-Su residents with that of Alaska overall. The median debt in collections is slightly higher for Mat-Su residents (\$2,498) than the state overall (\$2,257), representing 16% and 17% of the population respectively. The percentage of Mat-Su residents with medical debt in collections (3%), student loan debt (2%), auto/retail loan delinquency (3%) and credit card delinquency (4%) is comparable to Alaska overall.

Table 40: Debt Delinquency | Source: Urban Institute, "Debt in America: An Interactive Map", 2025

	Mat-Su	Alaska
Share with any debt in collections	16%	17%
Median debt in collections	\$2,498	\$2,257
Medical debt in collections	3%	4%
Student loan default	2%	2%
Auto/retail loan delinquency (60+ days)	3%	3%
Credit card delinquency	4%	4%

Chapter 8: Meaningful Work & Wealth | Debt and Financial Stability

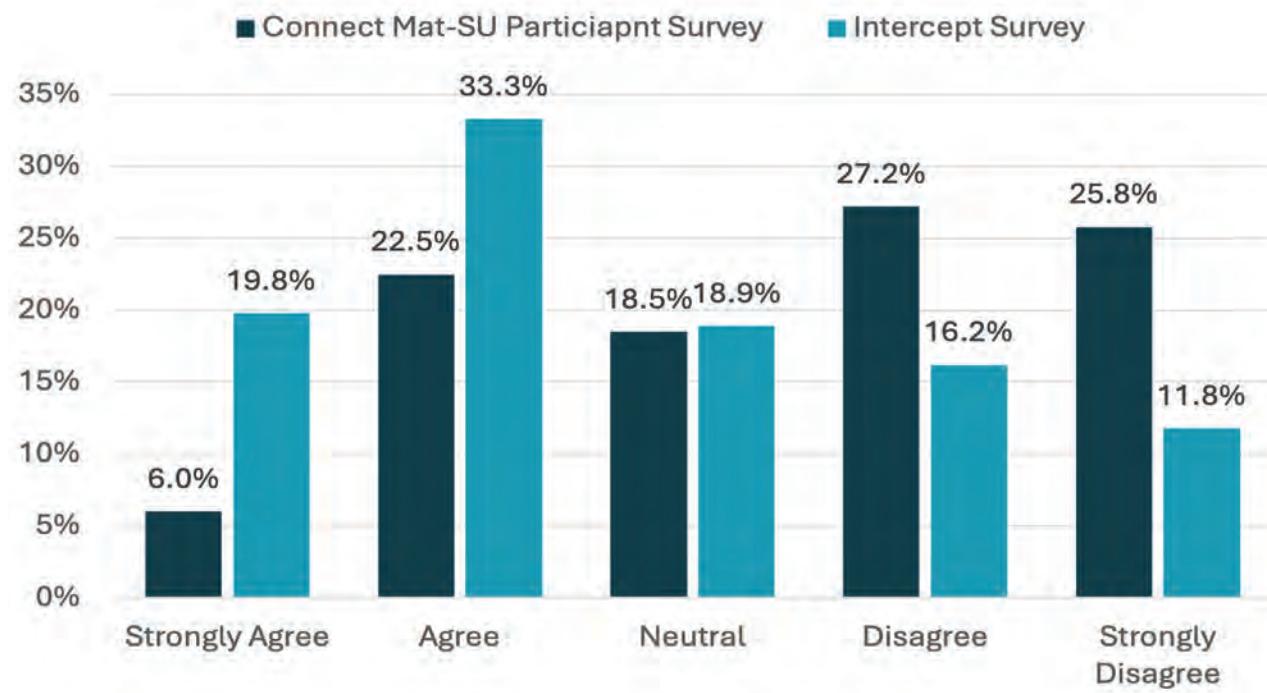
Participants in the Connect Mat-Su Survey and the Intercept surveys were asked about their financial stability. More than half of the Connect Mat-Su participants (53.0%) disagreed or strongly disagreed that they have enough money for basic needs and can adapt for unplanned expenses. Only 6.0% strongly agreed and 22.5% agreed, whereas a higher proportion of intercept survey respondents agreed (19.8%) or strongly agreed (33.3%) they had enough money to meet their basic needs and unplanned expenses.



"I have enough money for my basic needs and I can adapt for unplanned expenses."

Figure 66: Enough Money for Basic Needs and Unplanned Expenses, 2025

Source: Intercept Survey and Connect Mat-Su Participant Survey, MSHF, 2025



Community Input | Focus Group Summary

Participants consistently emphasized how debt, medical expenses, and limited savings make it difficult to build wealth or plan for the future. Many people reported high deductibles, out-of-pocket healthcare costs, and few affordable pathways to home ownership. Others described falling into the “benefits cliff,” where earning slightly more leads to the loss of critical support programs, leaving families worse off overall. Despite these struggles, residents expressed hope for change. They strongly support workforce development, trade programs, and cooperative business models that could provide more livable-wage, year-round jobs. Many also want better access to coordinated services, like one-stop community hubs, to help people navigate employment, benefits, and long-term financial planning.

“Childcare is so expensive it cancels out what you earn from working. It doesn’t make sense.”

“If you get a tiny raise, you lose your benefits. Then you’re worse off than before.”

Community Input | Intercept Survey

Economic insecurity is compounded by high living costs, limited support services, and unpredictable expenses, leaving many residents reliant on credit or personal savings just to get by. Respondents highlighted the need for stronger community infrastructure, including better access to childcare, reliable transportation, and financial literacy resources. Improved communication about available programs and training could help residents manage debt, build wealth, and strengthen both individual and community economic resilience in the Mat-Su region.

“I have enough money for basic needs, to have adapted for unplanned expenses, but not for a year long hardship.”

Community Input | Connect Mat-Su Participant Survey

Economic insecurity is worsened by the high costs of essential services and limited opportunities to accumulate wealth. Respondents highlighted the reliance on credit or savings to cover routine expenses and the strain caused by unpredictable bills. Many emphasized the need for better-coordinated community support, including improved public transit, expanded childcare, and workforce development programs that lead to actual employment and livable wages. Strengthening these areas could help residents manage debt, grow income, and create long-term financial resilience.





Chapter 9



Humane Housing

Foreword by Polly-Beth Odom | Executive Director, Daybreak Incorporated; Mat-Su resident and started with Daybreak Apartments 37 years ago

Mark walked into the dayroom at Garden View on September 11, 1990, holding all his belongings in two kitchen-sized garbage bags. He had spent the previous twenty years of his life in and out of mental health units operated by the VA, and most recently, the Alaska Psychiatric Institute (API). The negative symptoms he experienced with PTSD and bi-polar disorder often caused Mark to be evicted from housing, leaving him only a few personal items and the clothes he could fit in a garbage bag. In the 90s, the concept of community behavioral health clinics was new, and the necessary supports needed to transition from an institutional setting to community were not always available.

Having a safe place to live is often taken for granted when you are not facing eviction or foreclosure. For our community members experiencing chronic homelessness, mental health challenges, substance use disorders, or recent incarceration, the ability to secure safe affordable housing is even more difficult. Affordable, safe housing close to medical providers and food resources is limited in the Matanuska Susitna borough. Older adults, people with disabilities, and residents with a fixed income have even fewer options for housing in our community.

The first five years that Mark lived at Garden View (then known as Daybreak apartments) were a struggle, as he was in survival mode, living in fear that one wrong episode would put him back out on the streets. It was at Daybreak, with support from the case managers and local community mental health clinic, that he had the opportunity to experience community with his neighbors and slowly let down the protective walls. He now had a home that he was not going to lose due to his mental illness, and home was one of the first building blocks to his belonging in the community.

At Daybreak, Mark formed long lasting relationships with his neighbors, attending St. Michaels catholic church and becoming a beloved deacon. The survivor mentality that he presented with on that crisp September day in 1990 had changed. He now belonged in his community. Mark made his home at Garden View for thirty-three years before he died in 2023. He would often reminisce about his arrival on that crisp September day with his "plastic bag luggage" and how thankful he was to have found his home.



My friend Mark, courtesy of Polly-Beth Odom: Mark was a resident of Daybreak apartments from 9/11/1990 until his death in 2023.

Chapter 9: Humane Housing

Introduction

Humane housing allows people to thrive by having a safe, stable, and affordable place to live. Safe housing means living in safe neighborhoods and having safe structures, adequate utilities, protection from extreme heat or cold, and adequate space per person. Stable housing means people have consistency and supportive services to prevent foreclosure or eviction or to allow older adults to age in place. When people have safe, stable housing they are healthier and can build stability in their lives to support steady employment, school attendance, and the development of meaningful and supportive relationships.

Housing should also be affordable, so people aren't overly burdened with the cost where they must choose between paying rent and buying food or medicine. This means having a continuum of housing options that support low- and middle-income families and includes a safety net, like emergency short-term shelter and transitional housing, to support people in times of crisis.

Economic Mobility

When families live in safe, stable homes they can afford, they don't have to worry about moving all the time or living in unsafe conditions. This stability makes it easier for children to do well in school and for adults to keep steady jobs. Stable housing in childhood and growing up in neighborhoods with high economic connectedness (cross-class interactions), with access to good schools and well-paying jobs supports upward mobility.^{1,2} Children are then more likely to rise out of poverty and earn a higher income as an adult.

Living in an affordable home improves peoples' ability to afford other expenses, save money, and build wealth. Purchasing a home can be a big investment for a family that can help build wealth if people are able to buy a home, make their mortgage payments and benefit from their home's equity.³ Historical inequities have led to disparities in homeownership rates. Affordable housing trusts and programs that support first-time home buyers can help promote economic mobility.

Belonging and Civic Muscle

Having dignity in housing and having access to safe, stable, affordable housing supports people to feel like they are part of a community and have value in their community. When people have housing they can afford, in neighborhoods that are safe and welcoming, they are more likely to get to know their neighbors, join local activities, and feel like they belong. Stable housing makes it easier for families to stay in one place, build friendships, and become part of the life of their town or city. On the other hand, instability can increase stress, job loss, and reduce civic engagement.

Belonging and civic muscle also means people feel like they have a voice and can help make their community better. Living in a diverse neighborhood, without gentrification, segregation, or concentrated poverty, allows people to build social capital. This creates communities where people work together with others to solve problems and make their neighborhood a better place for everyone.

¹ The 28 Mobility Experiences. Retrieved from mobilityexperiences.org

² Chetty, Jackson, Kuchler, Storbel, Hiller, and Oppenheimer (August 2022). Social Capital and Economic Mobility. Opportunity Insights.

³ Ramakrishnan, Champion, Gallagher, and Fudge (January 2021). Why Housing Matters for Upward Mobility: Evidence and Indicators for Practitioners and Policymakers. Urban Institute.

Key Data Insights

Housing emerged as one of the most pressing and consistent concerns across all primary data sources, with many residents describing safe, stable, and affordable housing as out of reach for many residents. Focus group participants shared personal accounts of living in shelters, cars, or overcrowded conditions due to rising rents, poor-quality housing, and the scarcity of landlords willing to accept vouchers or work with tenants with poor credit or past evictions. The Mat-Su Household Survey found one in ten people were currently struggling with stable housing, though this was even more common for residents who are living below poverty, single, or younger. The Connect Mat-Su and intercept surveys echoed these themes, with many respondents naming housing affordability and instability as their top concern. People described being “one crisis away” from losing their homes, unable to keep up with rent despite full-time work, and struggling with aging housing stock, high costs, and limited new construction for low- and moderate-income households. While some residents reported positive experiences with programs such as transitional housing or nonprofit assistance, these supports were viewed as difficult to access and insufficient to meet the scale of need.

“Had a difficult time paying to fix a vehicle a couple months after I purchased it. Wiped out my savings doing it. Now I struggle to keep mandatory car insurance because having heat and electricity are more important priorities. I came close to experiencing “homelessness” with a child but I got it worked out.”

“I am on a limited income, and any unreadable bills would be catastrophic.”

Housing Stability

Three-quarters (75%) of homeowners in the Mat-Su have lived in their homes between five to 25 years (Table 41). Fewer Mat-Su homeowners compared to Anchorage and Alaska overall have lived in their same home for over 25 years. Most renters in Mat-Su (65%) have lived in the same place for under 8 years, and this is similar for Anchorage and Alaska as a whole. About 27% of renters in the Mat-Su have lived in the same place for 8 to 15 years and about 7% for 16+ years. Looking at just those who moved in under five years ago, in Mat-Su more of the recent movers were purchasing homes while the majority in Anchorage and Alaska were renting (Figure 67).

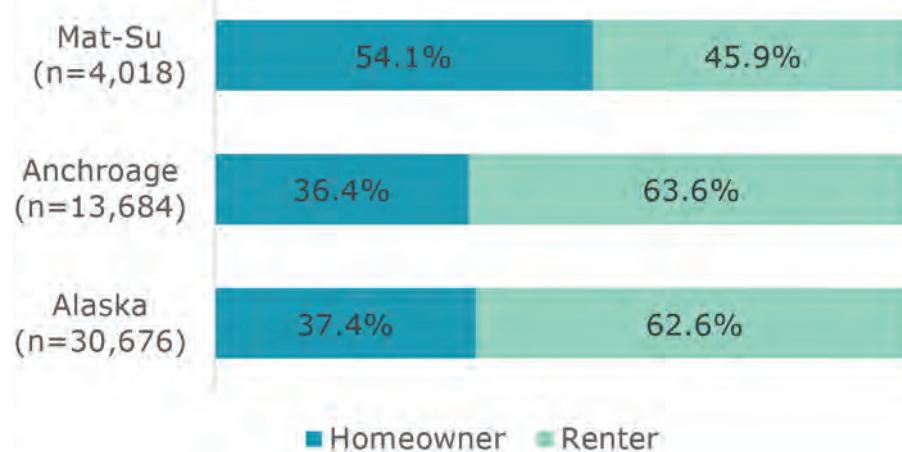
Table 41: Percent of Occupied Housing Units Categorized by Tenure and Owner or Renter | Source: U.S. Census Bureau, ACS 5-year Estimates, 2019-2023

Years in Same Place as of 2025	Year Moved In	Mat-Su Borough		Anchorage		Alaska	
		Homeowner	Renter	Homeowner	Renter	Homeowner	Renter
36+ years	1989 or earlier	7.4%	1.4%	10.2%	0.6%	12.3%	0.9%
26 to 35 years	1990 to 1999	10.5%	0.6%	13.3%	1.2%	13.4%	1.6%
16 to 25 years	2000 to 2009	23.5%	5.4%	22.5%	6.3%	22.9%	6.5%
8 to 15 years	2010 to 2017	33.4%	27.3%	29.6%	25.9%	29.1%	26.8%
5 to 7 years	2018 to 2020	18.1%	45.4%	17.2%	43.7%	15.9%	42.7%
Less than 5 years	2021 or later	7.2%	19.9%	7.2%	22.3%	6.4%	21.5%

In Mat-Su between 2019 and 2023, an average of 86.8% of residents lived in the same residence during the past year.* The remaining 13.2% of residents moved in the past year within the Mat-Su (6.6%), to the Mat-Su from somewhere else in the state (3.3%), to Mat-Su from a different state (2.9%), or to Mat-Su from abroad (0.4%). Additionally, an average of 16,437 people moved within the state in the past year, with most moving to the Mat-Su (22%) or Anchorage (26%). Of all the people moving to Alaska from another state, 11% moved to Mat-Su, and of all the people coming to Alaska from abroad, 9% moved to Mat-Su. While this data can give us some insights into house stability noting that most people hadn't moved in the past year, it does not help us understand the reason people were moving. It could be people chose to move for better opportunities, or it could be that people were forced to move because of rising rent prices or eviction.

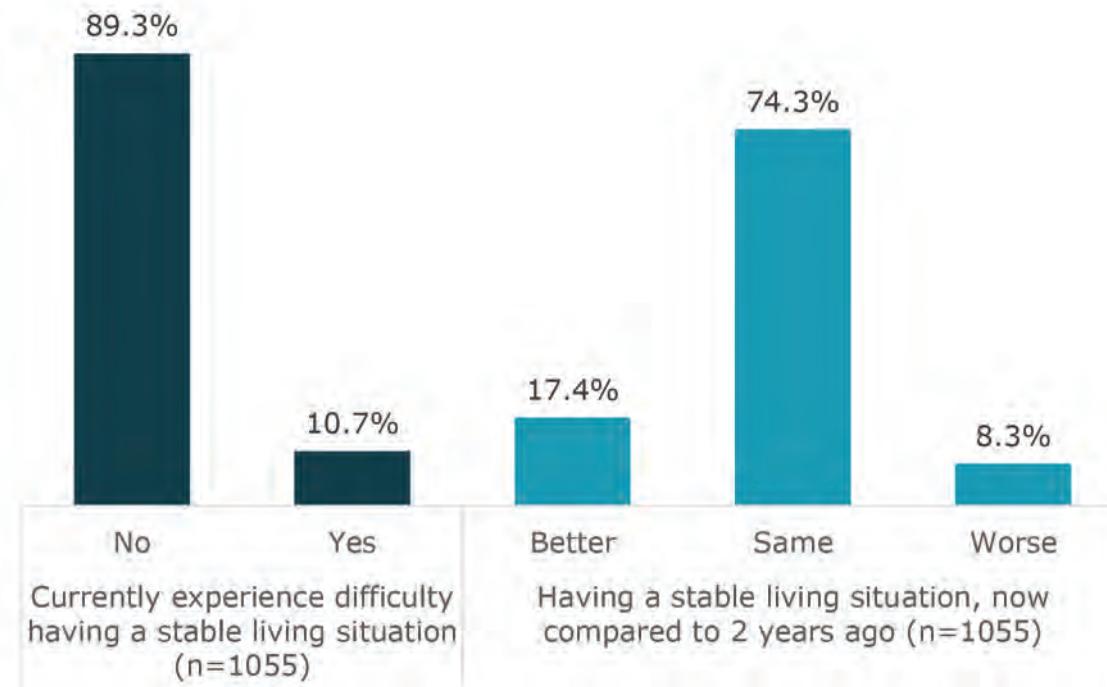
* Source: US Census Bureau, ACS 5-Year Estimates 2019-2023, Annual Average

Figure 67: Moved in 2021 or Later, Proportion of Homeowners and Renters | Source: U.S. Census Bureau, ACS 5-year estimates, 2019-2023



According to responses from the 2025 Mat-Su Household Survey, 10.7% of households had trouble with stable housing (Figure 68). However, a higher proportion of residents (17.4%) said that having a stable living situation had gotten better for them, compared to 8.3% who said it had gotten worse. Rural residents were less likely to report difficulty with stable housing (4.9%) compared to those in the central core area (11.0%) or outer core areas (13.2%). Newer residents to the Mat-Su (20.7%) were two times more likely to have trouble with stable housing compared to people who have lived in Mat-Su for 5 years to under 10 years (10.0%) or 10+ years (9.2%). Residents with incomes below \$50,000 were significantly more likely to experience difficulty with stable housing compared to residents with household incomes between \$50,000 and \$100,000 (6.2%) and those with incomes over \$100,000 (6.7%). Additionally, people with a high school diploma/GED or less (17.5% vs. 4.9% for college graduates), younger residents 18 to 34 (16.6%), single males (19.4%), single females (13.5%), residents identifying as two or more races (19.4%), and residents living below poverty level (25.4%) were also more likely to have difficulty with housing stability. A little over one-third (34.7%) of respondents to the Connect Mat-Su participant survey indicated they were having difficulty with stable housing.

Figure 68: Residents' Experience with Stable Housing | Source: Mat-Su Household Survey, MSHF, 2025



"I am on social security and it's just not enough. I'm hungry all the time and always afraid I will be evicted or my power shut off. My landlord raised my rent \$300 in one month."

"If my house wasn't paid for I wouldn't be able to afford to live in it any more."

When someone is experiencing homelessness, whether living outside, in their car, or couch surfing, there is a complete lack of housing stability. Homeless services and interventions that prevent homelessness are urgent services that provide immediate help and a path to stable housing for people without a shelter or at risk of losing their home. By offering resources like emergency shelter, food, and case management, these services ensure people's basic needs are met while also connecting them to long-term housing solutions.

The point in time homeless count provided by the Alaska Coalition on Housing and Homelessness nearly doubled for Mat-Su between 2022 and 2025 (Table 42). This does not include those who are couch surfing, living in their cars or living with friends/relatives*. The number also increased for Anchorage and Alaska overall. The demographics of the homeless population in the Mat-Su have also changed since 2022 (Table 43). There is a slightly higher proportion of people who are chronically homeless, people with disabling conditions, people with a history of domestic violence, veterans, and youth (Table 43).

Mat-Su Homeless Connect conducts the PIT count at the Menard, often corresponding with the National PIT count. Partner agencies participate by conducting a count at the drop-in center and forwarding that data to Mat-Su Homeless Connect.

Table 42: Point in Time Homeless Count | Source: Alaska Coalition on Housing and Homelessness, 2022 & 2025

	2022	2025
Mat-Su Borough	41	73
Anchorage	1,494	1,709
Alaska	2,098	2,686

Table 43: Homeless Population Demographics | Source: Alaska Coalition on Housing and Homelessness, 2022 & 2025

	Chronically Homeless		Disabling Condition		History of Domestic Violence		Veteran		Under 18 years old	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Mat-Su Borough	2.2%	3.2%	34.7%	37.1%	19.9%	20.3%	4.2%	5.8%	31.2%	33.8%
Anchorage	19.4%	20.7%	49.1%	46.0%	22.1%	21.9%	5.6%	5.4%	18.2%	17.4%
Alaska	16.0%	16.9%	46.0%	46.1%	20.4%	20.9%	6.1%	5.7%	19.6%	19.8%

* The Point-in-Time Count is a nationwide effort mandated by the U.S. Department of Housing and Urban Development (HUD) to assess the number of individuals experiencing homelessness on a single night in January. This count includes both sheltered individuals (those in emergency shelters, transitional housing, and Safe Havens) and unsheltered individuals (those living on the streets or in other non-housing situations). (Source: HUD)

Chapter 9: Humane Housing | Housing Stability

The number of students in the MSBSD who are experiencing homelessness has increased (Table 44). The number of families in transition has increased from 514 in FY20 to 628 in FY24. The number of unaccompanied youths has also increased from 137 in FY20 to 147 in FY24.

Table 44: Mat-Su School District Students Experiencing Homelessness | Source: MSBSD, 2020-2024

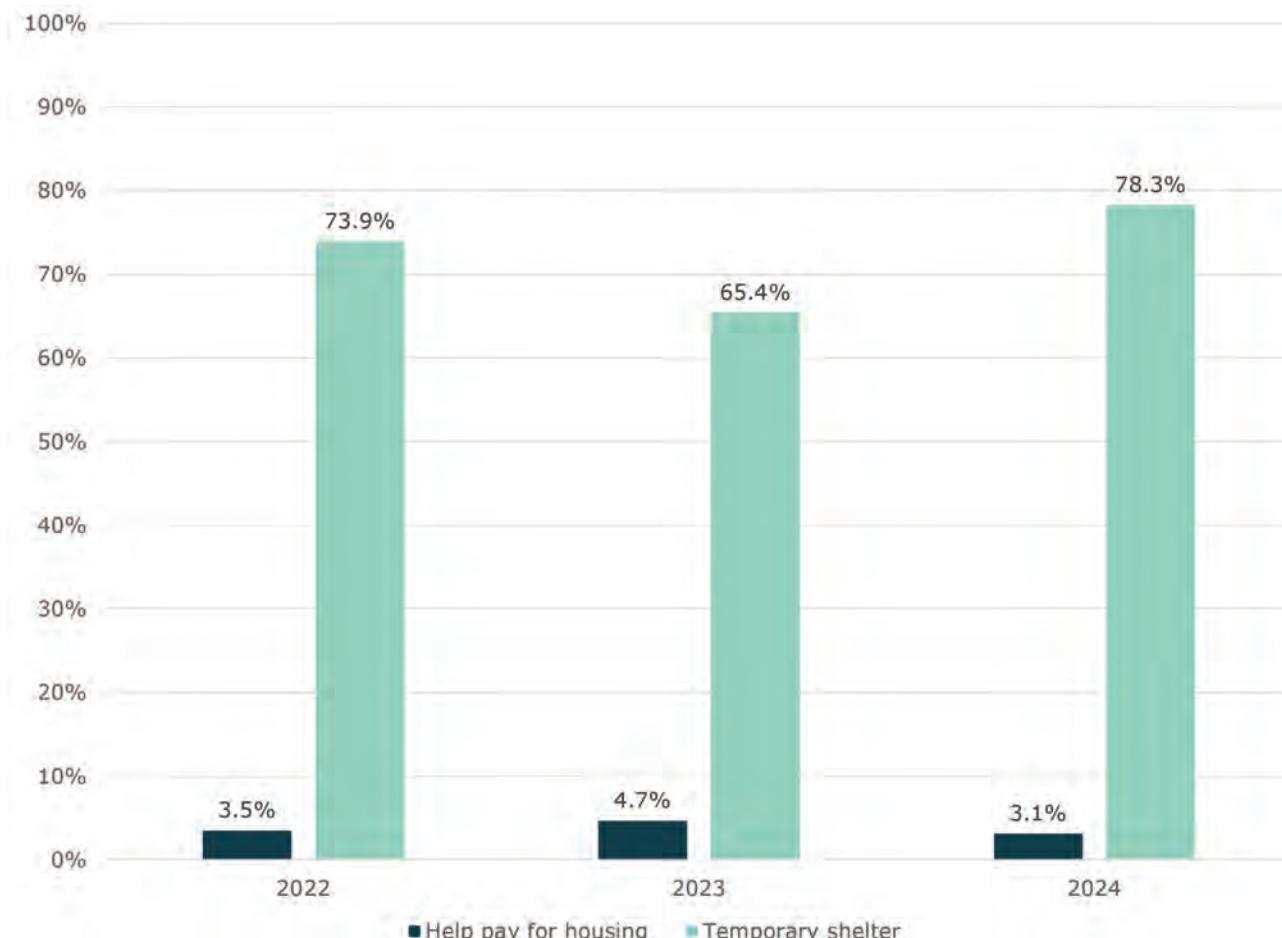
	FY20	FY21	FY22	FY23	FY24
Families in Transition	514	477	499	573	628
Unaccompanied Youth	137	120	125	109	147

Connect Mat-Su is an available resource for any resident in the Mat-Su and they offer information and referral to help people access services that could improve their wellbeing or quality of life. Tracking the referrals and systems gaps helps identify the current, more real-time needs of residents in the Mat-Su. About half of Connect Mat-Su utilizers expressed housing as a primary concern for the past three years (Table 45). Connect Mat-Su staff classify an issue as a system gap when no local resource is available for which to refer someone. For three years in a row temporary shelter has been the most common system gap (Figure 69). In 2024, 78.3% of calls with a system gap identified involved requests for temporary shelter. These were primarily from individuals who did not qualify for local shelter services. Staff also received calls from people seeking help with housing costs—such as security deposits, property taxes, rent, or mortgage payments—which accounted for 3.1% of all system gap calls in 2024.



Table 45: Housing as a Primary Concern, Percent of All Connect-Mat-Su Cases | Source: Connect Mat-Su Referral Database, 2022-2024

	2022	2023	2024
Housing as a Primary Concern	52.4%	47.9%	48.6%

Figure 69: Connect Mat-Su Systems Gaps Related to Housing as Percent of All Systems Gaps Identified | Source: Connect Mat-Su Referral Database, 2022-2024

Connect Mat-Su classifies an issue as a system gap when no local resource is available for which to refer someone. Most Systems gaps are housing related.

Community Input | Focus Groups

Focus group participants noted that a lack of emergency and transitional shelters, especially for men, older adults, and families in crisis, forces some residents to live in vehicles, tents, or unsafe conditions. Seniors encounter limited options and long waitlists, while youth face housing instability that directly affects their wellbeing and opportunities for the future. Residents shared stories of mutual aid — such as neighbors showing up with food during illness — that highlight the deep community ties helping people get by. Focus group participants shared concerns that homelessness and housing insecurity will continue to impact the Mat-Su region.

Community Input | Intercept Survey

Individuals with disabilities, seniors, single parents, and those experiencing homelessness described significant challenges finding stable housing. Some reported that housing programs are either difficult to access or not designed to meet their specific needs. The shortage of appropriate and supportive housing options leaves many residents vulnerable to ongoing housing instability.

“I feel there are gaps in services. How do you help the homeless get all basic needs met in a seamless transitional way.”

Community Input | Connect Mat-Su Participant Survey

Displacement due to evictions and inadequate shelter options were some of the issues identified. Some participants noted that they were on the verge of homelessness or had already experienced it. The lack of adequate emergency support further intensified housing insecurity, leaving individuals and families without safe alternatives.

Availability & Affordability

Vacancy rates are important because they show if there are enough available homes for people to find a place to live. When there are not enough empty homes, prices go up, making it harder to find housing. Affordable housing is critical because it allows people to pay for their mortgages or rent without having to give up other basic needs, like food and healthcare. Vacancy rates increased in 2023 in the Mat-Su but remain lower than the rest of the state (Table 46). Additionally, as noted in the Economic Mobility chapter, rent for a two-bedroom apartment increased significantly in the Mat-Su from 2023 to 2025 and nearly half of renters in the Mat-Su spend more than 30% of their income on housing. Households are considered housing cost burdened when their housing costs are 30% or more of their income and severely housing cost burdened when they spend 50% or more of their income on housing. Around 12% of households in the Mat-Su are severely housing cost burdened, according to the ACS 5-year estimates.

Table 46: Rental Vacancy Rates | Source: Alaska Housing Finance Corporation, 2021-2025

	2021	2022	2023	2024
Mat-Su Borough	2.5%	2.7%	3.6%	3.6%
Anchorage	4.3%	3.2%	4.1%	4.6%
Alaska	5.9%	4.3%	5.9%	6.3%

Table 47: Median Housing Costs | Source: U.S. Census Bureau, ACS 5-Year Estimates, 2016-2020 & 2019-2023

	Monthly Owner Cost WITH A Mortgage		Monthly Owner Cost WITHOUT A Mortgage		Median Rent (2019-2023)				
	2016-2020	2019-2023	2016-2020	2019-2023	No Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
Mat-Su Borough	\$1,802	\$2,042	\$506	\$591	\$845	\$908	\$1,192	\$1,704	\$2,069
Anchorage	\$2,148	\$2,360	\$749	\$858	\$933	\$1,059	\$1,399	\$1,842	\$2,183
Alaska	\$1,937	\$2,192	\$591	\$674	\$1,001	\$1,052	\$1,433	\$1,952	\$2,409

Chapter 9: Humane Housing | Availability & Affordability

One measure of housing affordability is the ratio of how many average workers it would take to afford a typical home. In the Matanuska-Susitna Borough, it takes about 1.3 to 1.4 earners to afford a typical home. For Mat-Su homes priced against Anchorage worker wages, the number remained around 1 earner or slightly less, meaning homes in Mat-Su are more affordable, with the higher average wages found in Anchorage.

Table 48: Earners Needed to Afford Average Home by Surveyed Area

Source: Alaska Economic Trends, June 2022; calculated for 2025 based on data from Zillow and ADOWLD Analysis, August 2025

	2019	2020	2021	2025
Matanuska-Susitna Borough	1.44	1.28	1.36	1.34
Mat-Su Home, Anchorage Worker	1.07	0.96	1.02	1.01
Anchorage	1.35	1.21	1.21	0.86
Alaska	1.24	1.11	1.14	1.01



Mat-Su Household Survey respondents were asked if they currently experience difficulty paying for housing or utilities (Figure 70). Nearly one in five residents (19.3%) were having difficulties paying their utilities, and 16.5% were having difficulty paying their mortgage or rent on time. Residents with income below \$50,000 (31.8%), single females (30.4%), residents ages 18 to 34 (23.4%), residents with a high school diploma/GED or less (23.5%), and resident identifying as two or more races (25.8%) were more likely to have trouble paying their mortgage or rent on time. Compared to two years ago, being able to pay their rent or mortgage on time improved for 16.9% of residents while it has gotten worse for 14.6%. Even more residents (18.1%) reported it was more difficult to pay utilities than it was two years ago. A larger percentage of respondent (41.3%) to the Connect Mat-Su participant survey reported difficulty with paying their rent or mortgage on time.



Are you or anyone in your household currently experiencing difficulty in the following areas:

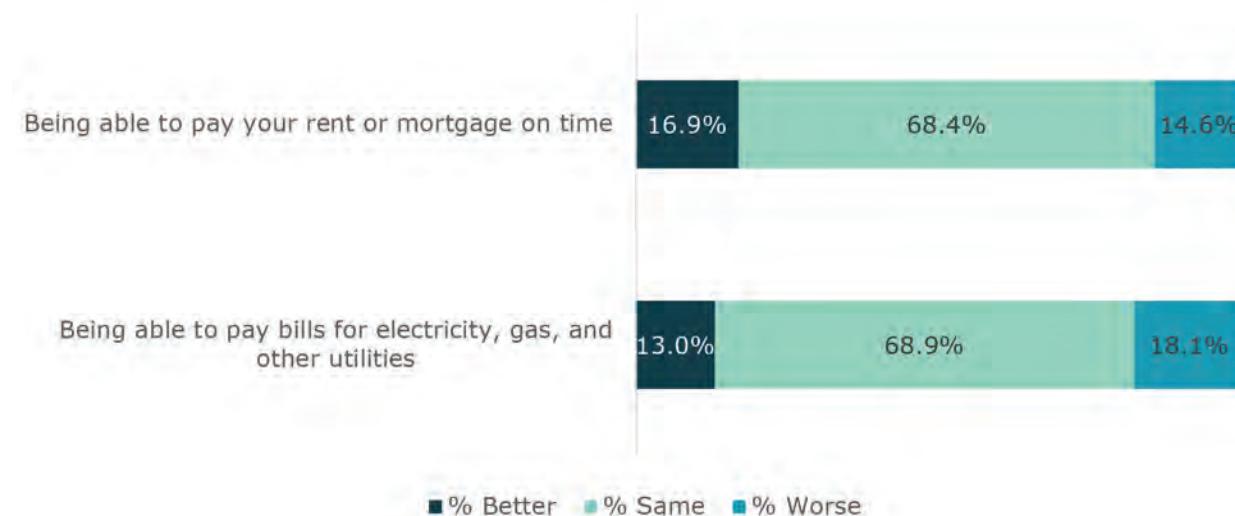
Figure 70: Residents Experiencing Housing Related Difficulties | Source: Mat-Su Household Survey, MSHF, 2025





Compared to two years ago, how are things now?

Figure 71: Housing Difficulties Compared to Two Years Ago | Source: Mat-Su Household Survey, MSHF, 2025



CITY OF WASILLA

Community Input | Focus Groups

Focus group participants across the Mat-Su region identified housing as a critical and growing crisis, citing severe shortages of affordable, livable options and a market increasingly out of reach for working families, seniors, and young adults. Many described being priced out by rising rents, limited inventory, and the spread of vacation rentals, particularly in tourist areas like Talkeetna. Even those with stable employment — including educators, healthcare workers, and social service staff — struggle to live in the communities they serve. Participants highlighted reliance on overcrowded, off-grid, or substandard housing lacking basic utilities, and noted that middle-income residents often fall through the cracks of eligibility for assistance. Seniors face long waitlists and unaffordable rents that stretch fixed incomes, while youth confront housing instability that jeopardizes their mental health and futures. Many participants emphasized the need for thoughtful housing development that upholds dignity, ensures accessibility, and reflects the unique character of local communities.

At the same time, many Mat-Su residents expressed strong appreciation for the positive aspects of housing in the region, particularly the ability to live on acreage, enjoy open space, and experience a quieter, more peaceful lifestyle compared to urban areas. They valued being able to raise families or age in place in homes that offer personal freedom, access to nature, and a strong sense of community. Residents also took pride in efforts to preserve the character of their neighborhoods, emphasizing that housing in Mat-Su is not just about affordability, but about connection, independence, and quality of life.

Community Input

“We’ve seen so many community members, not even just our clients, can’t get housing because the threshold for even being accepted into, a regular apartment is so high. It’s like, “Oh, well... no, you had that speeding ticket 20 years ago. You’re a bit of a risk.””

“I mean, they’re looking for folks that are not even paraprofessionals that have professional licensure that are going to make in three times the amount of income to rent, but the rent is so high that somebody on disability or McDonald’s or Fred’s is never going to be able to afford a housing bill.”



"It's mind-blowing and we have so many people on fixed incomes in our community not just our clients but in general no one can afford housing and that's why there's such a huge homeless population around here. It's increased greatly over the last few years."

"Housing is super expensive. It's super hard to find good, safe, quality housing."

"We're glad we're not in Anchorage. This is a nice small town."

"Not a place to be anonymous—one week and everyone knew who I was."

"Love the neighbors helping neighbors."

"I live here because I can grow old in my house and still have the services I need."

Community Input | Intercept Survey

Many respondents expressed deep concern about the lack of affordable and accessible housing, citing high costs, long wait times for assistance, and limited options for those on fixed or low incomes. Rising property values have pushed housing further out of reach, while limited job opportunities make it even harder for residents to keep up with rising costs. Respondents highlighted the urgent need for more low-income housing units, increased support for renters, and housing options for people with disabilities. Many described feeling disconnected and unsupported when affordable housing is located far from jobs, schools, or community amenities, reducing both quality of life and access to opportunity.

“Very expensive to live in Wasilla.”

“I have a friend in the Mat-Su community. His son uses a wheelchair. He is an adult & has difficulty finding services/housing because he does not have any mental or developmental disabilities.”

Community Input | Connect Mat-Su Participant Survey

Several participants reported challenges finding affordable housing, including long waiting lists for subsidized programs and paying large portions of their income toward rent. Some described living in toxic or dangerous environments because it was all they could afford. High utility bills added to the strain, making even “affordable” units difficult to maintain.

“Section 8 is charging me 3/4 of my monthly income for rent.”

“You’ve got people on the housing program for 10+ years...Meanwhile families in desperation get told call back in over a year.”

“AHFC subsidized rent has a 2-3 year wait list here in Wasilla.”

Safe Structure & Environment

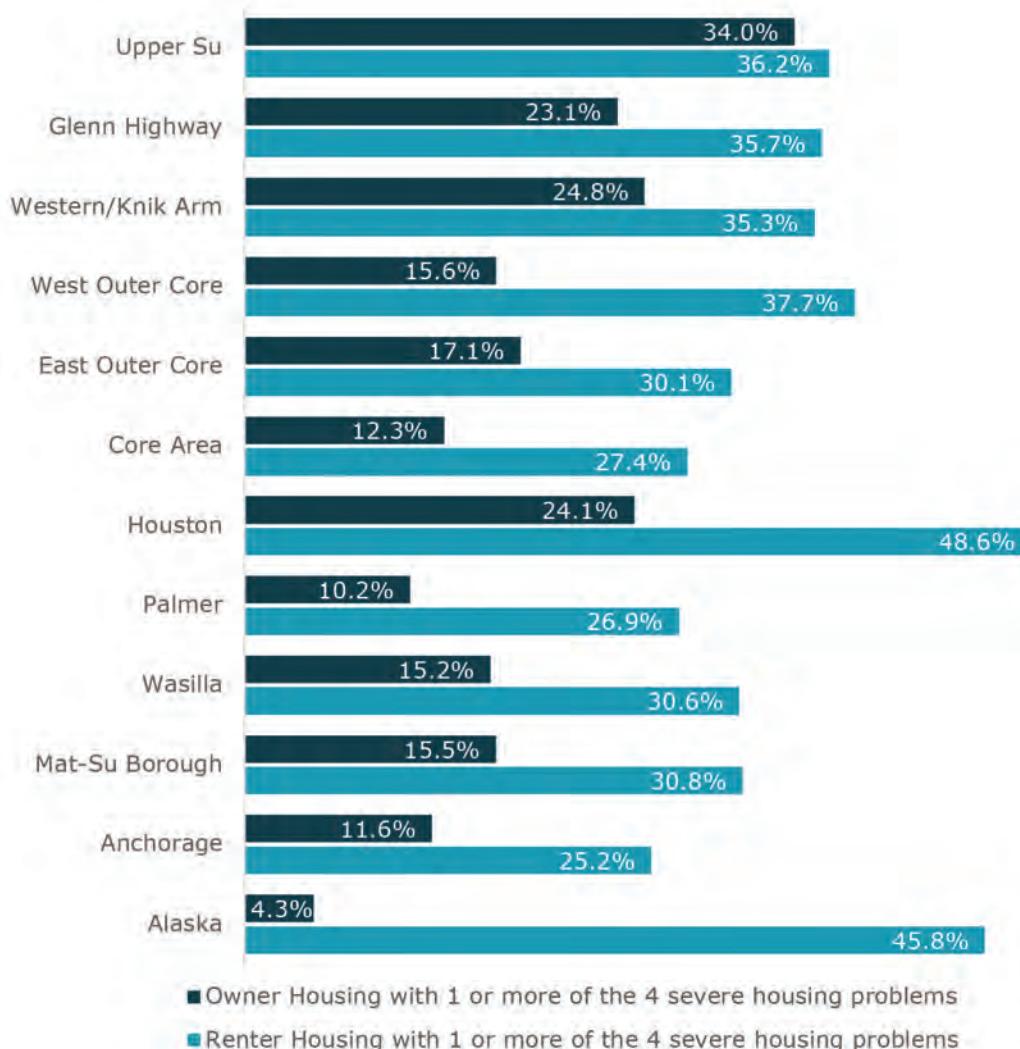
Safe structures are necessary to protect people from dangers and health problems related to environmental hazards or poor building conditions. A housing unit with complete kitchen facilities means it has cooking facilities, refrigeration, and a sink with piped water and a housing unit with complete plumbing means it has hot and cold piped water, a flush toilet, and a tub or shower. The Mat-Su Borough has a higher percent of housing units that complete lack kitchen (12.4%) or plumbing facilities (14.7%) compared to Anchorage and Alaska (Table 49). The vast majority of housing units lacking these facilities are located in rural and remote areas of the Mat-Su, outside the core areas.

Table 49: Housing Units Lacking Complete Kitchen and Plumbing Facilities | Source: U.S. Census Bureau, ACS 5-year Estimates, 2019-2023

	Lacking Complete Kitchen Facilities		Lacking Complete Plumbing Facilities	
	#	%	#	%
Upper Su	3,651	51.3%	4,305	60.5%
Glenn Highway	761	47.8%	856	53.7%
Western/Knik Arm	1,067	16.3%	1,354	20.7%
West Outer Core	414	3.7%	478	4.3%
East Outer Core	234	4.2%	281	5.0%
Core Area	206	1.1%	191	1.0%
Houston	187	18.6%	221	22.0%
Palmer	18	0.7%	18	0.7%
Wasilla	81	1.9%	71	1.7%
Mat-Su Borough	6333	12.4%	7465	14.7%
Anchorage	1249	1.0%	1629	1.4%
Alaska	25712	7.8%	31248	9.5%
United States	3,315,087	2.3%	2,525,832	1.8%

Additionally, renter-housing units more commonly have severe housing problems than owner-housing units (Figure 72). Severe housing problems include any of the following: lacking complete plumbing facilities, lacking complete kitchen facilities, severe overcrowding, and severe housing cost burden.

Figure 72: Owner and Renter Housing Units with One or More Severe Housing Problems | Source: HUD CHAS, 2017-2021



The 2025 Mat-Su Household Survey collected information for the first time about amenities near where people live, such as parks and libraries (these are reported in the Belonging and Civic Muscle chapter) and safety concerns observed or experienced. Regarding the latter topic, responses were select all that apply, and only 10.2% of respondents said they have none of these safety concerns (Figure 73). The most reported concerns, which over one-third of respondents observed or experienced, were speeding or reckless driving (53.6%), trash or litter (48.6%), illegal dumping (38.3%), property crime (37.0%), and poor lighting (36.0%). Residents living below poverty level (44.8%) are more likely than average to have observed or experienced property crimes. Residents living in rural/remote parts of the Borough reporting a difference in that they were more likely to observe or experience illegal dumping (58.6%), property crimes (54.5%), ATVs on pathways or private property (40.0%), drug paraphernalia (35.4%), drug activity or production (35.9%), or abandoned homes (35.1%).

"There was a time we could ride bikes—now people fly down the road, and we've had near misses."

"My neighborhood is scary – hear screams and so many gunshots all the time."

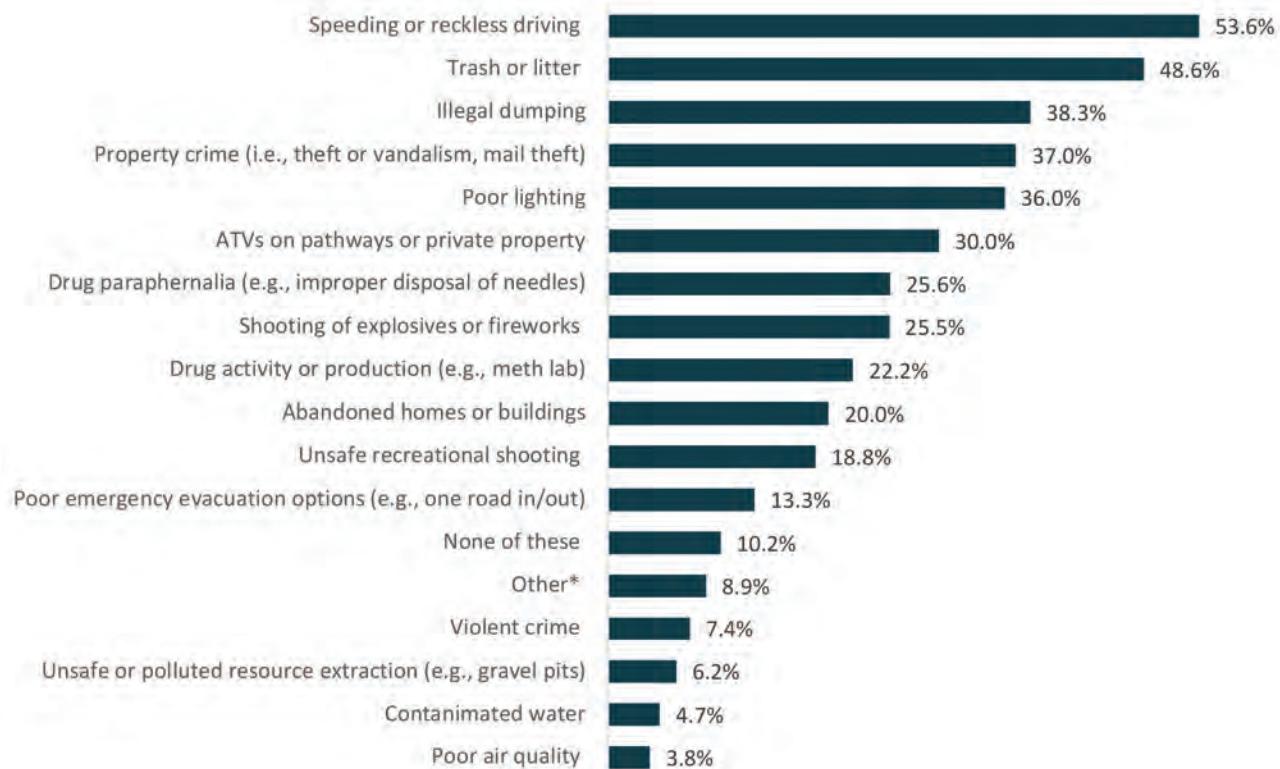
"It doesn't feel safe anymore... loved it out here for the last 10 years, then got more and more dangerous. More crime, some areas worse."

"People who really care, caregivers and volunteers, make this community feel secure."



Which of the following concerns have you observed or experienced near where you live? (n=1055)

Figure 73: Residents' Safety Concerns Observed and Experienced Near Where They Live | Source: Mat-Su Household Survey, MSHF, 2025



*All write in responses for "other" were related to poor road conditions and traffic safety



HERD KING



Chapter 10



Reliable Transportation

Forward by Angela Stewart | Director Care Management, Mat-Su Regional Medical Center, valley resident since 2024

Every person in the Mat-Su has places they need and want to go. Imagine if we considered transportation truly a part of a person's basic health. What if every person could access and use the best choice for them, on any given day? Some people would choose to have rugged yet environmentally friendly personal vehicles, to traverse and preserve our beautiful landscape. Some residents prefer reliable transit driven by others; some people need skilled help entering and exiting the vehicle with or without ambulatory aids. Imagine all transit options are comfortable, safe, and easy to understand and access all points across the valley.

Today in the Mat-Su, healthcare workers see many patients experiencing worse health outcomes due to a lack of affordable and reliable transportation. For example, a patient newly diagnosed with end-stage renal disease was inconsistent with their dialysis appointments, which caused severe complications. Ultimately, the patient required hospitalization. The care team needed to ask: What was the barrier to the patient making the dialysis appointments? Until recently, the patient had driven their ATV to the main road and caught a ride to town from a friend. His deteriorating condition now limited his ability to do this, especially as he still felt pride and independence in taking care of himself. With much care, communication, and building trust, the healthcare team partnered with the patient to find a solution. Multiple agencies coordinated including the patient's community clinic, and a peer-support person was identified to assist with transportation moving forward. Since then, he has made it to all dialysis appointments.

Better transportation systems would also mean more people accessing preventative care to improve their health. It would look like wheelchair-accessible vans, increased public transportation routes and times, and ride shares. To reduce delays for discharging patients, access to scheduled services and door-to-door transportation options that include prescriptions or medical equipment pickups. Ideally, the system would be simple to navigate with real humans available to aid in navigating an already complex healthcare system. Upfront knowledge of transportation options is preventative care.

Even though we need improvements, there are some things that work well in the Mat-Su. Agencies and providers routinely partner to tackle barriers for patients, advocating for out-of-the-box solutions, and asking the question, "What can we do differently?" The resourcefulness and dedication of our healthcare community is a strength, which we should continue to build upon by increasing options and resources to continue the great work they do.

When I imagine myself in retirement, I hope to have a plethora of options to get where I need and want to go! A consistent, accessible transportation system would give everyone a possibility for self-determination... a way to make informed choices to improve their health and quality of life. That is what we mean when we say health equity: everyone has choices that work for them to get where they need to be healthy, whole and well.



Favorite Transportation Mode: fat tire biking, Hatcher Pass

Introduction

Having reliable transportation means people have safe, affordable, and accessible ways to get where they need to go. This includes cars, buses, trains, bikes, walking paths, and ride-sharing services. Good transportation helps people get to work, school, the doctor, stores, and visit family and friends. It's important that transportation options are easy to use for everyone, including people with disabilities or those who don't own a car or are unable to drive.

Transportation is a big part of keeping a community healthy. If people can't get to the places they need, it can be harder for them to stay healthy, keep a good job, or get an education. Reliable transportation makes it easier for people to access food, seek healthcare, and stay connected to their community. When transportation is safe and affordable, it helps people live better lives and supports the overall well-being of the entire community.

Economic Mobility

Limited public transportation has an impact on economic stability and opportunities for upward mobility because it affects how easily people can get to jobs, schools, and medical or behavioral health appointments. Many people in Mat-Su must drive long distances to work, with average commutes taking about 35 minutes or more. This is much longer than in places like Anchorage, where people usually have shorter drives. If someone doesn't have a reliable car or can't afford gas, it becomes very hard for them to keep a good job or get better work opportunities. Without reliable, accessible public transit it is even harder for people who don't drive or who need accessible transportation to access jobs. When transportation is expensive or unreliable, it holds people back from financial stability and opportunities for upward mobility.

Belonging and Civic Muscle

When people have transportation options, like reliable vehicles, safe pedestrian and bicycle paths, or public transit, they can be part of their community more easily. In places like the Mat-Su Valley, where towns and homes are spread far apart, having safe and affordable transportation is very important for people to feel included and not isolated. If someone can't drive or doesn't have access to a bus, it's harder for them to visit friends, go to community events, or even get to school or work. Additionally, when people have strong social support, they have people they can call on when their vehicle breaks down or they have need ride support. Reliable transportation helps people stay connected to others, which makes them feel like they belong.

Transportation also helps build civic muscle, which means giving people the power to participate in their community and make it better. Lack of transportation can be a barrier to participating in town meetings, volunteer activities, or voting. This can disproportionately impact low-income families, people of color, and people with disabilities, meaning people miss out on these chances to help shape their community. Good transportation allows everyone, no matter where they live or how much money they have, to be part of important conversations and actions that improve life for everyone.

Key Data Insights

Transportation emerged as one of the most consistent barriers to meeting basic needs in the Mat-Su Borough. Residents described a system that has not kept pace with rapid growth, leaving many—especially those in rural and outlying areas—isolated and without reliable options. Long distances, high fuel costs, unreliable vehicles, and lack of public transit mean that people miss work or medical appointments or have difficulty accessing food. There are also limited options for non-emergency transportation to and from medical appointments and following discharge from the hospital. While most households in the Mat-Su have at least one vehicle, around 13% of residents still report difficulty having reliable transportation. These challenges are not evenly shared; people with lower incomes, single women, residents identifying as two or more races, people with disabilities, and young adults are far more likely to face transportation struggles.

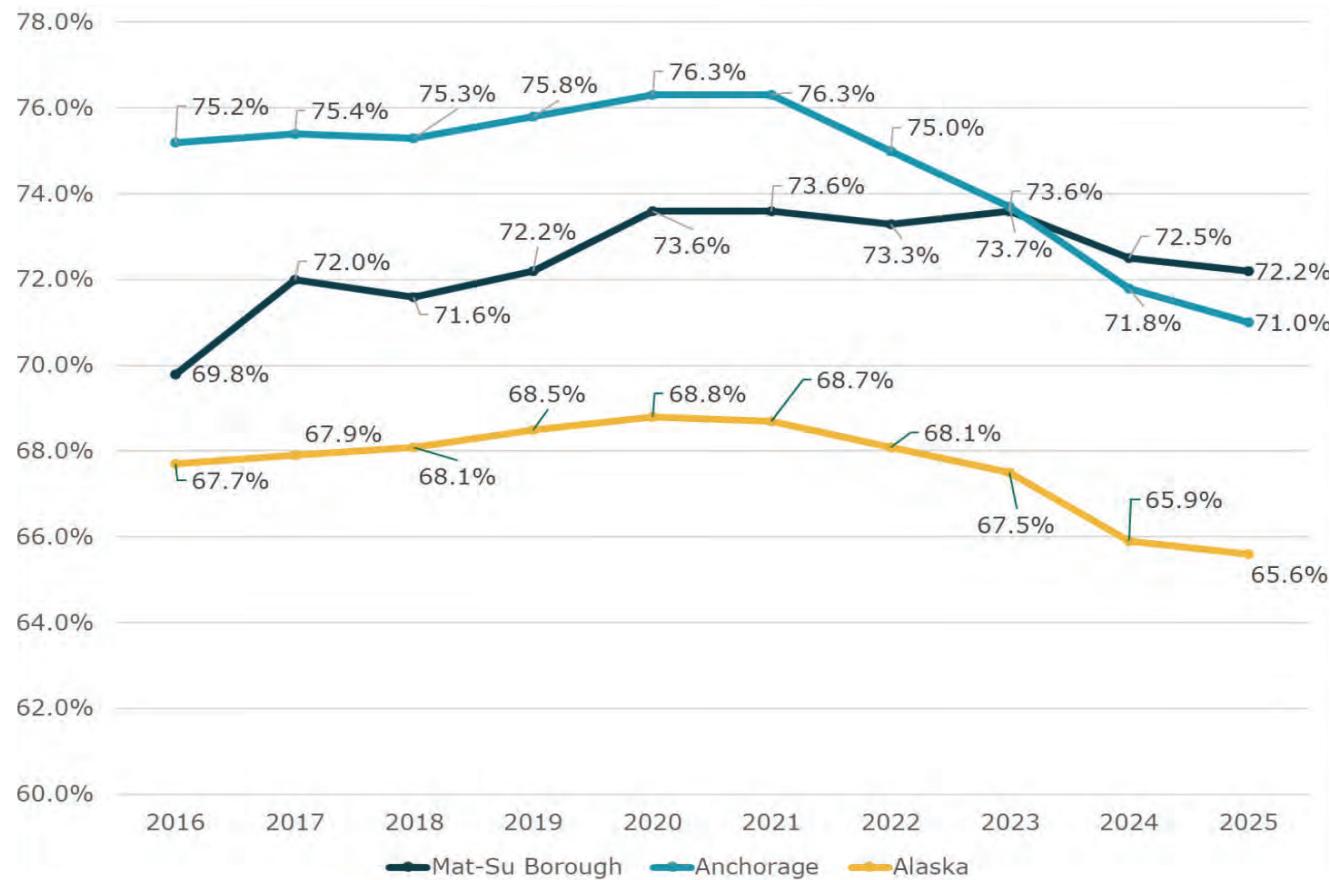
Nearly all households in the Mat-Su have at least one vehicle and large percentage of residents drive alone to work every day. In 2024, only 3.6% of households in the Mat-Su Borough did not own a vehicle, which is better than both the state average (9.1%) and the national average (6.0%) (Table 50). The percentage of people driving alone to work in Mat-Su Borough has increased from 69.8% in 2016 to 72.2% (Figure 74), and the Mat-Su rate is higher than both Anchorage (71.0%) and Alaska overall (65.6%).

Table 50: Households with No Vehicle | Source: Healthiest Communities, U.S. News & World Report, 2022 & 2024

	Households with No Vehicle 2022	Households with No Vehicle 2024
Mat-Su Borough	3.9%	3.6%
Alaska	9.3%	9.1%
Nation	5.5%	6.0%



Figure 74: Driving Alone to Work | Source: CHRR



Note: CHRR uses ACS 5-year estimates which are reported in an annual snapshot. Therefore the 2025 annual snapshot reports 5-year estimates from 2019-2023. Caution should be used when comparing data across years as ACS data comes from overlapping 5-year spans. Additionally, margins of error for 5-year estimates containing data collected in 2020 increased compared to prior 5-year estimates.

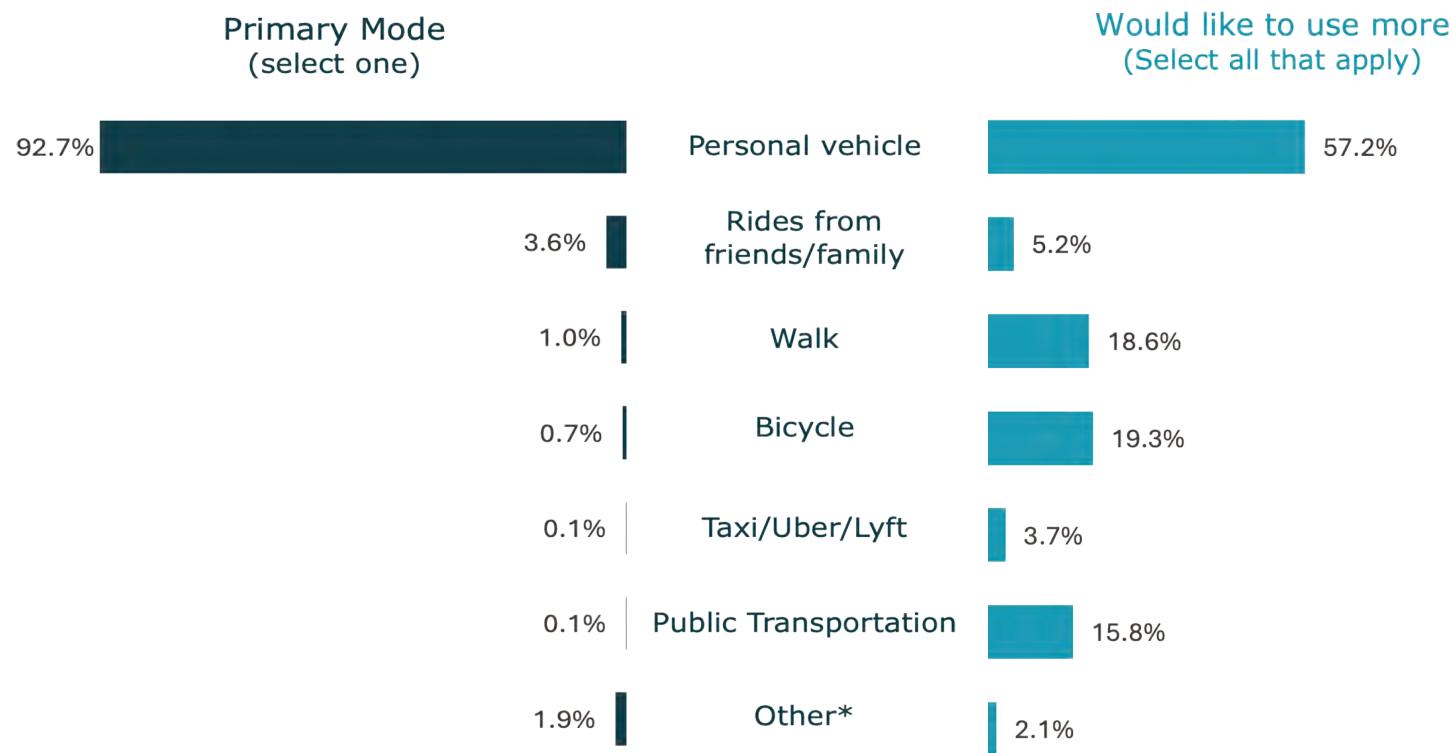
Respondents to the Mat-Su Household Survey were asked about their primary and preferred modes of transportation to get to places such as work, school, stores, or visiting with family or friends. Not surprisingly, most respondents (97.2%) utilize a personal vehicle as their primary mode of transportation (Figure 75). What is interesting are the modes of transportation that residents would like to use more often. While over half (57.2%) said they would like to use a personal vehicle more often, approximately one in five respondents (19.3%) wants to use a bicycle, 18.6% want to be able to walk more to places, and 15.8% want to use public transportation more.



Currently, what is the primary mode of transportation that you use to get to places such as work, school, stores, or visiting with family or friends?

What modes of transportation, if any, would you like to use more often to get to places such as work, school, stores, or visiting with friends or family? (select all that apply)

Figure 75: Modes of Transportation | Source: Mat-Su Household Survey, MSHF, 2025

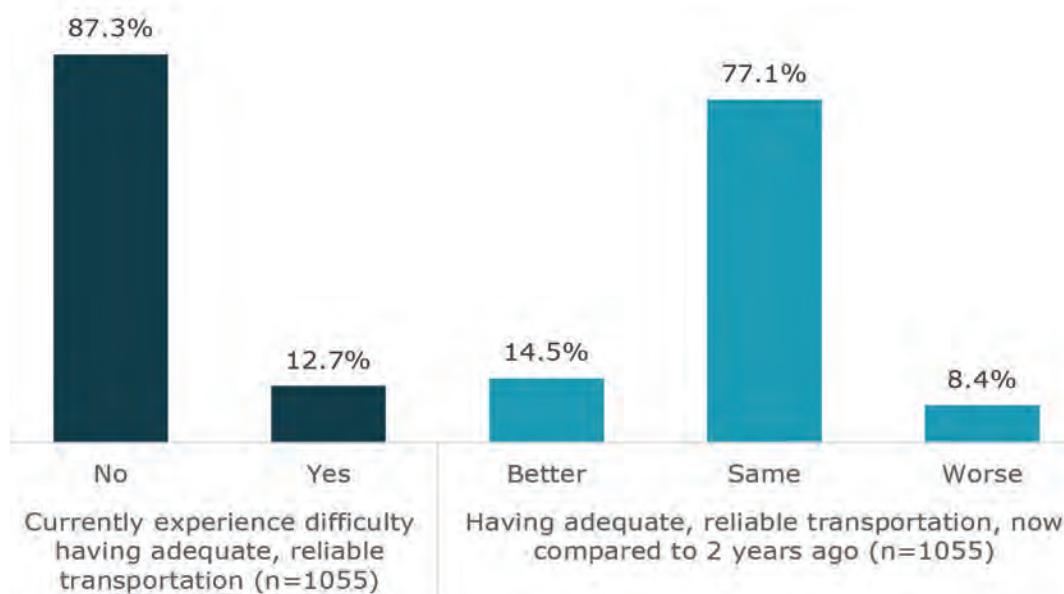


*Other forms of primary transportation included: work vehicle, borrowed car, aircraft, ATV, snowmachine, or paying a neighbor.

Chapter 10: Reliable Transportation | Key Data Insights

Even with the prevalence and frequent use of personal vehicles, 12.7% of residents on the Mat-Su Household Survey said they currently have difficulty with reliable transportation and 8.4% indicated it was worse for them than two years ago (Figure 76). There were significant differences in experience based on household income. Residents with annual household income below \$50,000 were 2.7 times more likely to struggle with reliable transportation as those whose incomes are between \$50,000 and \$100,000 (29.2% compared to 11.0%) and 6.3 times more likely to struggle than those with household incomes over \$100,000 (4.6%). One in three (32.6%) individuals living below poverty level had difficulty with adequate, reliable transportation. There were also difference for residents identifying as two more races (26.3%), single females (23.8%), and residents with a high school diploma/GED or less (17.3%). Additionally, a much higher proportion (45.1%) of respondents to the Connect Mat-Su participant survey were currently having trouble with reliable transportation. Of the Mat-Su Household Survey respondents who were currently experiencing transportation difficulties, a little more than one in five (22.6%) have difficulties once a week (Figure 77). Together, a little over half (51.1%) were having difficulties at least monthly, 12.7% several times per year, and 36.2% rarely or infrequently.

Figure 76: Residents' Experience with Reliable Transportation | Source: Mat-Su Household Survey, MSHF, 2025

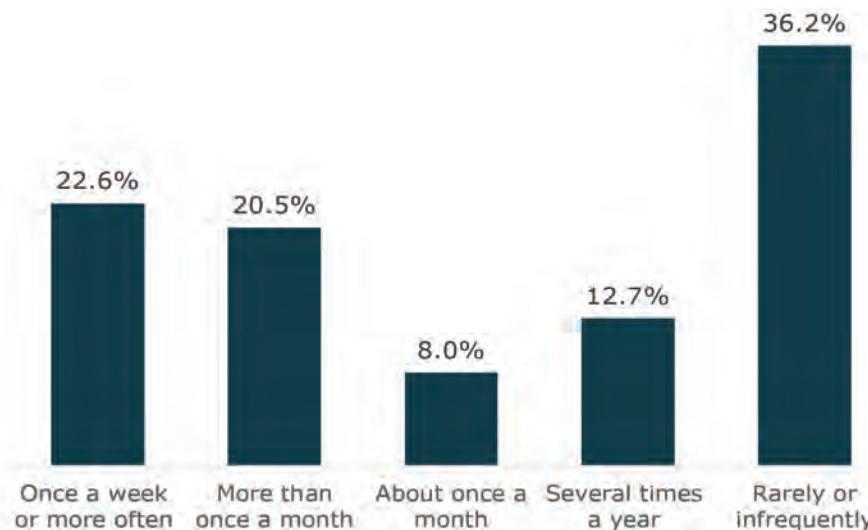




How often are you unable to go where you need to because you don't have transportation to get there?

Base: experienced difficulty having adequate, reliable transportation (n=133)

Figure 77: Frequency of Transportation Difficulties | Source: Mat-Su Household Survey, MSHF, 2025



According to the Center for Neighborhood Technology, Mat-Su residents spend a higher proportion of their income on transportation and drive more miles on average than Anchorage residents annually. Mat-Su residents spent 22% of their income on transportation in 2025, up from 21% in 2022 (Table 51). Annual transportation costs in Mat-Su rose to \$20,047 in 2025, up from \$16,258 in 2022 and higher than Anchorage's average of \$16,454 (Table 52). Overall residents in Mat-Su traveled an average of 25,467 miles in 2025, though residents from Palmer and Wasilla drove fewer miles.

Table 51: Percentage Income Spent on Transportation, 2022 & 2025 | Source: Center for Neighborhood Technology

	2022	2025
Mat-Su Borough	21%	22%
Anchorage	19%	18%
Palmer	20%	19%
Wasilla	19%	18%

Table 52: Annual Transportation Costs and Vehicle Miles Traveled, 2022 & 2025 | Source: Center for Neighborhood Technology

	Annual Transportation Cost 2022	Annual Transportation Cost 2025	Annual Auto Ownership Cost 2022	Annual Auto Ownership Cost 2025	Annual VMT* Cost, 2022	Annual VMT* Cost, 2025
Mat-Su Borough	\$16,258	\$20,047	\$12,109	\$14,303	\$4,146	\$5,742
Anchorage	\$14,302	\$16,454	\$10,620	\$12,234	\$3,563	\$4,186
Palmer	\$15,657	\$17,763	\$11,591	\$12,855	\$4,065	\$4,906
Wasilla	\$14,354	\$17,000	\$10,513	\$12,477	\$3,838	\$4,520

*VMT = Vehicle Miles Traveled

Table 53: Vehicle Miles Traveled, 2022 & 2025 | Source: Center for Neighborhood Technology

	Average Household VMT, 2022	Average Household VMT, 2025
Mat-Su Borough	25,844	25,467
Anchorage	22,213	18,567
Palmer	25,339	21,758
Wasilla	23,927	20,050

Community Input | Focus Groups

Focus groups highlighted the need for better infrastructure, thoughtful community planning, and expanded multimodal transportation options. Participants were asked about changes they've observed in the Mat-Su, and nearly every focus group talked about the increase in traffic. They emphasized that personal vehicles are the only reliable option, creating serious inequities for those unable to drive due to age, income, disability, or rural isolation. Public transit does exist but is limited and can be unreliable or inaccessible. There was strong support for continuous sidewalks, safer roads, more bike paths, and year-round pedestrian infrastructure. Residents called for people-centered planning and investment in a connected, multimodal system that improves access, safety, and quality of life for everyone.

Community Input

"I would say in addition to just transportation in general for people to get to appointments and stuff like that when my kids were in school I couldn't have them in after school activities because there wasn't after school transportation."

"I'd like to say a big challenge for the community is transportation. They may make it to the hospital, but they don't have a way to get home. Or they can't make it to the hospital, so more drastic things happen. That to me, I think, is the biggest problem that I hear day in and day out."

"To circle back to the reliable transportation, not assuming that everybody can drive to where these things are. I love it when there's a bike path on this side and a four-wheeler you know dirt road on this side and it allows for people who have lost their driver's license or will never have a driver's license to get around."

"I live close to everything I need, and I can drive myself—that's important as I get older."

"I've always had good neighbors who will give me a ride if I need one."

"Palmer is easy—everything is nearby and the roads are good."

"Our road crews are quick—it's usually plowed early after snow."

"We carpool to the grocery store every weekend—it helps and gives us time to catch up."

Community Input | Intercept Survey

The Intercept Survey highlighted unreliable transit and social isolation due to transportation barriers, while the Mat-Su Household Survey confirmed these challenges disproportionately affect lower-income residents, seniors, and people with disabilities. Rural areas such as Talkeetna, Willow, and Sutton were especially underserved, and public services were described as unreliable - one respondent reported being stranded despite scheduling a ride two weeks in advance. Limited transportation was seen as a major barrier to healthcare, food, jobs, and community life, with residents calling for better transit to outlying areas, rides to medical services, and increased funding.

Community Input

“Transportation needs big improvement. [They] left me stranded when I’d scheduled ride two weeks in advance and didn’t tell me until pick up time that they couldn’t pick me up.”

“The transit allows me to get to medical appointments.”

“I can’t drive therefore I can’t get to places.”

“The valley still needs better transportation for citizens with no vehicle or money to hire transportation. Healthcare still needs to be more accessible.”

“Students often struggle to have reliable transportation/living conditions.”

Community Input | Connect Mat-Su Participant Survey

The responses were notably more crisis-focused and urgent, with participants describing immediate hardships like being stranded with children or unable to afford vehicle repairs. Car breakdowns, lack of reliable public transit, and the high cost of gas made daily life difficult and unpredictable. The consequences were especially acute for individuals with disabilities or limited mobility, who experienced barriers physically accessing medical facilities.

Community Input

"I have been driving old vehicles. When they break down, it is difficult to get them repaired, and public transportation here is inadequate."

"Because I am behind on rent due to changing jobs and my car just broke down and can't afford to get it fixed."

"I have no transportation. But Sunshine Transit allows me my basic need to stores. Laundry."

"I have a daughter that her and her boyfriend can't get a job due to no vehicle and can't pay bills without it."

"We need public transportation for inner-valley needs, not just commuting to Anchorage. Walking is too dangerous with young children in tow and the cabs are way too unreliable. I have been screwed over by the cabs multiple times, canceling my scheduled rides and leaving me with 3 kids and a baby to walk home ten miles from school because my car broke down."

"Car problems. The mechanics out here either are too expensive + don't know how to fix the problem, or are straight up scammers. Towed my vehicle to Anchorage, they fixed it for \$600 after spending \$4k in Wasilla for nobody to figure out the problem."

A man with a beard and a baseball cap is looking at a grocery store shelf. The shelf is filled with various food items, including boxes of cereal and containers of yogurt. The lighting is bright, and the colors are natural. The man is wearing a plaid shirt and a baseball cap. The background is slightly blurred, focusing on the man and the shelf.

Chapter 11



Food Security



Christian Hartley | Public Safety Director, City of Houston; Owner, Big Lake Writer; Director, Kids Kupboard; 41 years lived in Mat-Su

"The shared meal elevates eating from a mechanical process of fueling the body to a ritual of family and community, from the mere animal biology to an act of culture."

(Michael Pollan, In Defense of Food: An Eater's Manifesto)

Food security is a basic health need that affects all parts of community life in the Mat-Su Borough. When my fire department in Houston first offered the use of a station as a feeding location for Kids Kupboard, I thought we might see a few kids. I knew some people were hungry, but surely not a lot, right? It wasn't something people talked about often. It turned out to be a huge issue. From that first year of Kids Kupboard until almost a decade later when Kids Kupboard served over a quarter million meals in a single year, I have learned just how widespread hunger is in the Mat-Su. Without the security of a daily meal, how can a child focus on school and home? How can a family thrive when they barely survive? Hunger is real and an obstacle, but it something we can address.

Food security creates amazing possibilities for individuals and families throughout the Mat-Su Borough. When families have steady access to healthy, affordable food, children can focus on school instead of worrying about their next meal. Parents can use their mental energy and money for other important needs like healthcare, housing, and transportation. This creates stability that helps entire households. For residents managing long-term health problems like diabetes or heart disease, food security helps them follow medical advice and diet rules. This can lower healthcare costs and improve quality of life.

The Mat-Su Borough has a network of community food programs that help. Local food banks have become important places that provide key services to families facing money problems and living far from stores. These organizations do more than just give out food. They show the community's effort to make sure no resident goes hungry. School meal programs have become reliable sources of nutrition for children. This removes barriers to learning and helps family food budgets. Also, meal delivery programs made just for older adults and residents who cannot move around as easily, as well as congregate and meal delivery options for children, show that the community understands that food access is not a one-solution problem. Churches and nonprofit groups have been diligent in reaching remote and rural communities throughout our borough. They often travel long distances to ensure rural residents get food help. These efforts show a deep understanding of the special challenges created by Alaska's limited ways to travel large distances. They are actively working to fix problems in the current system. Communities must protect and grow these strengths because they show its values of helping each other and sharing responsibility for resident well-being.



Introduction

Food is an important part of well-being because it affects every part of a person's life. When people have consistent, affordable access to food that supports their health and wellbeing, including a variety of protein, fresh fruits, vegetables and culturally significant foods, they are more likely to stay well, have energy, and avoid diseases like diabetes or heart problems.

In the Mat-Su Borough, many people face challenges getting food. Some areas are far from grocery stores, and food can be expensive. Then people need a functioning kitchen and the time to prepare and enjoy meals. Any of these can make it hard for families to make healthy choices. A strong local food system can help by making food easier to find and more affordable. Community gardens, farmers markets, and local farms are examples of how food systems can bring fresh food closer to people's homes. Other aspects of the food system include food processing and storage, distribution and transportation, food waste reduction, and food education and literacy.

Economic Mobility

Access to foods is important for people's health, but it also affects their ability to improve economically. When families have food security, they are more likely to stay well and avoid illnesses. Staying healthy means fewer doctor visits, lower medical bills, and less time missed from work or school. Additionally, nutritious foods improve childhood health, development, and education outcomes.

Belonging and Civic Muscle

Access to culturally significant foods and places to commune around food can help people feel like they belong in their community. When everyone can find and afford good food, it shows that the community cares about all its members. Places like farmers markets, community kitchens, and food pantries bring people together and create spaces where neighbors can meet and support each other. Sharing meals and food traditions also helps people feel connected, included, and proud of their community.

Having access to healthy food also builds "civic muscle," which means people working together to make their community better. When people join food co-ops, volunteer at food banks, or support local farms, they are using their civic muscle to solve problems.

Key Data Insights

According to Feeding America, in 2023, about 14,710 residents, or 13.3% of the population, did not have reliable access to enough food (Figure 78). Over half of these individuals (55%) did not qualify for SNAP benefits, which are meant to help people buy groceries. The cost of a meal in Mat-Su averaged \$4.61, leading to an annual food budget gap of \$12.86 million. Almost half (45%) of Mat-Su households earn less than 130% of the poverty level, which is the income limit to qualify for food assistance like SNAP. In 2024, according to Healthiest Communities, U.S. News & World Report, Mat-Su had a food environment index score of 18.3, indicating better access to healthy food compared to both the state and national averages (Table 54). However, 28.9% of residents still lacked access to a grocery store—lower than the state average (30.9%) but higher than the national rate (24.6%).

Figure 78: Food Insecurity, 2023 | Source: Feeding America, Map the Meal Gap, 2023



Table 54: Food Environment Index Score | Source: Healthiest Communities, US News & World Report (2024)

	Mat-Su	Alaska	US
Food Environment Index Score Higher score indicates more healthy food than unhealthy food is available in a community	18.3	16.3	16.3
Local Food Outlets*	6.5	20.3	5.9
Population Without Access to Large Grocery Store	28.9%	30.9%	24.6%

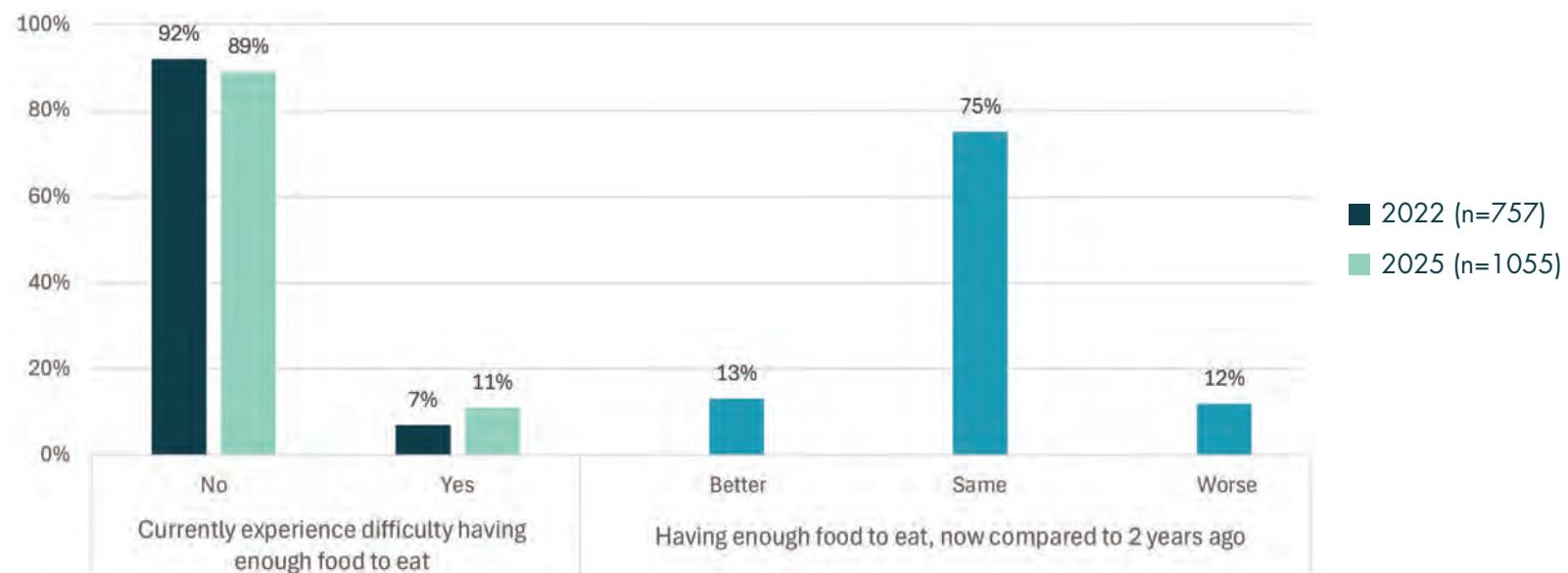
*Reflects number of local food outlets – including farmers markets, community-supported agriculture sites and on-farm markets – per 100,000 total population. (2024; U.S. Department of Agriculture)

Chapter 11: Food Security | Key Data Insights

Mat-Su Household Survey data also showed that the percentage of residents having trouble getting enough food increased from 7% in 2022 to 11% in 2025 (Figure 79). People living below poverty (29.9%), with incomes below \$50,000 (24.6%), with a high school diploma/GED (14.7%), single women (23.0%), and residents identifying as two or more races (18.3%) were much more likely to have trouble affording enough food. More respondents to the Connect Mat-Su participant survey (36.8%) indicated difficulty having enough food to eat. The Mat-Su Household Survey also asked residents if their food situation had improved or worsened over the past two years. About 13.1% said it had gotten better, while 11.9% said their situation was worse. Access to local food sources varied depending on where people lived. Most respondents (78.2%) had a convenience store nearby, and 73.2% had access to a grocery store. However, only 39.7% had a nearby farmers market or produce stand, and just 20.3% lived near a community garden (See chart in the Belonging and Civic Muscle chapter). People living in the Central Core Area had better access to farmers markets and community gardens, while rural and Alaska Native/American Indian residents were less likely to have nearby stores.



Figure 79: Difficulty Getting Enough Food to Eat | Source: Mat-Su Household Survey, MSHF, 2022 & 2025



According to CHRR, children eligible for free and reduced-price lunch in Mat-Su rose from 28.6% in 2016 to 33.5% in 2025 (Table 55). Also, food insecurity increased, from 10.2% in 2021 to 13.3% in 2023, higher than Anchorage (12.7%) and lower than the statewide rate (14.5%) (Table 56). The child food insecurity rate is higher than the overall food insecurity rate in Mat-Su, Anchorage, and Alaska. IN the Mat-Su the child food insecurity rate increased from 11.9% in 2021 to 16.0% in 2023.

The data comes from NCES. The numerator is the number of public school students, grades PK-12, eligible for free or reduced price lunch. Children eligible for free lunch live in a family with income less than 130% of the federal poverty level or who are directly certified, while children eligible for reduced price lunch live in a family with income less than 185% of the federal poverty level. Students are directly certified to receive free meals if they belong to a household receiving selected federal benefits or are migrant, homeless, in foster care, or in Head Start.

Table 55: Children Eligible for Free and Reduced-Price Lunch | Source: CHRR

*Data not available for 2020 & 2021

	2014	2015	2016	2017	2018	2019	2022*
Mat-Su Borough	34.3%	34.5%	35.7%	36.5%	41.8%	35.3%	33.5%
Anchorage	44.5%	43.4%	45.2%	46.5%	36.6%	43.5%	39.3%
Alaska	43.1%	42.7%	44.1%	44.6%	42.4%	43.0%	39.5%

Table 56: Overall and Child Food Insecurity Rates | Source: Feeding America, Map the Meal Gap, 2021-2023

Mat-Su Borough		Anchorage		Alaska		
	Overall	Child	Overall	Child	Overall	Child
2021	10.2%	11.9%	9.1%	11.4%	10.7%	12.8%
2022	12.3%	15.9%	11.2%	15.1%	12.8%	17.1%
2023	13.3%	16.0%	12.7%	15.6%	14.5%	17.8%

Chapter 11: Food Security | Key Data Insights

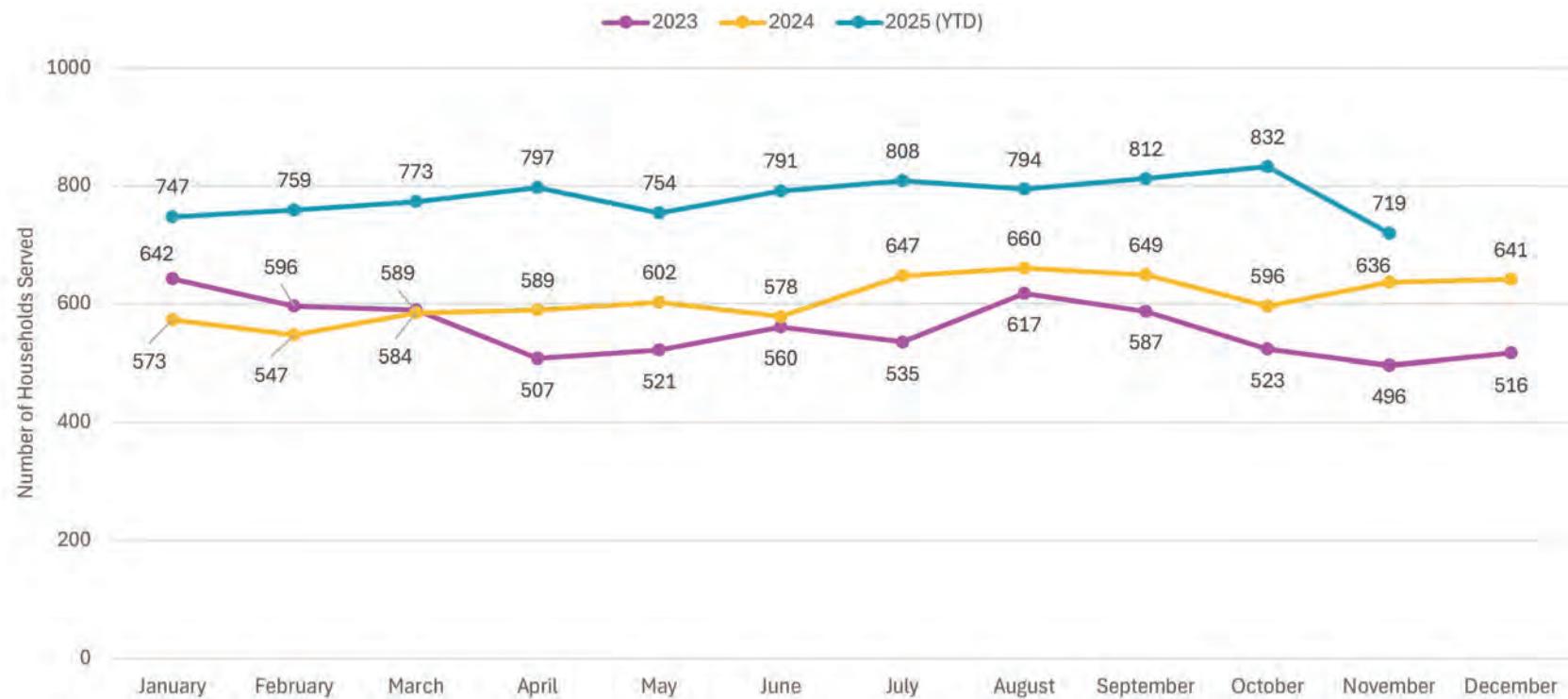
The Mat-Su Food Bank served an average of 781 households per month in 2025, a 28% increase over 2024 (Table 57). There was also an increase in new households, veterans, people with disabilities, SNAP families, and homeless individuals accessing the pantry as well as an increase in the number of senior boxes distributed. The food pantry served more household for each month (January to November) in 2025, serving the most households in October (Figure 80).

Table 57: Mat-Su Food Bank Food Pantry, Households and Populations Served | Source: Mat-Su Food Bank, January 2024- November 2025

	Households served	New Households	Veterans	People with Disabilities	SNAP Families	Homeless Individuals	Senior Citizen Boxes	Ages 0 to 18	Ages 19 to 59	Ages 60+
2024 Monthly Average	609	161	116	240	245	6	147	834	976	395
2025 Monthly Average	781	213	128	300	285	16	197	1029	1238	501
% Increase from 2024	28%	32%	10%	25%	16%	155%	34%	23%	27%	27%



Figure 80: Mat-Su Food Bank Food Pantry, Households Served per Month | Source: Mat-Su Food Bank, January 2023 – November 2025



Community Input | Focus Group Survey

Food access came up often in Mat-Su focus group discussions, usually connected to bigger issues like housing, healthcare, and money for basic needs. Many residents worried about the high cost, limited availability, and quality of food, especially seniors, low-income families, and people without reliable transportation. Suggestions included better-stocked food banks, healthier Meals on Wheels, and free or low-cost food at clinics or events. Some also recommended bundling food with other help, like hygiene products, or pairing grocery access with transportation support. Participants stressed that school meals should be healthier and more affordable, and that nutrition education is important. People living in more rural areas like Sutton, Talkeetna, and Willow reported the toughest barriers, saying the region needs local solutions and fairer food distribution.

Even with these challenges, many residents shared appreciation for the food programs and supports that are available. Food pantries, school lunch programs, and local farms were seen as vital, with farmers markets and small producers adding more fresh, local options. Community-based efforts, like neighbors sharing meals or volunteers helping families, were also described as meaningful and impactful. Programs that ensure elders and children can get prepared meals stood out as especially important. Overall, food access was described not just as a challenge but also as an example of community care, where both formal programs and informal support networks play a key role in making sure people don't go hungry.

“And you’re hearing it with lots of services, because of inflation and the increase of everything, the qualifications, wages have not kept up and the qualifications to have not. So now there’s this huge gap of like, oh, these people qualify for SNAP. You know, 10 % of the population qualifies for SNAP, but 30% is actually food insecure. And that’s happening a lot.”

“I personally depend on the food bank, but we have so many. That’s like one of the number things, one of the things we hand out is the calendar for the food bank.”

“Food pantries have been a lifesaver—always there when we needed help.”

“The school lunch program has helped us a lot—especially in the summer.”

“We have some great farmers markets now—it’s easier to get fresh vegetables.”

“My neighbor brings extra fish and moose every season—we share.”

“I really appreciate the meals-on-wheels program—it means I can eat healthy without going out.”

“People help each other—if someone’s struggling, the community shows up with food.”

“I use the food bank sometimes and they’re respectful and kind.”

“There’s a woman on our street who makes meals for elders—she’s a blessing.”

“We have local producers starting to sell eggs and produce—that’s been a good change.”

Community Input | Intercept Survey

Participants discussed specific interventions, including government-funded food banks and improved food delivery programs, linking food access to broader community wellness goals. They emphasized that the high cost of food, combined with low or stagnant wages, makes it difficult to consistently afford groceries, leading many to rely on food banks. Respondents called for stronger food bank systems, more support for food-insecure families, and greater access to fresh, healthy food. These priorities reflect a desire for integrated, equitable systems that enable all residents to access adequate, nutritious food as part of a healthier lifestyle.

**"I'm not sure what could make it better,
maybe food drives."**

"Make healthier options affordable."

**"Health packages at food banks or other
public events w/ pads, tampons, ibuprofen,
Tylenol, etc."**

"Healthier school food/more meal options."

Community Input | Connect Survey

Participants described being “hungry all the time” and making impossible choices between food, rent, and medication. Many participants described having to rely on food banks after losing or being denied SNAP benefits, or because their income slightly exceeds eligibility thresholds. Rising food prices were repeatedly cited as overwhelming. Some described constant hunger, an inability to purchase nutritious food, or skipping meals to ensure their children had enough—challenges that were increased in geographically isolated communities.

Community Input

“I’m hungry all the time and always afraid I will be evicted or my power shut off.”

“Now it’s medication and food or rent. Tough to choose when my stomach is growling, and it’s cold in my house.”

“Money to buy enough food and pay my gas and electric bill—I have to rely on the food bank to get food because they cut off my SNAP benefit.”

“Run out of food in my household. Forced to go to food banks to supplement groceries because income goes to important bills.”

“Food stamp amount we receive a month for 2 people with the price of food in the last 6 months is just not enough anymore. We are short every month and have to go to foodbanks.”

“We’ve had to utilize our local food bank at times so we could eat.”





Chapter 12



Thriving Natural World



Foreword by Melis Coady | Executive Director, Susitna River Coalition; Mat-Su Resident for 26 years

The first time I came to Alaska as a teenager, I hiked into the Talkeetna Mountains as part of a backpacking excursion and stepped off the trail onto high alpine tundra. There were no official trails to follow, just caribou paths curling through crowberry and lichens, unnamed peaks, and long valleys that asked us to use our wits. I remember thinking: this place is pristine, wild, and worth caring for. Many people come to the Mat-Su for similar reasons—to hunt and fish, to find big vistas, and to re-center with friends and family in nature. Many of us stayed, or returned, to build our lives here, yet others have stewarded this land for generations.

A thriving natural world is not a luxury in the Mat-Su—a thriving natural world is basic health infrastructure. Clean air lets kids play outside. Clean water fills wells, sustains salmon, and keeps farms and small businesses running. Healthy soils support gardens and fields and keep dust and pollutants out of our lungs. Our landscape underpins subsistence, recreation, and a growing local economy. When these systems are strong, so are our communities.

Growth brings new opportunities and new responsibilities. Practical care of our environment lets us enjoy the places we love while keeping them intact: protecting headwaters and wetlands that slow floods; keeping vegetated buffers along rivers and lakes; designing roads and driveways to manage runoff; and looking after the everyday systems like private wells, septic, and culverts that keep neighborhoods healthy. Care of our natural world also means planning for smoke, dust, and extreme weather so the most vulnerable among us have clear information and safe options.

What we heard through this community needs assessment is consistent: people value reliable drinking water; healthy lakes, wetlands, and salmon streams; safe places to play; and less smoke and dust. Residents asked for practical investments such as, regular lake and well monitoring with public dashboards; outreach on septic maintenance; small grants and low-interest loans for well and septic upgrades; dust-control and wood-stove change-out programs; shoreline restoration and culvert replacements that reduce flooding; and education about how to live in harmony with our environment.

I think back to my first day on the tundra and the feeling of walking without a marked path. The Mat-Su is still a place where we can move forward with practical steps that keep our air clear, our water clean, and our soils healthy, even as we grow. If we treat the natural world as the foundation of community health that it is, our children will inherit not only the views we love, but the living systems that make those views meaningful. That is the future this knowledge invites us to build.



Team members from state agencies and local nonprofits identify juvenile salmon at a salmon-habitat restoration project at Moose Creek led by the Chickaloon Tribe. Sutton, AK. Photo courtesy Jeff Fisher, Alaska Department of Environmental Conservation



A local volunteer performs trail work in a forest area near Talkeetna, a job is made easier by use of an ATV. Talkeetna, Alaska. Photo courtesy Melis Coady, Susitna River Coalition

Introduction

A thriving natural world is one where people and nature are in balance. This means the air, water, and land are clean and healthy, and natural resources are used in ways that don't harm future generations. It also means that people have freedom from hazards, like contaminated water, extreme heat, flooding, or radiation. A thriving environment supports biodiversity, protects ecosystems, and gives people safe places to live, work, and play. It also includes access to parks, green spaces, and outdoor activities that help people connect with nature and enjoy its benefits. A healthy community depends on a thriving natural environment because the environment directly affects people's health and quality of life. Clean air and water reduce sickness, while safe and accessible green spaces encourage exercise, relaxation, and social connection.

Economic Mobility

When communities have clean air, safe water, and healthy land, people are less likely to get sick, which lowers medical costs and helps them stay in school or work. Access to natural spaces like parks and trails can also make areas more attractive for families and businesses, bringing in jobs and new opportunities. In this way, protecting the environment helps create the conditions for people to grow and succeed financially. Additionally, when communities experience climate and weather-related disasters it places an economic burden on the people who live there..

At the same time, a strong natural environment supports industries like agriculture, fishing, tourism, and outdoor recreation, which provide jobs and income for residents. When these resources are cared for, they can continue to support future generations and give people stable opportunities to build wealth. On the other hand, if the environment is damaged, it can limit job options, increase health costs, and make it harder for families to move up financially.

Belonging and Civic Muscle

A thriving natural environment helps strengthen belonging and civic muscle, which means people feel connected to their community and believe they have the power to make positive changes together. When communities have clean, safe, and accessible natural spaces like parks, rivers, and trails, people are more likely to come together, spend time outside, and build relationships. Shared care for the environment, such as volunteering for cleanups or community gardens, gives people a sense of pride and belonging, showing that they are part of something bigger than themselves.

At the same time, working to protect and improve the natural environment builds civic muscle because it requires teamwork, advocacy, and shared decision-making. When people join together to solve problems like pollution or land use, they learn how to organize, speak up, and influence change. These skills strengthen the community's ability to face other challenges as well. In this way, a healthy environment not only improves physical well-being but also helps people feel more connected and empowered in their community.

Key Data Insights

People are drawn to the Mat-Su for its beauty, natural spaces, and sense of freedom in the outdoors. Across the Mat-Su region, residents consistently express a deep appreciation for the natural environment. Mountains, forests, rivers, trails, and other outdoor spaces are valued for recreation, health, and personal well-being. People describe a strong connection to the land and a desire to protect it for future generations. Green spaces, trails, and outdoor recreation areas are seen as key parts of what makes life in the region enjoyable and fulfilling. These natural assets are widely recognized as central to community identity and quality of life.

At the same time, residents raised serious environmental concerns, especially around water access, waste management, and the impacts of growth. Many reported challenges with safe, affordable drinking water, and noted problems with trash, illegal dumping, and lack of recycling programs. Rapid development, urban sprawl, and loss of wild spaces also worry many, as these trends threaten wildlife, agriculture, and greenbelts. Experiences vary across the region: core area communities and higher-income households generally have better access to parks and outdoor amenities, while rural, lower-income, Alaska Native, and younger families face greater environmental hazards and obstacles to enjoying natural spaces.

Community Conditions & Amenities

Many Mat-Su residents reported having access to natural spaces on the Mat-Su Household Survey, but not everyone benefits equally. About three-quarters (75.6%) say they live near parks, trails, or natural spaces, and 61.4% live near playgrounds (Figure 81). Though respondents with three or more children (85.5%), those aged 45-54 (83.0%), and those with college degrees (82.0%), were more likely than average to live near parks, trails, and natural spaces. While residents in the outer core areas (68.5%), those with High School/GED education (66.5%), and those who have household incomes below the federal poverty level (64.7%) were less likely than average to have these amenities nearby. Respondents with three or more children (79.4%) were also more likely to live near a playground, while residents in the outer core (46.4%) and households below poverty level (55.0%) were less likely to live near playgrounds.

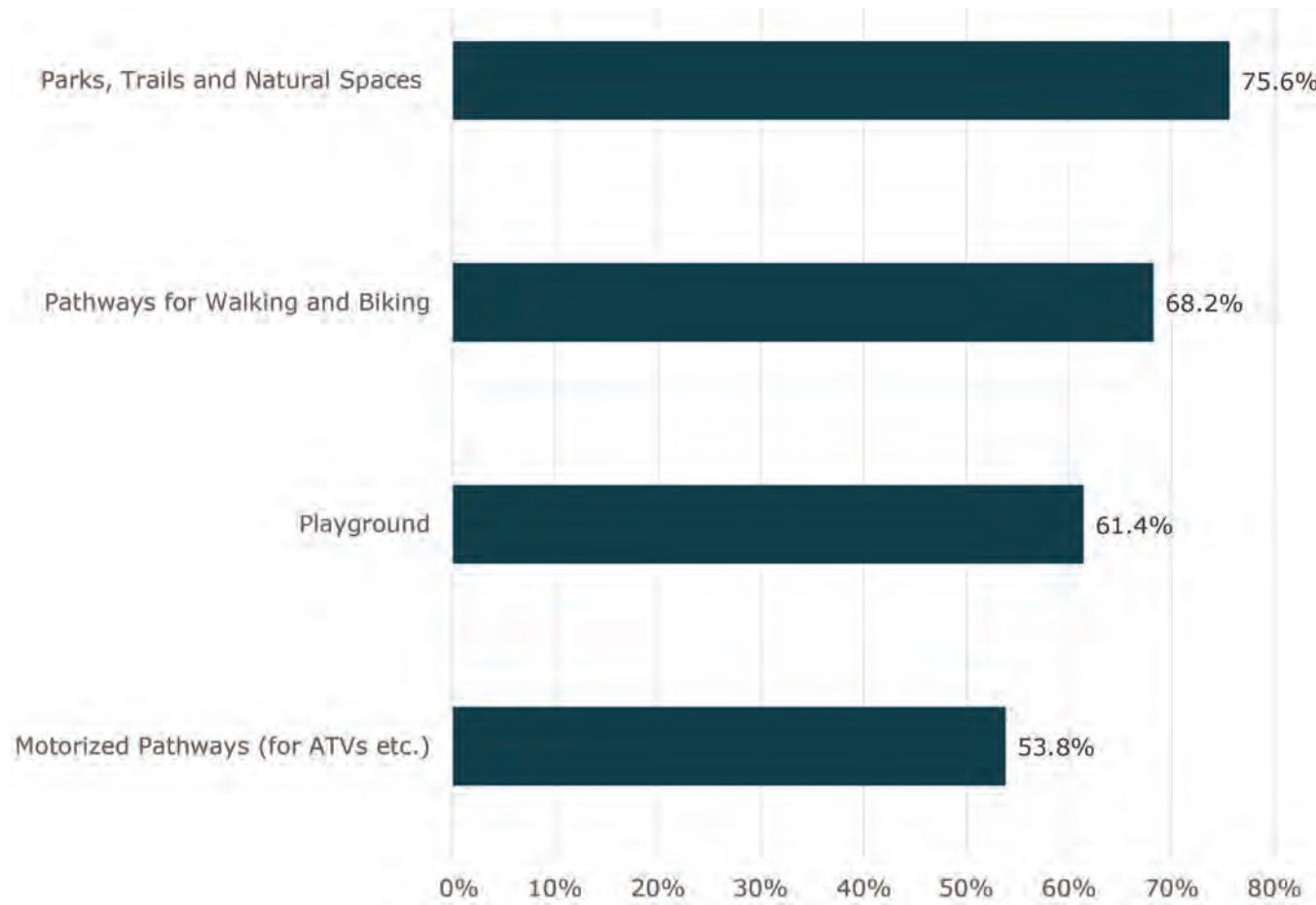
Over two-thirds (68.2%) of respondents have walking and biking pathways nearby and about half (53.8%) report having motorized pathways for ATVs. Again, families with three or more children (77.9%) were more likely than average to live near pathways for walking and biking. Alaska Native/American Indian residents (51.3%), single males (59.3), household below poverty (61.2%), and people in the outer core areas (59.0%) were less likely to have pathways nearby.

Note the full list of community amenities and percentages can be found in the Belonging and Civic Muscle Chapter, while the list of most community concerns and safety can be found in the Humane Housing Chapter.

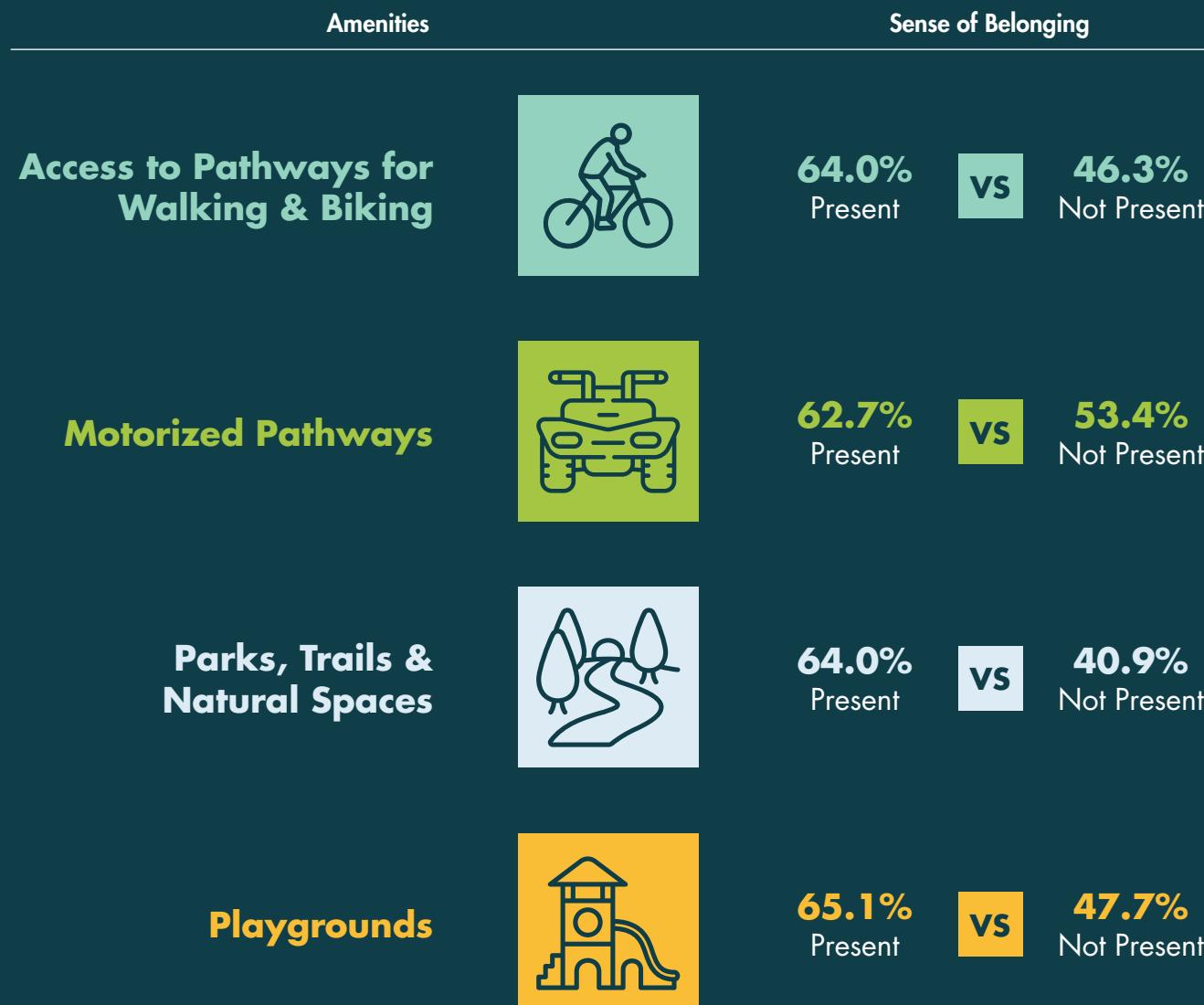


Which of the following amenities are present in your local neighborhood or near where you live?

Figure 81: Amenities Present in Your Local Neighborhood or Near Where You Live | Source: Mat-Su Household Survey, MSHF, 2025



In addition to asking about the amenities present near where people live, the Mat-Su Household Survey asked about residents' sense of belonging. The responses from these questions were compared and it was found that there is a correlation between having these amenities present and people's sense of belonging. When people have pathways, trails, parks, and playgrounds near where they live there is a higher sense of belonging than people who do not live near these amenities.



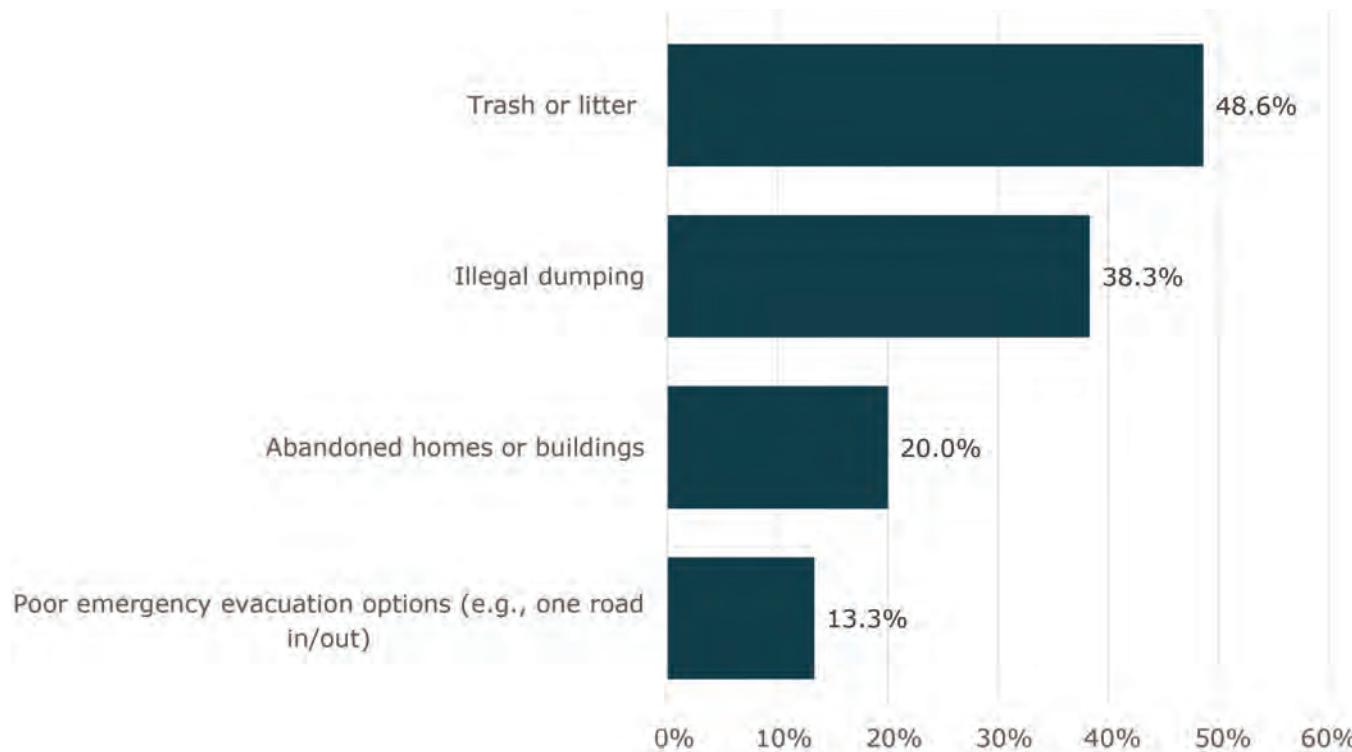
Chapter 12: Thriving Natural World | Community Conditions & Amenities

Mat-Su Household Survey respondents were asked to indicate if they were experiencing any community environmental concerns near where they lived. The full list of community concerns and safety can be found in the Humane Housing chapter. Almost half (48.6%) of the Mat-Su Household Survey respondents indicated that they have observed or experienced trash or litter near where they live and almost one in four (38.3%) reported illegal dumping (Figure 82). Other related concerns included abandoned homes or buildings (20.0%) and poor emergency evacuation options (13.3%). There were significantly more reports of illegal dumping (58.6%) and abandoned homes (35.1%) by residents in rural/remote areas of the borough.



Which of the following concerns have you observed or experienced near where you live?

Figure 82: Community Environmental Concerns Observed or Experienced | Source: Mat-Su Household Survey, MSHF, 2025



Mat-Su has a lower walkability score of 5.5, as only 16.7% of the population has recreational destinations within half a mile of their residence, although this number has increased from 10.2% in 2022 (Table 58). This is far lower than the 47.7% of Alaskans and even the 47.4% of Americans who have higher walkability index scores of 7.7 and 6.5 respectively, both increasing over the past three years.

Table 58: Community Walkability | Source: Healthiest Communities, US News & World Report (2022 & 2025)

		Mat-Su 2022	Mat-Su 2024	Alaska 2022	Alaska 2024	US 2022	US 2024
Population Within .5 Mile of Walkable Destinations	Share of the population living near a destination such as a library, museum or playground	10.2%	16.7%	40.4%	47.7%	34.0%	47.4%
Walkability Index Score	Higher score indicates a community is more conducive to walking	5.5	5.5	7.7	7.7	6.1	6.5

County Health Rankings & Roadmaps defines “access to exercise opportunities” as the percentage of people who live reasonably close to places for physical activity, like parks and recreational facilities. The goal of this measure is to give communities a fair and consistent way to compare how easy it is for residents to access places where they can be active. Someone counts as having access if they live in a census block that is:

- Within ½ mile of a park (in both urban and rural areas)
- Within 1 mile of a recreational facility (if in an urban area)
- Within 3 miles of a recreational facility (if in a rural area)
- Parks include public lands intended for recreation, such as city parks, forests, national parks, and wilderness areas.
- Recreational facilities include places like gyms, YMCAs, dance studios, and community centers.
- This measure is not inclusive of all exercise opportunities within a community. For example sidewalks, malls, or schools with gyms are not included
- This measure is based on proximity and is not a complete measure of access.

Table 59: Percent with Access to Exercise Opportunities, 2025 | Source: CHRR

	2025
Mat-Su	65.3%
Anchorage	93.9%
Alaska	79.1%

According to CHRR, around 65% of people in the Mat-Su live near places for physical activity. This is lower in Mat-Su than Anchorage and Alaska.

Community Input | Focus Group

People in the Mat-Su region really value the area's natural beauty and outdoor spaces. They enjoy hiking, skiing, biking, gardening, and just spending quiet time in nature. Places like Hatcher Pass, Talkeetna Lakes, Wonderland Park, and Mat-Su Lake Recreation Area are especially popular, though some residents said it can be hard to get to them or that they need better upkeep. Many also want more sidewalks, bike paths, and connected trails so everyone—including elders, youth, and people without cars—can safely enjoy the outdoors. Overall, residents want growth that adds small, community-friendly spaces while keeping nature protected and helping neighbors connect.

"We used to see moose herds of 40 or 50—now they're gone."

"Without planning and zoning, we'll love this place to death."

**"There's more traffic, more buildings, less snow, and fewer moose.
Everything's changing."**

**"Housing is ridiculous—\$900 for a shared apartment and no grass,
no trees, just ugly land."**

Community Input

"All these new subdivisions but no parks or places for kids to play."

"People are dumping trash on the trails—there's no cleanup in Big Lake."

"It's getting to be like the Lower 48—clear-cutting and strip malls. That's not Alaska."

"Developers should be required to build parks in neighborhoods—families need places to connect."

"We're losing farmland and trails to subdivisions. The horse trails are already gone."

"I love that I can be in nature in a short drive."

"Mat-Su Valley is beautiful—we live in a postcard."

"Nature is part of what makes this home—it's grounding."

"We go to Wonderland Park—safe, friendly, and clean."

"The trails in Palmer have improved in the past 10 years—it's made a big difference."

"Being outdoors here is good for your soul and your health."

"More bike paths open up means we're out more, we're healthier, and it's good for our minds."

Community Input | Intercept Survey

Intercept Survey respondents appreciate the area's natural beauty but pointed out concerns about public green space, infrastructure, and rural isolation. Some noted that areas like Caswell Lakes and parts of the Northern Valley lack enough parks, trails, or recreational spaces. One person called the borough "short-sighted" in planning for long-term land use. Many residents emphasized that access to nature is important for quality of life and want open spaces preserved as populations grow. There was a clear call for more equitable distribution of outdoor spaces, especially in underserved or rapidly growing communities.

"There is very little green space or public space in Caswell Lakes. The Mat-Su borough should plan for the future now."

"I would like see a goal making the environment healthy like increased recycling options."

"Classes on sustainable living (gardening - composting)." [sic]

"I like it when road community cleanups are organized."

Community Input | Connect Mat-Su Participant Survey

Beyond water, residents described other environmental problems that add stress and cost. Harsh winters with heavy snow caused roof and window damage, and inadequate snowplow service made driveways unsafe, especially for seniors and people with disabilities. Rising utility costs and expensive firewood further strain budgets. Many also called for better waste management, more public recycling, and cleaner public spaces. Concerns about landfills and losing Alaska's natural beauty were common. These environmental challenges are closely linked to economic insecurity, housing issues, and health concerns, showing how many residents face both financial and environmental hardships at the same time.



Air and Water Quality

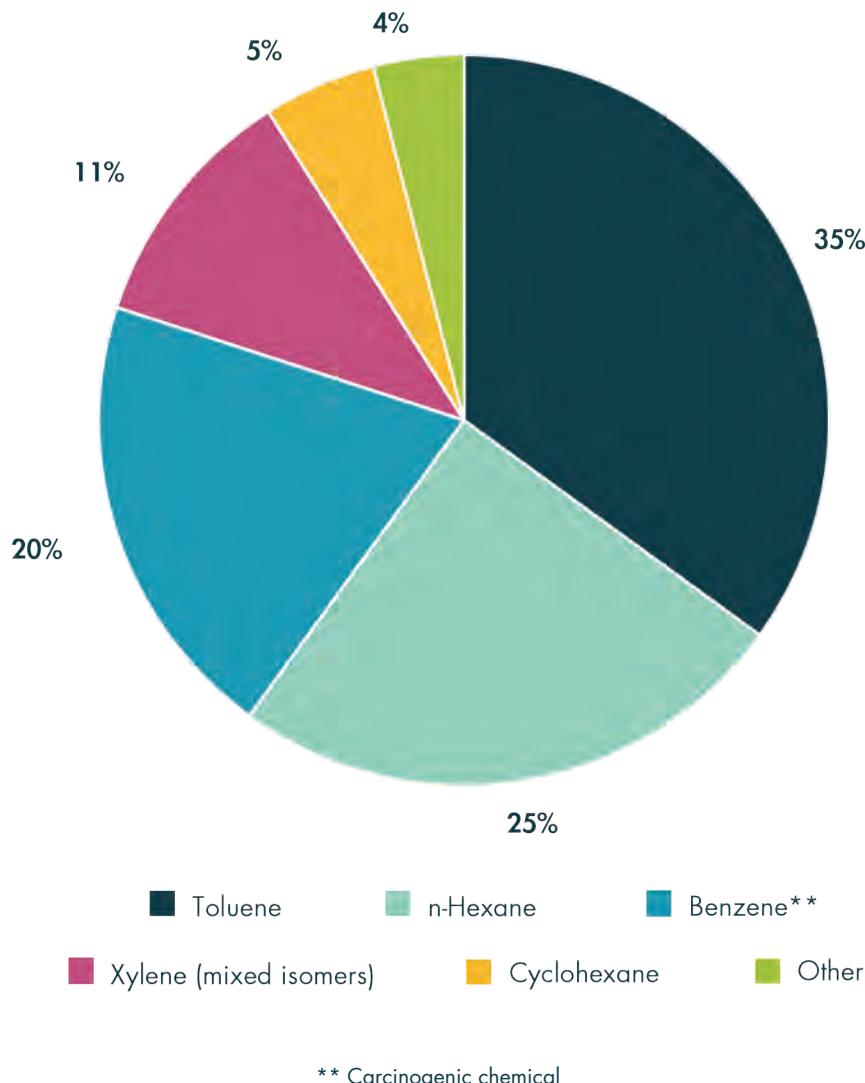
The Air Quality Index established by the U.S. Environmental Protection Agency (EPA) is calculated based on national standards for five major air pollutants – ground-level ozone, particle pollution (i.e., particulate matter including PM2.5 and PM10), carbon monoxide, sulfur dioxide, and nitrogen dioxide. The index uses six color coded categories and the higher the AQI value the greater the risk, where values 0 to 50 are considered good air quality, 51 to 100 moderate, 101 to 150 unhealthy for sensitive groups, 151 to 200 unhealthy, 201 to 300 very unhealthy, and 301+ hazardous. Generally, the air quality in the Mat-Su is good at, with some moderate days and only the occasional unhealthy days for sensitive groups (Table 60). In 2023, a total of 952 pounds of toxic material was released into the air, and the top five chemicals released are displayed in Figure 83. It is important to note that Alaska ranks 9 out of 56 states/territories nationwide based on total releases per square mile (Rank 1=highest releases).

Table 60: Air Quality Index, Anchorage and Mat-Su | Source: EPA Air Data Annual Summary by County

		Days AQI Measured	Good Days	Moderate Days	Unhealthy Days - Sensitive Groups	Unhealthy Days	Very Unhealthy Days	Hazardous Days	Max AQI	Median AQI
2024	Anchorage	366	297	69	0	0	0	0	90	24
	Mat-Su Borough	359	331	28	0	0	0	0	95	15
2023	Anchorage	365	319	46	0	0	0	0	71	21
	Mat-Su Borough	358	317	40	1	0	0	0	102	14
2022	Anchorage	365	302	62	1	0	0	0	125	24
	Mat-Su Borough	341	301	40	0	0	0	0	89	12
2021	Anchorage	365	289	74	2	0	0	0	132	28
	Mat-Su Borough	354	307	44	2	1	0	0	163	15
2020	Anchorage	366	294	72	0	0	0	0	92	27
	Mat-Su Borough	359	317	41	1	0	0	0	103	17

Figure 83: Top 5 Chemicals Released to Air, Mat-Su Borough

Source: Toxics Release Inventory Factsheet, 2023 National Analysis Dataset (updated July 2025, released July 2025)



Chapter 12: Thriving Natural World | Air and Water Quality

From 2021 to 2024, the air-related health risks changed in different ways for Mat-Su, Alaska, and the U.S (Table 61). In Mat-Su, the airborne cancer risk rose from 10.3 to 17.14, and air quality hazards also increased from 0.13 to 0.21. Across Alaska, the risks were higher overall, with cancer risk going from 15.05 to 26.04 and air quality hazards rising from 0.21 to 0.34. In contrast, the U.S. as a whole showed some improvement: cancer risk decreased from 25.92 in 2021 to 21.67 in 2024, and air quality hazards dropped from 0.34 to 0.25. This means while the nation reduced risks, both Mat-Su and Alaska experienced worsening air-related health concerns. Another known risk for cancer is Radon exposure, which is the second leading cause for lung cancer in the United States. Radon is considered an underrecognized health risk by the DPH, and Mat-Su is considered at a moderate risk by the EPA. Many homes tested in Mat-Su have radon levels above the EPA's limit of 4 picocuries per liter of air.¹ However, it is important to know that levels can vary significantly by building and testing is the best way to determine if individuals are at risk.

Table 61: Air Hazard and Risk, 2021-2024 | Source: U.S. News & World Report, Healthiest Communities

	Mat-Su 2021	Mat-Su 2024	Alaska 2021	Alaska 2024	US 2021	US 2024
Airborne Cancer Risk Probability of contracting cancer over the course of a lifetime based on air toxics health risks; per 1M population	10.3	17.14	15.05	26.04	25.92	21.67
Air Quality Hazard Potential risk of developing serious respiratory complications over the course of a lifetime; smaller values indicate reduced risk	0.13	0.21	0.21	0.34	0.34	0.25

¹ Alaska Department of Natural Resources, Geological & Geophysical Surveys, Alaska Radon Web App, <https://dggs.alaska.gov/hazards/radon.html>



Between 2021 and 2024, the drinking water violation rate increased significantly in the Mat-Su Borough, Anchorage, and Alaska (Table 62). In the Mat-Su region, the rate jumped from 0.15 to 13.9. Alaska saw a rise from 0.25 to 8.91, and the US rate increased from 0.03 to 5.76. This means that in all these places, there were more recorded problems with drinking water in 2024 compared to a few years earlier. According to the Mat-Su Household Survey, 5.5% of residents reported difficulty accessing drinking water and 1.9% of all respondents said it had gotten worse in the last two years (Figure 84). A higher proportion of Connect Mat-Su participants (39.2%) reported difficulty in accessing safe drinking water. Additionally, a small percentage of Mat-Su Household Survey respondents reported observing or experiencing poor air quality (3.8%), reported contaminated water (4.7%), and unsafe or polluted resource extraction (6.2%), such as gravel pits, near where they live.

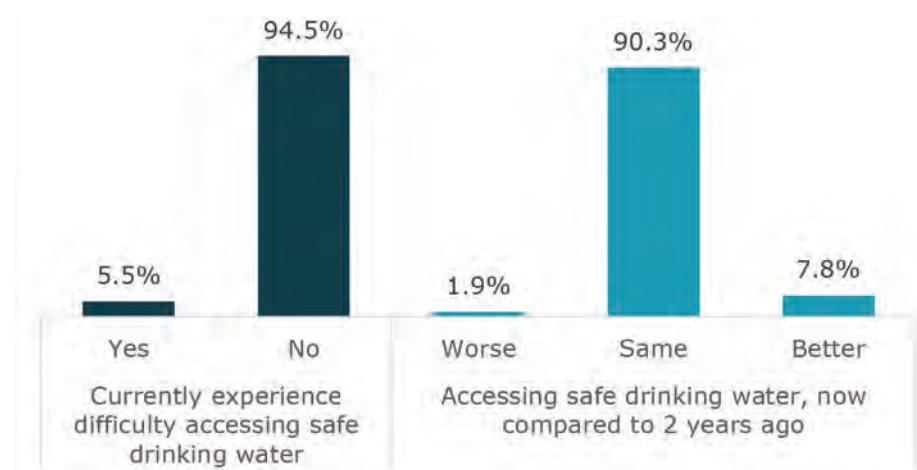
Table 62: Drinking Water Violation Rate per 1,000 Population | Source: Healthiest Communities, U.S. News & World Report, 2021-2024

	Mat-Su 2021	Mat-Su 2024	Alaska 2021	Alaska 2024	US 2021	US 202
Drinking Water Violation Rate	0.15	13.9	0.25	8.91	0.03	5.76



Are you or anyone in your household currently experiencing difficulty in the following areas:

Figure 84: Difficulty Accessing Safe Drinking Water | Source: Mat-Su Household Survey, MSHF, 2025



Community Input | Focus Group

Getting safe water is a big concern for many people in Mat-Su, especially in growing towns and remote areas. Some residents haul water or deal with poorly maintained systems. People also worry about air pollution and noise in some areas. Changing weather, like stronger winds and unpredictable seasons, makes outdoor activities harder. Residents want clean water and air, and they support keeping green areas, picking up trash, and building community gardens to help protect the environment and make life healthier and safer.

“I still haul water in the winter—it’s a huge issue.”

“Air quality isn’t as good—something’s different and it’s affecting our health.”

“Public water access would be nice. I’ve hauled water for over 25 years.”

“It’s clean, there’s fresh air, and the scenery is just beautiful.”

Community Input | Intercept Survey

Residents also value sustainability and taking care of the environment. They want cleaner parks, better recycling, organized clean-up efforts, and more education on gardening, composting, and sustainable living. Some shared the challenges of off-grid or remote living, including limited access to clean water, indoor exercise spaces, or hygiene facilities, which are made worse by harsh winters. Many tied environmental quality to community health, both physical and mental, and supported investments in trails, bike paths, swimming pools, and other outdoor facilities.

Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su participant survey respondents across the Mat-Su region shared serious concerns about safe and affordable drinking water, especially in rural and low-income areas. Some live in dry cabins or homes with broken wells and must haul water or rely on expensive bottled water, sometimes paying \$7.50 for just five gallons. Others cannot afford to repair plumbing problems. Even municipal water in towns like Palmer and Wasilla caused worries, with residents reporting poor taste, possible contamination, and little guidance from authorities.

“I live in a dry cabin and live too far to access work, water, or ways to pay phone or water bills plus gas \$ to put in car.”

“Water well has quit working and most likely needs a new pump which I cannot afford to buy.”

“Palmer notified residents that there may be lead in the water, but they didn’t say what to do about it... we have had to buy bottled drinking water.”

“No filter for my water.”

“It cost \$7.50 for a shower and \$7.50 for 5 gallons of water.”

“We live on a community well that isn’t rated for drinking.”

“My well pump and plumbing system is in dire need of repairs.”

Natural Disasters

When places experiences frequent or compounding disasters it has an economic impact on the community. Between 2019 and 2023, the Mat-Su Borough has had four climate and weather-related presidential disaster declarations and was second in the state for number of declarations behind Bethel which had nine (Table 63).

Table 63: Climate and Weather-Related Presidential Disaster Declarations, 2019-2023

Source: CHRR, Community Conditions and Disaster Declarations Explorer

Borough/Census Area	Number of Declarations	Borough/Census Area	Number of Declarations
Bethel Census Area	9	Denali Borough	2
Matanuska-Susitna Borough	4	Aleutians West Census Area	1
Yukon-Koyukuk Census Area	3	Anchorage Borough	1
Fairbanks North Star Borough	3	Haines Borough	1
Southeast Fairbanks Census Area	3	Skagway Municipality	1
Kenai Peninsula Borough	3	Juneau Borough	1
Nome Census Area	2	Petersburg Census Area	1
Kusilvak Census Area	2		

Note: If boroughs or census Areas are not listed it is because they had zero declarations between 2019 and 2023.





Central Mat-Su Fire Department
STATION 51

Chapter 13



Basic Needs for Health and Safety



Foreword by Desiré Shepler

President & CEO of Alaska Family Services

30+ year resident of Mat-Su, Caretaker of many pets and gardens

"Three things are needed
For humanity to co-exist:
Truth, peace, and basic needs.
Everything else-
Is irrelevant"

—Suzy Kassem, *Rise Up and Salute the Sun: The Writings of Suzy Kassem*

Last spring, Beth* was referred to Alaska Family Services' (AFS) Family Support and Preservation Program due to concerns about her children's care. Beth was overwhelmed by the demands of parenting two young children while pregnant and reluctantly welcomed the support of a home visitor. As the home visitor helped connect Beth's family to concrete resources and supported Beth's desire to build her parenting skills, Beth formed a trusting bond with her home visitor. That relationship gave Beth the courage to share that she wasn't safe at home.



With the support of AFS' Domestic Violence and Sexual Assault (DVSA) Shelter staff, Beth made the brave decision to leave her abusive husband. She fled with her children, the clothes on their backs, and hope for a better future. Beth and her family spent months at the DVSA shelter, while she worked to build a new life. From obtaining a protective order with the support of a legal advocate, to accessing nutritious food through WIC, to securing childcare assistance once she secured a job, and using emergency housing funds once she found a property to rent, Beth took advantage of every resource Mat-Su had available as she worked to meet her family's basic needs for health and safety.

As we consider cultivating a Mat-Su where every community member's basic needs for health and safety are met, we celebrate that we have people and organizations deeply committed to protecting children, supporting families, and standing with survivors. We have strong traditions of neighborliness and helping those in need. Our domestic violence shelter, sexual assault response team (SART), and child advocacy center offer residents critical lifelines and safety in times of crisis. Our primary care clinics, behavioral health providers, and a network of social service providers offer residents essential care and support to stay healthy and recover in times of need. And still, we can improve.

Imagine a Mat-Su where every home is a place of stability and peace, and every relationship is grounded in respect and care. Where affordable housing, living wage jobs, quality childcare, and reliable transportation means every community member can meet their family's basic needs. Where the systems that protect and care for community members—law enforcement, social services, schools, health care providers, faith community—seamlessly work together to promote safety and ensure help is available for every Mat-Su resident across the lifespan. Today, Beth and her children live a life free from violence and their story is a powerful reminder of the transformative power of and urgent need for systems that meet community members' basic health and safety needs.

*This story is shared with permission and names have been changed to protect the client's privacy.

Chapter 13: Basic Needs for Health and Safety

Introduction

Basic needs for health and safety form the cornerstone of individual and community well-being, ensuring that people not only survive but thrive across their lifespans. It includes physical needs, like nutritious food, safe drinking water, sufficient sleep, routine exercise, as well as routine care for physical and behavioral health and freedom from trauma and violence. Reliable access to comprehensive health services that are timely, affordable, and culturally responsive are critical to lifelong well-being. When people can reach preventive and routine care without financial, geographic, or systemic barriers, they are better able to maintain health, detect issues early, and avoid crises that require costly or emergency interventions. Preventative screenings, immunizations, and regular check-ups are essential tools in this effort. They provide opportunities to identify chronic conditions such as hypertension, diabetes, and certain cancers before they become severe.

Safety, both in healthcare settings and in the environments where people live, work, and play, is equally critical. Safe and sanitary facilities, trauma-informed care practices, and protection from harm—whether from accidents, environmental hazards, or violence—are necessary for people to fully benefit from health services. By embedding safety into healthcare delivery and community design, we create conditions where prevention and wellness are the default, rather than the exception.

Economic Mobility

Access to healthcare and preventative services is crucial for economic mobility, which is the ability to improve one's financial standing over time. When people can't afford doctor visits or vaccines, they are more likely to get sick, miss work, and lose wages, making it harder to get ahead financially. According to Mobility Experiences, having access to public benefits and programs, like the Supplemental Nutrition Assistance Program which mitigates household food insecurity, can improve stability for households and support low-wage earners to increase their lifetime income. Also having access to care for mental and physical health, access to pre and postnatal care, and having low exposure to trauma and ACEs are associated with increases in lifetime income.

Belonging and Civic Muscle

When people's basic needs are met and when they are safe, they have a foundation for building stability in their lives. This stability supports their well-being and ability to engage in their community and build relationships. When people feel unsafe, they are less likely to leave their homes, meet their neighbors, or join local events. This fear can cause people to become isolated, which hurts the community as a whole. A community with low rates of violence, where people feel safe, is more likely to have a strong civic muscle. In these places, people are more willing to work together and get involved to make their community even better.

Mental health and substance use issues can affect a person's sense of belonging and vice versa. Someone struggling with addiction or a mental health crisis might feel isolated and unable to connect with others. Community supports and resources, especially peer support can be influential in helping individuals recover and build belonging.

Key Data Insights

Mental and Physical Wellbeing | Physical Activity, Sleep, and Stress

Routine physical activity, adequate sleep, and manageable stress contribute to overall wellbeing. Physical activity is a cornerstone of overall health, positively impacting nearly every aspect of physical and mental well-being. Regular exercise helps prevent and manage chronic diseases such as heart disease, diabetes, and obesity, while also improving mood, cognitive function, and immune response. According to the World Health Organization, insufficient physical activity is one of the leading risk factors for global mortality and is linked to an increased risk of numerous non-communicable diseases¹. Engaging in regular physical activity supports longevity, enhances quality of life, and is a vital component of a healthy lifestyle.

The percentage of adults aged 18 and older who are physically active in Mat-Su increased to 83.1% in 2024, slightly above the rate for Alaska (Table 64). There was also an increase in the percentage of older adults 65+ who are physically active (74.8%), which matched the rate for the state. On average, 66.8% of Mat-Su adults get the recommended 7+ hours of sleep per day.² Just over one third of Mat-Su adults (36.2%) experienced stress always/usually/sometimes during a 30-day period.³ The experience of stress decreased with age, with 44.9% of 18- to 34-year-olds reporting experience stress always/usually/sometimes and decreasing to 21.6% of Mat-Su adults aged 65 and over. While stress is a natural part of life and acute or short-term periods of stress can be manageable, and even beneficial, chronic or long-term stress can have significant impacts on mental and physical wellbeing.

Table 64: Physically Active Adults and Older Adults, Percent | Source: DOH, AK BRFSS, 2019-2024

Adults 18+	2019	2020	2021	2022	2023	2024
Mat-Su Borough (95% CI)	77.1 (70.3-82.7)	75.9 (68.6-81.9)	79.5 (75.2-83.1)	77.3 (73.1-80.9)	78.8 (74.5-82.4)	83.1 (79.1-86.5)
Alaska % (95% CI)	79.0 (76.6-81.2)	79.4 (77.3-81.3)	79.6 (78.0-81.1)	78.2 (76.7-79.7)	79.4 (77.9-80.9)	80.1 (80.0-83.2)
Adults 65+	2019	2020	2021	2022	2023	2024
Mat-Su Borough (95% CI)	74.1 (62.8-83.0)	72.2 (60.1-81.8)	66.8 (58.4-74.3)	66.6 (57.6-74.5)	65.6 (56.5-73.6)	74.8 (67.2-81.1)
Alaska % (95% CI)	75.6 (71.2-79.6)	72.2 (67.8-76.2)	68.5 (65.3-71.6)	70.1 (67.1-73.1)	71.7 (68.6-74.6)	74.8 (71.7-77.7)

¹ <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

² DOH, AK BRFSS, 2018, 2020, 2022

³ DOH, AK BRFSS, 2022 & 2023

Mental and Physical Wellbeing | Freedom from Trauma & Violence

The rates of child maltreatment handled by the Wasilla OCS Office have slightly decreased between 2022 and 2024 (Table 65). For every 1,000 children in the area, the total number of reports of any type of maltreatment went down from 95.6 in 2022 to 91.0 in 2024. Neglect was the most common type of report in all three years, though the rate also fell slightly from 65.2 to 62.3 per 1,000 children. The rate of physical abuse reports remained steady over the three years, while the rate of mental abuse reports increased slightly. The number of reports that were confirmed, or substantiated, stayed about the same for all types of abuse and neglect during this time period.

Table 65: Child Maltreatment Handled by Wasilla OCS Office, Rate per 1,000 Children

Source: Alaska Department of Family and Community Services, OCS, 2022-2024

	2022 (n=29,069)	2023 (n=29,887)	2024 (n=30,301)
Any Child Maltreatment			
All Reports	95.6	92.7	91.0
Screened In Reports	43.6	40.4	41.5
Substantiated Reports	11.7	11.9	10.7
Physical Abuse			
All Reports	26.1	27.9	27.7
Screened In Reports	13.2	15.3	15.0
Substantiated Reports	4.7	5.3	4.6
Sexual Abuse			
All Reports	18.9	17.8	17.9
Screened In Reports	6.1	4.7	4.6
Substantiated Reports	0.6	0.8	0.8
Mental Abuse			
All Reports	31.3	30.9	32.2
Screened In Reports	16.9	16.8	19.2
Substantiated Reports	3.4	4.0	2.6
Neglect			
All Reports	65.2	62.8	62.3
Screened In Reports	31.6	28.5	29.0
Substantiated Reports	9.4	8.6	8.4

The percentage of adults reporting childhood exposure to intimate partner violence, increased in Mat-Su from 19.3% in 2012 to 24.5% in 2023 (Table 66). There has also been an increase in the percentage of people with lifetime experience of sexual assault (19.6% to 31.0%) and lifetime experience of intimate partner violence (26.6% to 31.0%) during the same timeframe. The percentage of residents reporting experiencing intimate partner violence in the past year increased from 3.8% in 2020 to 4.5% in 2023. Additionally, according to the Mat-Su Household Survey, incidents of violence or threats of violence between family members remained low, starting at 2% in 2016, peaking at 5% in 2019, and returning to 2% in 2025 (Table 67). The percentage of children who witnessed violence or physical abuse in their household by age three averages around 2.6%, though it was highest in 2015 and has decreased since.*

Table 66: Experience of Interpersonal Violence, Mat-Su | Source: DOH, AK BRFSS, 2012-2023, age-adjusted estimates

	2012	2017	2020	2023
Childhood Experiences				
Childhood exposure to intimate partner violence	19.3 (15.3-24.0)	22.3 (16.9-28.8)	19.0 (13.9-25.5)	24.5 (20.5-28.9)
Sexual Violence and Intimate Partner Violence				
Lifetime experience of sexual assault	19.6 (15.4-24.5)	22.7 (17.5-28.9)	23.2 (17.2-30.4)	31.0 (26.6-35.8)
Lifetime experience of intimate partner violence	26.6 (21.8-32.0)	26.2 (20.8-32.6)	23.9 (17.7-31.4)	31.0 (26.7-35.7)
Past year experience of intimate partner violence	N/A	N/A	3.8 (1.5-9.7)*	4.5 (2.7-7.2)

Table 67: Reports of Violence or Threats of Violence | Source: Mat-Su Household Survey, MSHF, 2016-2025

	2016 n = 700	2019 n = 755	2022 n = 747	2025 n = 1055
Violence, or threats of violence, between family members within the household	2%	5%	3%	2%

* Source: DOH, AK CUBS, 2015-2022

Community Input | Focus Groups

Focus group participants noted concerns about domestic violence, child abuse, elder neglect, and sexual assault, emphasizing that victims often lack safe places or resources. Some shared personal experiences with family members, neighbors, and children affected by abuse, highlighting the difficulty in accessing shelters, behavioral health support, and trauma-informed care. Participants also described increasing crime, substance use, and unsafe school environments. They noted that social networks and community support are critical for safety, yet neighbors often avoid involvement. Overall, the group emphasized the need for more accessible shelters, mental health and substance use services, and trauma-informed care.

“No emergency transport for those needing to flee.”

“We need a new shelter for people who decide, ‘I am out; I don’t feel safe’—there’s nowhere for them to go.”

Community Input | Intercept Survey

One respondent shared a goal to make sure women do not have to live with their abusers, noting that verbal abuse can be very harmful and overwhelming, but there are not enough protections for victims. They emphasized wanting to create stronger support and safety so that women can live free from fear and abuse.

“It would help if laws in Alaska to protect women against abusive partners were more effective, but they are not.”

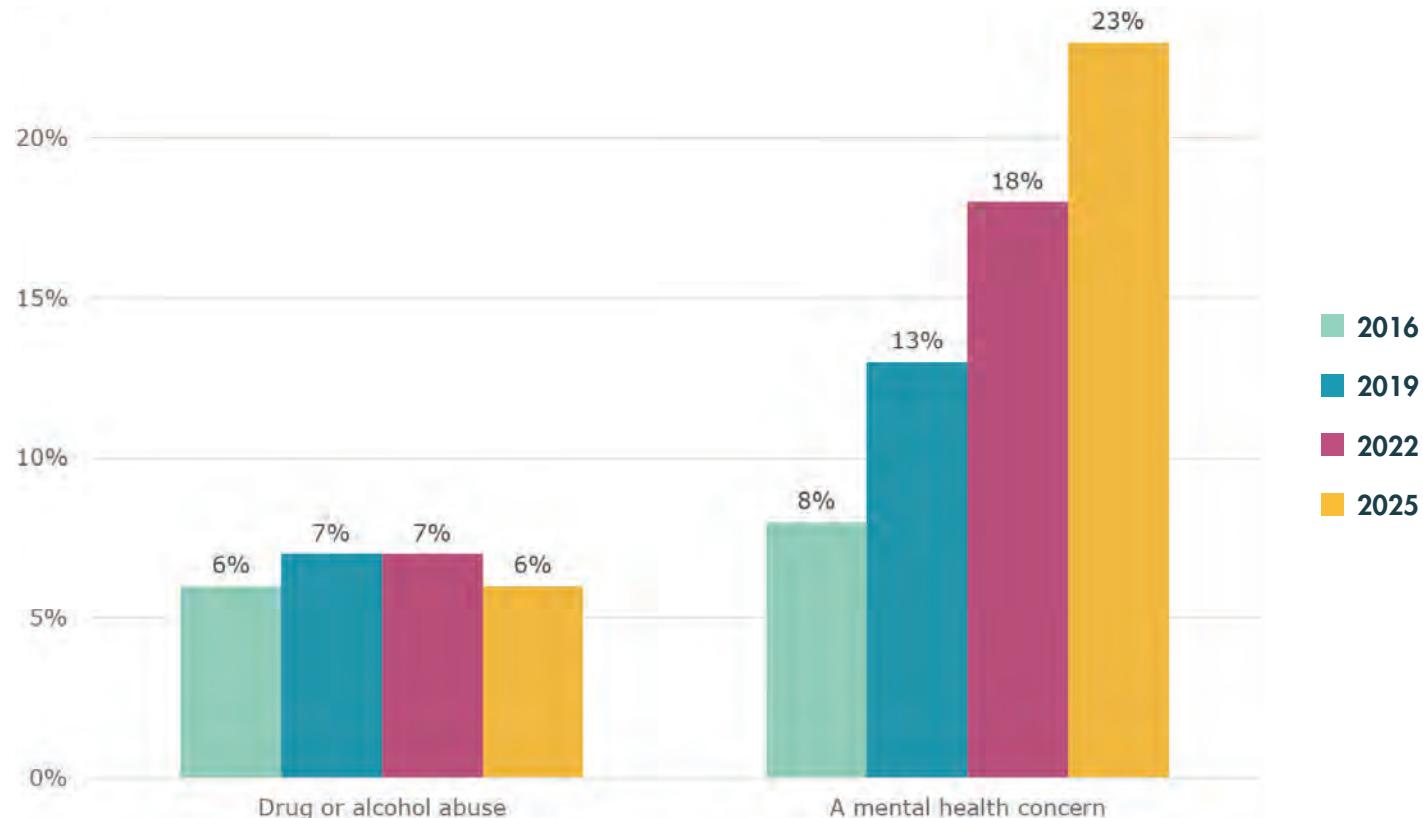
Mental and Physical Wellbeing | Mental Health and Substance Use

The percentage of individuals reporting that they or someone in their household experienced a mental health concern has been steadily increasing, rising from 8% of Mat-Su Household Survey respondents in 2016 to 23% in 2025 (Figure 85). Reports of experience with drug or alcohol abuse stayed about the same over time, ranging from 6% to 7%.



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

Figure 85: Household Behavioral Health Concerns | Source: Mat-Su Household Survey, MSHF, 2016-2025



Chapter 13: Basic Needs for Health and Safety | Mental and Physical Wellbeing

On average, 22% of adults in the Mat-Su report having been diagnosed with a depressive disorder. From 2018 to 2024, the percentage of Mat-Su adults identifying as having a depressive disorder ranged from 19.1% to 22.9% (Table 68). In comparison, Alaska's statewide rates ranged from 17% to 21%, with an average of 20% of adults. Further, between 2020 and 2022, around one in ten (10.8%) mothers of three-year-olds reported feeling down, depressed, or hopeless in a 3-month period.⁴

Table 68: Depressive Disorder Diagnosis, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2018-2024, age-adjusted estimates

	2018	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95% CI)	19.1 (13.5-26.2)	18.7 (13.9-24.7)	21.6 (16.1-28.3)	24.3 (20.4-28.8)	23.1 (19.3-27.4)	23.2 (19.3-27.7)	22.9 (19.1-27.1)
Alaska % (95% CI)	21.1 (19.0-23.3)	18.3 (16.3-20.5)	17 (15.2-19.0)	21 (19.4-22.7)	21.2 (19.8-22.6)	19.6 (18.2-21.0)	22.8 (21.0-24.6)

The percentage of Mat-Su adults who drink any amount of alcohol in a 30-day period peaked in 2016 at 60.3% and declined to a low in 2019 at 48.7%.⁵ Currently, around 53% of adults report drinking any amount of alcohol. The percentage of Mat-Su adults who binged on alcohol or consumed heavy amounts of alcohol also increased in 2024 to at or above the levels seen during the COVID-19 pandemic in 2020 (Table 69). Mat-Su rates were consistently at or below the Alaska rates until 2024.



Table 69: Alcohol Misuse, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2019-2024, age-adjusted estimates

	2019	2020	2021	2022	2023	2024
Binge Drinking						
Mat-Su Borough %	12.7	13.8	16.4	15.1	13.9	20.6
(95% CI)	(8.7-18.1)	(9.7-19.4)	(12.9-20.7)	(11.8-19.1)	(10.5-18.2)	(16.6-25.2)
Heavy Drinking						
Mat-Su Borough %	6.2	10.6	8	7.2	5.8	10.6
(95% CI)	(3.9-9.7)	(7.1-15.4)	(5.4-11.7)	(5.0-10.2)	(3.9-8.5)	(7.8-14.4)
Alaska %	9.3	10.9	9.3	8.7	8.2	9
(95% CI)	(7.8-11.1)	(9.3-12.7)	(8.1-10.6)	(7.8-9.8)	(7.3-9.3)	(7.8-10.3)

On average, between 2018 and 2023, 20% of adults in the Mat-Su Borough used marijuana in a 30-day period. The percentage was at its lowest in 2019 at 13.8% and peaked in 2021 at 25.0% (Table 70). For the same period, the percentage for all of Alaska stayed more consistent, ranging from a low of 18.8% in 2020 to a high of 22.3% in 2023. Overall, the rates in both the borough and Alaska overall have increased slightly over the six years.

Table 70: Current Marijuana Use, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2018-2021 & 2023, age-adjusted estimates

	2018	2019	2020	2021	2023
Mat-Su Borough %	15.8	13.8	19.1	25	21.3
(95% CI)	(10.4-23.2)	(9.7-19.2)	(13.2-26.9)	(20.8-29.7)	(17.3-26.0)
Alaska %	20.1	20.3	18.8	21.4	22.3
(95% CI)	(17.9-22.4)	(17.9-23.0)	(16.8-21.1)	(19.7-23.3)	(20.7-24.0)

⁴ DOH, AK CUBS, 2020-2022, retrieved from the AK CUBS Visualization Tool, November 2025⁵ DOH, AK BRFSS 2016-2024, retrieved from the Alaska BRFSS Data Center, November 2025



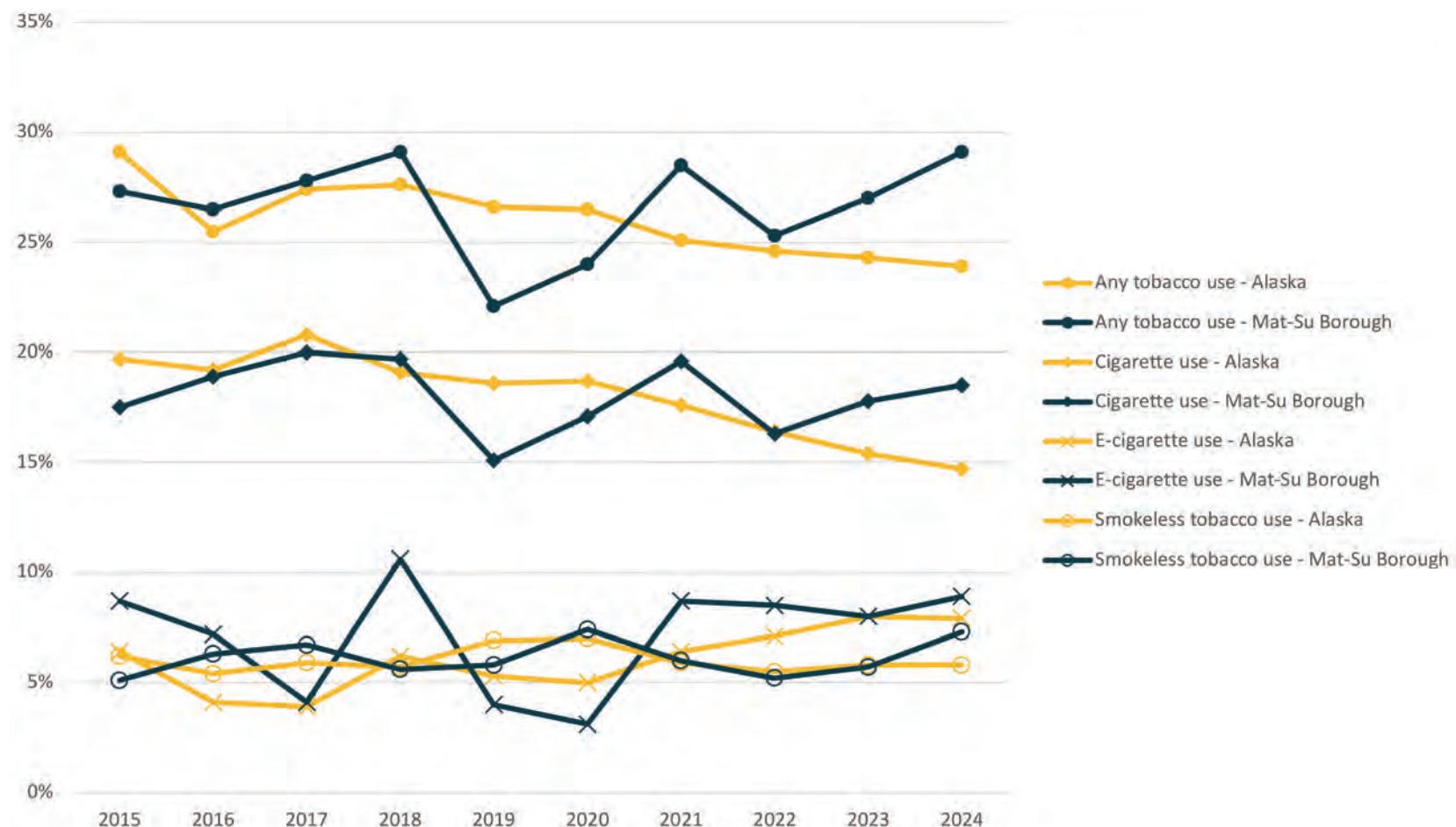
Since 2015, the rate of tobacco use, for any type, has been on the decline in Alaska and increasing in the Mat-Su Borough (Figure 86). The Healthy Alaskans 2030* goal is to reduce tobacco use below 25% which was achieved for Alaska starting in 2022. Mat-Su was close to reaching this goal in 2022 and then started to see an increase in use. Alaska has a decline in cigarette use and a slight increase in e-cigarette use while smokeless tobacco stayed steady. Mat-Su on the other hand, has some fluctuation in each type of tobacco use with noticeable increases in the past two years for all types of tobacco products.

According to a recent Mat-Su assessment by the American Lung Association in Alaska, there is a noticeable difference in the perception of harm from e-cigarette use.⁶ E-cigarette users are significantly more likely to agree that e-cigarettes cause less harm than traditional cigarettes (68%) when compared to the response of all survey participants (31%). People were also much more likely to use e-cigarettes inside their home (67%) than cigarettes or other tobacco (12%). Additionally, the most common places people reported being exposed to secondhand smoke of any type, after "other locations" (37%), was their home (31%), parks or recreational areas (31%), their workplace (30%), and restaurants or bars (18%). Other locations included places like the store/grocery store, friend/family home, vehicle, parking lots, public areas, and restaurants/businesses. A little more than half (55%) of respondents indicated that they have not been exposed in the past 30 days, while 8% reported that they are exposed every day. Of the 44% of respondents that had been exposed to secondhand smoke in a 30-day period, 8% were exposed every day, 11% 6 to 29 days, and 25% from 1 to 5 days.

* Healthy Alaskans is a statewide health improvement plan that is led by a partnership between the Alaska Department of Health and the Alaska Native Tribal Health consortium.

⁶ American Lung Association in Alaska (July 2024). Mat-Su Community Needs Assessment.

Figure 86: Tobacco Use Trends, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2015-2024, age-adjusted estimates



Mental and Physical Wellbeing | Youth Safety and Behavioral Health

The MSBSD school climate and connectedness survey asks students in grades 6-12 about bullying, mental health concerns, and substance use. Most of the 6th through 12th graders who answered the survey agreed (43%) or somewhat agreed (32%) that cyber bullying rarely occurs at their school; in total 25% somewhat disagreed/disagreed with the statement (Figure 87). Fewer students agreed/somewhat agreed (63% in total) that bullying rarely occurs in their school. A large portion of students also believe that when someone is being bullied, others will step in to help, with 60% agreeing or somewhat agreeing with this statement. Still, a notable percentage of students, 49%, agreed or somewhat agreed that bullying is a common problem in their school. Regarding the frequency of occurrence, 57% of students said bullying happens during the school day "some of the time," 10% said "all of the time" (Figure 88). When asked how frequently students in their school experience cyberbullying, 56% said "some of the time," while 6% said "all of the time."

Figure 87: Student Reported Bullying, Grades 6-12 MSBSD, 2024-2025 School Year

Source: MSBSD, Grade 6-12, School Climate and Connectedness Survey Summary and Discussion Points FY25

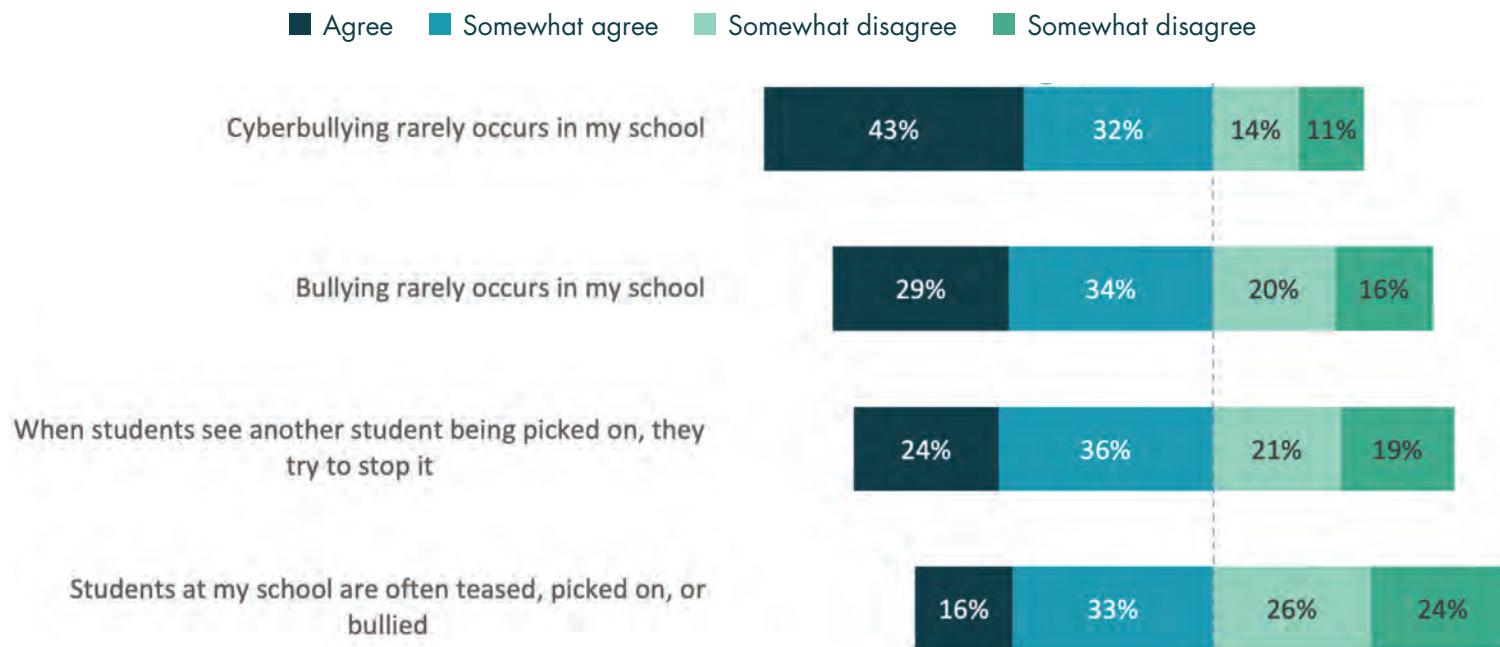
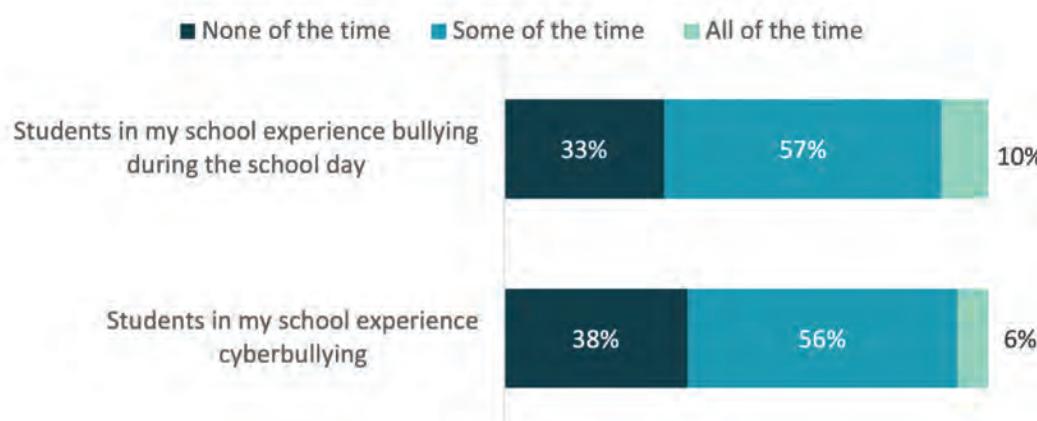


Figure 88: Bullying Frequency, Grades 6 - 12 MSBSD, 2024-2025 School Year

Source: MSBSD, Grade 6-12, School Climate and Connectedness Survey Summary and Discussion Points FY25



According to the MSBSD school climate and connectedness survey, a notable percentage of students in middle school and high school are experiencing significant difficulties with mental health. In the 2024-2025 school year, 25.5% of students said they felt sad or helpless almost every day for at least two weeks to the point they stopped doing their usual activities (Table 71). The share of students who seriously considered suicide in the past year went from 14.1% in 2023 to 10.0% in 2024, then increased to 12.2% in 2025. Around 4-5% of students reported they had attempted suicide in the past 12 months. Of the students responding to the survey, that is about 158 who attempted suicide in the past year. While most students (52.3%) said they have a trusted adult at school to talk to when they are feeling anxious, depressed, or upset, nearly 27% disagreed or somewhat disagreed that they have this support (Figure 89).

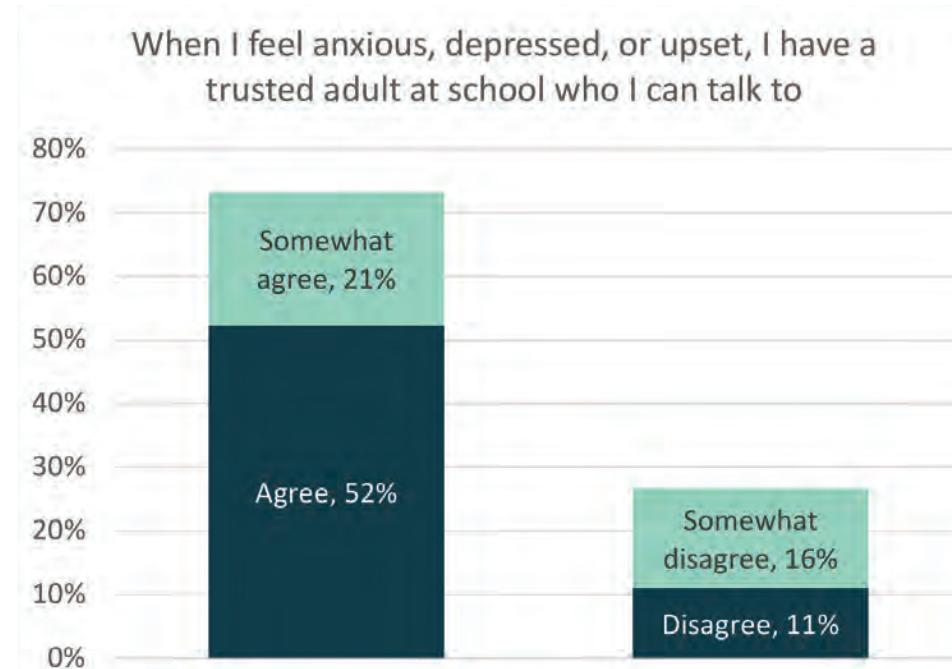
Table 71: Student Depression, Suicidal Ideation, and Attempted Suicide, Grades 6-12 MSBSD, 2024-2025 School Year

Source: MSBSD, District-Wide Grade 6-12 School Climate and Connectedness Survey Summary and Discussion Points FY25

	FY 23	FY 24	FY 25
Felt Sad Or Helpless Almost Every Day For 2 Weeks Or More In A Row That You Stopped Doing Your Usual Activities	29.7%	23.7%	25.5%
In The Past 12 Months, Have You Ever Seriously Considered Suicide	14.1%	10.0%	12.2%
In The Past 12 Months, Have You Attempted Suicide	5.2%	4.0%	4.5%

Figure 89: Mental Health Support - Trusted Adult at School, Grades 6-12 MSBSD, 2024-2025 School Year

Source: MSBSD, District-Wide Grade 6-12 School Climate and Connectedness Survey Summary and Discussion Points FY25



Based on the survey of 3,521 students in grades 6-12 in the MSBSD, most students reported they had not used any substances in the past 30 days (Table 72). For example, 3,334 students (94.7%) said they had not had a drink with alcohol, and 3,392 students (96.3%) said they had not used an e-cigarette or vaping product. The number of students who reported using these things for one to two days was relatively low, and even fewer used them for more days. The highest number of students who reported daily use was for e-cigarettes or vaping products, with 45 students saying they used them every day, and marijuana, with 341 students reporting using it every day. The survey also looked at the use of prescription pain medication and other drugs. A large majority of students, said they had not been offered and had not used prescription pain medication that wasn't for them. In terms of other drugs like cocaine, heroin, or meth, 3,464 students reported no use, while a small group of 25 students said they used them every day.

Table 72: Substance Use, Grades 6-12 MSBSD, 2024-2025 School Year

Source: MSBSD, Grade 6-12 School Climate and Connectedness Survey Summary and Discussion Points FY25

During the past 30 day, how many days have you...	None	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	every day
Had at least one drink containing alcohol	n 3,334	90	32	17	9	8	35
	% 94.7%	2.6%	0.9%	0.5%	0.3%	0.2%	1.0%
Used an e-cigarette or vaping product	n 3,392	37	15	17	8	7	45
	% 96.3%	1.1%	0.4%	0.5%	0.2%	0.2%	1.3%
Used marijuana	n 3,400	36	13	19	12	6	41
	% 96.6%	1.0%	0.4%	0.5%	0.3%	0.2%	1.2%
Been offered prescription pain medication that was not prescribed to you	n 3,409	41	16	18	5	6	26
	% 96.8%	1.2%	0.5%	0.5%	0.1%	0.2%	0.7%
Used prescription pain medication that was not prescribed to you	n 3,390	50	21	21	10	7	22
	% 96.3%	1.4%	0.6%	0.6%	0.3%	0.2%	0.6%
Used other drugs (cocaine, heroin, meth, etc.)	n 3,464	9	7	4	5	4	25
	% 98.4%	0.3%	0.2%	0.1%	0.1%	0.1%	0.7%

Note: 3,521 student responses of 10,236 students Grade 6-12 enrolled. Numbers represent the number of respondents, not total enrollment.

Community Input | Focus Groups

Focus group participants across the Mat-Su region consistently identified behavioral health, including mental health and substance use, as one of the community's most urgent challenges. Many described mental health issues as widespread and worsening, with COVID-19 making existing needs even harder to meet. While stigma has lessened in recent years, it still stops some people from seeking help. Seasonal isolation and harsh Alaska winters were often mentioned as factors that worsen mental health, especially when people lack coping tools. Participants also raised serious concerns about the shortage of behavioral health providers. Wait times for care can exceed six months, particularly for those using Medicaid, and services are heavily concentrated in Wasilla. Telehealth has improved access but was often seen as inadequate for trauma-informed care or for patients needing deeper personal connection.

Youth mental health and substance use were highlighted repeatedly. Participants expressed worry about the normalization of drug use and vaping among teens, linking it to unmet mental health needs and a lack of safe, supportive spaces. They emphasized that efforts to reduce substance use must include accessible, integrated mental health services. Behavioral health challenges were also connected to broader structural barriers, such as housing instability, transportation difficulties, and financial stress. Many described the difficult tradeoffs families face between getting care and meeting basic needs.

Community Input

"That's the big one, drugs. Because I feel like that's getting way too normalized with the vaping and the weed...you see it more often and you see other people doing it so it's not even like you're being pressured to do it. You just like see them doing it so you're like, oh, that's fine."

"I struggled to find a mental health provider that wasn't some of the big organizations that we partner with, and I work with them so closely. I don't want myself or my husband going to mental health services with people that I'm gonna be in a meeting with later, you know, it's really uncomfortable. So finding that alternative options was hard and the wait lists were brutal."

"We finally have groups for people in recovery that feel welcoming."

Community Input

“But there’s a lot of people that are dealing with like PTSD and things, the anxiety and the fears and like just all of it. And if you don’t have the reliable transportation or you’re afraid that your electric’s gonna get turned off, you have no running water and you don’t wanna go out and you know, into the community because you haven’t showered in two weeks, it’s going to keep them in and more isolated and when you’re suffering with mental health on top of that ... I can see how this entire circle and having deal dealing with PTSD myself and certain things that I don’t want to go out and deal with not having those resources.”

“My daughter talks about mental health at school now—that never happened when I was a kid.”

“There is a lot of drug abuse in this area – the needles, fentanyl... scary.”

“There are more counselors in the schools now, which helps the kids open up.”

“I’ve been clean for two years because I had people who believed in me.”

“Our town has started doing events around mental wellness—it’s a good change.”

“The peer support group is a lifeline—no judgment, just people who get it.”

“The counselor actually listens and doesn’t rush—makes a huge difference.”

“People are talking about it more now, not just pretending it’s not there.”

“I like that there’s a mobile team that comes to check on folks—especially in crisis.”

“Kids need a safe space to go—not bars or restaurants. There’s only one 24-hour diner.”

Community Input | Intercept Survey

Intercept Survey respondents frequently raised concerns about mental health and substance use and many participants shared personal experiences showing the urgent need for better behavioral health care. They described barriers like long waits, limited coverage through Medicaid and Medicare, and confusing systems that make it difficult to get consistent, affordable treatment. Families caring for children with trauma or developmental needs, adults with disabilities, and elders with complex care needs reported frustration with denied services, paperwork, and managing serious conditions alone. Respondents stressed the need for trauma-informed care, ongoing mental health therapy, medication management for conditions like PTSD and TBI, and behavioral supports for people with disabilities. Some shared stories of being denied substance use treatment or waiting on long lists, while others highlighted poor coordination between providers and gaps in care during insurance or job changes. Across responses, participants expressed a strong desire for a more compassionate, responsive, and accessible system that addresses mental health and substance use with urgency and respect.

Community Input

“Children’s mental health care is not readily available. Opiate addiction has left many children without parents and without proper mental health services.”

“I just find it really hard to get the proper mental health therapy appointments when they’re constantly canceling or there’s too many people needing to see the therapist and not enough therapists.”

“Rejected for substance treatment [for] one household member, mental health access is very poor for another.”

“Counseling, easier Medicaid and Medicare benefits. Medicare changed my provider and new one doesn’t cover my meds that I’ve been on for years.”

Community Input | Connect Mat-Su Participant Survey

Participants described serious mental health challenges in the Mat-Su, connected to economic hardship, isolation, and gaps in services. Many said anxiety, depression, and emotional stress are increasing, especially for seniors, people with disabilities, single parents, and youth who face poverty, unstable housing, and limited access to care. People reported struggling to stay mentally healthy while trying to meet basic needs like paying rent, buying food, getting to appointments, and managing medical issues. Counseling wait times are long, Medicaid-accepting services are scarce, and trust in public systems is low because of bureaucracy, misinformation, and a lack of compassion. Many described feeling burned out, frustrated, and hopeless when navigating overloaded and disconnected service agencies. Despite these challenges, some recognized the help of local programs and peer support, but they stressed the urgent need for more coordinated, affordable, and culturally aware mental health care.

Substance use, especially among youth and adults facing long-term economic stress, was closely linked to mental health concerns. Participants connected higher drug use to untreated trauma, housing insecurity, and the stress of surviving in a place where wages often don't cover basic expenses. Many shared examples of teen substance abuse, often worsened by a lack of safe spaces, recreational activities, or mental health support. Parents described the heartbreak of watching children struggle without adequate help. Addiction and recovery were also made harder by transportation challenges, costly treatment, and fragmented care systems. Opioid-related family trauma was noted as leaving children and caregivers without long-term support or counseling. Participants emphasized that solutions for behavioral health need to be holistic, addressing both substance use and the social and economic pressures that contribute to it.

Community Input

"Mental healthcare for children, mainly children affected by the opiate addiction problem. They are being left behind with no support, no help. 6-8 months to get into counseling."

"Employee burnout is real though and I think our society needs to acknowledge that people need to pause sometimes and recover mentally and physically for a brief period without consequence."

"I haven't sought help, been sick with COVID, and I am feeling that I am so depressed and don't want to fail and ask for help again."

"Housing and resources for mentally ill and homeless populations... People needing mental health support are wandering into stores and neighborhoods."

Routine Care for Physical and Mental Health

Routine healthcare encompassing both physical and mental health is vital for nurturing overall health and preventing long-term complications. Regular check-ups and screenings offer early detection and treatment of medical conditions, while consistent mental health care helps manage stress, anxiety, and emotional disorders.

Most Mat-Su residents between the ages of 18 and 64 have some form of health insurance (87.5%), however that means nearly 13% of residents 16 to 64 are uninsured which is slightly higher than the state (Table 73). The percentage of adults with a personal health care provider has stayed around 75% in the Mat-Su between 2021 and 2024, peaking at 79.4% in 2023. There was a slight decrease in the percentage of residents who could not see a doctor because of cost in Mat-Su between 2021 (13.0%) and 2024 (11.9%), while the state saw a slight increase during this time (10.7% to 12.9%).

Table 73: Access to Primary Care and Insurance, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2021-2024, age-adjusted estimates

		2021	2022	2023	2024
Residents with some form of health insurance (ages 18-64)	Mat-Su Borough % (95% CI)	86.4 (81.2-90.3)	87 (82.3-90.6)	91.1 (87.3-93.8)	87.5 (82.8-91.1)
	Alaska % (95% CI)	88.8 (87.1-90.3)	89.9 (88.4-91.2)	90.5 (89.1-91.7)	89.7 (88.0-91.3)
Residents having a personal health care provider (age 18+)	Mat-Su Borough % (95% CI)	75.6 (71.1-79.6)	74.5 (69.9-78.7)	79.4 (74.9-83.3)	75.3 (70.5-79.6)
	Alaska % (95% CI)	76.6 (74.8-78.3)	76 (74.4-77.5)	78.9 (77.3-80.4)	77.6 (75.7-79.4)
Could not see a doctor because of cost (age 18+)	Mat-Su Borough % (95% CI)	13.1 (9.9-17.0)	13 (10.0-16.8)	12.6 (9.5-16.5)	11.9 (9.0-15.6)
	Alaska % (95% CI)	10.7 (9.5-12.0)	11.3 (10.2-12.6)	11.5 (10.3-12.7)	12.9 (11.4-14.5)

The number of patients served by Mat-Su Health Services has steadily increased since 2022 (Table 74). Utilization at Sunshine Community Health Center has increased from 3,456 in 2023 to 3,748 in 2024. The majority of patients at these two Federally Qualified Health Centers are accessing medical care and/or mental health services.

Table 74: Health Center Program Utilization Data

Source: Health Resources and Services Administration (HRSA) Data Warehouse, 2020 - 2024

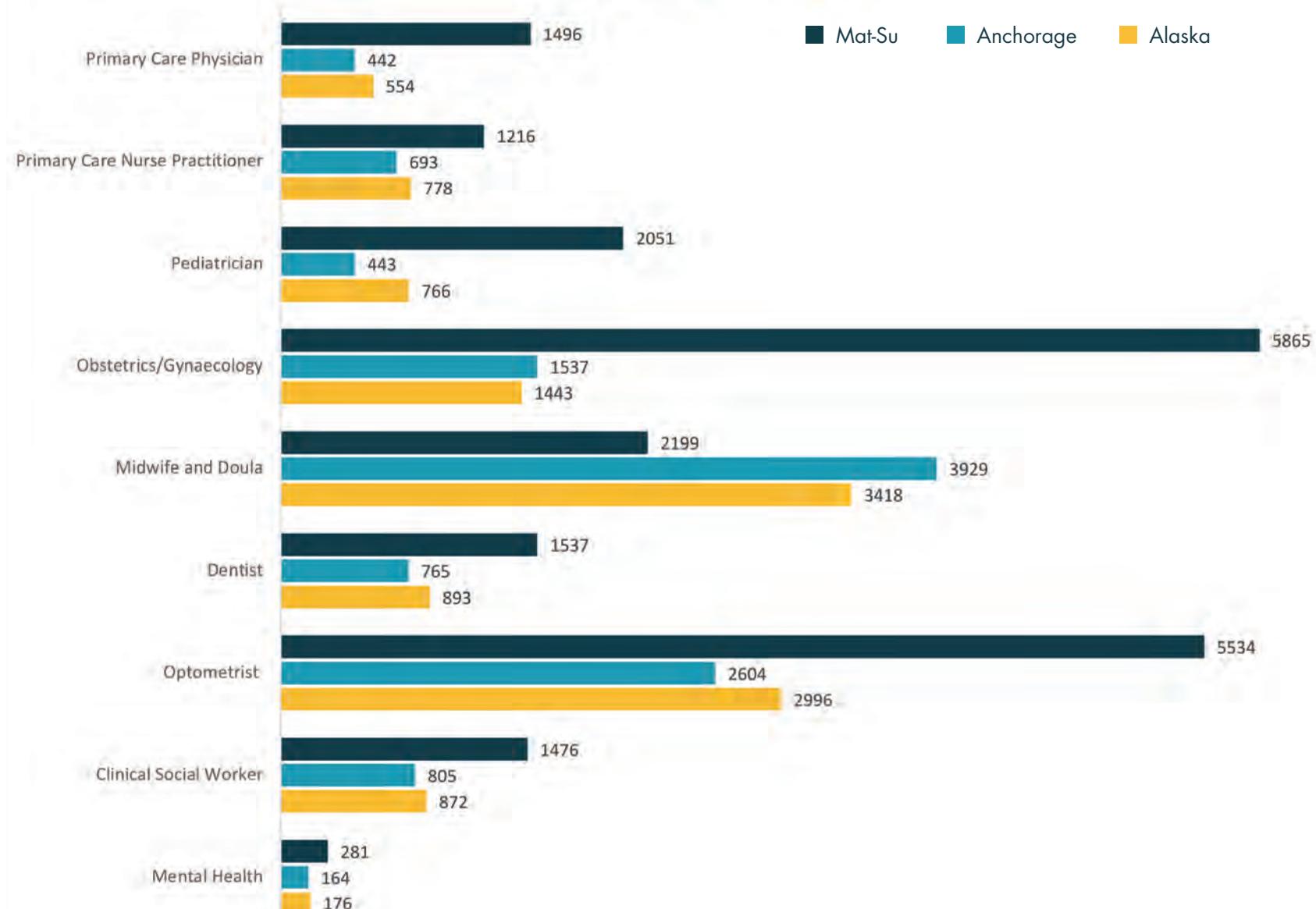
	Mat-Su Health Services					Sunshine Community Health Services				
	2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Total Patients	4,588	4,314	4,235	4,739	4,917	2,902	5,110	5,321	3,456	3,748
% of Medical Patients	70.1%	66.6%	64.2%	63.2%	66.5%	86.2%	90.1%	91.3%	95.6%	94.6%
% Dental Patients	10.5%	13.5%	15.3%	15.7%	13.9%	26.6%	17.9%	15.5%	6.5%*	8.5%*
% Mental Health Patients	34.4%	39.6%	40.3%	30.1%	39.9%	10.0%	12.3%	9.6%	8.4%	11.3%
% Substance Use Disorder Patients	0.9%	0.7%	0.7%	0.7%	0.4%	3.3%	1.8%	0.0%	0.0%	0.9%

* SCHS lost a Dental Provider during this time period, and has rehired one for 2026.

Health Professional Shortage Areas are a federal designation used to identify geographic areas, specific population groups, or facilities that are experiencing a shortage of primary care, dental, or mental health providers.⁷ The Mat-Su has a higher provider ratio for primary care, dentists and mental health professionals compared to Anchorage and the state. This means that there are more patients per one provider in the Mat-Su. On average in Mat-Su, one primary care provider is serving 2,050 residents, one dentist is serving 1,954 residents and one mental health provider is serving 271 residents.

⁷Health Resources and Services Administration, "What is Shortage Designation?" <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>

Figure 90: Provider Ratios (number of patients per one provider), Mat-Su, Anchorage, Alaska, 2025 | Source: NPPES NPI2025, mySidewalk



Not graphed: Geriatric Provider Ratio, which is 14,713 for Mat-Su, 705 for Anchorage, 1,482 for Alaska

Note: Pediatrician ratio is based on the number of children per one provider. OBGYN and Midwife/Doula ratios are based on number of females per one provider.

In 2025, an average of 42% of Mat-Su residents had a telehealth or remote appointment with a health professional (Table 75). The highest percentage of remote appointments in 2025 were for primary care (35%), followed by specialty care (30%) and then behavioral health services (27%).



At any time in the last 12 months did you or anyone in your household have a remote appointment with a doctor, nurse, counselor, or other health professional i.e. by video or by phone?

Table 75: Remote Appointment with Health Professional, Past 12 Months

Source: Mat-Su Household Survey, MSHF, 2022 & 2025

Remote Appointment	2022 (n=757)	2025 (n=1,055)
Yes	46%	42%
No	52%	59%
Don't Know	2%	0%
Reason for Visit	2022 (n=341)	2025 (n=442)
Primary care	61%	35%
Specialty care	40%	30%
Behavioral health services	30%	27%
Other	0%	9%

The percentage of residents with unmet healthcare needs increased between 2012 and 2025. In 2025, 19% of respondents indicated they had an unmet medical care need compared to 13% in 2012, which was nearly double that of 2022 (Table 76). While dental care as an unmet need did not change much from 2012 (17%), it tripled from 2022 (6%) to 2025 (18%). The percentage of respondents who identified prescriptions or medications as an unmet need increased from 12% in 2012 to 16% in 2025, three times that of the percentage in 2022 (5%). There was also an increase between 2022 and 2025 with disability services (3% to 5%) and home healthcare (2% to 3%) being identified as unmet needs. There was little or no change in unmet needs related to mental health and treatment for addiction.

Table 76: Unmet Healthcare Needs, Past 12 Months | Source: Mat-Su Household Survey, MSHF, 2012-2025

	2012 (n=700)	2016 (n=700)	2019 (n=755)	2022 (n=747)	2025 (n=1055)
Medical care	13%	12%	14%	10%	19%
Dental care	17%	12%	15%	6%	18%
Prescriptions or medications	12%	9%	9%	5%	16%
Mental health care	N/A	N/A	6%	8%	9%
Disability services	N/A	N/A	N/A	3%	5%
Home healthcare	N/A	N/A	N/A	2%	3%
Treatment for addiction	N/A	N/A	4%	2%	2%

Chapter 13: Basic Needs for Health and Safety | Routine Care for Physical and Mental Health

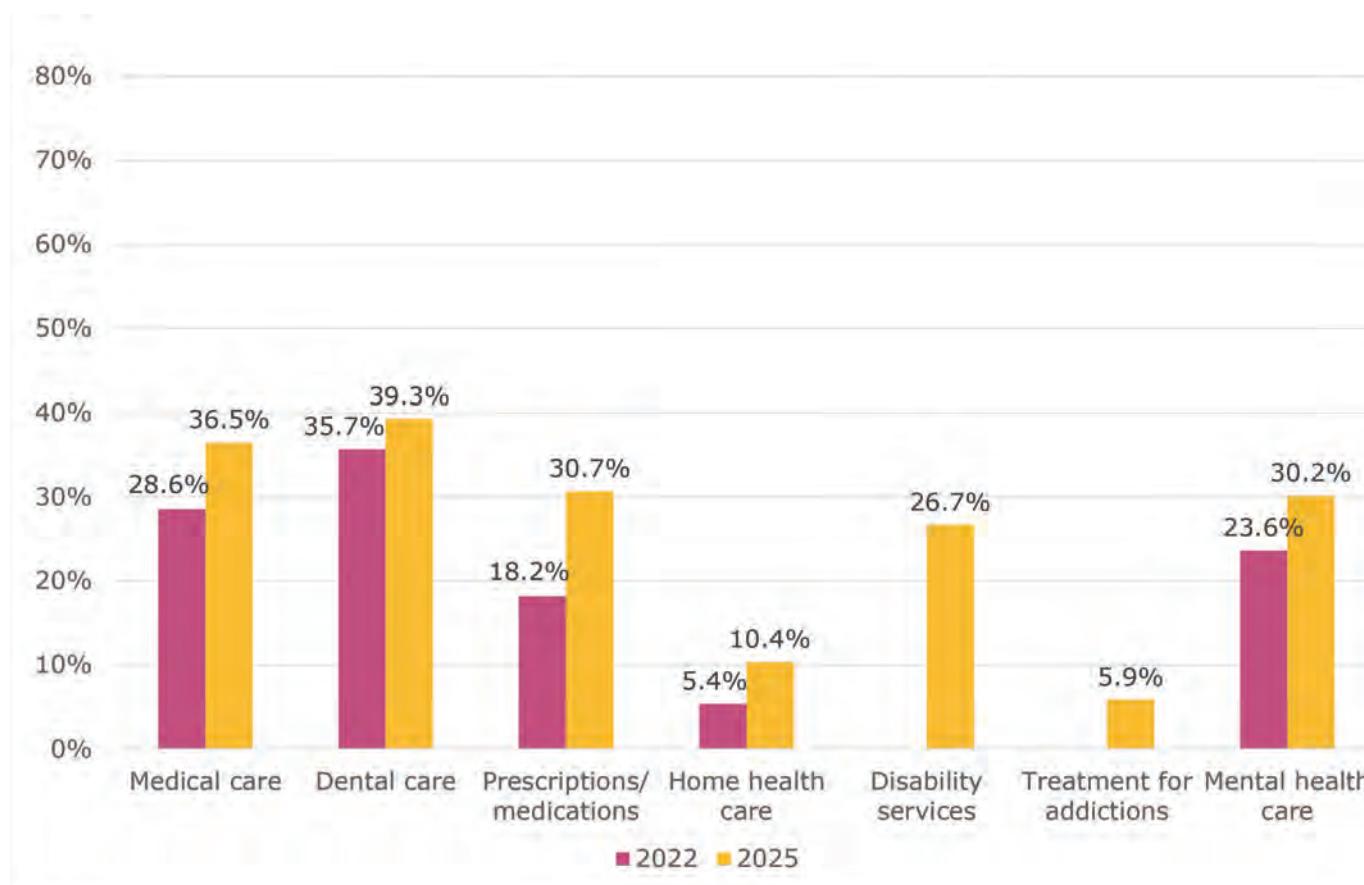
Respondents indicated lack of affordability or insurance not covering the need as the top two barriers for unmet needs regarding medical care, dental care, prescriptions, home health care, and disability services. The top barriers for unmet mental health needs were cost followed by the inability to get an appointment, and issues with insurance. The biggest barriers for addiction treatment were issues with insurance or if the treatment wasn't available locally, followed by transportation.

Table 77: Reasons Healthcare Needs Could not be Met | Source: Mat-Su Household Survey, MSHF, 2025

	Medical care (n=200)	Dental care (n=186)	Prescriptions/ medications (n=167)	Mental health care (n=99)	Home health care (n=35)	Disability services (n=52)	Treatment for addictions (n=25)
Can't afford	44%	59%	37%	42%	52%	46%	17%
Insurance doesn't cover	28%	37%	37%	23%	34%	49%	33%
Can't get an appointment	25%	8%	7%	24%	1%	14%	15%
Don't have insurance	21%	25%	15%	22%	18%	20%	30%
Trouble finding a time that works in my schedule	19%	19%	11%	21%	3%	5%	10%
Not available where I live	19%	7%	13%	13%	22%	30%	30%
Transportation	17%	9%	13%	22%	11%	20%	29%
Don't know where to find	8%	2%	2%	28%	18%	28%	17%

The percentage of Connect Mat-Su survey respondents with unmet healthcare needs increased between 2022 and 2025. Unmet medical care increased from 28.6% to 36.5%, unmet dental care from 35.7% to 39.3%, unmet prescriptions or medications from 18.2% to 30.7% and unmet home health care from 5.4% to 10.4%. In 2022, respondents were not asked about disability services, although in 2025, 26.7% of respondents identified that as an unmet need.

Figure 91: Unmet Healthcare Needs, Past 12 Months, Connect Mat-Su | Source: Connect Mat-Su Participant Survey, MSHF, 2022 & 2025



Note: Participants were not asked about disability services or addiction treatment services in 2022.

Community Input | Focus Groups

Residents across Mat-Su participating in the focus groups shared both positive experiences and ongoing challenges with healthcare access and community health. Many have noticed improvements in recent years, such as more specialty care and surgical services being available locally, reducing the need to travel to Anchorage. New providers, better access to veteran healthcare, and procedures like joint replacements, eye surgeries, and autoimmune treatments were highlighted as signs of progress. Some residents also mentioned expanded mental health and substance use services, along with community programs that support inclusion and healthy activities. However, significant challenges remain for many residents. Long wait times, provider shortages, and difficulty navigating systems like the VA, Tricare, and Medicare make care complicated. Insurance coverage, high out-of-pocket costs, and limited local services create financial barriers, and some people delay or skip care because of cost. Despite these obstacles, residents show strong commitment to helping each other, advocating for family, and supporting neighbors.

Community Input

“Now we can see community providers for veteran care and not drive to Anchorage for everything.”

“Access to all medical facilities out here was one of the reasons we decided to move here.”

“Even back in 2016 everything was in Anchorage; now autoimmune and surgical care are available here.”

“It took over a year to try and switch my husband’s VA care from Anchorage to Mat-Su—and we gave up.”

“I need a gynecologist and can’t find one taking new patients until the end of June—especially not a female.”

“\$600 to draw blood and \$300 just to see the results—on Medicaid—that’s absurd.”

“Caregivers also need support, but systems don’t work together—if you don’t know how to advocate, you get lost.”

"Urgent care next to Settlers Bay has been closed a while—there's nothing on KGB."

"Mental health and PTSD are huge—especially for female veterans—and there just aren't enough providers who get it."

"Transportation is a nightmare. If you miss the VA bus or don't have a car, you just skip the appointment."



Community Input | Intercept Survey

Intercept Survey respondents described many challenges in accessing healthcare and community resources across Mat-Su. Specialized services like mental health care, cardiology, long-term care, and therapies such as occupational or speech therapy are limited, especially outside main population centers. Long wait times and difficulty navigating complex systems caused frustration, and “resources” were sometimes just phone numbers or websites rather than real help. Affordability was a major concern, with residents on fixed or limited incomes struggling to pay medical bills alongside basic expenses, sometimes fearing financial disaster from unexpected costs. Transportation barriers, particularly for those without personal vehicles or relying on unreliable public transit, made it harder to reach appointments or access services. Some respondents noted that service availability often varies based on geography or identity, affecting disabled residents, veterans, or those living off-grid.

Respondents also shared goals for improving healthcare and community support. They emphasized the need for a larger, more diverse medical workforce and more local providers and specialists to reduce wait times. Mental health care, including crisis services, addiction resources, and awareness programs, was a top priority. Many called for more affordable and accessible healthcare, such as expanded Medicaid, free or sliding-scale clinics, transparent costs, and financial help for co-pays. Improving access to primary care, preventive services, and health education was also highlighted.

Community Input

“Bring more specialists into valley so we have options.”

“Better mental health care. Provides emergency resources for people who are going through a mental health crisis now—not an appointment in a month.”

“Transparent Health care costs at appointment, hospitals clinics. This would encourage the community to seek care when needed without fear of enlarged bills.”

“Support transportation services – Health care related appointments (to & from).”

“Make healthcare affordable – free clinics for all!”

“Expand Medicaid for those in need.”

“More clinics and better access to insurance/medical care.”

“Financial assistance for co-pays for those in need.”

Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su Participant Survey respondents highlighted that healthcare challenges in Mat-Su are closely linked to broader struggles with basic needs like food, housing, transportation, and utilities. Many described the difficulty of managing medical conditions while facing financial stress that affects their ability to pay for food, heating, electricity, and transportation—costs that often compete with healthcare expenses. Some rely on food banks after SNAP benefits are cut, especially when they must save for expensive medical or dental procedures. Transportation and financial insecurity further complicate access to care. Respondents reported unreliable or unaffordable local transportation, broken vehicles, and unsafe walking conditions, making it hard to attend appointments, get medications, or receive home care. High costs for insurance, medications, dental care, or medical equipment like wheelchairs prevent many from getting necessary care. Delays in disability benefits and Medicaid approvals leave families relying on emergency support or informal caregiving, which is often insufficient. Mental health services remain in short supply, and gaps in housing and social supports for people with mental illness increase risks of homelessness and safety concerns, showing that healthcare access is deeply tied to overall community well-being.

Community Input

“I needed a PCA when I almost died of pneumonia, they told me I could not have one unless I was already on disability. Everybody I talk to always suggests help from family, which is not a solution if your family is abusive and manipulative.”

“Medical care is hard to get around here and if I get an appointment, it’s pretty far out.”

“I waited on hold for 6 and half hours only for the phone to hang up then 5 and half hours and 3 and half hours.”

“I am wheelchair bound and am very limited access to many establishments. I require care medically and must always go to Anchorage or Seattle for care.”

“My son has been incarcerated for 17 months and has dental issues that cannot be met because all they want to do is pull his teeth out and call it cured.”

Community Input

“I can’t afford my medications at times like my thyroid meds because my copay is high so I go without my meds sometimes.”

“More providers aren’t accepting Medicare and Medicaid, I can’t find any home healthcare, even though my primary care is written prescription for it.”

“At one time I couldn’t walk, I’ll be 75 this year and I put in for a walker with a seat several months ago and I haven’t heard anything back.”

Screening and Prevention

Screenings and preventive care are critical components of maintaining good health and preventing serious diseases before they develop or worsen. Regular screenings enable early detection of conditions such as cancer, diabetes, and heart disease, which significantly improves treatment outcomes and reduces mortality. Preventive care, including vaccinations, lifestyle counseling, and routine check-ups, helps individuals manage risk factors and maintain optimal health. According to the Centers for Disease Control and Prevention (CDC), preventive services not only save lives but also reduce healthcare costs by avoiding expensive treatments for advanced illnesses.⁸ By prioritizing screenings and preventive care, individuals and communities can achieve better health outcomes and enhanced quality of life.

Cancer screening reports are dependent on the current guidelines for screening, what is present in Table 78 is the most current data for each type of screening self-reported on the Alaska Behavior Risk Factor Surveillance Survey. Except for prostate cancer, the rate of cancer screenings in Mat-Su is slightly below the rates for the state. Around half of Mat-Su adults aged 50 to 75 were screened for colorectal cancer in 2024. The percentage of adults age 50-75 in Mat-Su, who were screened for colon cancer decreased slightly from 64.7% in 2018 to 61.0% in 2022.

The percentage of women age 40 and older in Mat-Su who had a mammogram in the past two years decreased from 67.4% in 2018 to 58.4% in 2022, comparable to the state (58.9%). Women age 21 to 65 who have had a pap test in the past 3 years decreased in Mat-Su from 81.5% in 2018 to 76.2% in 2020, data was not available for 2022. For women aged 40 to 74, 63.1% were current on their breast cancer screenings and 77.3% of women aged 21 to 65 were current on their cervical cancer screening. The most current data on prostate cancer screening is from 2020, and 48.7% of men aged 55 to 69 in the Mat-Su had been screened.

Table 78: Cancer Screenings, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2024 & 2020, age-adjusted estimates

Cancer Screening	Mat-Su Borough (95% CI)	Alaska % (95% CI)
Colorectal Cancer, Adults, 50-75 Years (2024)	53.2 (45.7-60.5)	56.9 (53.8-60.0)
Breast Cancer, Mammogram Past 2 Years, Women, 40-74 Years (2024)	63.1 (55.0-70.6)	67.1 (63.4-70.6)
Cervical Cancer, Pap Test Past 3 Years, Women, 21-65 Years (2024)	56.8 (43.6-69.1)	58.8 (53.9-63.5)
Cervical Cancer, HPV test in past 5 years, Women, 21-65 (2024)	27.1 (18.6-37.7)	36.9 (31.1-43.0)
Cervical Cancer, Pap and/or HPV, Women, 21-65 (2024)	77.3 (66.0-85.7)	76.4 (71.8-80.5)
Prostate cancer, PSA, Men, 55-69 years (2020)	48.7 (33.0-64.6)	44.0 (38.3-50.0)

As seen in Table 78 the number of mammograms performed at MSRMC has increased from 1,371 in 2018 to 2,467 in 2024, while colonoscopies have decreased from 2,483 to 1,711 during the same timeframe.

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Table 79: Preventative Screenings, MSRMC | Source: MSRMC, 2018-2025

	Mammograms	Colonoscopies
2018	1,371	2,483
2019	1,314	1,958
2020	1,579	1,340
2021	1,973	1,165
2022	2,042	754
2023	2,479	1,424
2024	2,467	1,711
2025*	744	513

*4 months of data (January – April)

Overall, the percentage of Mat-Su adults who had a flu vaccine has decreased since 2019, to under one quarter of adults (24.3%) in 2024 (Table 80). Of all the public health regions in Alaska Mat-Su and Gulf Coast have the lowest rates for adult flu vaccinations. In 2024, 28.3% of adults in the Mat-Su reported ever having a pneumonia vaccine.

Table 80: Vaccination, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2019-2024, age-adjusted estimates

	2019	2020	2021	2022	2023	2024
Flu Vaccine, Past Year						
Mat-Su Borough % (95% CI)	28.7 (22.3-36.1)	35.6 (28.9-42.8)	30.6 (26.5-35.2)	26.3 (22.4-30.5)	27.7 (23.5-32.3)	24.3 (20.8-28.1)
Alaska % (95% CI)	37.9 (35.2-40.7)	39.9 (37.5-42.4)	41.6 (39.6-43.6)	42.5 (40.7-44.3)	37.5 (35.7-39.3)	35.4 (33.4-37.4)
Pneumonia Vaccine, Lifetime						
Mat-Su Borough % (95% CI)	36.3 (29.3-44.0)	29.4 (22.9-36.9)	23.9 (20.0-28.3)	26.6 (22.5-31.1)	29.3 (24.8-34.3)	28.3 (24.4-32.5)
Alaska % (95% CI)	34.3 (31.5-37.2)	29.2 (26.8-31.6)	29.1 (27.3-31.1)	29.1 (27.4-30.8)	31.9 (30.1-33.8)	31.4 (29.4-33.4)

Between 2015 and 2022, the percentage of mothers of three-year-olds who either delayed or did not get immunizations has increased in Mat-Su and Alaska, while decreasing in Anchorage (Table 81). In Mat-Su, over 30% of mothers delayed or did not get their child's vaccinations, and more mothers in Mat-Su delaying or declining vaccinations than the rest of the state. Between 2020 and 2022, the main reason for Mat-Su mothers delaying vaccinations was for personal choice or belief (31.7%). This was higher than the state (16.6%) and any other public health region.

Table 81: Delayed or Did Not Get Immunizations, Mothers of Three-Year-Olds and Their Child | Source: DOH, CUBS, 2015-2022

	Mat-Su Borough (95% CI)	Anchorage % (95% CI)	Rest of Alaska % (95% CI)
2015	18.3 (9.6-32.1)	17.5 (11.6-25.4)	21.5 (17.4-26.3)
2016	31.9 (20.3-46.3)	19.4 (13.4-27.3)	23.9 (19.6-28.9)
2017	29.3 (17.7-44.2)	12.9 (7.6-21.1)	22.8 (18.3-28.1)
2018	25.7 (14.8-40.8)	9.3 (5.3-15.8)	18.8 (15.1-23.3)
2019	33.8 (21.8-48.3)	11.2 (6.8-17.9)	19.8 (15.7-24.5)
2020	31.9 (18.0-49.9)	14.5 (8.9-22.8)	22 (17.1-27.8)
2021	34.6* (20.1-52.5)	19.6 (13.1-28.1)	24.5 (19.7-30.0)
2022	39.6* (24.9-56.6)	13.7 (8.6-21.2)	23.6 (19.0-29.0)

*Estimates based on 30 to 59 respondents may be statistically unreliable and should be interpreted with caution.

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Vaccine coverage rates help to determine how well populations are protected from vaccine preventable diseases. In the first quarter of 2025, vaccination coverage rates for completing the childhood vaccines series overall were 59% for Mat-Su and Alaska, though individual coverage rates were higher for each vaccine in the series (Table 82). Among children ages 5–6, only 49% of Mat-Su children completed the full kindergarten vaccine series, compared to 54% in Anchorage and 52% statewide. For individual vaccines, Mat-Su matched or came close to Alaska's averages for Polio (77%), Hepatitis B (78%), and MMR (73%). However, rates were lower for Varicella in Mat-Su (55%) compared to Anchorage (60%) and the state overall (58%). Slightly more than one in four Mat-Su teens (27%), ages 13–17, received at least two doses of the HPV vaccine. This vaccine protects against a virus that can cause certain types of cancer later in life. For the MenACWY vaccine, which helps protect against a serious type of bacterial meningitis, 47% of students in Mat-Su got at least one dose. The Zoster vaccine, which protects against shingles, was given to 34% of people over 50 in Mat-Su. The average for the entire state of Alaska was 37%. For the Pneumococcal vaccine, which helps protect against a type of pneumonia, 50% of adults over 65 in Mat-Su have been vaccinated. In both Anchorage and the rest of Alaska, the rate was the same at 61%.

Table 82: Vaccine Coverage Rates, Quarter 1, 2025 | Source: Alaska Vaccination Coverage Report, Q1 2025

Childhood Series, 19-35 Months			
	Mat-Su	Anchorage	Alaska
Childhood Series 19-35 Months	59%	63%	59%
4 DTaP/DT/Td	67%	70%	67%
3 HIB	76%	79%	76%
3 Polio	80%	83%	81%
3 Hep B	83%	87%	85%
1 MMR	75%	81%	70%
1 Varicella	71%	76%	75%
4 PCV	70%	73%	70%

Kindergarten Series, 5-6 Years			
	Mat-Su	Anchorage	Alaska
Kindergarten Series, 5-6 years	49%	54%	52%
5 DTaP/DT/Td UTD	53%	56%	55%
3 Polio	77%	77%	78%
3 Hep B	78%	78%	79%
2 MMR	73%	75%	74%
2 Varicella	55%	60%	58%
2 Hep A	67%	68%	68%

Teenage, 13-17 Years			
	Mat-Su	Anchorage	Alaska
>/= 2 HPV	27%	36%	34%
>/= 1 MenACWY	47%	53%	52%

Adults, 50+ Years			
	Mat-Su	Anchorage	Alaska
>/= 2 HPV	27%	36%	34%
>/= 1 MenACWY	47%	53%	52%

Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su Participant Survey respondents noted that many people in the Mat-Su area have trouble getting important screenings and preventive care. Some are worried about serious health problems, like cancer, but cannot get timely appointments or find local doctors. Dental check-ups and other preventive services are also hard to access, and cost can stop people from getting care.

Prenatal Care & Well-Child Checks

The birth and fertility rates 2019 to 2023 have decreased in both Mat-Su and Alaska (Table 83). The birth rate in Mat-Su has decreased from 12.8 in 2019 to 11.7 in 2023, while the birth rate for the state decreased from 13.4 to 12.2 during the same time period. The same is true for the fertility rate which decreased from 68.0 in 2019 in Mat-Su to 62.0 in 2023, while also decreasing from 67.7 in 2019 to 61.9 in 2023 in the state. From 2019 to 2023, the teen birth rate in Mat-Su and Alaska decreased, although the rate in Mat-Su did increase in 2020 and 2022.

Table 83: Alaska Resident Births and Rates by Years, Mat-Su Borough and Alaska | Source: DOH, HAVRS, 2019-2023

Year	Mat-Su Borough			Anchorage			Alaska		
	Births	Crude Birth Rate	Fertility Rate	Births	Crude Birth Rate	Fertility Rate	Births	Crude Birth Rate	Fertility Rate
2019	1,369	12.8	68.0	3,937	13.5	63.1	9,832	13.4	67.7
2020	1,341	12.5	67.0	3,763	12.9	61.1	9,485	12.9	65.5
2021	1,345	12.3	65.6	3,578	12.3	58.5	9,412	12.8	64.8
2022	1,415	12.7	67.2	3,634	12.5	59.5	9,366	12.7	64.6
2023	1,338	11.7	62.0	3,511	12.1	57.4	9,022	12.2	61.9
5 Year Average 2019-2023	1,361.6	12.4	66.0	3,684.6	12.7	59.9	9,423.4	12.8	64.9

Crude birth rates measure the number of births per 1,000 residents, including all ages and genders. Fertility rate can be more meaningful for tracking natality trend because it measures the number of births per 1,000 women ages 15-44 years.

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Table 84: Alaska Resident Teen Births and Rates by Years, Mat-Su Borough and Alaska | Source: DOH, HAVRS, 2019-2023

Year	Mat-Su Borough		Anchorage		Alaska	
	Births	Teen Rate	Births	Teen Rate	Births	Teen Rate
2019	35	10.1	137	15.2	394	17.6
2020	45	13.0	117	13.0	379	16.9
2021	40	11.1	119	13.2	383	16.8
2022	45	11.7	82	9.0	358	15.5
2023	38	9.7	118	12.9	345	14.8
5 Year Average 2019-2023	40.6	11.1	114.6	12.7	371.8	16.3

Note: Teen birth rates measure the number of births per 1,000 females ages 15-19 years.

The percentage of mothers receiving prenatal care in the first trimers decreased by 10% between 2021 and 2021 in Mat-Su (Table 85). The percentage of mothers who smoke in the last three months of pregnancy has increased from 8.1% in 2020 to 8.3% in 2022 in Mat-Su, while decreasing at the state level from 10.1% to 8.4%. The percentage of mothers who drink in the last three months of pregnancy has increased in Mat-Su from 2.6% in 2020 to 7.8% in 2022, although a decrease from 10.3% in 2021. The percentage of mothers use marijuana or hash during pregnancy has increased in Mat-Su from 7.7% in 2020 to 11.8% in 2022, also higher than the state (8.9%).

Table 85: Prenatal Care, Mothers of Newborns | Source: DOH, PRAMS, 2020-2022

		2020	2021	2022
Start prenatal care in the first trimester	Mat-Su Borough % (95% CI)	91.2 (82.8-95.7)	93.6 (86.8-97.0)	83.5 (73.6-90.2)
	Alaska % (95% CI)	84.2 (81.3-86.7)	86.5 (83.5-89.0)	84.2 (81.0-87.0)
Smoke last three months of pregnancy	Mat-Su Borough % (95% CI)	8.1 (4.4-14.5)	7.8 (3.3-17.3)	8.3 (4.2-15.9)
	Alaska % (95% CI)	10.1 (8.5-11.9)	7.3 (5.7-9.2)	8.4 (6.7-10.4)
Drink last three months of pregnancy	Mat-Su Borough % (95% CI)	2.6 (0.8-8.1)	10.3 (5.1-19.5)	7.8 (3.7-15.7)
	Alaska % (95% CI)	5.5 (4.2-7.3)	5.9 (4.4-8.0)	6.5 (4.8-8.8)
Use marijuana or hash during pregnancy	Mat-Su Borough % (95% CI)	7.7 (3.8-15.1)	8.7 (3.9-18.2)	11.8 (5.8-22.5)
	Alaska % (95% CI)	7.9 (6.3-9.7)	7.6 (5.8-9.9)	8.9 (6.7-11.8)

As seen in Table 86, the percentage of children who received a well-child checkup in the previous 12 months has decreased in Mat-Su, Anchorage and Alaska. The percentage of children with a well-child checkup decreased in Mat-Su from 88.7% in 2015 to 86.7% in 2022, which was higher in comparison to Anchorage (83.7%) and Alaska (82.5%).

Table 86: Well-Child Checkup Previous 12 Months, Mothers of Three-Year-Olds | Source: DOH, CUBS, 2015-2022

	Mat-Su Borough % (95% CI)	Anchorage % (95% CI)	Alaska % (95% CI)
2015	88.7 (75.1-95.4)	93.1 (86.7-96.5)	90.2 (86.4-93.1)
2016	88.7 (76.1-95.1)	90.5 (83.3-94.8)	88.1 (84.2-91.1)
2017	91.8 (80.5-96.8)	94.0 (86.0-97.5)	89.5 (85.5-92.4)
2018	87.0 (72.8-94.4)	91.9 (85.1-95.8)	89.1 (85.5-91.9)
2019	86.6 (71.7-94.3)	95.9 (90.9-98.2)	91.1 (87.4-93.9)
2020	79.0 (60.7-90.1)	86.1 (76.4-92.3)	83.8 (78.5-88.0)
2021	82.1* (63.7-92.3)	84.5 (77.2-89.8)	79.6 (74.6-83.9)
2022	86.7* (73.2-94.0)	83.7 (73.3-90.6)	82.5 (76.6-87.2)

*Estimates based on 30 to 59 respondents may be statistically unreliable and should be interpreted with caution.

Community Input | Focus Groups

There were some comments from focus group participants regarding prenatal care and women's health. As the population has grown, it has become harder for people to get appointments, including gynecology and maternity care. While hospital services have improved over time, the only NICU is still in Anchorage, which can be scary if there is an emergency and a mother and baby need higher levels of care. New moms also shared how hard it can be to balance physical recovery, mental health, and caring for a baby. Some feel ignored by doctors or struggle to find female providers they feel comfortable with.

Safety and Injury

The top five leading causes of ED visits for all ages in the Mat-Su Borough compared to Alaska are displayed in Table 87. In both the borough and the state overall abdominal pain and other digestive/abdomen signs and symptoms is the top condition causing an ED visit with 1,814 visits in the borough and 13,788 in Alaska. In the Mat-Su this is followed by nonspecific chest pain (1,566), musculoskeletal pain (1,396), skin and subcutaneous tissue infections (1,009) and open wounds to limbs (994). For the state, upper respiratory infections (11,767), alcohol related disorders (10,404), nonspecific chest pain (10,394) and superficial injury and contusion (9,543) round out the top five conditions.

Table 87: Top Leading Causes of ED Visits, Mat-Su Borough, Anchorage | Source: DOH, HAVRS, HFDR Program 2023 Annual Report

Condition	2023
Mat-Su Borough	
Abdominal pain and other digestive/abdomen signs and symptoms	1,814
Nonspecific chest pain	1,566
Musculoskeletal pain, not low back pain	1,396
Skin and subcutaneous tissue infections	1,009
Open wounds to limbs, initial encounter	994
Alaska	
Abdominal pain and other digestive/abdomen signs and symptoms	13,788
Other specified upper respiratory infections	11,767
Alcohol-related disorders	10,404
Nonspecific chest pain	10,394
Superficial injury; contusion, initial encounter	9,543

The top five leading causes of injuries requiring hospitalization for the Mat-Su Borough versus the state for 2022 and 2023 are displayed in Table 88. Falls was the most prevalent cause of an injury requiring hospitalization, affecting a higher number of people (333) in the Mat-Su in 2023 than in 2022 (278) although the percentage of all injuries that falls represent decreased from 52.6% to 48.1%. The number of falls also increased at the state level from 1,701 to 2,187 although the percentage also declined from 47.4% to 42.3%. This is followed by motor vehicle injuries that increased from 73 (13.8%) in 2022 to 103 (14.9%) in 2023. Assault decreased from 9 (1.7%) to 8 (1.2%). Suicide also decreased from 26 (4.9%) to 18 (2.6%). Injuries from being struck by an object increased substantially from 6 (1.1%) to 30 (4.3%). All of the top five causes for injuries could result in a traumatic brain injury (TBI), which can have temporary or lasting effects on someone's health and wellbeing. The number of TBIs requiring hospitalization in the Mat-Su Borough increased by more than 30% between 2017 and 2023 from 97 to 136, although this represents about one in five injuries (19.2% and 19.6% respectively) (Table 89).

Table 88: Leading Causes of Injuries Requiring Hospitalization, Mat-Su Borough and Alaska Statewide | Source: DOH, ATR, 2022 & 2023

	Mat-Su Borough				Anchorage			
	2022		2023		2022		2023	
	Count	Percent of all injuries	Count	Percent of all injuries	Count	Percent of all injuries	Count	Percent of all injuries
Falls	278	52.6%	333	48.1%	1,701	47.4%	2,187	42.3%
Motor Vehicle - Occupant	73	13.8%	103	14.9%	282	7.9%	444	8.6%
Assault	9	1.7%	8	1.2%	226	6.3%	334	6.5%
Suicide	26	4.9%	18	2.6%	191	5.3%	205	4.0%
Struck by an object	6	1.1%	30	4.3%	82	2.3%	341	6.6%
Total all Injuries	529		693		3,588		5,171	

Table 89: Traumatic Brain Injuries (TBI) Requiring Hospitalization, Mat-Su Borough | Source: DOH, ATR, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Count	97	91	115	101	97	83	136
Percent	19.2%	19.7%	22.9%	18.5%	18.4%	15.7%	19.6%
Total Injuries	506	462	503	545	527	529	693

Chapter 13: Basic Needs for Health and Safety | Safety and Injury

Falls are common causes of injuries in older adults. Table 90 outlines the percentage of Mat-Su older adults aged 65+ that have experienced falls, compared to Anchorage and Alaska, for the years available from 2012 and 2023. The percentage of older adults experiencing any fall in the last year declined from 32.6% in 2012 to 24.6% in 2023 after increasing to 41.2% in 2016. The Mat-Su rate is lower than both Anchorage (33.4%) and Alaska overall (31.6%). The rate of falls with injuries for Mat-Su older adults also decreased from 10.7% in 2012 to 7.3% in 2023, although the data is marked as unstable. The borough rate is lower than both Anchorage (11.2%) and the state overall (11.7%).

Table 90: Falls, Seniors 65+, Mat-Su, Anchorage, and Alaska | Source: DOH, AK BRFSS, 2012-2023 for years available

Any Fall in Past Year						
	2012	2014	2016	2018	2020	2023
Mat-Su Borough % (95% CI)	32.6 (22.4-44.7)	34.5 (25.1-45.3)	41.2 (30.4-52.9)	30.3 (20.3-42.6)	31.8 (21.9-43.8)	24.6 (18.1-32.5)
Anchorage % (95% CI)	35.7 (25.8-46.9)	33.1 (25.0-42.3)	38.5 (23.7-55.7)	27.0 (19.2-36.6)	35.7 (26.2-46.5)	33.4 (27.0-40.5)
Alaska % (95% CI)	35.1 (30.5-40.0)	33.3 (29.4-37.4)	35.5 (29.3-42.2)	29.6 (25.9-33.7)	35.2 (31.0-39.6)	31.6 (28.6-34.8)
Falls with Injury, Past Year						
	2012	2014	2016	2018	2020	2023
Mat-Su Borough % (95% CI)	10.7* (5.3-20.4)	13.0 (7.1-22.7)	22.8 (13.9-35.1)	9.9* (5.0-18.8)	8.7* (4.2-17.2)	7.3* (3.9-13.3)
Anchorage % (95% CI)	14.1* (7.3-25.4)	12.8 (7.4-21.3)	17.8* (7.5-36.7)	10.5 (5.9-18.0)	12.3 (7.0-20.8)	11.2 (7.3-16.7)
Alaska % (95% CI)	12.8 (9.6-17.0)	12.1 (9.4-15.4)	15.1 (10.5-21.4)	10.2 (8.0-13.0)	11.2 (8.8-14.2)	11.7 (9.6-14.2)

* Per AK BRFSS, prevalence estimates are flagged as unstable when the RSE is greater than 30% and less than or equal to 50%.

The State of Alaska reports motor vehicle deaths by place of residence, for example this would include all resident deaths that occurred in and outside of the Mat-Su, and by place of occurrence, for example this would include all deaths that occurred in the Mat-Su Borough regardless of the individual's place of residence. There was a higher rate of Mat-Su residents who died by motor vehicle accident in 2024 compared to the rates for Anchorage or Alaska (Table 91). The Mat-Su Borough also tends to have a higher rate of occurrence for motor vehicle deaths compared to Anchorage and Alaska (Table 92).

Table 91: Motor Vehicle Accident Deaths by Place of Residence | Source: DOH, HAVRS

		2020	2021	2022	2023	2024
Mat-Su Borough	Count	16	12	29	17	22
	Rate	14.7*	9.1*	24.6	15.3*	19.3
Anchorage	Count	19	31	29	29	31
	Rate	6.0*	11.4	10.3	9.6	10.5
Alaska	Count	81	97	117	87	98
	Rate	11.0	13.3	15.7	11.7	13.2

Disclaimer: Rates are age-adjusted per 100,000 people *Based on <20 events, statistically unreliable and interpret with caution

Table 92: Motor Vehicle Accident Deaths by Place of Occurrence | Source: DOH, HAVRS

		2020	2021	2022	2023	2024
Mat-Su Borough	Count	14	14	23	14	18
	Rate	13.3*	12.6*	19.9	12.4*	15.7*
Anchorage	Count	30	31	37	27	39
	Rate	9.7	11.1	13	9.3	13
Alaska	Count	81	89	109	82	99
	Rate	10.9	12.3	14.5	11.2	13.3

Disclaimer: Rates are age-adjusted per 100,000 people *Based on <20 events, statistically unreliable and interpret with caution

Between 2022 and 2024, a total of 18 Mat-Su residents died from homicide and a total of 20 homicides occurred in the Mat-Su (Table 93). Anchorage had more homicides in 2024 compared to prior years, and the age-adjusted homicide rate (12.2 per 100,000) was higher than the rate for the state (7.7 per 100,000).

Table 93: Homicides by Place of Residence and Place of Occurrence | Source: DOH, HAVRS

	Mat-Su Residents	Mat-Su Occurance	Anchorage Residents	Anchorage Occurance	Alaska Residents	Alaska Occurance
2022	7	5	23	29	76	74
2023	6	11	23	24	60	63
2024	5	4	30	35	55	55

Disclaimer: Data are presented as counts. Rates are unreliable or unreportable for Mat-Su.

Community Input | Focus Groups

Across focus groups, participants described a mixed picture of safety in the Mat-Su region. Many described the area as a safe, family-friendly community with access to nature, outdoor activities, and strong neighbor networks. Families enjoyed biking, hiking, and raising children where they can be free to explore. Residents also noted that improvements to roads and access to emergency medical services help make the community safer. At the same time, participants shared growing concerns about injuries and risks. Rising crime, drug use—especially fentanyl—unsafe roads, and lack of youth spaces contributed to worries about accidents and harm. Stories of theft, vehicle break-ins, stabbings, school lockdowns, and shootings were shared, and parents felt powerless to keep their children safe. Overall, people stressed the need for better infrastructure, public safety resources, and more community spaces.

Community Input

“Used to feel safe walking trails. Now you’re being watched, windows broken into.”

“As a parent, I feel completely unsafe. We’ve had three school lockdowns before I pulled my child out.”

“Kids are killing kids in ways we didn’t see 20 years ago.”

“Potholes make it so slippery—accidents happen all the time.”

“Afraid to knock on a neighbor’s door—will they shoot me?”

“Emergency medical services and nurses who do home visits help keep us safe.”

“Community events are well-run and feel secure, giving everyone peace of mind.”

“We have programs that educate about safety and mental health, which helps the whole community.”

“It feels safer here than in bigger cities; people look out for each other.”

Community Input | Intercept Survey

Intercept Survey respondents expressed concerns about personal and community safety, especially for women, children, seniors, and vulnerable populations. Many noted gaps in protections for people experiencing domestic abuse, limited emergency medical or transportation services, and a lack of safe spaces for exercise or social gatherings, particularly during winter months. Feedback also highlighted a desire for stronger law enforcement protections, mental health emergency resources, and community programs that prevent drug and alcohol misuse. Improved public infrastructure, including sidewalks, lighting, and recreational areas, was seen as a key way to make neighborhoods feel safer and more supportive.

Alongside safety concerns, residents described risks that could lead to injury or harm. Unsafe roads, inadequate transportation, and poorly maintained public spaces put people at physical risk. Residents emphasized the need for systemic improvements, such as better emergency response, accessible rehabilitation services, and safer community environments, to prevent injury and protect the most vulnerable.

Community Input

“Not being so prejudicial of people who have been accused of crimes without being convicted.”

“More places for kids to go & stay out of trouble.”

“Sidewalks, more street lighting, better city transportation and more support groups to help the people of our community feel heard, seen and important.”

“Keeping playgrounds safer.”

Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su survey participants noted that poverty, weak public support systems, and limited access to medical care make daily life unpredictable and risky. Housing insecurity is widespread, with people forced into unsafe or temporary living arrangements, like tents, dry cabins, or overcrowded units, because of high costs and few affordable options. Extreme weather, heavy snowfall, and broken heating systems make homes unsafe, especially for children, the elderly, and people with disabilities. Even when emergency or community services are available, many residents feel they are insufficient or inconsistent, leaving them without reliable support in times of need. Residents also face frequent physical risks and threats to their health. Untreated medical and dental problems, broken vehicles, and unsafe travel conditions put people at risk of injury or illness. Some reported having to walk long distances on dangerous roads or perform physically demanding tasks, like shoveling snow or repairing unsafe structures, without help.

Community Input

“I had to walk ten miles with my kids and a baby because the cab canceled.”

“There is not a safe place for my son and I to live. Domestic violence and discrimination are high. I’ve lived here my whole life and don’t know where to go for help.”

“I moved up here with my partner and two kids. The kids and I were abused... the services don’t really help people unless they’re sleeping under a bridge. I’m couch surfing and at risk of losing my job because I have nowhere stable to live.”

“I need somewhere safe for me and my children to stay. I’m worried something will happen to us if we keep bouncing around.”

“You can’t find help unless you’re in extreme crisis. And even then, it’s hard. I had to get a restraining order and no one would help with legal support.”

“I was attacked and still haven’t gotten a response from the prosecutor’s office. No one follows through. I don’t feel protected.”





Chapter 14



Health Outcomes

Foreword by Rene Dillow | Mat-Su Resident 27 years; Nurse Manager, Mat-Su Public Health Center 11 years

Like many others, my husband and I fell in love with Alaska. We settled in Palmer and raised our three children. My own experiences as a caregiver—supporting my father after his stroke and my mother through a terminal brain tumor—shaped my commitment to nursing and community health. For the past 11 years, I have served as a public health nurse with the Mat-Su Public Health Center, working to promote wellness, prevent disease, and improve the health of Mat-Su residents.

Nursing is both an art and a science, a heart and a mind, according to the American Nurses Association, and is recognized as an essential part of health care, with a broad range of specialties designed to address diverse needs. In contrast to most nursing specialties, Public Health Nursing is dedicated to supporting the health and well-being of the community as a whole. Our emphasis in Alaskan communities, including the Mat-Su Borough, is on promoting health and preventing infectious disease. We have come far in expanding our health care options in the Mat-Su over the years. Relative to other areas in the state, the Mat-Su is resource-rich with multiple urgent care choices, many options for medical care providers, and two FQHCs (federally qualified health centers) that offer sliding scale fees for low-income patients without insurance. In our setting, the role of public health is to find gaps in available services and then innovate ways to meet the needs of everyone, especially keeping in mind people that may be overlooked.

Public Health Nursing works to advance health outcomes for all residents. Health outcomes span a person's entire life—from ensuring healthy beginnings through newborn hearing screenings and child development monitoring, to preventing the spread of infectious diseases through sanitation, vaccination, and education. It also includes promoting reproductive health, access to birth control, and the prevention and treatment of sexually transmitted infections (STIs). People often think of STIs as something that affects "other people." Yet anyone who has had more than one partner—or whose partner has had another partner—can be at risk. Barriers may include lack of transportation, embarrassment, lack of insurance, uncertainty about where to go, and difficulty making and keeping appointments for a variety of reasons.

To address these concerns, the Mat-Su Public Health Center implemented an express, walk-in STI screening program. After a simple registration, individuals can receive quick and easy testing without an interview, appointment, or potentially embarrassing questions about lifestyle choices. We made testing more accessible and less intimidating.

The impact of this approach is best seen in the stories of community members who have used the service:

- A young woman came in for screening after hearing she may have been exposed to Chlamydia and learns she has pelvic inflammatory disease which untreated can result in infertility. She is shocked to learn that often STIs have no symptoms.
- A 60-year-old man quietly shared that he had worried for two years that he might have an STD but never felt comfortable asking his doctor for testing. After hearing about the walk-in service, he came in for testing, which was negative. He was reassured and encouraged to seek care from his provider for his ongoing symptoms.
- A young man returned from a hunting trip with a rash and came in for testing. What he feared might be an STD turned out to be a common fungal infection, easily treated with an over-the-counter medication.

Reducing barriers to care not only addresses potential risks but also provides reassurance, guidance, and timely treatment. Public Health Nursing's work in the Mat-Su Borough demonstrates the importance of meeting people where they are, creating pathways for prevention, and supporting improved health outcomes of the community.



Introduction

How someone experiences the vital conditions and urgent services of the Well-being Portfolio has an impact on their health outcomes. When basic needs for health and safety are not met, people's physical health can decline. Without enough nutritious food, clean water, or safe housing, the body becomes more vulnerable to illness. Unsafe housing or environments can also increase the chances of injuries, exposure to pollution, or other hazards. When people experience multiple social risk factors, like stress, food insecurity, housing insecurity, social isolation, job loss, lack of health insurance, they also experience worse physical and mental health outcomes (see page 95, Economic Mobility chapter).

Community health status is both a reflection of and a contributor to the overall health of individuals. Factors such as access to healthcare, quality of available services, environmental conditions, and social supports directly shape disease prevalence, life expectancy, and quality of life across populations. The World Health Organization emphasizes that the health of a community depends on the collective impact of social, economic, and environmental determinants, which in turn influence individual health outcomes at every stage of life¹.

Economic Mobility

Health outcomes and economic mobility are closely connected because a person's health affects their ability to work, learn, and earn money. When people are healthy, they are more likely to stay in school, keep steady jobs, and pursue opportunities that can improve their financial situation. On the other hand, poor health can create barriers—medical bills can drain savings, chronic illness can make it hard to hold a job, and frequent absences can limit progress in school or at work.

Economic mobility also affects health. Families with more income can afford healthier food, safer housing, and regular medical care, which helps prevent illness and supports long-term well-being. Meanwhile, families with fewer resources often struggle to meet these basic needs, which can lead to worse health outcomes over time. This creates a cycle where poor health limits economic opportunity, and limited opportunity makes it harder to stay healthy.

Breaking this cycle often requires support from both health and economic systems. Access to affordable healthcare, education, job training, and safe communities can help people improve their health and open doors to better financial stability. When health and economic mobility improve together, communities are stronger and people have a greater chance at living longer, healthier, and more successful lives.

¹ World Health Organization, Health Topics, Social Determinants of Health

Belonging and Civic Muscle

Belonging and Civic Muscle, which include social support, civic association, strong non-profits, freedom from stigma and oppression, arts, culture, and opportunities for civic engagement, is often displayed at the center of the vital conditions. It is connected to and associated with each vital conditions and can impact health and wellbeing. Belonging also reduces isolation, which can make it easier for people to share resources, get help in times of need, and recover from challenges more quickly. Communities with a strong sense of connection often see better overall health because people look out for one another.

Civic muscle refers to the ability of people to work together to solve problems and improve their communities. When communities use their civic muscle, they can organize for safer neighborhoods, advocate for better healthcare access, and create programs that support healthy living. Strong civic engagement gives residents a voice in decisions that affect their daily lives, such as housing, schools, and public safety. This collective effort leads to healthier environments where people can thrive.

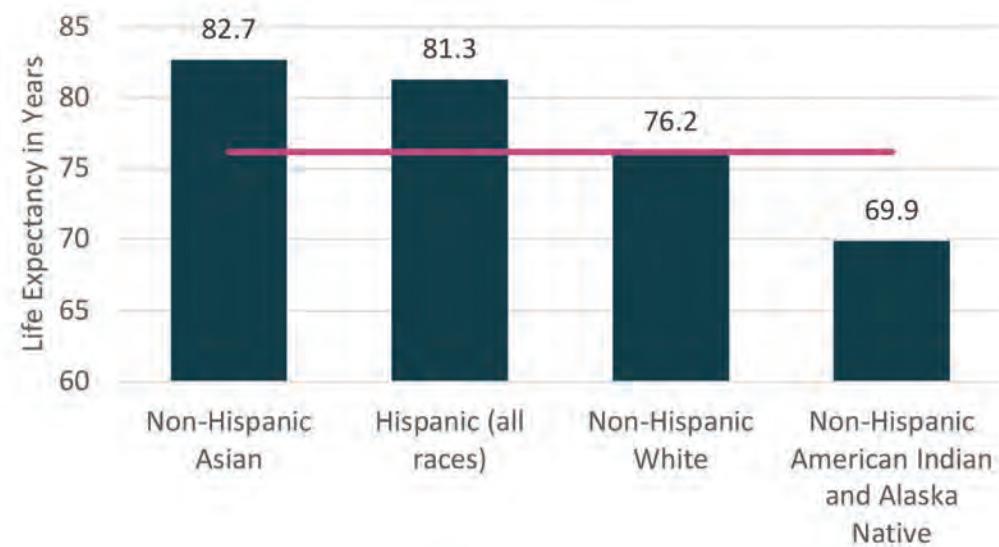


Key Data Insights

Length of Life

Life expectancy is the average number of years that people are expected to live based on age-specific death rates of the population. Residents in the Mat-Su Borough have a life expectancy of 76.2 years, based on data from 2021-2023. This is similar to the life expectancy in Alaska overall (76.1) and slightly lower than the life expectancy across the United States (77.6). In the Mat-Su, there are disparities in life expectancy based on race and ethnicity (Figure 92). Non-Hispanic Asian residents have the longest life expectancy at 82.7 years and American Indian/Alaska Native residents have the lowest at 69.9, a difference of 12.8 years.

Figure 92: Life Expectancy by Race/Ethnicity, Mat-Su Borough | Source: CHRR, 2025 Data Snapshot, 2021-2023



Premature Death, also known as years of potential life lost (YPLL), represents the number of years between an expected life span of 75 years and the age of people who die before age 75. For example, if someone dies at age 60, their YPLL would be 15 years and if someone dies at age 20, their YPLL would be 55. In 2024, there were 9,992 years of productive life lost among Mat-Su residents, an average of 11 years per death (Table 94). The leading causes of YPLL were accidents (2,916), cancer (1,505), and intentional self-harm (1,154). These were also the top three causes among all Alaska residents.

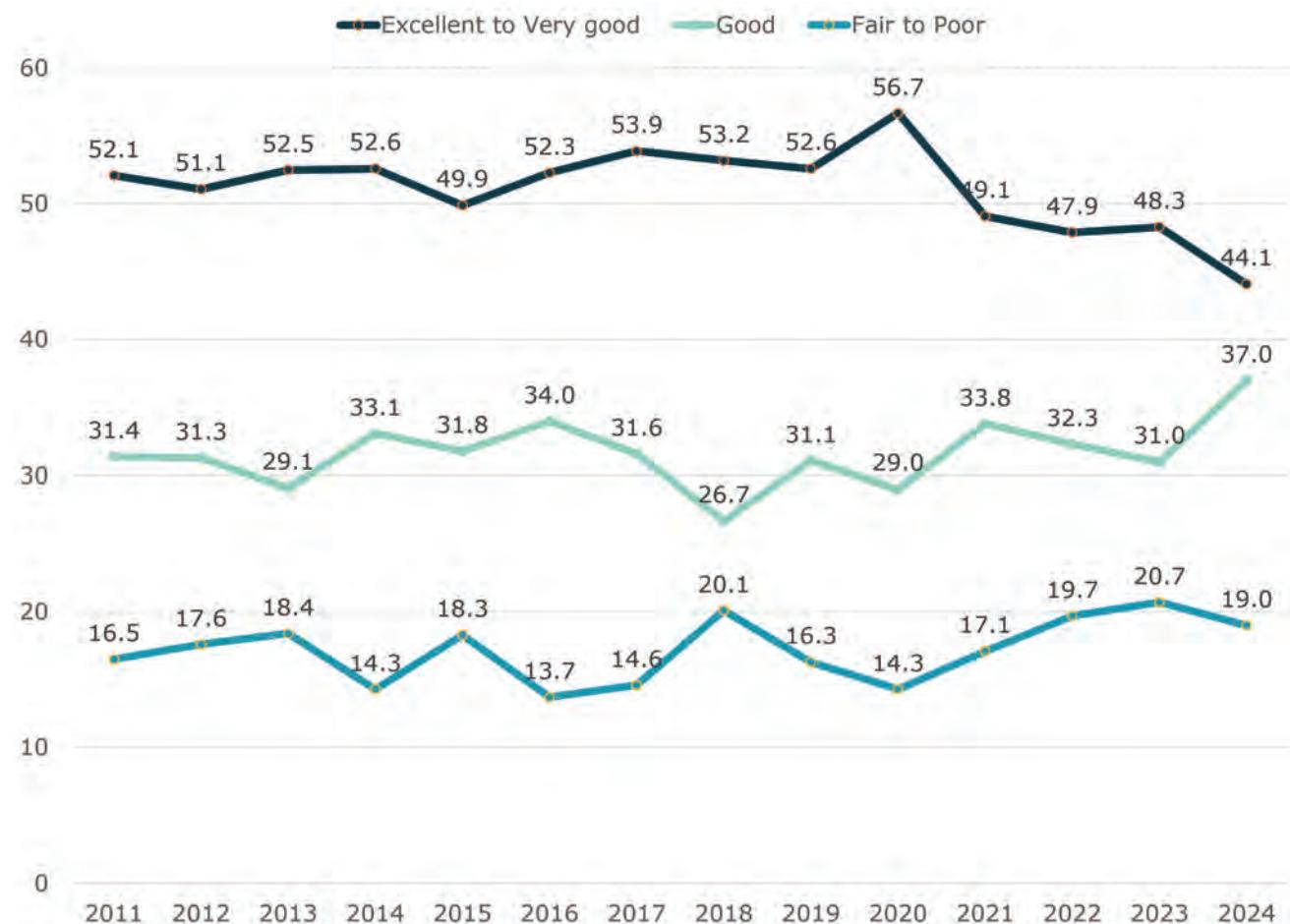
Table 94: Premature Death, Years of Potential Life Lost, Mat-Su Borough | Source: DOH, HAVRS, 2024

	Years	Years per Death
All Causes	9,992	11
Accidents	2,916	26
Malignant Neoplasms (cancers)	1,505	7.6
Intentional Self-Harm	1,154	33

Perceptions of Community & Personal Health

According to the BRFSS, in 2024, 44.1% of adults in the Mat-Su rated their health as excellent to very good (Figure 93). This is the lowest percentage in 14 years and was lower the rate for Alaska (47.1%). At the same time, the percentage of adults rating their health as good increased. Since 2020, there has been a gradual rise in adults reporting fair to poor health.

Figure 93: General Health Status, Mat-Su Borough, Percent | Source: DOH, AK BRFSS, 2011-2024, age-adjusted estimates



The health status of adults in the Mat-Su differs based on age, race, and poverty status (Figure 94). Looking just at excellent to very good health and fair to poor health, not surprisingly reports of excellent to very good health decline with age while reports of fair to poor health increase with age. Health status also varies by poverty status with over half of adults (51.8%) above 185% of the poverty guideline reporting excellent to very good health compared to 29.3% of adults whose income is 185% of the poverty guideline or below. The percentage of adults identifying as other race who report excellent to very good health (33.6%) is lower compared to people identifying as Alaska Native (44.8%) or White (45.0%). While a high proportion of Alaska Native resident report excellent to very good health, almost a quarter (23.9%) report fair to poor health, which is higher than all other races.

Figure 94: Disparities in Excellent/Very Good and Fair/Poor Health Status, Mat-Su Borough | Source: DOH, AK BRFSS, 2024, age-adjusted estimates

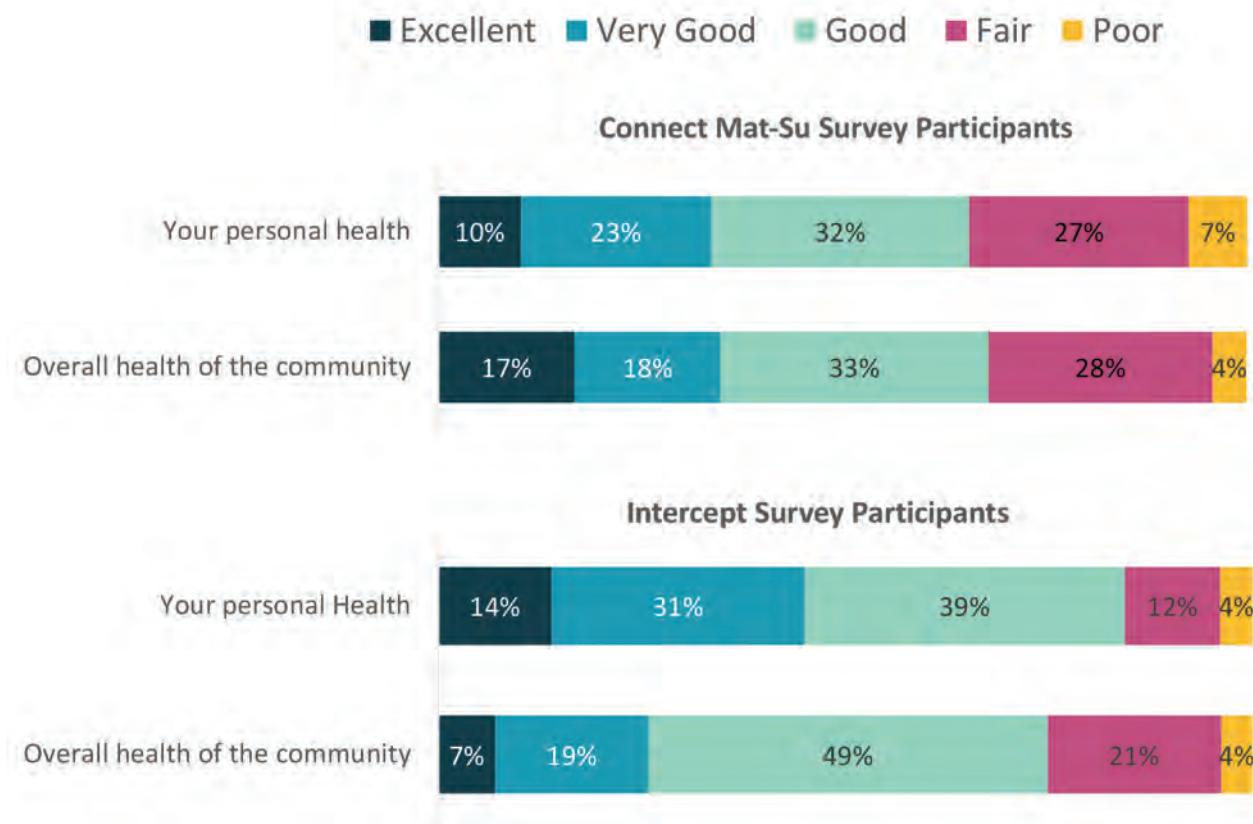


Chapter 14: Health Outcomes | Perceptions of Community & Personal Health

Individuals participating in intercept surveys and the Connect Mat-Su survey were asked about their personal health status and their perception of the health of the Mat-Su community (Figure 95). Connect Mat-Su participants had similar ratings for their personal health and the health of the community with about one third reporting excellent to very good health, one third reporting good health, and one third reporting fair to poor health. More intercept survey respondents rated their health as excellent to very good compared to their ratings for the health of the community.

Figure 95: Perceptions of Community and Personal Health, 2025

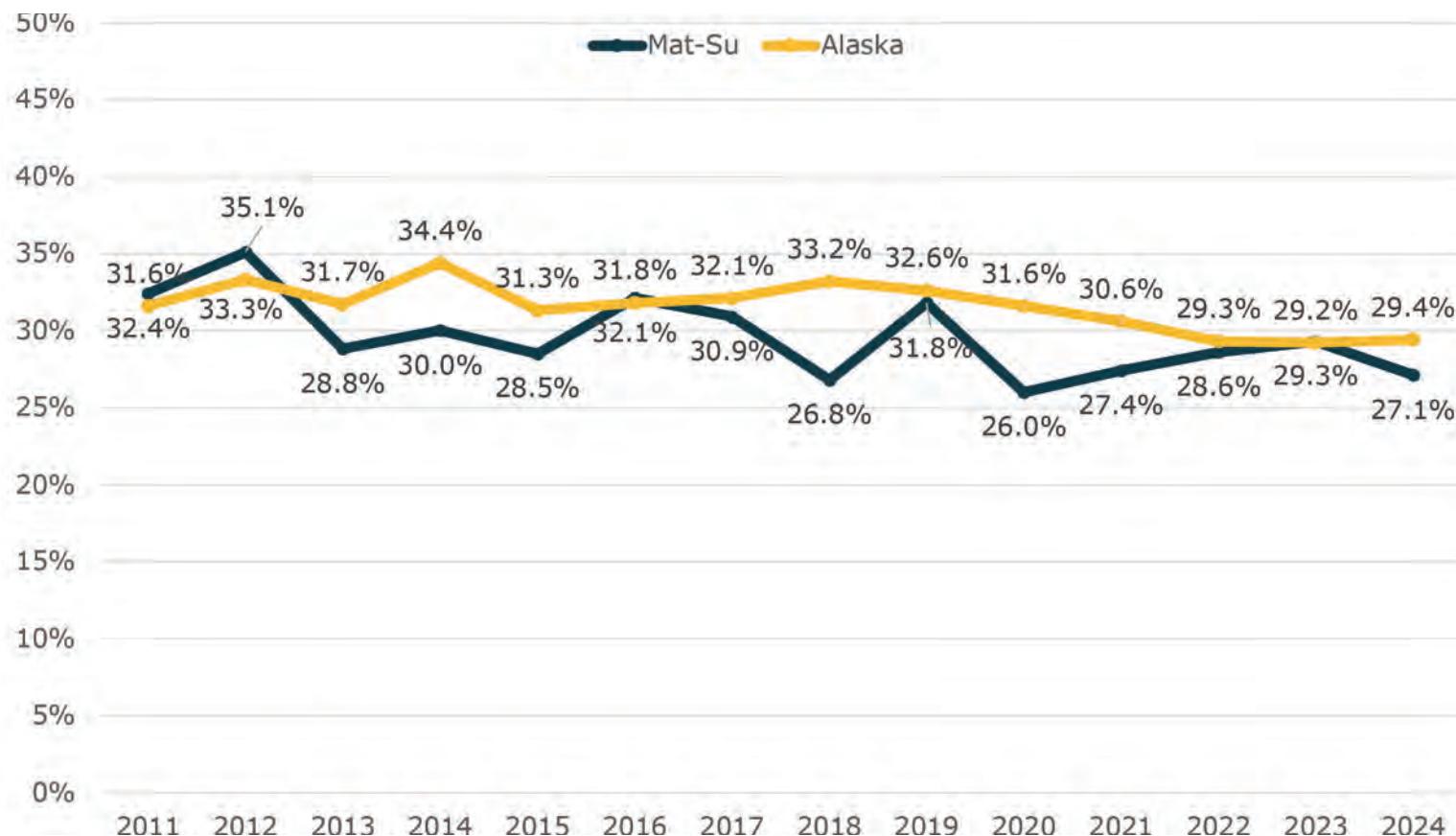
Source: Mat-Su Intercept Survey, MSHF, 2025; Connect Mat-Su Participant Survey, MSHF, 2025



Healthy Weight

The percentage of Mat-Su residents considered to be a healthy weight has fluctuated over the years, with an overall decrease from 32.4% in 2011 to 29.3% in 2023 before declining slightly in 2024 to 27.1% (Figure 96). On average, around 70% of adults in the Mat-Su are considered overweight or obese (Table 95).

Figure 96: Healthy Weight of Mat-Su and Alaska Residents | Source: DOH, AK BRFSS, 2011-2024, age-adjusted estimates



Note: Healthy weight reported by BRFSS is a BMI of 18.5 to <25. BMI is calculated based on the composite of two questions: About how much do you weigh without shoes? About how tall are you without shoes?

Table 95: Obese and Overweight Residents in Mat-Su and Alaska | Source: DOH, AK BRFSS, 2019-2024, age-adjusted estimates

Overweight (BMI 25 to <30)						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	32.8 (27.6-38.4)	*	34.8 (30.8-39.1)	41.4 (36.4-46.5)	31.1 (27.0-35.5)	35.9 (31.3-40.7)
Alaska % (95% CI)	35.5 (32.8-38.2)	34.9 (32.5-37.3)	33.7 (31.8-35.6)	37.0 (35.2-38.8)	33.3 (31.5-35.0)	34.8 (32.8-36.9)
Obese (BMI 30+)						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	33.5 (27.6-39.9)	*	36.3 (32.3-40.6)	28.6 (24.2-33.4)	37.8 (33.5-42.3)	35.6 (31.3-40.2)
Alaska % (95% CI)	30.7 (28.1-33.4)	32.1 (29.7-34.6)	34.3 (32.3-36.3)	32.4 (30.6-34.1)	35.8 (34.0-37.6)	34.2 (32.2-36.3)
Overweight or Obese (Sum of Overweight and Obese)						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	66.5 (59.3-73.1)	72.0 (64.6-78.5)	71.2 (66.6-75.3)	70.0 (65.3-74.3)	68.8 (63.8-73.4)	71.6 (67.0-75.9)
Alaska % (95% CI)	66.2 (63.4-68.8)	67.0 (64.5-69.4)	67.9 (66.0-69.9)	69.3 (67.6-71.0)	69.2 (67.5-70.9)	69.1 (67.1-71.0)

Note: BMI is calculated based on the composite of two questions: About how much do you weigh without shoes? About how tall are you without shoes?

* indicates a measure where as of 2025 updates, the results were suppressed due to an insufficient sample size or statistical instability.

Sexually Transmitted Diseases

The number of chlamydia cases had been increasing in Mat-Su between 2019 and 2021, although has been on the downward trend since (Table 96). The number of gonorrhea cases (145 to 96) and syphilis cases (24 to 15) also decreased during this timeframe.

Table 96: Sexually Transmitted Diseases, Number of Cases, Mat-Su and Alaska | Source: State of Alaska Epidemiology Bulletin, Annual Report, 2019-2023

Chlamydia Trachomatis Infection					
	2019	2020	2021	2022	2023
Mat-Su	389	393	405	388	372
Anchorage	2,773	2,271	2,507	2,348	2,439
Alaska	6,255	5,087	5,571	5,338	5,118
Gonorrhea					
	2019	2020	2021	2022	2023
Mat-Su	145	152	97	93	96
Anchorage	1,282	1,198	1,119	1,187	1,259
Alaska	2,215	1,981	1,977	2,304	2,280
Syphilis ^{††}					
	2019	2020	2021	2022	2023
Mat-Su	24	17	23	23	15
Anchorage	186	296	353	294	253
Alaska	242	353	442	412	392

^{††} Syphilis counts include both infectious and non-infectious cases

Chronic Diseases

Chronic diseases such as heart disease, diabetes, and cancer are among the leading causes of death and disability worldwide, significantly impacting overall health and quality of life. Effective management and prevention of chronic diseases through lifestyle changes, medication adherence, and regular medical care are essential to reducing complications and improving long-term outcomes. The Centers for Disease Control and Prevention (CDC) highlights that addressing chronic diseases can prevent premature death, reduce healthcare costs, and enhance the well-being of individuals and communities². Prioritizing chronic disease management is therefore a critical component of sustaining health across the lifespan.

Diabetes

Diabetes has far-reaching effects on overall health, influencing nearly every system in the body. Poorly managed diabetes increases the risk of serious complications such as cardiovascular disease, kidney failure, vision loss, nerve damage, and reduced immune function, all of which can diminish quality of life and shorten life expectancy. The Centers for Disease Control and Prevention (CDC) notes that adults with diabetes are nearly twice as likely to die from heart disease or stroke as those without the condition, underscoring the critical role of effective management in maintaining overall health³. By controlling blood sugar, blood pressure, and cholesterol levels, individuals with diabetes can significantly reduce the risk of complications and preserve long-term well-being.

The percentage of adults in Mat-Su with non-gestational diabetes has fluctuated between 7.1% and 10.0% during the past six years (Table 97). This is similar to Alaska overall which fluctuated between 7.6% and 9.3%. For both Mat-Su and Alaska, older adults aged 65+ experience higher rates of diabetes at 19.9% and 18.5%, respectively, in 2024.

Table 97: Non-Gestational Diabetes, Adults 18+ and Older Adults 65+, Mat-Su Borough and Alaska

Source: DOH, AK BRFSS, 2019-2024, age-adjusted estimates

Diabetes, Adults 18+						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough %	8.6	7.7	7.1	10.0	8.6	10.0
(95%CI)	(5.9-12.3)	(5.2-11.3)	(5.2-9.5)	(7.6-13.0)	(6.4-11.5)	(7.7-13.0)
Alaska %						
Alaska %	7.6	8.0	8.1	9.1	8.6	9.3
(95% CI)	(6.5-8.9)	(6.8-9.4)	(7.2-9.2)	(8.1-10.1)	(7.8-9.6)	(8.2-10.4)
Diabetes, Older Adults 65+						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough %	20.0	14.4	15.9	21.9	14.5	19.9
(95%CI)	(12.3-30.9)	(8.7-22.9)	(11.1-22.1)	(15.1-30.6)	(9.6-21.2)	(14.0-27.4)
Alaska %	16.3	20.0	15.9	19.6	18.1	18.5
(95% CI)	(13.1-20.2)	(16.2-24.5)	(13.6-18.4)	(17.1-22.4)	(15.8-20.7)	(15.8-21.6)

² U.S. Centers for Disease Control and Prevention, About Chronic Diseases, October 2024 ³ U.S. Centers for Disease Control and Prevention, Diabetes and Your Heart, May 2024

Cardiovascular Disease

As of 2024, there were 3.7% of adults in Mat-Su who reported having a diagnosis of angina/coronary heart disease, 3.9% who ever had a heart attack, and 3.1% who ever had a stroke (Table 98). These rates are similar to the rates in Alaska overall.

Table 98: Cardiovascular Disease, Adults 18+, Mat-Su Borough and Alaska | Source: DOH, AK BRFSS, 2019-2024, Age-adjusted estimates

Angina/Coronary Heart Disease, Adults 18+						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	1.9 (0.9-3.8)*	4.4 (2.6-7.6)	2.5 (1.6-4.0)	5.6 (3.9-8.0)	4.9 (3.3-7.2)	3.7 (2.4-5.8)
Alaska % (95% CI)	2.3 (1.8-3.1)	3.8 (3.1-4.7)	3.2 (2.7-3.9)	4.1 (3.5-4.8)	3.4 (2.9-4.0)	3.5 (2.8-4.3)
Heart Attack, Adults 18+						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	2.1 (1.1-4.0)*	2.3 (1.2-4.4)*	2.8 (1.8-4.2)	5.3 (3.7-7.4)	4.7 (3.2-7.1)	3.9 (2.6-5.8)
Alaska % (95% CI)	3.2 (2.5-4.2)	3.2 (2.6-3.9)	3.1 (2.6-3.7)	4.2 (3.6-5.0)	4.0 (3.4-4.7)	4.4 (3.3-5.4)
Stroke, Adults 18+						
	2019	2020	2021	2022	2023	2024
Mat-Su Borough % (95%CI)	3.5 (1.9-6.2)	1.4 (0.6-3.4)*	2.6 (1.6-4.2)	3.7 (2.5-5.6)	3.9 (2.5-6.0)	3.1 (2.0-4.9)
Alaska % (95% CI)	2.4 (1.8-3.1)	2.4 (1.8-3.4)	2.9 (2.3-3.5)	3.4 (2.8-4.0)	3.2 (2.6-3.8)	3.0 (2.5-3.6)

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

Cancer Incidence

Cancer remains a leading cause of morbidity and mortality worldwide, but many cancers can be prevented or treated effectively when detected early. Preventive measures, including lifestyle changes like avoiding tobacco, maintaining a healthy diet, and regular screenings such as mammograms and colonoscopies, are vital for reducing cancer risk and improving survival rates. The American Cancer Society emphasizes that early detection through recommended screenings significantly increases the chances of successful treatment and better health outcomes⁴. Prioritizing cancer prevention and early diagnosis is essential for enhancing overall health and reducing the burden of this disease.

In years 2018-2022, the cancer incidence rate per 100,000 in Mat-Su (432.4) was comparable to Alaska (432.6) and lower than Anchorage (453.3) (Table 99). The most diagnosed cancers in Alaska, and Mat-Su, are breast cancer (15.5% of all Alaska cancer cases), prostate cancer (15.2% of all cases), lung and bronchus (11.6% of all cases), colorectal cancer (9.0% of all cases), Non-Hodgkin's lymphoma (4.3% of all cases), and melanoma (4.1% of all cases). Breast cancer in females and prostate cancer in males have the highest incident rate in Alaska and Mat-Su, though the rate in Mat-Su is below the state rate (Table 100). Mat-Su has a higher rate of melanoma and esophageal cancers compared to the state and a lower rate of benign brain and central nervous system cancer.

Table 99: Cancer Incidence Rate Per 100,000 People (Age-Adjusted), Mat-Su Borough, Anchorage, and Alaska, Combined Years 2018-2022

Source: Cancer in Alaska – 2022, A Publication of the ACR, August 2022

	Count	Rate 95% CI)
Mat-Su Borough	2,419	432.4 (414.1-451.3)
Anchorage	6,566	453.3 (441.9-465.0)
Alaska	16,433	432.6 (425.6-439.6)

⁴ American Cancer Society Screening Guidelines

Table 100: Cancer Incidence by Type of Cancer, Age-Adjusted Rate per 100,000 people, Mat-Su Borough, Anchorage, Alaska, Combined Years 2018-2022
 Source: Cancer in Alaska – 2022, A Publication of the ACR, August 2022

Cancer Type	Mat-Su Borough	Anchorage	Alaska
Breast (Female)	125.6	138.1	130.4
Prostate	96.4	127.9 ^b	107.7
Lung and Bronchus	51.1	53.3	51.6
Colorectal	37.4	37.0	41.1
Uterine	28.2	35.1 ^b	29.4
Kidney and Renal Pelvis	20.6	18.7	18.6
Melanoma of the Skin	20.5 ^b	19.7 ^b	16.2
Bladder	20.4	12.0 ^a	18.4
Non-Hodgkin's Lymphoma	19.2	19.1	18.3
Pancreatic	14.4	13.4	13.0
Oral Cavity and Pharynx	12.9	12.6	13.1
Leukemia	12.4	12.3	12.1
Thyroid	12.2	11.9	11.3
Ovarian	11.7	8.5	8.8
Brain & Central Nervous System (Malignant)	8.4	6.1	5.9
Esophageal	8.1 ^b	6.0	5.6
Brain & Central Nervous System (Benign)	7.7 ^a	14.2 ^b	11.8
Liver	5.7	9.4	7.5
Myeloma	4.8	6.7	5.8
Stomach	4.7	6.9	7.3

^a Region estimate is lower than the state estimate.

^b Region estimate is higher than the state estimate.

Community Input | Focus Group

Focus group participants reported that residents in Mat-Su face ongoing challenges managing chronic diseases such as heart disease, kidney problems, hypertension, and diabetes. Provider turnover, long wait times, and difficulty finding doctors who accept Medicare, Medicaid, or VA insurance make continuity of care difficult. Some mentioned that specialists, such as cardiologists and urologists, are in short supply, and call-backs or follow-up appointments can take weeks. When one individual with diabetes lost health insurance, they shared that they were no longer able to afford insulin, which meant they had to change jobs to get better insurance. However, on the positive, they did note the benefit of having two new endocrinologists in their area, mean significantly less travel time to see a specialist. It was noted that even with increased access to specialists, insurance companies can still cause problems an accessing diabetes supplies can be difficult. One individual spoke about a family member with Type 1 diabetes who uses an insulin pump but must travel to JBER to get supplies because they can't find them locally.

Community Input | Intercept Survey

Many people in the Mat-Su area face challenges related to chronic health conditions, according to Intercept Survey respondents. Participants mentioned having lung disease, strokes, COPD, and other long-term health or cognitive issues, and they often need ongoing care. Access to specialty clinics like cardiology, physical therapy, occupational therapy, and speech therapy is limited, especially outside the core area, making it hard for people to get the care they need. Older adults, people with disabilities, and those on fixed incomes struggle to afford care or find transportation to appointments.



Community Input | Connect Mat-Su Participant Survey

Connect Mat-Su Survey participants emphasized expanding access to healthcare providers, including specialists for conditions like diabetes, degenerative joint disease, cancer, thyroid disorders, and chronic pain management. Affordable and consistent access to medications, regular checkups, diagnostic screenings, and preventive care—such as mammograms, blood pressure checks, and diabetes education—was a top concern. Mobile medical units and clinics offering services for ongoing chronic conditions were suggested to reduce travel barriers, especially for those living in rural areas or with limited transportation.

Community members also stressed the importance of education and outreach around managing chronic diseases. This includes teaching patients how to maintain healthy lifestyles, track symptoms, and understand the role of medications and preventive care. Residents want better care coordination, easier communication with providers through online portals, and support programs that help manage long-term conditions at home. Reducing costs, improving access to care, and increasing local healthcare resources were seen as essential steps to help people manage chronic illnesses and maintain their health over time.

"I have had two hip replacements and stage four cancer. If I work at all, I lose my Medicaid. I cannot afford medical bills."

"I tried to get my father in home care while he was dying of cancer and already diagnosed disabled for years back/neck and Very elderly. Unfortunately, he died and never had any extra help. I was very disappointed it was not easier to get him help even though he was insured."

Hospital Discharge

In 2024, there were a total of 9,143 Mat-Su resident discharges from inpatient hospital stays, a rate of 7,937.4 per 100,000 people. The top five discharges for inpatient stay for Mat-Su were liveborn infant (1,047), septicemia (871), Spondylopathies/spondyloarthropathy (255), complications during childbirth (2310), and heart failure (205).



Table 101: Top 5 Hospital Discharges for Inpatient Stays, Mat-Su Borough, Anchorage, Alaska, 2024
 Source: Alaska Discharge Dashboard, HAVRS. Accessed November 2025

Mat-Su Borough		
Condition	# of Discharges	Rate
Total Mat-Su Resident Discharges	9,143	7,937.4
Liveborn infant	1,047	1,001.3
Septicemia	871	715.7
Spondylopathies/spondyloarthropathy (including infective)	255	189.5
Complications specified during childbirth	231	227.2
Heart failure	205	173.5
Anchorage		
Condition	# of Discharges	Rate
Total Anchorage Resident Discharges	24,697	8,407.5
Liveborn infant	2,604	1,073.9
Septicemia	2,485	819.0
Alcohol-related disorders	731	249.7
Heart failure	682	229.9
Spondylopathies/spondyloarthropathy (including infective)	608	190.5
Alaska		
Condition	# of Discharges	Rate
Total Alaska Resident Discharges	62,201	8,318.8
Liveborn infant	6,880	1,084.0
Septicemia	5,113	654.7
Complications specified during childbirth	1,425	191.9
Heart failure	1,561	204.0
Alcohol-related disorders	1,564	212.9

Discharge rates are per 100,000 people

Chapter 14: Health Outcomes | Hospital Discharge

From 2019 to 2024, hospital discharge rates in Mat-Su for inpatient stays related to alcohol-related disorders more than doubled, rising from a rate of 53.3 per 100,000 people in 2018 to 128.5 in 2024. Depressive disorders stayed high, peaking at 152.5 per 100,000 people in 2021 before dropping slightly to 143.3 in 2024. Hospital discharge rates for schizophrenia and other psychotic disorders were lowest in 2019 (43.1) and peaked at 83.8 in 2023. Initial hospitalizations for poisoning by drugs stayed relatively stable, ranging from 24.4 to 35.5. Hospital discharge rates for inpatient stays related to suicidal ideation, suicide attempt, and intentional self-harm peaked in 2022 at 56.0, declining to 31.2 by 2024.

Table 102: Annual Hospital Discharge Rates Per 100,000 Population, Inpatient Behavioral Health, Mat-Su Residents, 2019-2024

Source: Alaska Discharge Dashboard, HAVRS. Accessed November 2025

		2019	2020	2021	2022	2023	2024
Alcohol-related disorders	Rate	53.3	80.8	99.5	104.2	124.1	128.5
	N	57	87	105	116	143	153
Depressive disorders	Rate	102.3	122.5	152.5	144.0	146.1	143.4
	N	104	123	157	154	159	159
Schizophrenia spectrum & other psychotic disorders	Rate	43.1	60.7	64.0	73.0	83.8	70.3
	N	43	61	64	75	86	77
Poisoning by drugs, initial encounter	Rate	35.5	31.9	31.9	24.4	25.2	27.5
	N	39	34	37	28	29	32
Suicidal ideation/attempt/intentional self-harm	Rate	40.8	35.8	36.7	56	32.3	31.2
	N	39	37	38	59	35	34

Rate = Discharge rate per 100,000 population

N=Number of Discharges (count)

In 2025, MSRM had 314 patient cases with avoidable delays, with an average delay of 3.99 days. Most delays were external at 42.7% (Figure 97). Patient or Family delays accounted for 23.6% of delays. Outside of patient or family delays, hospice not available was the top reason for delay (10.8%) (Table 103).

Figure 97: Avoidable Delays by Type, MSRM, January to August 2025 | Source: MSRM

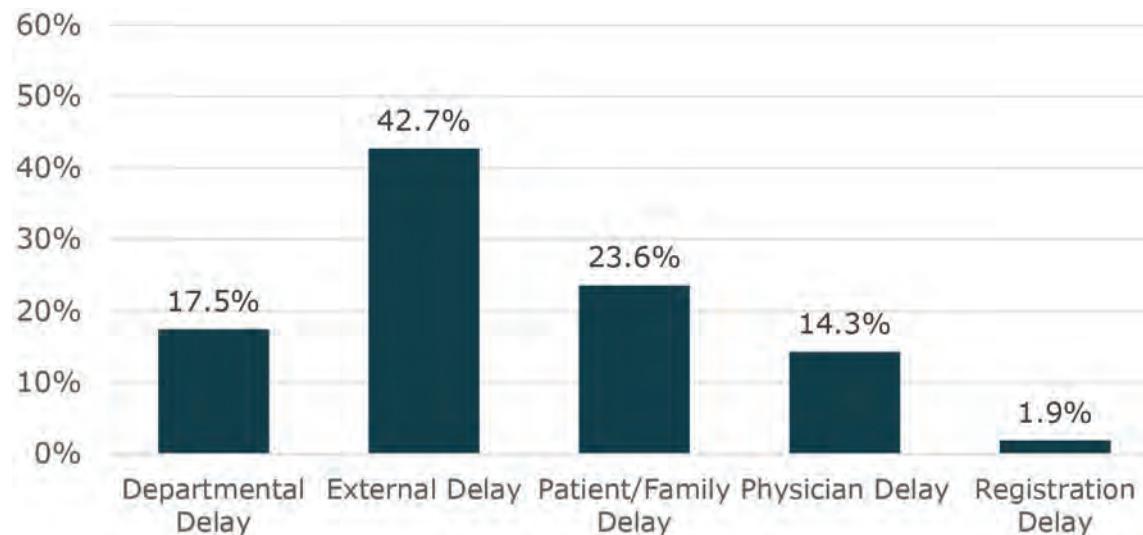


Table 103: Reasons for Avoidable Delays, MSRM, January to August 2025 | Source: MSRM

Top Reasons for Delay	Frequency	Percent
Family/Patient Delays	74	23.6%
Hospice Not Available	34	10.8%
Physical Delay in Treatment Physician Consult Delay	23	7.3%
Durable Medical Equipment (DME) Services Not Available	20	6.4%
Skilled Nursing Facility Not Available	20	6.4%
Attending Physician Discharge Delay	11	3.5%
Physical Delay in Treatment Physician Coordination	11	3.5%
Nursing Services	9	2.9%
Pending Transfer to Another Acute Facility	9	2.9%

Leading Causes of Death

In 2024, the top three causes of death in the Mat-Su Borough and Alaska were the same: cancer, heart disease, and accidents (Table 104). In the Mat-Su Borough, there were 197 deaths from cancer, 140 from heart disease, and 112 from accidents. The rate of death for all top three causes was higher in Mat-Su than Alaska. Mat-Su also had a higher rate of death from chronic respiratory diseases and kidney diseases. Suicide was the fifth leading cause of death in Mat-Su and Alaska in 2024, accounting for 35 deaths in Mat-Su and 222 statewide. In total, there were 909 deaths in the Mat-Su Borough and 5,525 in Alaska.

Table 104: Leading Causes of Death, Mat-Su and Alaska, 2024 | Source: DOH, HAVRS

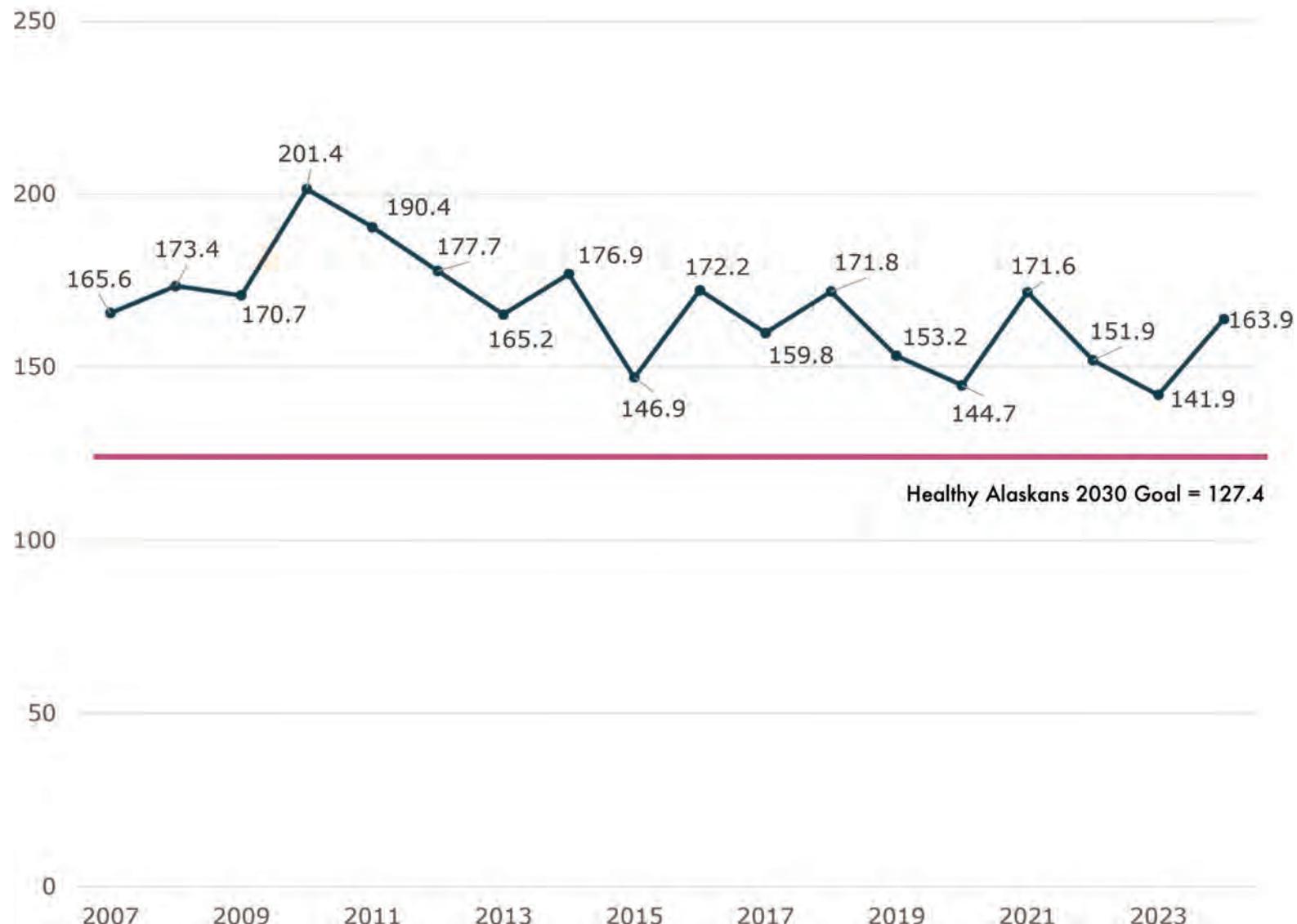
	Mat-Su Borough			Alaska		
	Deaths	Crude Rate	Age-Adjusted Rate	Deaths	Crude Rate	Age-Adjusted Rate
Malignant Neoplasms (Cancer)	197	169.4	163.9	1137	153.4	142.3
Diseases of Heart	140	120.4	127.6	821	110.8	111
Accidents (Unintentional Injury)	112	96.3	99.8	667	90	90.6
Chronic Lower Respiratory Diseases	50	43	42.4	227	30.6	29.4
Cerebrovascular Diseases	39	33.5	37.5	232	31.3	32
Intentional Self-Harm (Suicide)	35	30.1	31.1	222	30	29.9
Diabetes Mellitus	27	23.2	19.6	171	23.1	21.1
Chronic Liver Disease and Cirrhosis	22	18.9	17.1	138	18.6	17.3
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Diseases)	22	18.9	21.8	101	13.6	14.2
Alzheimer Disease	15	12.9*	17.7*	134	18.1	21.5

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

* Rates based on <20 events are statistically unreliable and should be used with caution. ** Rates based on <6 events are not reported.

The cancer mortality rate per 100,000 people has fluctuated in Mat-Su over the past 18 years and was at its lowest in 2023 (Figure 98).

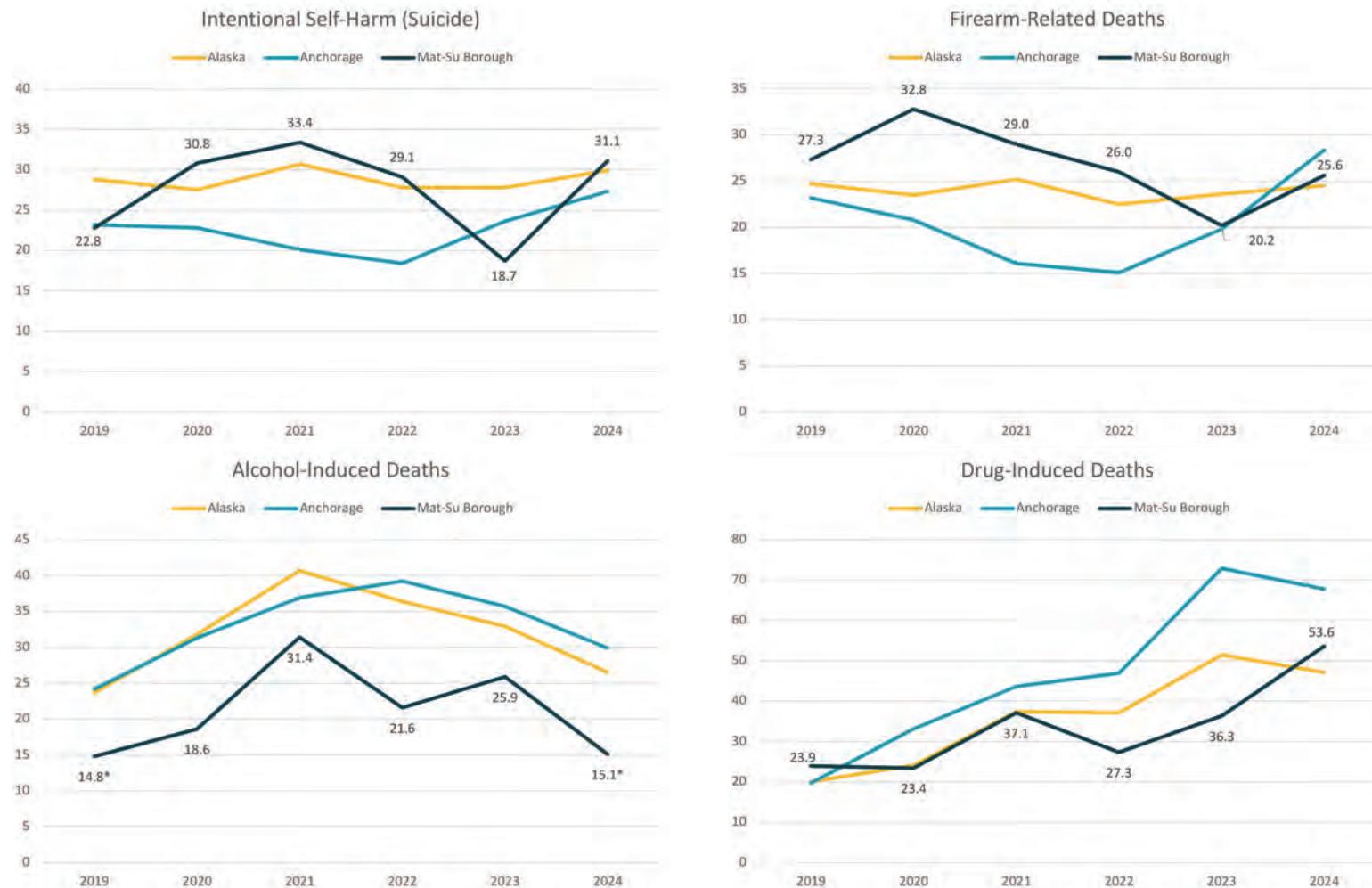
Figure 98: Cancer Mortality Trend, 2007-2024, Age-Adjusted Rate per 100,000 Population | Source: DOH, HAVRS



Chapter 14: Health Outcomes | Leading Causes of Death

Select causes of death, like intentional self-harm, firearm-related mortality, drug-induced mortality, and alcohol-induced mortality are a composite of several leading causes of death and therefore cannot be ranked with the other leading causes of death to avoid duplication. In Mat-Su, deaths from intentional self-harm had been declining since 2021, with a low in 2023 (18.7 per 100,000 people) and increasing in 2024 to 31.1 (Figure 99). Once again surpassing the rate for Anchorage and Alaska. Similarly, firearm-related deaths had been declining to a low of 20.2 per 100,000 in 2023 and increased to 25.6 in 2024. Alcohol-induced deaths in Mat-Su remain below Anchorage and Alaska rates, peaking at a rate of 31.4 in 2021. Drug-induced deaths in Mat-Su have been increasing with a dramatic increase between 2023 (36.3) and 2024 (53.6), surpassing the rate for Alaska (47.1).

Figure 99: Select Causes of Death Trend, Mat-Su Borough, Anchorage, and Alaska, age-adjusted rate per 100,000 population | Source: DOH, HAVRS, 2019-2024



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

The rate of drug overdose deaths among Mat-Su residents has been on the rise with a notable increase from 35.7 per 100,000 in 2023 to 52.6 per 100,000 in 2024. The majority of overdose deaths involve opioids or fentanyl, both of which increased significantly from 2019 to 2024 in Mat-Su, Anchorage, and Alaska (Figure 100). In the Mat-Su opioid overdose deaths have risen from a rate of 14.9 in 2019 to 44.8 in 2024, surpassing the rate for Alaska. There were only three overdose deaths involving fentanyl in the Mat-Su in 2019, which increased to 41 in 2024, a rate of 37.2 per 100,000.

Figure 100: Overdose Deaths Involving Opioids or Fentanyl | Source: DOH, HAVRS



Note: Age-adjusted rates are per 100,000 people. Rates are unreportable in 2019 for Mat-Su overdose deaths involving fentanyl

*Based on <20 events, statistically unreliable and interpret with caution



Community Resources to Support Health

Chapter 15

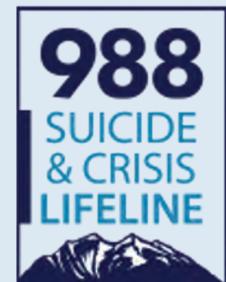




Hours of operation: Monday-Friday, 8am-5pm
Phone: 907-373-2628
Text: "INFO" to 907-373-2628

Email: specialist@connectmatsu.org
Website: www.connectmatsu.org
Physical location: 777 N Crusey St., # 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.



NEED MENTAL
HEALTH SUPPORT?
Call or text 988
988.alaska.gov



YOUR ONE-STOP
RESOURCE LOCATOR
Call 2-1-1
Alaska211.org



ConnectMatSu.org



Meet Mat-Su Measures, your new data dashboard. It is the latest tool created by the Mat-Su Health Foundation to make today's health data more accessible to Mat-Su residents. Mat-Su Measures compiles data from over 50 sources into clear, interactive visuals. Explore data on housing affordability, food security, population demographics, health trends, and more.

Mat-Su Measures Provides

- Interactive maps and charts that display the unique characteristics of Mat-Su
- Health statistics relevant to the health workforce
- Local insights for policymakers
- Information for nonprofit leaders seeking to improve the Mat-Su Borough

Access Mat-Su Measures for free by scanning the QR code!

healthymatsu.org/learning/mat-su-measures

Questions? Contact data@healthymatsu.org



