

2022

Mat-Su Community Health Needs Assessment IMPLEMENTATION PLAN



General Information

Written plan adoption by organization's authorized governing body:

The 2022 Mat-Su Community Health Needs Assessment Implementation Plan was required to be adopted by both organizations' governing bodies on or before May 15, 2023.

Mat-Su Regional Medical Center (MSRMC) Board of Directors: Via email vote on May 2, 2023

Mat-Su Health Foundation (MSHF) Board of Directors: April 17, 2023

Estimated 2023 Implementation Plan budget total for each facility:

Mat-Su Regional Medical Center: at least \$2.5 million

Mat-Su Health Foundation: at least \$8.2 million

Address of Hospital Organization(s):

Mat-Su Regional Medical Center

2500 S Woodworth Loop

Palmer, AK 99645

Mat-Su Health Foundation

777 N Crusey St.

Wasilla, AK 99654

Contact Person

Danielle Reed, MS, MBA

dreed@healthymatsu.org, 907-352-4400

Introduction

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. Section 501(r)(3)(A) of the Internal Revenue requires a nonprofit hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. In describing how a hospital facility plans to address a significant health need identified through the CHNA, the implementation strategy document must:

- Describe the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions,
- Identify the resources the hospital facility plans to commit to address the health need, and
- Describe any planned collaboration between the hospital facility and other facilities or organizations in addressing health needs.

The Mat-Su Health Foundation completed its most recent CHNA in December 2022. This document outlines the implementation strategies to be undertaken over the next three years (2023-2025).

List of Health Needs the Facility Plans to Address

A 22-member steering committee with representation from the foundation, hospital, school district, local non-profits, tribes, and federally qualified health centers informed the CHNA process. The Steering Committee reviewed the data and key findings to identify top community health priorities. A total of 45 health needs were rated and ranked, based on the magnitude of the problem and impact on other health outcomes, which led to 12 top health needs affirmed by the Steering Committee. A total of eight (8) priorities were proposed by the steering committee to address the top 12 health needs. The eight priorities were rated and ranked based on disparity and ease of implementation.

- 1. Housing/Emergency Shelter**

Implement emergency shelter and address gaps in the housing continuum.

- 2. Behavioral Health (BH) Continuum of Care**

Mat-Su residents have access to an effective and complete BH continuum of care.

- 3. 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.

- 4. Transportation Network**

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

- 5. Social Connectedness**

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

- 6. 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.

- 7. Equitable Access to Resources (e.g., Housing, Food, Transportation, Healthcare)**

All Mat-Su residents have equitable access to resources that ensure health, wellness, and safety.

- 8. Primary and Preventative Care**

Promote equitable access to primary and preventative care.

Community Health Strengths, Identified Needs, and Investments

The 2022 Community Health Needs Assessment is organized based on the Well-Being Portfolio developed by the Rippel Foundation and has five sections that present both qualitative and quantitative data:

- About Mat-Su Residents
- Health and Safety
- Healthy Living: Housing, transportation, and Environment
- Education and Economic Stability
- Belonging and Civic Muscle

According to ReThink Health, a Rippel initiative, well-being is created at the intersection of various facets of community development and engagement, based on the six dimensions of what they call the Health Ecosystems, i.e., health, safety, prosperity, environment, social justice, and democracy.¹ Sustaining well-being requires contributions from across a region's health ecosystem and "a sound portfolio of interventions must maintain a delicate mix of investments to assure vital conditions, address urgent needs, as well as strengthen belonging and civic muscle."

Following is a summary, for each top health priority, of the community strengths and identified needs that arose from the CHNA data and voices of Mat-Su residents. Also highlighted are some of the community investments MSHF and MSRMC have made since the 2019 implementation plan to strengthen the Mat-Su health ecosystem and reduce health disparities. Most of this progress would not be possible without the many nonprofits and community leaders that continue to care for and strengthen the Mat-Su community.



Developed by The Rippel Foundation.
Adapted with permission.

¹ Negotiating a Well-Being Portfolio, ReThink Health, A Rippel Initiative, www.rethinkhealth.org

Housing Continuum and Emergency Shelter

Community Strengths

Mat-Su has newer housing stock, with most housing units being single family homes, compared to Anchorage. Mat-Su also has high rates of home ownership and lower costs to rent, however the number of earners needed to afford an average home is higher for Mat-Su at 1.36 compared to 1.21 for Anchorage. This stat drops to 1.02 for Mat-Su homeowners working in Anchorage, where salaries and wages tend to be higher. Mat-Su has a lower percentage of chronically homeless individuals at 2.2% compared to Anchorage (19%) and Alaska (16%). Around 3.5% of Mat-Su Borough School District Students experienced homelessness in 2019, and the number of unaccompanied youths has been declining since 2016. A strong network of housing and homelessness providers in Mat-Su are estimated to serve around 340 households experiencing homelessness annually.² Further, an active Mat-Su Alliance to End Youth Homelessness has established a coordinated community plan to address youth homelessness.

Identified Needs

The Mat-Su borough lacks an adequate supply of housing options and has the lowest rental vacancy rate in the state. Additionally, Mat-Su renters experience a higher housing cost burden, with 42% of renters spending 35% or more of income on housing, compared to 35% of renters across Alaska. One in five residents experience severe housing problems (overcrowding, high costs, lack of kitchen or plumbing facilities) while residents who are low income, live in rural communities, or who identify as gay, lesbian, or bisexual were significantly more likely to report experiencing inadequate housing. Further, COVID made it more difficult for some residents to pay for housing, impacting younger residents' disproportionately. Of residents under age 35, 26% reported inability to pay for housing compared to 8% of residents aged 65 and older. Half of Connect Mat-Su survey respondents had unmet needs related to housing, many whom experience a disability or have a household member with a disability. According to the Alaska Coalition on Housing, the Mat-Su homeless population has a higher proportion of youth under 18 (31%) compared to Anchorage (18%) and Alaska (20%). Around 35% of the Mat-Su homeless population experience a disability, and 20% are survivors of domestic violence.

Community Investments

- Completion of the Housing and Homeless Needs Assessment and development of the Mat-Su Homelessness Action Plan.
- A total investment in housing related projects of \$2,119,747 million from 2020 through 2022.
- \$945,000 invested in three different Valley Residential Services housing projects, adding a total of 80 affordable housing units from efficiency to 3-bedrooms. One of the developments is specifically for people with low or very low income and people with disabilities, has in-unit laundry, and is within walking distance of schools, restaurants, banking, and the library.
- \$304,000 invested in the My House building purchase, which secured its permanent location for serving homeless youth.
- \$105,000 in funding support for Choosing Our Roots to hire a full-time Mat-Su navigator to provide services for LGBTQ+ youth experiencing homelessness in the Mat-Su.

² Mat-Su Homelessness Needs Assessment, February 2022, <https://online.fliphtml5.com/cbqo/sckq/#p=1>

Behavioral Health Continuum of Care

Community Strengths

One of the most notable changes in Mat-Su has been the increase in the Mental Health (MH) provider workforce. In 2018 the MH provider ratio, that is number of residents per one provider, was 840:1, dropping to 340:1 in 2022. Since 2019, significant improvements to the BH continuum for individuals with acute mental health needs included opening a 16-bed BH unit at MSRMC, adding eight crisis beds and eight reentry beds at Set Free Alaska, increasing capacity and utilization of all SUD treatment 24-beds at AARS, and opening of the Day One Center at True North Recovery with eight withdrawal management beds bringing detox services to Mat-Su. In that same timeframe, the Benteh Wellness Center of Knik Tribe opened for outpatient BH services, True North Recovery opened Vita Nova, a co-ed SUD treatment program for adults, and Reach 907 opened an outpatient BH treatment center for children. Additionally, Behavioral Health in Schools has continued in 13 schools from Sutton to Talkeetna. Participant reports of symptom severity, e.g., less self-harm and suicidal tendencies, have decreased and coping strategies, e.g., better problem-solving skills, have increased with the intervention.

Identified Needs

The stress associated with dealing with the COVID-19 pandemic, and its effect on households, negatively impacted the MH of residents overall as well as frontline workers. Two-thirds of Mat-Su residents indicated they had been more sad or depressed than usual during COVID, and the percentage of adults with a depressive disorder rose to 21% in 2020. The percentage of households experiencing a BH concern has risen steadily since 2016, from 8% to 13% in 2019 to 18% in 2022. This percentage was notably higher in 2022 for households with children, at 23%, and these households were three times more likely to have an unmet MH care need (13% vs. 4%). More than one quarter of adults (27%) reported using alcohol or drugs to cope during the pandemic, and 21% reported more alcohol use in their home than prior to the pandemic. Further, the percentage of adults who report heavy drinking increased from 6.4% in 2019 to 10.4% in 2020.

The suicide mortality rate in Mat-Su increased from 20.5 per 100,000 in 2018 to 30.9 in 2020, surpassing the state rate of 27.9. In 2019, 17% of high school students reported attempting suicide, with no difference between traditional and alternative schools. However, more alternative high school students, compared to traditional high school students, reported feeling sad or hopeless (58% vs. 41%); were planning a suicide (37% vs. 20%); or seriously considered suicide (41% vs. 24%). Focus group participants talked extensively about the increase in MH and SUD issues, highlighting difficulties with accessing support or treatment. Youth focus group participants identified mental health as the top priority to address.

Community Investments

- High Utilizer Mat-Su (HUMS) launched in 2017 to reduce the repetitive use of the emergency department and connect individuals to resources and services -- total of \$2.8 million in grant funding since inception. In 2021, ED utilization overall had decreased by 36% and by 54% if individuals were enrolled in the program for two years, resulting in a total cost savings for 2021 of \$7.2 million.
- The Crisis Intervention Team (CIT) Academy, a partnership between MSHF, the AMHTA, and the UAA CHD Alaska Training Cooperative, has held 4 academies and trained an estimated 100 Mat-Su first responders and behavioral health providers since 2017.
- \$94,000 invested to support withdrawal management at the True North Recovery Day One Center.

- \$752,000 to Set Free Alaska for COVID-19 quarantine housing and services like crisis stabilization, peer support, case management, and SUD counseling.
- \$456,000 to 4As for mobile needle exchange and harm reduction program, which provides services like overdose prevention education, syringe service, and HIV and Hepatitis C testing.
- A total of \$214,00 for Crisis Now technical assistance across four agencies.
- A 16-bed inpatient BH unit launched by MSRMC in 2020 that remained open during COVID and served individuals from across Alaska.
- A total of \$2.8 million in funding for Behavioral Health in Schools services since 2016.
- A total of \$276,678 in discovery grants to support providers and frontline workers and reduce burnout, in response to the Mat-Su COVID-19 Related Behavioral Health Needs Report.

Children and Families are Safe, Healthy and Thriving

Community Strengths

Mat-Su has a slightly higher proportion of residents under 18 at 27%, about 2% higher than Anchorage and Alaska overall. Access to early and adequate prenatal care is important preventative care for both maternal and child health. While Healthy People 2030 reports a decline in pregnant women receiving early and adequate prenatal care in the U.S., in Mat-Su 92% of women start prenatal care in the first trimester, which is 7% higher than for Alaska overall. Additionally, Mat-Su saw declines in the percentage of mothers who drank in the last three months of pregnancy (6% in 2018 vs. 3% in 2020) and who used marijuana during pregnancy (14% in 2018 vs. 8% in 2020). A higher percentage of Mat-Su 3-year-old children received a developmental screening in 2018-19, 82% compared to 79% for Alaska. Exposure to Adverse Childhood Experiences (ACEs) can negatively impact adult health outcomes. R.O.C.K. Mat-Su (Raising our Children with Kindness) has offered training on ACEs since 2016; the percentage of Mat-Su residents very familiar with the term has increased from 19% in 2016 to 26% in 2022.

Identified Needs

The percentage of Mat-Su 3-year-olds receiving well child check-ups declined to 79% in 2020 from 87% in 2018. A point-in-time survey during the pandemic found 44% of parents reported their children missing preventative check-ups. The most missed were dental (83%) and well-child (67%) followed by vision (52%) and immunizations (17%). Additionally, most of Mat-Su youth had an increase in nonacademic screen-time and a decrease in physical activity during the pandemic.³

Around 41% of alternative high school students and 55% of traditional high school students participate in afterschool activities. Focus group and photovoice exhibit participants noted cost and transportation as barriers to participation. Mat-Su youth are exposed to a variety of adverse experiences, including sexual violence (14% in traditional high schools and 21% in alternative high schools), being physically forced to have sexual intercourse (10% in traditional and 29% in alternative), being bullied on school property (27% in traditional and 20% in alternative), and being

³ AK DOH, MCH epidemiology COVID survey found 72% of Mat-Su parents reported their child had more nonacademic screen time than before the pandemic and 61% said their child was less physically active than before the pandemic.

bullied electronically (22% traditional and 25% alternative).⁴ The rate per 1,000 for any substantiated report of child maltreatment has been increasing, rising from 9.9 in 2019 to 13.5 in 2020 to 14.8 in 2021. Of adults, 19% were exposed to domestic violence as a child, 23% have experienced sexual violence and 23% experienced intimate partner violence in their lifetime, and 3.6% experienced intimate partner violence in the past year.

Community Investments

- R.O.C.K. Mat-Su follows a collective impact model with the vision of ending child abuse in Mat-Su and has grown the total number of partner organizations in this community collaborative from 18 in 2014 to now 60 partner organizations engaged annually.
- R.O.C.K. Mat-Su hosted 34 community ACEs trainings in 2022, with a total of 4,914 participants since starting in 2016.
- MSHF invested \$400,000 since 2019 to support the opening of two Youth 360 club houses, Wasilla and Houston, in 2019. A total of 441 youth were served in 2022 across both sites, a 68% increase over 2021.
- MSHF funded \$1.4 million for the next three years to support operations and expansion of Onward and Upward, a program to address youth MH and increase appreciation for outdoor recreation and land stewardship.
- MSRMC signed the MOU and 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.

⁴ Most current data are from the 2019 Youth Risk Behavior Survey. There has not been any YRBS data for Mat-Su since before the COVID-19 pandemic.

Transportation Network

Community Strengths

Public transit in the Mat-Su includes three nonprofit transit providers (i.e., Valley Transit, Chickaloon Area Transit System, and Sunshine Transit) which altogether provide 80,028 rides per year, of which the majority are commuter rides to Anchorage.⁵ Sunshine Transit, serving the Upper Su, provides a significant number of non-commuter rides each year at 16,124, more than Valley Transit (10,944) and CATS (2,500) combined. Private providers and cab companies, account for the most rides at 300,000 rides per year. Additional resources for rides in the Mat-Su include health and human service providers who assist clients with subsidized transportation, access to services, access to where they need to go in community or use transportation in service delivery. Additionally, in 2022, Connect Mat-Su referred 106 cases where transportation was the primary concern.

Identified Needs

Public and other transportation options are limited, especially in the more rural areas of the borough, impacting the ability to access needed services and causing isolation for many residents. In 2022, 9% of households in Mat-Su reported inadequate transportation. Rural residents and households with income below \$50,000 were more likely to report inadequate transportation and difficulties due to the pandemic. Half of Connect-Mat-Su survey participants reported transportation as an unmet need. On average, Mat-Su residents spend more than 21% of their income on transportation. The average household drives 25,844 vehicle miles per year, although 1,246 households (3.9%) have no vehicle. The average travel time to work for Mat-Su residents is 36 minutes, and one in five residents commute more than 60 minutes to work, more than three times higher than Alaska overall. Motor vehicle crashes were the second leading cause of injury requiring hospitalization in the Mat-Su from 2017 to 2019 and in 2021 but did not place in the top five in 2020. A total of 35% of driving deaths in the Mat-Su involved alcohol.

Community Investments

- Invested \$1,372,000 in grant funding to nonprofit transportation providers since 2019.
- Funded \$20,000 to Sunshine Transit and \$90,000 to 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.
- Youth 360 provided 3,143 bus rides for program participants in 2022, a 38% increase over 2021.

⁵ 2018-2022 Mat-Su Borough Coordinated Human Services Transportation Plan, https://www.healthymatsu.org/wp-content/uploads/2018120620Coordinated20Human20Services20Transportation20Plan_Final20Adopted-1.pdf

Social Connectedness

Community Strengths

Many community members rallied to support one another during the COVID-19 pandemic as well as through the storms the community has faced in the past year. Focus group and intercept survey participants told stories of heroic efforts to help, including helping others get food and other resources they needed. The hospital also reported an outpouring of community support for the direct care staff during the pandemic.

Mat-Su residents report an average of 10 people they can count on to help with a practical problem, with only 4% saying they have no one. If seeking advice on how to handle a problem, most people would ask a family member (60%) or friend (26%). Just over half of residents responding to the household survey report doing favors for one another either very often or often. Additionally, 78% of parents in households with children are familiar with their children's friends. Around 79% of alternative high school students feel like teachers care about and encourage them, compared to only 57% of traditional high school students.

Identified Needs

While most residents do favors for each other in the community at least sometimes, 16% of household survey respondents reported that they and others rarely or never do favors for one another. Further, while most parents are very familiar with their children's friends, they are less familiar with the parents of their children's friends, with 53% report being very familiar. Fewer than half of Mat-Su high school students feel like they matter in their community, 43% of traditional high school students compared to 38% of alternative high school students.

Community Investments

- Youth 360 launched stipends for afterschool activities issuing a total of 116 stipends to 102 unique participants.
- MSHF invested \$2,469,269 in grant funding from 2020 through 2022 for Mat-Su senior centers and tribes which provide opportunities for older adults and elders to socialize and age in community.
- Braided Stories, a workshop of R.O.C.K. Mat-Su, aims to engage community members and social change leaders in an educational experience to deepen understanding of systemic racism. Since beginning in 2020, 12 workshops have been offered to 121 participants.

Economic Opportunities

Community Strengths

Of Mat-Su adults, 6% do not have a high school diploma, 33% have a high school diploma, 26% have some college education, and 34% have an associate degree or higher. The unemployment rate in Mat-Su was at 4% in December of 2022, only slightly above the Alaska rate of 3.6%.⁶

⁶ <https://live.laborstats.alaska.gov/node/2697?s=21&a=0>

Identified Needs

Mat-Su has a living wage gap⁷ of about \$5 for a single adult and about \$7 for two adults and a child. Around 7% of families and 5.4% of families with children live below poverty. While the core area has the lowest percentage of people living in poverty at 3.8%, Wasilla has the highest percentage at 9.7%, followed by the Glenn Highway sub-region at 9.4%. Wasilla also has the highest percentage of children living in poverty at 8.9%, followed by the core area at 6.3% and Parks Highway at 6.1%. Palmer was the lowest at 4.3%.

Around 28% of residents responding to the Mat-Su household survey experienced changes in employment status due to COVID-19. Households with children were impacted more significantly than households without children, fewer reported no change (59% vs 68%), and more reported reducing hours (12% vs 7%). Alaska as whole has a shortage of childcare workers, and families have had to take leave, cut work hours, or leave a job to care for children.⁸ Eight percent of Mat-Su households with children reported inadequate access to childcare in 2022 and 19% said COVID-19 made it more difficult to access childcare. Further, parents now are less likely to ask for help with childcare – 29% in 2022 said they were very likely to ask for help compared to 43% in 2019 and 50% in 2016. Focus group participants discussed the lack of childcare resources in the community and the negative impact it has on the workforce. About 12% of Connect Mat-Su survey participants indicated that childcare is an unmet need.

Community Investments

- Since 2020, a total of 251 vocational scholarships have been awarded, totaling \$782,222.
- Since 2020, a total of 1,085 academic scholarship have been awarded, totaling \$5.1 million.
- A \$30,000 grant toward the UAA Della Keats program aimed at recruiting Alaska Native, rural, and underrepresented students to study and pursue careers in health sciences.
- Since 2020, MSHF awarded \$100,000 to the State of Alaska SHARP loan repayment program to improve the recruitment and retention of health professionals in the Mat-Su.
- MSHF awarded \$500,000 to Nine Star in 2021 to support the Career Development Center in providing education and employment services to assist Mat-Su residents in moving from poverty to economic self-reliance.
- MSRMC has continued Project SEARCH with a class of 7 in 2020, and all were employed at MSRMC after graduating.

Equitable Access to Resource that Ensure Health, Wellness, and Safety

Community Strengths

The majority (85%) of Mat-Su residents aged 18 and up have some form of health insurance. From the 2022 Household survey, 54% of households have someone on private insurance, a slight decrease from 2019. Twenty-two percent have someone on Medicare, and 18% have someone on Medicaid, up from 12% in 2019. The percentage of Mat-Su adults who could not see a doctor due to cost decreased from 16.7 in 2018 to 10.1 in

⁷ The living wage gap is the difference between the wage needed to live and the minimum wage. The living wage for a single adult living in Mat-Su is \$15.80/hour and minimum wage is \$10.34/hour.

⁸ Alaska Economic Trends: The Childcare Shortage, April 2022

2020. According to the household survey, 46% of residents said they or someone in their household had an appointment with a doctor, nurse, or other professional by video or phone in the past 12 months. Connect Mat-Su serves as an information and referral resource for Mat-Su residents, and in 2022, just three years after launching, 42% of households were aware of Connect Mat-Su.

Identified Needs

Around 11% of the Mat-Su population currently experiences food insecurity, and 42% of Mat-Su Borough School District students qualify for free and reduced-price lunches. From the 2022 Mat-Su household survey, 7% of households did not have enough food to eat, and residents under 50 (10%), households with income under \$50,000 (16%), and rural households (14%) were more likely to not have enough to eat. Of all households, 19% said the pandemic made it more difficult to have enough food to eat. Additionally, 45% of Connect Mat-Su survey respondents indicated they did not have enough food to eat.

Respondents to the household survey with incomes under \$50,000 were more likely to report that they had no healthcare coverage (12% vs. 7% overall). Those without healthcare coverage were more likely to report they had an unmet medical need, compared to those with private insurance (29% versus 7%). Eleven percent of residents expressed they felt discriminated against when receiving health care, noting gender (22%), race/ethnicity (20%), insurance status (17%), disability (16%), age (14%), income (12%), political orientation (6%), religion (6%), family status (4%) and sexual orientation (4%) as reasons. Individuals who reported feeling discriminated against were more likely to report an unmet medical or mental health need.

Community Investments

- Awarded 51 food-related grants in 2022, totaling \$363,833.
- Funded \$650,000 toward the Mat-Su Food Bank expansion project in 2022.
- Funded and partnered on a Veteran's Resource Fair, which had 43 veteran serving organizations participating and a total of 232 visitors.
- \$355,104 in funding to support at home internet access for low-income families in the Mat-Su Borough School District.
- Connect Mat-Su served 1,756 individuals in 2022, an 88% increase from 2021, and made 4,583 referrals.
- MSRMC distributed a total of \$16.2 million in charity care from 2020 to 2022, an average of \$5.4 million per year.

Primary and Preventative Care

Community Strengths

In addition to the positive reports above on prenatal care and insurance coverage, more Mat-Su adults are at a healthy weight (28% in 2020 vs. 24% in 2010), fewer adults smoke (17% in 2020 vs. 20% in 2018), and only 3% of adults vape, a 7% decrease from 2018. More adults received the flu vaccine in 2020 at 36% compared to 30% in 2018. Fewer Mat-Su older adults (65+) have diabetes in 2020 at 13% compared to 21% in 2018, and 20% for Alaska in 2020. While injuries requiring hospitalization have increased for older adults to 36% in 2021, fewer have fallen more than once in the past year (16% in 2020 vs 19% in 2018), and 9% had fallen causing an injury.

Cancer remains the leading cause of death for Mat-Su residents and Alaska overall, however, cancer mortality among Mat-Su residents decreased from a rate of 171.9 per 100,000 in 2007 to 144.4 per 100,000 in 2020. Breast cancer mortality among Mat-Su residents decreased from 21.1 per 100,000 people in 2007 to 9.6 per 100,000 in 2020. Cancer incidence has also shown declines, decreasing from a rate of 505.3 per 100,000 people in 2007 to 415 per 100,000 in 2019.

Identified Needs

Access to preventative care has been negatively impacted by COVID. The percentage of age eligible residents who received mammography (61%), pap smear (74%), and colonoscopy (62%) screenings all had slight declines in 2020. The percentage of residents with a personal doctor or health care provider declined from 73% in 2019 to 65% in 2020. Additionally, 51% of adults skipped or missed medical appointments during COVID, 56% missed or skipped dental visits, and 39% missed or skipped vision appointments.

Leading causes of death in Mat-Su in 2020 were 1) cancer, 2) diseases of the heart, 3) unintentional injury, 4) chronic lower respiratory diseases, 5) COVID-19, 6) cerebrovascular diseases, 7) suicide, 8) Alzheimer disease. The age-adjusted rate for Alzheimer disease related deaths in Mat-Su was 46.8 per 100,000 compared to 28.1 per 100,000 for Alaska. While cancer mortality overall declined in 2020, prostate cancer mortality spiked to 35.2 per 100,000, double the rate for Alaska, and up from 18.2 per 100,000 in 2019 and 26.2 per 100,000 in 2018. Regarding select causes of death, firearm-related mortality increased significantly in the Mat-Su from 22.1 per 100,00 in 2018 to 32.9 per 100,000 in 2020, the 2020 rate for Alaska was 23.9 per 100,000.

Community Investments

- MSHF made a total of \$162,008 in target wellness grants to Sunshine Community Health Center since 2020 to support health fairs and back to school wellness events, parent education, families in crisis fund, equipment, and leadership development.
- MSHF distributed \$5.1 million via the Community-Driven COVID-19 Response Grant, funded by the State of Alaska Department of Health and CDC, for COVID prevention and recovery, testing, and vaccines.
- MSRMC offers a cardiology clinic in partnership with Sunshine Community Health Center on an itinerant basis to reduce burden on Upper Su patients and support them accessing cardiology care.
- MSRMC recruited a total of 12 providers in 2022: 5 mid-level, 2 family medicine practitioners, 1 psychiatrist, 1 ENT, 1 general surgeon, and 2 interventional cardiologists.

How MSHF and MSRMC Plan to Address Each Health Need

MSHF's mission is to improve the health and wellness of Alaskans living in Mat-Su. MSRMC's mission is to provide progressive, competent, and quality healthcare for our growing community through the network of families, doctors, employees, and volunteers. Together, MSHF, MSRMC, in collaboration with numerous partners, have adopted four (4) overarching goals to address a number of the top priority health needs. Figure 1 provides a summary of MSHF, MSRMC, and collaborative strategies for each of the goals and objectives.

Goal 1: All Mat-Su residents are safe and cared for through a well-coordinated system of care that is responsive to adverse and traumatic experiences impacting physical health and mental well-being.

Objectives:

- A. Identify and address gaps in the system of urgent services (Priorities 1, 2, 3, 4, 7)
- B. Improve coordination of urgent services (Priorities 2, 3, 7)
- C. Fund, convene, and advocate to improve urgent services (Priorities 1, 2)

Goal 2: All Mat-Su residents have equitable access to resource that ensure health, wellness, and safety

Objectives:

- A. Increase equitable access to services (Priorities 7, 8)
- B. Enhance the continuum of healthcare services (Priorities 7, 8)
- C. Ensure Mat-Su children are safe, healthy, and thriving (Priority 3)
- D. Fund, convene, and advocate to improve vital conditions (Priority 1, 3, 4, 7, 8)

Goal 3: All Mat-Su residents have opportunities for improved economic mobility⁹ through lifelong learning and meaningful work.

Objectives:

- A. Strengthen health and human services workforce (Priority 2, 6, 8)
- B. Fund, convene, and advocate to improve economic mobility (Priority 6)

Goal 4: All Mat-Su residents feel accepted, supported, included, and experience a sense of belonging.

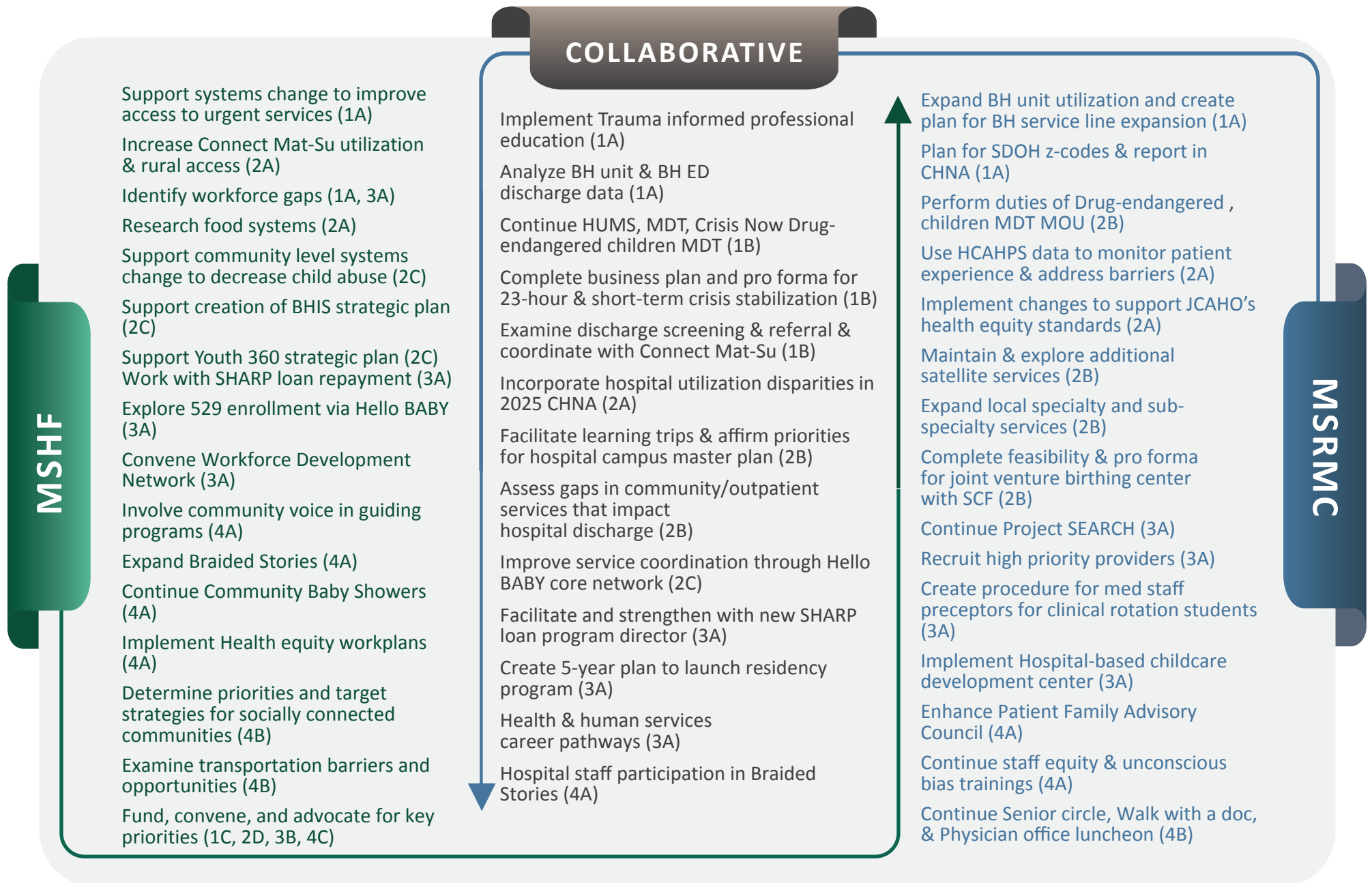
Objectives:

- A. Build community capacity for equity, inclusion, and belonging (Priorities 5, 7)
- B. Foster socially connected communities (Priority 5)
- C. Fund, convene, and advocate to improve health equity, social connectedness, and belonging (Priorities 5, 7)

Figure 1. Summary of MSHF, MSRMC, and Collaborative Strategies

⁹ Economic mobility describes the opportunity available for an individual to change their economic well-being over time. It can also “refer to changes in economic outcomes for groups of people, or generations over time.” (The Bell Policy Center, <https://www.bellpolicy.org/what-is-economic-mobility/>)

Figure 1. Summary of MSHF, MSRMC, and Collaborative Strategies



Detailed Implementation Strategies and Timelines

The following table details the strategies and timeline that MSHF and MSRMC have committed to individually and collaboratively for each goal and objective.

Goal 1: Mat-Su residents are safe and cared for through a well-coordinated system of care that is responsive to adverse and traumatic experiences impacting physical health and mental well-being.				
<i>Objective A: Identify and Address Gaps in the System of Urgent Services</i>				
<i>MSHF Strategies</i>	<i>2023</i>	<i>2024</i>	<i>2025</i>	
• Utilize Connect Mat-Su data to support resource coordination and identify gaps.	x	x	x	
• Support community level systems change projects that improve access to urgent services through Connect Mat-Su programming.	x	x	x	
• Identify and address critical gaps in behavioral health workforce for children and adults.	x	x	x	
<i>MSRMC Strategies</i>				
• Expand utilization of BH inpatient unit through provider recruitment and referral management.	x			
• Create a plan and map the BH service line expansion, including the ED, and infrastructure needs for the next five years.		x		
• Map timeline and plan to implement SDOH z-codes (2023) and report in 2025 CHNA.	x			x
<i>Collaborative Strategies</i>				
• Work with partners to identify BH unit and BH ED bed utilization and discharge data indicators (2023) and create report to identify gaps & increase BH services coordination (2025).	x			x
• Implement trauma informed health and human services professional education.	x	x		x
• Implement trauma informed practices.	x	x		x
<i>Objective B: Improve Coordination of Urgent Services</i>				
<i>MSRMC Strategies</i>	<i>2023</i>	<i>2024</i>	<i>2025</i>	
• Perform duties defined in the MOA for the Drug-Endangered Children MDT.	x	x		x
<i>Collaborative Strategies</i>	<i>2023</i>	<i>2024</i>	<i>2025</i>	
• Continue to implement HUMS, MDT, Drug-Endangered Children MDT, and Crisis Now.	x	x		x
• Complete 3-year data agreement for HUMS evaluation.	x			
• Complete business plan and pro forma for 23-hour and short-term crisis stabilization as part of a community collaborative strategy to fill gaps in the Crisis Now continuum.	x			
• Examine MSRMC discharge data to improve discharge screening and referral outcomes and coordination with Connect Mat-Su.			x	x

<i>Objective C: Fund, Convene, and Advocate to Improve Urgent Services</i>				
<i>MSHF Priorities</i>				
• Implement Mat-Su Homelessness Action Plan to identify partners and fund services for rest and recover emergency housing.	x	x		
• Convene to identify gaps in children's BH continuum.	x	x		
• Advocate to preserve Medicaid and Medicaid expansion at current levels.	x	x		x

Goal 2: Mat-Su residents have equitable access to resources that ensure health, wellness, and safety.

Objective A: Increase Equitable Access to Services				
MSHF Strategies		2023	2024	2025
• Increase awareness and utilization of Connect Mat-Su.		x	x	x
• Utilize Connect Mat-Su database to increase access to referral services in outlying access points (i.e., libraries and public health clinics).		x	x	x
• Research Mat-Su food systems and needs.		x	x	
MSRMC Strategies				
• Use HCAHPS data to continue to improve patient experience and address barriers to care.		x	x	x
• Implement necessary changes to support JCAHO’s health equity standards.				x
Collaborative Strategies				
• Incorporate health status and hospital utilization disparities into the 2025 CHNA.				x
Objective B: Enhance the Continuum of Healthcare Services				
MSRMC Strategies		2023	2024	2025
• Collaborate with Sunshine Community Health Center to support expanded clinical services for the Upper Susitna Valley like the Talkeetna cardiology clinic.		x	x	x
• Explore additional and collaborative satellite primary care and specialty services within the primary and secondary service areas.		x	x	x
• Expand access to local specialty and sub-specialty services based on identified community needs and changing provider supply.			x	
• Complete feasibility and pro forma for joint venture birthing center with Southcentral Foundation to increase deliveries and build support for level two nursery.			x	

<i>Collaborative Strategies</i>				
• Facilitate learning trip(s) to healthcare campuses to explore opportunities and best practices for the hospital campus master plan.	x	x		
• Following learning trip(s), convene to affirm priorities for the hospital campus master plan.		x		
• Assess the gaps in community-based/outpatient services that impact hospital discharge and explore development of gap filling services (e.g., alternate long-term antibiotic treatment, wound care, in-home primary care, skilled nursing, long-term acute care).	x	x		x
<i>Objective C: Ensure Mat-Su Children are Safe, Healthy, and Thriving</i>				
<i>MSHF Strategies</i>	<i>2023</i>	<i>2024</i>	<i>2025</i>	
• Support community level systems change that decreases child abuse and strengthens families through the R.O.C.K. Mat-Su collective.	x	x		x
• Develop strategic plan to increase Behavioral Health in Schools (BHIS) sites and number of program participants and to identify sustainability for program coordination and billing.		x		
• Begin to use third party payer sources for BHIS services.				x
• Co-chair Youth 360 leadership team to carry out implementation of the 2023-2028 Strategic Plan.	x	x		x
<i>Collaborative Strategies</i>				
• Improve coordination of services for prenatal to age five through development of the Hello BABY core network.	x	x		x
<i>Objective D: Fund, Convene, and Advocate to Improve Vital Conditions</i>				
<i>MSHF Strategies</i>				
• Explore opportunities to develop a Mat-Su housing trust (2024).		x		
• Fund professional development and technical assistance that builds Mat-Su nonprofit capacity.	x	x		x
• Advocate to lower healthcare cost.	x	x		x
• Collaborate with MSTPF to fund and advocate for accessible recreation, parks, and trails.	x	x		x
• Convene adolescent health and service partners to identify data collection methods and measures for the Mat-Su youth population.		x		x
• Fund and convene around affordable housing, transportation, and food security.	x	x		x

Goal 3: All Mat-Su residents have opportunities for improved economic mobility through lifelong learning and meaningful work.

Objective A: Strengthen Health and Human Services Workforce

<i>MSHF Strategies</i>	<i>2023</i>	<i>2024</i>	<i>2025</i>
• Monitor healthcare, human services, and childcare workforce(s) to identify gaps.	x	x	x
• Continue working with the State of Alaska's SHARP loan repayment program to improve recruitment and retention of health professionals in the Mat-Su.	x	x	x
• Explore 529 enrollment through Hello BABY.		x	x
• Convene the Workforce Development Network to create a workforce development strategic plan.	x	x	x
<i>MSRMC Strategies</i>			
• Continue Project Search to employ people with disabilities.	x	x	x
• Recruit high priority providers (physicians and mid-level practitioners) to meet community demand and need.	x	x	x
• Create procedure and guidelines to assist medical staff in becoming preceptors for clinical rotation students.		x	
• Implement hospital-based childcare development center.		x	x
<i>Collaborative Strategies</i>			
• Build and strengthen relationship with the new SHARP loan program director.	x		
• MSHF and MSRMC convene to create a 5-year plan to launch a residency program.		x	x
• Continue to identify and promote healthcare and human services career pathways to area residents.	x	x	x
<i>Objective B: Fund, Convene, and Advocate to Improve Economic Mobility</i>			
<i>MSHF Strategies</i>			
• Fund academic, vocational, and professional development/training scholarships and enhance data collection to track recipient outcomes.	x	x	x
• Explore MSHF role in convening and advocating around childcare.	x	x	

Goal 4: All Mat-Su residents feel accepted, supported, included, and experience a sense of belonging.

Objective A: Build community capacity for equity, inclusion, and belonging

MSHF Strategies	2023	2024	2025
<ul style="list-style-type: none"> Improve practices and remove barriers to involve community voice in guiding program strategies. 	x	x	x
<ul style="list-style-type: none"> Continue and expand Braided Stories workshops. 	x	x	x
<ul style="list-style-type: none"> Continue community baby showers across all regions of the MSB. 	x	x	x
<ul style="list-style-type: none"> Continue internal equity work and implement health equity workplans. 	x	x	x
MSRMC Strategies			
<ul style="list-style-type: none"> Enhance Patient Family Advisory Council engagement to foster diversity, equity, and inclusion. 	x	x	x
<ul style="list-style-type: none"> Annual training for hospital staff on DEI and unconscious bias to address inequities in healthcare. 	x	x	x
Collaborative Strategies			
<ul style="list-style-type: none"> Support hospital staff participation in Braided Stories workshops. 	x	x	x

Objective B: Foster a socially connected community

MSHF Strategies	2023	2024	2025
<ul style="list-style-type: none"> Determine socially connected community priorities and implement target strategies for greater impact across Mat-Su. 	x	x	
<ul style="list-style-type: none"> Examine existing barriers and opportunities related to transportation and the impact on social connectedness. 	x	x	
MSRMC Strategies			
<ul style="list-style-type: none"> Continue senior circle, walk with a doc, and physician office staff luncheon. 	x	x	x

Objective C: Fund, Convene, and Advocate to Improve Health Equity, Social Connections, and Belonging

MSHF Priorities			
<ul style="list-style-type: none"> Fund programs, such as Youth 360 and Onward and Upward, that provide meaningful opportunities for Mat-Su youth to connect outside of school. 	x	x	x
<ul style="list-style-type: none"> Fund and foster social inclusion opportunities for older adults, individuals with disabilities and veterans through senior centers, programs like peer power, and the veteran resource fair. 	x	x	x
<ul style="list-style-type: none"> Work with Pyramid Communications to implement a health equity communications plan. 	x	x	
<ul style="list-style-type: none"> Develop a Health Summit and granting model to invest in community/citizen driven ideas that promote health equity and social connections. 	x	x	x

Measuring Progress on Strategies

The following table outlines the outputs, short-term outcomes, and long-term impact indicators (assessed every three years) to track progress on goals and strategies.

Goal 1: Mat-Su residents are safe and cared for through a well-coordinated system of care that is responsive to adverse and traumatic experiences impacting physical health and mental well-being.		
<i>Outputs</i>	<i>Short-Term Outcomes</i>	<i>Long-Term Impact Indicators</i>
<ul style="list-style-type: none"> • # and type of systems gaps and barriers experienced by Connect Mat-Su clients • # trainings • # participants in trainings • Gap identified in children's BH 	<ul style="list-style-type: none"> • Increased understanding of trauma-informed practices • Decreased average length of stay in the ED for behavioral health patients before transport to appropriate level of care • # of Emergency Department Behavioral Health beds • # of Behavioral Health inpatient beds 	<ul style="list-style-type: none"> • Increased awareness of ACEs • Improved quality of life of HUMS participants <p>Decreased:</p> <ul style="list-style-type: none"> ○ Emergency Department utilization ○ Interpersonal violence ○ Child maltreatment ○ % of high school students reporting physical/sexual violence and being bullied ○ Youth and adult suicide rates ○ Binge drinking and chronic alcohol use ○ Homelessness
Goal 2: Mat-Su residents have equitable access to resources that ensure health, wellness, and safety.		
<i>Outputs</i>	<i>Short-Term Outcomes</i>	<i>Long-Term Impact Indicators</i>
<ul style="list-style-type: none"> • # of community access points engaged with Connect Mat-Su • # of community users onboarded to and utilizing Connect Mat-Su database • # of people served through community access points • # and type of on campus specialty/sub-specialty services added • # and amount funded for housing, transportation, and food security 	<ul style="list-style-type: none"> • Increased awareness of Connect Mat-Su • % of people connected to the resources they needed • Implementation of gap filling services • # patients accessing community specialty clinics • # served through added specialty/sub-specialty services • # of patients/families referred to Hello BABY service coordination • Campus master plan priorities identified 	<ul style="list-style-type: none"> • # and type of primary services added • # served through added primary care services • Miles saved per year from satellite clinic • # accessed at satellite clinic who would not have accessed otherwise <p>Increased:</p> <ul style="list-style-type: none"> ○ number of specialty patients served locally ○ patient experience/ HCHAP scores ○ Primary care and mental health provider ratios ○ Preventative cancer screenings <p>Decreased:</p> <ul style="list-style-type: none"> ○ Cancer mortality

Goal 3: All Mat-Su residents have opportunities for improved economic mobility through lifelong learning and meaningful work.

<i>Outputs</i>	<i>Short-Term Outcomes</i>	<i>Long-Term Impact Indicators</i>
<ul style="list-style-type: none"> • Childcare facility implemented • Workforce gaps identified • # workforce convenings • # and amounts academic and vocational scholarships • Procedures for clinical rotations 	<ul style="list-style-type: none"> • # and type of providers accepting employment (retention) • # of children served at childcare facility for both hospital employee and community members • # served in afterhours care • # and % of Project Search graduates employed at the hospital 	<ul style="list-style-type: none"> • % using childcare on a regular basis <p>Decreased:</p> <ul style="list-style-type: none"> ○ % population living in poverty ○ Living wage gap ○ Outmigration for work <p>Increased:</p> <ul style="list-style-type: none"> ○ HS graduation rates ○ School readiness

Goal 4: All Mat-Su residents feel accepted, supported, included, and experience a sense of belonging.

<i>Outputs</i>	<i>Short-Term Outcomes</i>	<i>Long-Term Impact Indicators</i>
<ul style="list-style-type: none"> • # convenings • Development of health summit • # Braided Stories workshops • # of community members, hospital staff, and foundation staff attending Braided Stories • # of community baby showers • # participants at community baby showers 	<ul style="list-style-type: none"> • # and type of community coalitions and collaborative projects supported • # of individuals with lived experience involved in guiding program strategies • # and types of grants resulting from health summit • # members & meetings for patient and family advisory council 	<p>Increased:</p> <ul style="list-style-type: none"> ○ % residents who have someone to count on to help with a practical problem ○ % of people who volunteered in the past year ○ % people doing favors for one another ○ Likeliness to ask for help in caring for children ○ Social support for mothers of 3-year-olds ○ High school student belonging <p>Decreased:</p> <ul style="list-style-type: none"> ○ Discriminated against in accessing healthcare

Health Needs Facilities Do Not Intend to Address Comprehensively

During the 2022 Mat-Su Community Health Needs Assessment process, the data revealed a total of 45 needs that were considered in the prioritization process. The steering committee affirmed twelve (12) top health needs and eight (8) top health priorities to address those needs. MSHF program leadership cross-walked the health needs and priorities with the Well-Being Portfolio and identified four goals statements. MSRMC, MSHF, and community partners are focusing efforts and resources strategically on the four goals and subsequent strategies to secure meaningful impact and measurable improvement on the top 12 health needs and eight priorities. Some of these efforts and strategies will address other health needs surfaced by the 2022 Mat-Su CHNA. However, the remainder of the needs identified in the CHNA will not be comprehensively addressed due to limited resources, time, and capacity of the community partners.