

# Mat-Su Older Adult Behavioral Health Needs Assessment

## EXECUTIVE SUMMARY

Prepared for the Alaska Mental Health Trust Authority  
by Actionable Data Consulting, 11/15/2023



# Trust

Alaska Mental Health  
Trust Authority

# Acknowledgments

We extend our sincere thanks to the individuals, agencies, and organizations that made this report possible. They not only go above and beyond the call of duty to provide services to Mat-Su older adults, but they gave of their time for this report. Thank you. You are vital to our community.

# Executive Summary

## Background

This report was commissioned by the Alaska Mental Health Trust Authority and coordinated with the Mat-Su Council on Aging and the Mat-Su Health Foundation. Actionable Data Consulting was hired in March of 2023 to do a Mat-Su Older Adult Behavioral Health Needs Assessment. This report will focus only on the behavioral health (BH) needs of older adults and does not include the needs of older adults with dementia even if they have behavioral health challenges. For this report, behavioral health is defined as mental health and substance use disorders, life stressors and crises. In this report, adults 65 and older will be referred to as “older adults” or “65+”. The term “Elders” or “Alaska Native Elders” will be used when referring specifically and only to Alaska Native/American Indian (AN/AI) persons 65 or older. The original usage will be retained when this report cites organizational or program names or titles of articles or direct quotes that use “seniors” or “elder” for older adults.

## Methods

For this report, the following different types of data were used:

### Quantitative Data

- Census data
- Online survey
- Phone surveys
- Vital statistics data
- Service utilization data

### Qualitative Data

50 interviews with 76 individuals with:

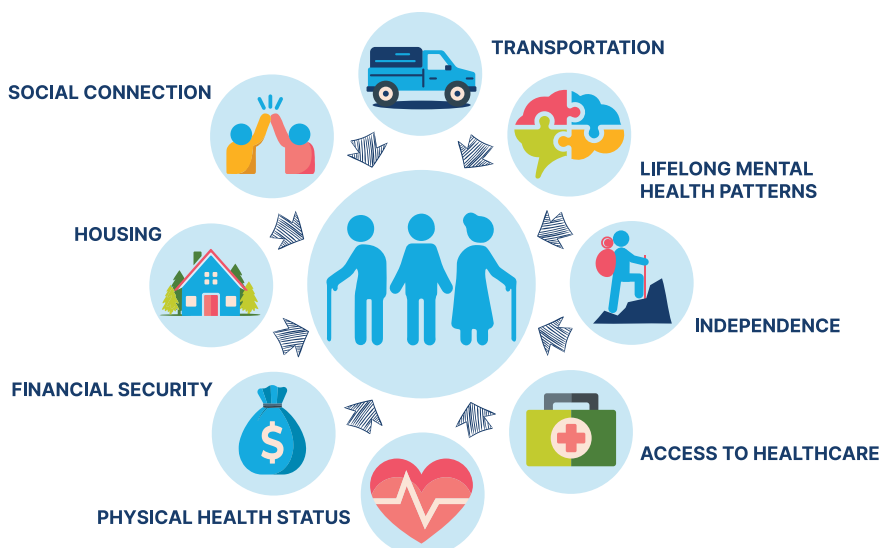
- State agency staff
- Local providers to older adults
- Church leaders and staff
- Older adults

Methodological limitations include surveying techniques that may not reach all older adults and using a convenience sampling technique for the older adult interviews. While the survey results may reflect an underrepresentation of low-income or isolated individuals, the interviews may overrepresent these groups.

## Determinants of behavioral health for older adults

Being a human at any age can be complex and challenging, depending on one’s life circumstances. This is especially true for older adults. Several factors can make things easier or harder for an individual. In this study, the providers, church staff, and older adults who were interviewed all mentioned at least one of the eight determinants shown in Figure 1 as affecting an older adult’s mental health and well-being.

FIGURE 1.  
**DETERMINANTS OF BEHAVIORAL HEALTH FOR OLDER ADULTS**



## Older resident demographics

In 2022, 18% of the Mat-Su population (20,224) were aged 50-64, and 14% (15,975) were 65 or older. Of those 65 years+, 69% are between 65-74 years, 25% are between the age of 75-84 years and 6% are aged 85+ years. The total Mat-Su population of older adults aged 65+, is projected to increase from 14,907 in 2021 to 25,806 in 2050, a change of 73%. While older adults made up 14% of the population in 2021, this will increase to 17% of the population in 2050. With this fast rate of population growth among older adults in Mat-Su, it will be especially important to address the needs identified in this report, not only for the current population but also for an even larger population of older adults in the future.

### The Mat-Su areas with the largest percentages of older adults were:

1. Knik-Fairview.....14.4% (2,300)
2. Wasilla.....9.2% (1,477)
3. North Lakes.....8.3% (1,322)
4. Meadow Lakes.....7.9% (1,259)
5. Tanaina.....6.3% (1,000)

### In Mat-Su in 2022, the older adults had the following characteristics:

- |                                       |     |
|---------------------------------------|-----|
| White .....                           | 90% |
| Alaska Native .....                   | 6%  |
| Black .....                           | 2%  |
| Native Hawaiian Pacific Islander..... | <1% |
| Hispanic .....                        | 2%  |
| Asian .....                           | 2%  |
| Disabled 65-74 yrs. ....              | 28% |
| Disabled 75+ yrs.....                 | 54% |
| Veterans .....                        | 27% |

## The mental health status of Mat-Su older adults

There was limited data on the prevalence of behavioral health issues among older adults in Mat-Su, and the survey data had significant limitations. Therefore, the picture constructed in this report used interview data from those who work with older adults, older adults themselves, and service utilization data, along with survey data. Those interviewed reported that mental health issues and substance use disorders in older adults were intertwined with:

1. Fear of stigma of having a behavioral health issue
2. Resistance to seeking treatment
3. Social isolation
4. Failing health or cognition
5. Limited mobility
6. Financial insecurity
7. Difficulty with the long, dark, and snowy Alaska winter
8. Misuse of prescribed medication
9. Self-undermedication to prompt a medical visit

### Survey data revealed the following behavioral health behaviors and conditions:

- |  |             |
|--|-------------|
| Used opioids in the last year .....    | 10% (1,598) |
| Used marijuana in the last year.....   | 8% (1,278)  |
| Binge drank in the last year .....     | 7% (1,118)  |
| Drank heavily in the past year .....   | 9% (1,438)  |
| Poor mental health in last 2 weeks.... | 8% (1,278)  |

### Interviewees identified the most common behavioral health conditions they saw as:

- Depression
- Suicidal ideation
- Anxiety/stress
- Grief
- Pain medication misuse
- Alcohol misuse

Service data revealed that few older adults seek outpatient care, and a much larger number are seen in an acute care setting with a primary or secondary behavioral health-related diagnosis.<sup>1</sup>

**Wasilla/Palmer Federally Qualified Health Center patients (2022)**

Psych care .....	90
Clinical care.....	84
Case management .....	20
Medication assisted treatment .....	90

**Hospital inpatient discharges (2021)**

BH-related .....	985
Drug-induced .....	517
Alcohol-induced.....	62

**Emergency department discharges (2021)**

BH-related .....	639
Drug-induced .....	327
Alcohol-induced.....	64

**Mat-Su EMS calls (2018-2019)**

Altered mental status or psychiatric problems.....	163
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**Suicide deaths (2021)**

Deaths.....	5
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# Determinants of behavioral health

## PAST BEHAVIORAL HEALTH STATUS

Older adults have past behavioral health experiences that can impact them as they age, such as having experienced intimate partner violence (11%), sexual assault (16%), or depression (13%). Alaska Native Elders experienced the historical trauma of colonization, including being sent to boarding schools.



### Access to Care

Access to physical health care can provide a pathway into access to behavioral health care, especially if there is integrated care in a clinic or the provider refers a patient to a behavioral health provider. During 2015-2021, 81% of Mat-Su older adults reported having a personal health care provider. Close to 100% of Mat-Su older adults had

health insurance coverage. Major access barriers that were found were:

1. A lack of behavioral health providers who accept Medicare (1 provider to every 614 older adults)
2. There are only two substance use disorder (SUD) outpatient treatment providers locally that bill for Medicare and only one residential treatment provider in Anchorage.
3. There are no services or providers specializing in geriatric care.
4. The State of Alaska Division of Behavioral Health grants only target clients up to the age of 64 years.

## Physical health status



As a person ages, their physical health changes; changes can include experiencing chronic pain and limitation in mobility. For Mat-Su adults aged 65-74 years, approximately 28% had a disability. For those 75 years and older, 54% had a disability. Physical health conditions can lead to depression, anxiety, and other behavioral health consequences.

## Financial status



As one ages and retires from or reduces paid work, whether by choice or disability, income tends to decrease. Most older adults in Mat-Su on a fixed retirement income, depend heavily on the annual state Permanent Fund Dividend, and/or receive public assistance. Forty-three percent of older adults surveyed said they had enough money but little to cover anything extra, and 17% said they didn't have enough for some or all months. Data on annual household income for older adults in 2022 revealed that:

- 23% earn less than \$25,000
- 22% - \$25,000 to \$49,999
- 21% \$50,000-\$74,999
- 35% >\$75,000

Older adults in Mat-Su ranked their top financial security concerns as:

1. Costs of daily living, such as food, housing, heat, utilities, and transportation
2. Cost of health care and medication
3. High property taxes

<sup>1</sup> Tribal service data was not obtained for this report and may look different.

The State of Alaska Division of Public Assistance provided the following benefits to Mat-Su older adults in FY2022:

- Temporary Assistance with a case relation of a grandchild (65 recipients, average benefit \$610/month)
- Adult Public Assistance (826 recipients, average benefit \$281/month)
- General Relief Assistance (14 recipients, average benefit \$3,126)
- Heating Assistance Program (508 recipients, average annual benefit \$1,646)
- Medicaid (2066 recipients - 1888 Long Term Care and 178 general Medicaid)
- Senior Benefits (1,873 recipients, average benefit \$62/month)
- Supplemental Nutrition Assistance Program (979 recipients, average benefit \$165/month)

Older adults have different abilities to apply for public benefits and may not know they could receive assistance. Those who were interviewed said that financial worries cause stress, embarrassment, and a feeling of not wanting to burden others, especially their children.



### Independence

One of the greatest worries for Mat-Su older adults was staying independent in their homes. They feared being relocated because of needs related to aging. There were two groups this seems to commonly affect:

- Those who live “off the grid” with a lifestyle that includes daily hard physical labor.
- Alaska Native Elders who need to move to Mat-Su to access services unavailable in their village in another region.

When older adults were asked about the level of help they needed with household tasks, the most common tasks they said they could do by themselves were managing medications, finances, personal tasks, and shopping. Areas that they said were difficult or that they could not handle themselves were general home maintenance (64%) and household chores (30%).



### Transportation

All providers and church staff felt there was a significant need for more affordable transportation options for Mat-Su older adults. They said that the existing options don’t reach all older adults and don’t adequately meet their needs to get to health care in Anchorage. Eighty-six percent of Mat-Su older adults said they had transportation anytime they needed it. This data was taken from the Alaska Commission on Aging (ACoA) online survey and may not represent all seniors, especially low-income seniors who may have higher transportation needs. Providers to older adults and church staff said that lack of transportation is linked to financial constraints, isolation, and health issues.



### Housing

Since 2022, rent has risen by 7% on average across Alaska, and the cost of a two-bedroom apartment plus all utilities increased by 9% in Mat-Su. The current vacancy rate in Mat-Su is only 3.5%. Some older adults interviewed for this report had inadequate housing and reported living in motorhomes, a camper, their car, partially built houses without electricity or running water, and a dry cabin. The Alaska Homeless Management Information System (AKHMIS) recorded fifty Mat-Su older adults in the 2022 point-in-time data collection.<sup>2</sup> The main findings related to housing were:

- In the winter, many older adults lack assistance with plowing and shoveling.
- Older adults cannot make needed housing repairs due to their physical condition, lack of financial resources, or difficulty finding assistance.
- Older adults may be stuck in unsafe and inadequate housing conditions due to family situations such as a family member’s drug use and mental health issues.

<sup>2</sup> The point-in-time count collects demographic information on sheltered and unsheltered persons experiencing homelessness on a single night at the end of January.





### Social Connection

Social isolation and loneliness are associated with sleep disturbance, fatigue, depression, and decreased levels of well-being in older adults. Stakeholders said that social isolation results from:

- Having family out of state
- Aging in an isolated place
- Not having transportation
- Having family and friends who have died
- Preferring to be isolated
- Being “snowed in”

Of the Mat-Su older adults, 1,417 males and 1,837 females lived alone. Sixty-four percent of the males were married, and 16% were widowers. Fifty-eight percent of the females were married, and 20% were widows. According to a Mat-Su household phone survey in 2022, 15% of Mat-Su older adults reported that they had 0-1 person they could count on, 43% had between 2-5 individuals, and 65% had six or more people they could count on.

## Profile of Alaska Native Elders

**Demographics:** According to the 2021 American Community Survey, in Mat-Su, there were 292 males and 486 female Alaska Native or American Indian Elders 65+ years.<sup>3</sup> There were 61 grandparents aged 60 or older responsible for their grandchildren younger than 18 years of age.

### Behavioral health status – past and present:

Tribal service providers and survey results revealed that Elders struggling with behavioral health issues experienced loneliness, anxiety, depression, and grief. The main findings were:

1. Forty percent of surveyed Elders reported feeling nervous some of the time.
2. Forty-nine percent of surveyed Elders felt “downhearted/blue” some of the time, with about a quarter saying that nothing would cheer them at those times.
3. Seventy-six percent of Elders said they were a happy person all the time or most of the time, and 24% said some or none of the time.

4. Eighty-three percent of Elders reported their quality of life was excellent, very good, or good.
5. The most mentioned substances that were misused were alcohol and prescribed medications.
6. Tribal providers don’t see Elders misusing substances often; however, living with a family member who has a substance use disorder can be difficult for the Elder.
7. Elders suffered trauma in their lives connected to being sent to boarding schools and other forced assimilation efforts – experiences that can have lifelong negative mental health consequences.

**Access to care:** Elders surveyed reported the top issues they faced in accessing medical care were:

1. The distance from services (17%)
2. Waiting too long for appointment availability (10%)
3. No transportation (8%)
4. Cost (8%)

Twenty-one percent of Elders said their health was excellent or very good; 49% said it was good; 29% said it was fair or poor. Most Elders had health insurance, and 93% said they had seen their doctor/provider in the last year. Thirty-three percent of respondents said they had been diagnosed with a disability.

**Independence:** Tribal providers said that sometimes Elders relocate to Mat-Su from a village in another region because they need services not provided in their original community. When they do this, sometimes Elders lose access to their family ties and cultural practices and food. Staff said that Elders will often try to cover up their needs to maintain their independence. They said most assisted living homes do not meet Elders’ cultural needs because the facilities are run by non-Native people unaware of these cultural needs.

They stated that Elders often have a strong sense of responsibility to continue to care for their children and grandchildren, which, sometimes, could be at a cost to themselves. Staff noted that they have seen some situations they categorize as abusive or

<sup>3</sup> The classification that was used with US Census data was that the respondent considered themselves Alaska Native and/or American Indian alone or in combination with another race.

exploitive when Elders are living with family members. Additionally, a Tribal staff member said that she sees many widowed women who are having to adjust to the life transition of losing a spouse. She mentioned the usefulness of a grief group in the community that helps Elders with this transition and provides socialization.

**Transportation:** Tribal providers stated that Elders in Mat-Su face similar problems with accessing transportation as non-Native Elders.

**Social connection:** The Elder survey revealed that most older adults live in a single-family residence (76%) and more than half with a family member (59%). Almost a quarter of Elders reported that they only left their homes 1-2 times per month, and slightly less than a quarter reported 3-4 times per month. All staff at the three main Tribal organizations emphasized the major role that social connection plays in supporting Elder mental health. Many of the cultural traditions asked about in the Elder survey involved social connection. The top cultural activities that Elders valued were:

1. Consuming traditional foods
2. Attending powwows
3. Smudging
4. Preparing traditional foods
5. Participating in talking circles

There is a rich network of services offered by the three local Tribal organizations that address several of the issues mentioned in this report, including providing social connection opportunities, home maintenance, and chore service for homeowners, and integrated primary care and home visits that include a behavioral health worker.

## Recommendations

All individuals interviewed for this report (state agency staff, service providers, church staff, older adults) were asked the same question: "If you had a magic wand and could do three things to help older residents with behavioral health needs or mental well-being, what would you do?" The recommendations centered on three major themes:

basic need recommendations, behavioral health services recommendations, and social connection recommendations.

### Meeting basic needs recommendations:

1. Have more affordable and safe senior housing.
2. Provide affordable or free home modification, repair, and chore services.
3. Provide affordable or free transportation.
4. Provide more financial assistance.
5. Create more case management assistance for older adults.
6. Build a 24/7 low barrier shelter that provides "a one-stop shop" for all types of assistance.

### Behavioral Health recommendations:

1. Have older adult-focused, accessible behavioral health providers.
2. Within the medical care system, adopt mental and physical health parity and truly integrate these types of health care.
3. Provide medical liaisons who can assist with mental and physical access to care and help with medications.

### Social connection recommendations

Respondents made suggestions focused on creating social connections to help solve the problem of social isolation that many older adults face. Respondents felt that social connection is key to good mental health for older adults. Social connection magic wands focused on:

1. Ensuring all older adults "have a friend" by promoting peer-to-peer networks.
2. Promoting intergenerational activities between older adults and people of other age groups.
3. Increasing senior recreational activity opportunities with funding to senior centers and other organizations for activities and dedicated activity directors.
4. Providing more places in all communities for older adults and veterans to gather.
5. Developing new networks, including peer-to-peer networks and volunteer networks, where older adults can participate.



## Conclusion

The older adult population in Mat-Su continues to grow and become more diverse. Older adults are especially vulnerable to economic downturns and unexpected personal financial events because most live on a fixed income. Adverse financial circumstances can affect their housing and transportation status. The physical health of older adults naturally declines with age, and their social circles often become smaller. Housing needs and ways of living change as older adults' physical and cognitive status change.

The picture of Mat-Su older adults that has emerged in this report is one of some older adults experiencing pre-existing behavioral health challenges, along with depression, anxiety, and grief due to their current life circumstances. The current statewide funding system does not support the development of geriatric behavioral health services or the parity

and integration of physical and mental health care. Local behavioral health services reflect that omission. The lack of behavioral health services focused on older adults compounds the generational stigma associated with seeking help.

Mat-Su stakeholders have offered suggestions on how existing efforts can be amplified to further meet older adult needs and how to fill current gaps and areas of need. Tribal providers offer some exciting services and physical and mental health care integration that could be replicated in the non-Tribal service delivery system. As one church staff said, "It takes a village to care for a senior." It is especially important to build up a supportive community, as well as a wide array of older-adult-focused behavioral health and basic-need services to meet the needs of the fast growing older adult population in Mat-Su, projected to grow by 73% by 2050.

# Trust

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