

# Mat-Su Older Adult Behavioral Health Needs Assessment Highlights

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

The older adult population in Mat-Su will increase by 79% by the year 2050 from 14,907 in 2021 to 25,806 in 2050. This report, which was commissioned by the Alaska Mental Health Trust Authority in cooperation with the Mat-Su Health Foundation and the Mat-Su Council on Aging will explore the behavioral health needs of this population using survey, census, and service utilization data, as well interviews with local and statewide stakeholders (older adult advocates, state agencies, providers, church/ministry staff, and older adults, themselves). The report does not include an exploration of the needs of older adults with dementia. Behavioral health is defined as mental health and substance use disorders, life stressors and crises. Adults 65 and older will be referred to as “older adults” or “65+.” Here are the highlights.

## Who are Mat-Su older adults?

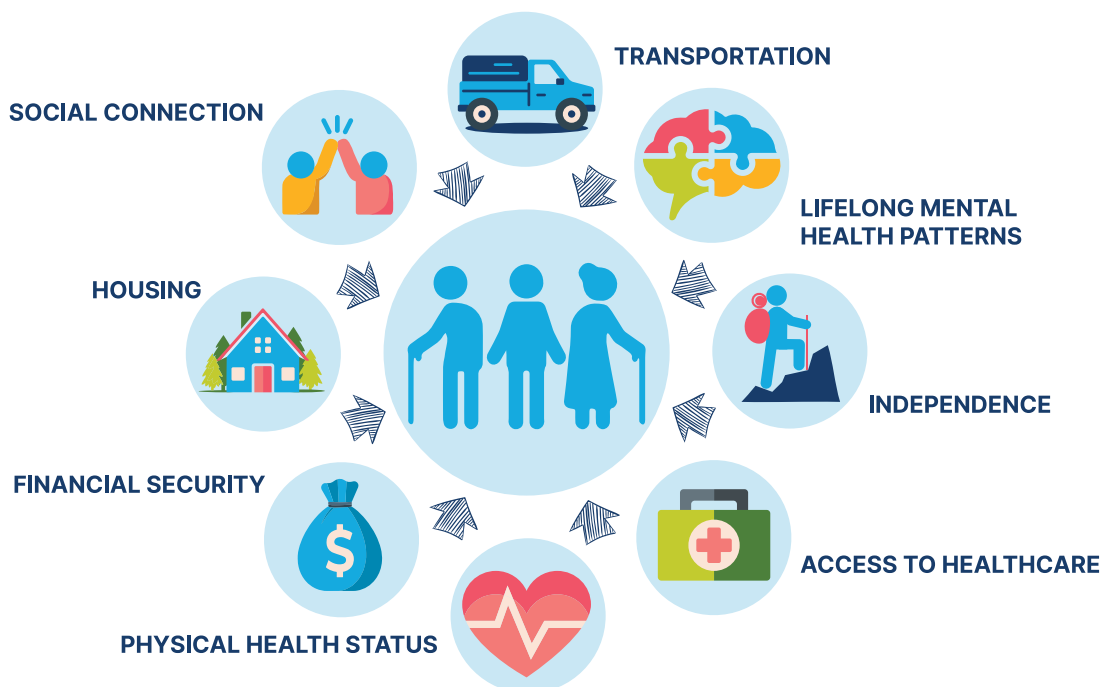
The 2022 older adults in Mat-Su had the following cultural backgrounds and experiences:<sup>1</sup>

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

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

## What affects their behavioral health?

Stakeholders stated the following determinants affect the behavioral health of older adults.



<sup>1</sup> The full report has a separate section focusing on the needs of Alaska Native Elders that is not included in this Highlights document.

**TRANSPORTATION:** Stakeholders report a significant need for more affordable public transportation options that reach all parts of Mat-Su and include transport to Anchorage for medical appointments. Eighty-six percent of older adults surveyed online said they have transportation when they need it. This may be an inflated estimate because low-income people may have had less access to the online survey.

**PAST BEHAVIORAL HEALTH:** Older adults have past experiences that can impact them as they age such as ever suffering from intimate partner violence (11%), sexual assault (16%), and depression (13%). Alaska Native Elders experienced the historical trauma of colonization, including being sent to boarding schools.

**INDEPENDENCE:** One of the greatest worries for Mat-Su older adults was staying independent in their homes. They feared being relocating because of needs related to aging. There were two groups of older adults that were mentioned specifically as having these needs:

- 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 region.

**ACCESS TO HEALTHCARE:** Close to 100% of Mat-Su older adults have health insurance coverage. Major access barriers include:

- Lack of behavioral health providers who accept Medicare, the most common form of health insurance for older adults. There is only one provider for every 614 older adults in Mat-Su.
- There are only two substance use disorder (SUD) treatment programs locally that bill for Medicare and only one residential treatment program in Anchorage.
- There are no services or providers specializing in geriatric behavioral health.
- The State of Alaska Community Behavioral Health grants only target clients up to the age of 64 years.

**PHYSICAL HEALTH STATUS:** As a person ages, they sometimes experience physical health decline including experiencing chronic pain and limitation in mobility.

These conditions can lead to depression, anxiety, and other behavioral health consequences. In Mat-Su from 2016-2021:

- 50% of older adults reported their health was excellent to very good
- 30% said it was good
- 20% reported that it was fair to poor.

**FINANCIAL SECURITY:** Most Mat-Su older adults are on a fixed retirement income, depend heavily on the PFD, and/or receive public assistance. Forty-three percent said they have enough money but little to cover anything extra and 17% said they didn’t have enough 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

**HOUSING:** Older adults living on fixed incomes have limited options to maintain and adapt their housing as they age. The main findings related to housing were:

- In winter, many older adults lack assistance with plowing and shoveling, which can render them homebound.
- 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.

**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.”

## What is their behavioral health status?

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 and/or cognition
5. Limited mobility
6. Financial insecurity
7. Difficulty with long, dark, and snowy Alaska winters
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 see 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.

### Mat-Su Health Services outpatient clients (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
---	-----

### Suicide deaths (2021)

Deaths . . . . .	5
------------------	---

## What can be done to support the behavioral health of older adults/Elders?

**BASIC NEEDS RECOMMENDATIONS:** Stakeholders felt that financial, safety, and security worries are a strong negative influence on older adult behavioral health. They recommended:

1. Have more affordable and safe older adult 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 low barrier shelter for “one-stop shop” supportive services.

### BEHAVIORAL HEALTH RECOMMENDATIONS:

Stakeholders felt that the amount and type of behavioral health care is not sufficient. They recommended:

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

### SOCIAL CONNECTION RECOMMENDATIONS:

Stakeholders felt that social connection is key to good mental health for older adults. They recommended:

1. Ensure all older adults “have a friend” by promoting peer-to-peer networks.
2. Promote intergenerational activities between older adults and people of other age groups.
3. Increase older adult recreational activity opportunities with funding to senior centers and other organizations for activities and dedicated activity directors.
4. Provide more places in all communities for older adults, Elders, and veterans to gather.
5. Develop new formal social networks, including peer-to-peer networks and volunteer networks, where older adults can participate.