Aleutian Pribilof Islands Association, Inc.

HEALTH BEGINS WHERE WE LIVE, LEARN, WORK AND PLAY. OPPORTUNITIES FOR HEALTH START AT HOME, IN OUR NEIGHBORHOODS AND WORK PLACES. AND ALL PEOPLE-REGARDLESS OF BACKGROUND, EDUCATION OR MONEY –SHOULD HAVE THE CHANCE TO MAKE CHOICES THAT LEAD TO A LONG AND HEALTHY LIFE.

-Robert Wood Johnson Foundation

Wellness Strategies for Health Community Health Assessment

Aleutian Pribilof Islands Association

September 2015

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EXECUTIVE SUMMARY

Background and Purpose

Understanding the factors that influence health is critical when reviewing and identifying efforts to improve the overall health of a community. Identifying the major areas of concerns and developing a plan to address them are key steps in a larger health planning process. To assist with future planning and health improvement in the communities of Atka, St. George, Nikolski and Unalaska, Aleutian Pribilof Islands Association, Inc. (APIA) collaborated with Alaska Native Tribal Health Consortium (ANTHC) as a sub awardee on a project entitled Wellness Strategies for Health. This project was awarded to ANTHC from the Centers for Disease Control and Prevention (CDC) in 2014, and it is anticipated to continue through 2019. The initial efforts entail two main phases:

1. A community health assessment (CHA) to identify health related concerns and strengths of the Aleutian Pribilof Islands Region, specifically the communities listed above, where APIA has health clinics.
2. A community health action plan (CHAP) to determine major health priorities, measureable goals and specific strategies to be implemented in the region to address the health concerns identified in the CHA. This report will discuss the findings from the CHA, which were conducted March 2014-July 2015.

Geographic Scope

The geographic scope of this community health assessment includes four communities that lie along the Western Aleutian Island Chain and Pribilof Islands including Nikolski, Atka, Unalaska, and St. George. It would be difficult to overestimate the effects of weather and geography on the people in this region. Extreme weather conditions complicate projects in the Aleutian and Pribilof Islands, which leads to increased costs and extended timelines. Wind and fog frequently isolate communities from basic services such as mail and food delivery. In addition, the geographic isolation and extreme weather conditions of this region have direct implications on health care and access to broader health care services. Distributed over roughly 100,000 square miles of ocean, an area slightly larger than Virginia, Kentucky, and Maryland combined, the Aleutian Region is among the most isolated in Alaska. Communities are reachable only by boat or small airplane.

Methods

Individuals from multi-sector organizations, community stakeholders, and residents were interviewed or participated in community forums. APIA also conducted a health and wellness survey. A total of 97 community members (47% Alaska Native) answered the survey online or in-person. Participants primarily came from Unalaska, Atka, and St. George. Existing social, economic and health data were drawn from national, state and local resources such as the U.S.

Census, Alaska Native Tribal Health Consortium Alaska Native Epidemiology Center and community reports. Finally, APIA utilized reports from our internal health screenings.

Conclusions

Community Strengths and Resources

Participants identified several community strengths and assets including social and human capital, organizational leadership, and partnerships.

- Participants described their community strengths as: educational opportunities and safe places to work and play,
- Community based organizations were identified as assets, especially their willingness to collaborate and be involved in community based programs and events.

Health Behaviors

A majority of participants considered tobacco use and access to and cost of healthy food a pressing issue, particularly in relation to other health concerns such as obesity and heart disease.

- Interview and survey participants discussed the challenges around gaining access to healthy foods, being able to afford healthy foods, and barriers to participate in physical activity. In fact, less than half (44%) of community members surveyed or interviewed thought that they got enough physical activity.

Health Outcomes

While access to and cost of healthy food was a key concern, tobacco use and substance abuse were the foremost concerns raised along with access to health care. It is evident that Alaska Natives experience disproportionately higher rates of several health outcomes related to these concerns (Aleutians & Pribilofs Regional Health Profile. Alaska Native Epidemiology Center, September 2012)

- During 2008-2012, 41.8% of Aleutians & Pribilofs (AP) Alaska Native adults reported current smoking and one in five (19.5%) reported smokeless tobacco use.
- Current smoking among AP Alaska Native adults has not improved significantly overall since the 1990's, and smokeless tobacco use among AP Alaska Native adults appears to be twice as high as it was in the 1990's.
- AP Alaska Native adults had a similar prevalence of smoking as Alaska Native people statewide but approximately two times the prevalence of the Alaska White population, and smokeless tobacco use among AP Alaska Native adults is the second highest of all Alaska tribal health regions.
- About one in five (19.2%) Alaska Native people reported binge drinking during 2007-2009
- Alcohol related disordered was the 6th leading cause (3.4%) of outpatient visits in the AP Region in FY 2010.

BACKGROUND AND PURPOSE

Health is affected by where and how we live, work, play and learn. Understanding these factors and how they influence health is critical to improving the health of the communities we serve. Identifying health concerns in the region and then developing an action plan to address the concerns are foundational steps to improving the overall health of Unangan people in the Aleutian and Pribilof Islands Region, specifically in the communities of Nikolski, Atka, St. George and Unalaska. To accomplish this goal Aleutian Pribilof Islands Association, Inc. (APIA) collaborated with Alaska Native Tribal Health Consortium (ANTHC) as a sub awardee on a project entitled Wellness Strategies for Health. This project aims to reduce mortalities in the region due to heart disease, diabetes, and stroke among Alaska native and American Indian people. This project was funded by Centers for Disease Control and Prevention (CDC) in 2014, and it is anticipated to continue through 2019. The first phase of the project entailed two main phases:

1. A community health assessment (CHA) to identify the health related concerns and strengths of the Aleutian Pribilof Islands Region.

2. A community health action plan (CHAP) to determine major health priorities, measureable goals, and specific strategies to be implemented in the region to address the health concerns identified in the CHA. This report will discuss the findings from the CHA, which was conducted March 2014-July 2015.

The CHA was conducted to fulfill several overarching goals, specifically:

- To examine the current health status of the Aleutian Pribilof Islands Region,
- To determine current health priorities among residents of the regional communities of Nikolski, Atka, St. George and Unalaska,
- To identify community strengths, resources, and gaps in services to inform programming prioritization.

The action planning phase from the CHA results is summarized in the action planning document. What will be done with the results of the CHA is guided by the participating communities and project goals. APIA will assist with implantation of community based activities to reach the goals set by the action plan.

METHODS

Overview

It is necessary to acknowledge that there are multiple factors that influence health, and there is a dynamic relationship between people and their environments. Where and how we live, work, play and learn are interconnected factors that are critical to consider when looking at the

overall health of a community. Not only do individuals' genes and lifestyle behaviors affect their health, but health is also influenced by factors such as employment status and quality of housing available. The social detriments of health framework addresses the distribution of wellness and illness among a population including its patterns, origins, and implications. While the data to which we have access is often a snapshot in time, the individuals represented by the data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment utilizes data to discuss health as well as to examine the larger factors associated with health. (World Health Organization. Social Detriments of Health. Commission on Social Determinants of Health, 2005-2008).

As with the process of the CHAP, the CHA utilized a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. MAPP recommends four different broad focus areas to examine the CHS process: 1) health status, 2) community strengths and themes, 3) forces of change (external factors that affect health), and 4) the local public health system. Given the focus and scope of this effort, APIA's CHA focuses on integrating data on the first three MAPP recommended assessment areas. Social Detriments of Health Framework. (National Association of County & City Health Officials. MAPP User's Handbook. September 2013).

Individuals from multi-sector organizations, community stakeholders, and residents were interviewed or participated in community forums. APIA conducted a health and wellness survey. A total of 97 community members (47% Alaska Native) answered the survey online and in-person. Participants primarily came from Unalaska, Atka, and St. George. The survey was distributed at community health fairs, via survey monkey and at community outreach events held at local clinics and grocery stores. Existing social, economic and health data were drawn from national, state and local resources such as the U.S. Census, Alaska Native Tribal Health Consortium Alaska Native Epidemiology Center and community reports. This also included internal health screening data.

Core Team and Cross Sector Workgroup

To conduct the CHA, APIA formed a core team consisting of individuals from different divisions within the Health Department including April Arbuckle, Tatiana Barraclough, Cody Chipp, Charles Fagerstrom, Tara Ford, Grace Merculief, Rose Sevilla and Annette Siemens. Members were chosen after considering the region and resources available to the team members. Team members represent Primary Care Services and Community Health Services within the Health Department at APIA including behavioral health staff and wellness program staff. There are team members from the region as well as Anchorage based staff.

We used a variety of strategies to recruit members for the cross sector workgroup (CSWG). It was challenging to get people to participate due to individuals being overburdened in small communities. Initially it was also a challenge to get people involved when they were concerned with issues like food security and not receiving airplane services carrying medications

and supplies. We were able to work through these barriers slowly by reaching out to people at an individual level as well as through several outreach activities within the communities.

The community of St. George and Unalaska had health fairs, and APIA hosted a table at each health fair to recruit members. Outreach events were held in Unalaska at the local Safeway and at Iliuliuk Family and Health Services. Community events were held in St. George and Atka to share information about the project and recruit members. We also sent letters to specific community members requesting their participation and sent emails to potential members. Potential members were identified by their roles in the communities and ability to influence change. We were also able to include the community health assessment activity within an existing community group in Unalaska. This group is a cross sector group that holds monthly meeting. We were able to work with them to assist with interviews, survey completion, and action planning.

Member Name	Sector Represented
Lynne Crane	Unalaskan's Against Sexual Assault and Family Violence Executive Director
Diane Kirchofer	Unalaskan's Against Sexual Assault and Family Violence Victim Advocate
Melissa Kingston	Iliuliuk Family and Health Services RN
Jane Bye	KUHB Development Director
Taylor Holman	Unalaska Student
Sally Merculief	St. George Traditional Council
Carol Randall	Pribilof School District
Charlene Shaishnikoff	Unalaska Community Member
Millie Prokopeuff	Atka Community Wellness Advocate

Community Health Assessment Process and Timeline

Completion of the Community Health Assessment (CHA) began with participation in MAPP training in February 2015. We were then able to travel to St. George in March and July 2015 for community events, survey completion, and sharing of survey results. Travel to Unalaska and Atka was in April, May, and July 2015 for community events, outreach activities, stakeholder interviews, survey collection, and sharing of survey results. Cross sector work group meetings were held April 23, May 12, May 28, and June 25. Individuals were met with in July to share survey results and discuss next steps. Stakeholder interviews were completed in May and June.

Quantitative Data

Quantitative findings includes data on population statistics from the U.S. Census, geographic scope data from the New World Encyclopedia, weather data from the Western Region Climate Center, social detriments of health information from the World Health Organization, community specific information on vision and planning and physical environment from the St. George Community Strategic Plan, the Atka Comprehensive Plan, the Nikolski

Community Economic Development Plan and the Unalaska Comprehensive Plan. Data related to demographics, mortality, adult health and morbidity from the Alaska Native Epidemiology Center. APIA also utilized the Indian Health Service's Resource and Patient Management System (RPMS) electronic medical health records, which makes it possible to identify and track health outcomes of populations experiencing health disparities, rates of chronic disease, and risk factors. APIA reports on the Government Performance and Results Act (GPRA) measures, and APIA is able to review current GPRA year data as well as past year's data.

A community health survey (see Appendix A) which highlights community strengths and concerns as well as topics including access to services, tobacco use, access to healthy foods, access to health care, and physical environment were also used. Community members provided thoughtful feedback regarding the health strengths and challenges in their communities. The survey was created by the Alaska Native Epidemiology Center, ANTHC. It was distributed throughout the region via tables at health fairs, local grocery stores and health centers, email and through the cross sector work group. The data was returned to the Alaska Native Epidemiology Center where it was analyzed by a statistician and returned to APIA for distribution. A total of 97 people responded to this survey, both online and those participated in a semi-structured health interviews. Seventeen (17) people completed the survey online, and 80 people completed in-person interviews. The online survey was designed to follow the same topics on the surveys in order to ensure that responses could be aggregated between the two forms.

Qualitative Data

Qualitative data used includes key stakeholder interviews (see Appendix B), community meetings, community outreach events, and visits with community members. The key stakeholder interview questions were developed by Alaska Native Epidemiology Center, ANTHC. Interviews were conducted by two core team members, Tatiana Barraclough and Rose Sevilla. The information from the interviews were analyzed and summarized by the core team members. Interviewees were determined by the core team and cross sector work group based on their role(s) in the community and ability to influence change in the region. A total of 27 people completed interviews. There were 14 male and 13 female respondents. Seven (7) participants live in Anchorage, four (4) live in Atka, one (1) lives in Nikolski, one (1) lives in St. George, and 14 live in Unalaska/Dutch Harbor. Nine (9) participants identified themselves as working in health care, three (3) participants are involved in their tribal council, three (3) participants work in land management, two (2) participants work in public safety, two (2) participants are retired, one (1) participant works at a domestic violence shelter, one (1) participant is involved with spiritual wellbeing, one (1) participant works in education, one (1) participant works in local store management, one (1) participant works in recreation, and one (1) participant works in public broadcasting. Ten (10) of the respondents have been in their roles for over 10 years, 17 participants have lived in their community for more than 10 years, and 17 participants had more than one role in their community.

Data Limitations

There are limitations to this assessment that should be noted. First, extrapolating relevant existing data for the Aleutian Pribilof Islands Region is a challenge. Data typically covers the entire Aleutians West area which encompasses a total of eight areas. Data based on self-reporting should be interpreted with caution. In some cases respondents may over or under report behaviors or may misunderstand the questions being asked. With reliance on self-reporting an assumption of health literacy is made, which may not be accurate. Survey and interviews were offered in English only, which may have excluded some people from participating.

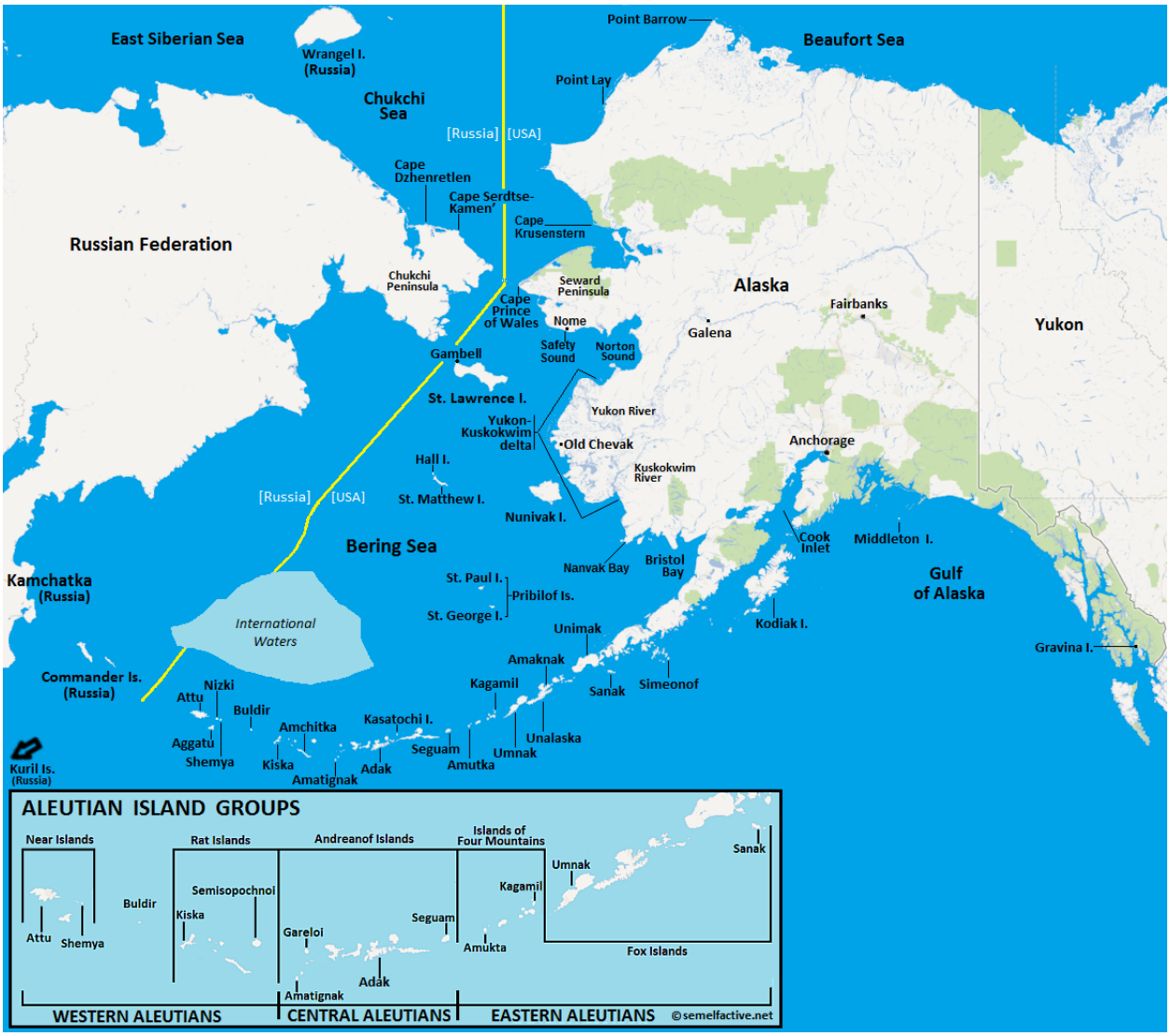
Recruitment for interviews and cross sector work group members focused on those already involved in community efforts and on people in positions of social change. Because of this it is possible that responses are limited to that perspective on the issues discussed.
With the small sizes of communities in the Aleutian Pribilof Islands Region, it can be difficult to produce data sensitive enough to designate a high need subpopulation without violating confidentiality. Much of the data available is aggregated across multiple years and does not include most recent year's data.

GEOGRAPHIC SCOPE AND DEMOGRAPHICS

It would be difficult to overestimate the effects of weather and geography on the people in this region. Extreme weather conditions complicates projects in the Aleutian Pribilof Islands, which can lead to increased costs and extended timelines. Wind and fog frequently isolate communities from basic services such as mail and food delivery. The climate of the islands is oceanic and characterized by frequent cyclonic storms and high winds. During calm periods, the region is often covered by a dense fog. The summer temperatures are moderated by the open waters of the Bering Sea, but winter temperatures are more continental in nature due to the presence of sea ice during the coldest months of the year.

The geographic isolation and extreme weather conditions of the region has direct implications on health care and access to broader health care services. Distributed over approximately 100,000 square miles of ocean the Aleutian Pribilof Islands Region is among the most isolated in Alaska. Communities are reachable only by boat or small airplane.

The community of Atka is located on Atka Island, 1,100 air miles southwest from Anchorage. The island encompasses 8.7 square miles or 27.4 square miles of water. Nikolski is located on Umnak Island. The area encompasses 132.1 sq. miles of land and .7 sq. miles of water. Nikolski is approximately 900 miles southwest of Anchorage. The community of St. George is located on the northeast shore of St. George Island. It lies 750 air miles west of Anchorage. St. George encompasses 34.8 square miles of land and 147.6 miles of water. It lies 800 air miles from Anchorage. Unalaska city has a total area of 111 square miles of land and 101.3 square miles of water. (Aleutian Pribilof Islands Association 2015).



According to the US Census Bureau, the 2010 population estimate for Atka was 61 people. In Atka, approximately forty-one percent (40.98%) of the population was reported female (2010). The 2010 population estimate for Nikolski was 18 people, with 50% of the population in Nikolski were reported to be females. The 2010 population estimate for St. George was 102 people, and 42.16% of the population in St. George was female. The 2010 population estimate for Unalaska was 4,376 people. With 31.56 % of the population in Unalaska reported being female. The age distribution for the communities, as reported in 2010, is illustrated in the table below:

Community	Age Range	Percentage
Atka	Under 5 years of age 5-19 years of age 20-49 years of age 50+ years of age	4.9% 26.3% 31.3% 37.7%
Nikolski	Under 5 years of age 5-19 years of age 20-49 years of age 50+ years of age	0% 5.6% 33.5% 61.1%
St. George	Under 5 years of age 5-19 years of age 20-49 years of age 50+ years of age	3.9% 21.5% 35.3% 39.3%
Unalaska	Under 5 years of age 5-19 years of age 20-49 years of age 50+ years of age	3.3% 11.9% 57.7% 27%

The U.S. Census 2010 reports Atka population as 4.92% White and 95.08% American Indian, Alaska Native, Hawaiian Native, alone. Nikolski: as 5.56% White and 94.44% American Indian, Alaska Native, Hawaiian Native, alone. St. George as 9.8% White, 88.24% American Indian, Alaska Native, Hawaiian Native, alone, 1.96% two or more races and 0.98% Hispanic. Unalaska: as 39.19% White, 8.32% American Indian, Alaska Native, Hawaiian Native, alone, 6.85% Black or African American, alone, 32.63% Asian, alone, 5.6% two or more races and 15.22% Hispanic.

The US Census Bureau 2009-2013 5-Year American Community Survey reports the following data on educational attainment: Atka: 54% of persons age 25 and older were high school graduates, 0% of persons age 25 and older attained a Bachelor's Degree, and 26% had some college without a degree. Nikolski: 66.7% of persons age 25 and older were high school graduates, 4.2% of persons age 25 and older attained a Bachelor's Degree and 20.8% had some college, no degree. St. George: 45% of persons age 25 and older were high school graduates, 11.7% of persons age 25 and older attained a Bachelor's Degree, and 15% had some college without a degree. Unalaska: 35.7 % of persons age 25 and older were high school graduates, 9.6% of persons age 25 and older attained a Bachelor's Degree, and 26% had some college without a degree.

Atka's per capita income is $26,397 and has a median household income is $60,000. Nikolski's per capita income is $17,967 and median household income is $24,375. St. George's per capita income is $25,418 and median household income of $44,792. Unalaska's per capita income- $32,331 and median household income is $99,286.

Population for whom poverty status is determined in Atka is 60, persons below poverty level at 0 and individuals below 125 percent of poverty level is 8. The City of Atka completed a new income survey of its residents in October 2014. The survey was conducted in all 23 households and concluded that families in 73% of Atka households are living at or below the low and moderate income level. The City presented its survey methods and findings to the State of Alaska and received the State's approval. Poverty data does not consider Alaska income and

poverty rates in context with Atka's and Alaska's unique geographical considerations. Atka is an expensive place to live, largely due to the high transportation and fuel costs. Atka's fuel costs are 31% above the statewide average and about 52% above the national average. Atka has a strong Native culture and the desire to maintain a way of life that revolves around hunting, fishing, and other subsistence activities. These activities are time consuming, and they can often be in conflict with the cash economy (Atka Comprehensive Plan. December 2014). Nikolski's population for whom poverty status is determined is 39. Individuals below the poverty level is 25.6%, and all individuals below 125 percent of poverty level is 10. St. George's population for whom poverty status is determined is 62, and individuals below poverty level is 14.5%. Individuals below 125 percent of poverty level is 9. Unalaska Population for whom poverty status is determined is 4,351. Individuals below poverty level is 8.6%, and individuals below 125 percent of poverty level is 657. In the community of Atka, 36 people were employed in 2013. In Nikolski, 13 people were employed in 2013. In 2013, 52 individuals were employed in St. George. In the Unalaska, 1,700 people were employed in 2013 (Department of Community and Regional Affairs, Community Database and Alaska Department of Labor and Workforce Development, Research and Analysis Section. Last updated on August 26, 2014).

COMMUNITY HEALTH OUTCOMES

Health statistics for Alaska Natives in general, and Aleuts in particular, reveal disparities in nearly every health indicator including diabetes, cardiovascular disease, cancer, and suicide. Overall the death rate for Alaska Natives is 1.5 times the rate of Alaska Whites. The health of Aleut people has been severely affected by chronically high levels of cancer, heart disease, diabetes, and their associated lifestyle risk factors such as tobacco use and obesity.

Major social factors have contributed to the health disparities and high risk behaviors prevalent in the region. For example, the Unangan (Aleut) diet consisted of mostly protein, supplemented by berries and seaweed, pre-Western contact. Lifestyles were much more active, with subsistence activities necessary even during harsh weather conditions. Unangan (Aleut) contemporary dietary relies heavily on purchased Western foods. While there are healthy Western food options, those foods are limited and expensive. Thus, the end result has been a dramatic increase in carbohydrates and poor quality fat intake. Given the more sedentary lifestyle that has largely supplanted traditional physical activities, obesity, high blood pressure, and diabetes have resulted. Numerous sources have documented health disparities for Alaska Natives in general, and research by the Alaska Native Epidemiology Center has provided added detail showing greater disparities for Aleuts in some conditions. The following factors contribute to the high rate of Alaska Native deaths, at 1.5 times as high as the Alaska White death rate. See Figure 1.

Figure 1: Alaska Bureau of Vital Statistics, 2009.

Cause of Death (ICD-10 Codes)	Deaths	Age-Adjusted Rate[1]
All Causes	3608	757.8
Cancer (C00-C97)	891	184.0
Lung Cancer (C33-C34)	263	55.4
Breast Cancer[2] (C50)	72	28.0
Diseases of the Heart (I00-I78, I11, I13, I20-I51)	710	155.9
Coronary Heart Disease (Ischemic) (I20-I25)	441	93.3
Cerebrovascular Disease (Stroke) (I60-I69)	162	40.6
Diabetes (E10-E14)	84	18.1
Diabetes, any mention (E10-E14)	279	62.8

[1] Rates are per 100,000 population, adjusted to the year 2000 U.S. standard population.

[2] Breast cancer statistics are for females only.

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

**Rates based on fewer than 6 occurrences are not reported.

Obesity impacts a large proportion of the Alaska population, particularly Alaska Natives (See Figure 2). Many diseases and adverse health outcomes are associated with being overweight and experiencing obesity, including high blood pressure, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. In addition to genetic factors, an unhealthy diet and a lack of physical activity are both key contributors to the rising obesity rates. From 2008-2012 over a third (36.9%) of the Aleutian Pribilof Islands Region Alaska Native adults met the criteria for obesity. Obesity prevalence is 1.4 times higher than U.S. Whites, which is up from being similar in the 1990s. It is also higher than Alaska Whites (26.1%) and other Alaska Natives (34.1%). In 2009, 1 in 9 Alaska Native high school students were considered obese (11.6%), this is similar to Alaska Non-Natives (11.8%) and U.S. Whites (10.3%, Alaska Native Epidemiology Center. September, 2012).

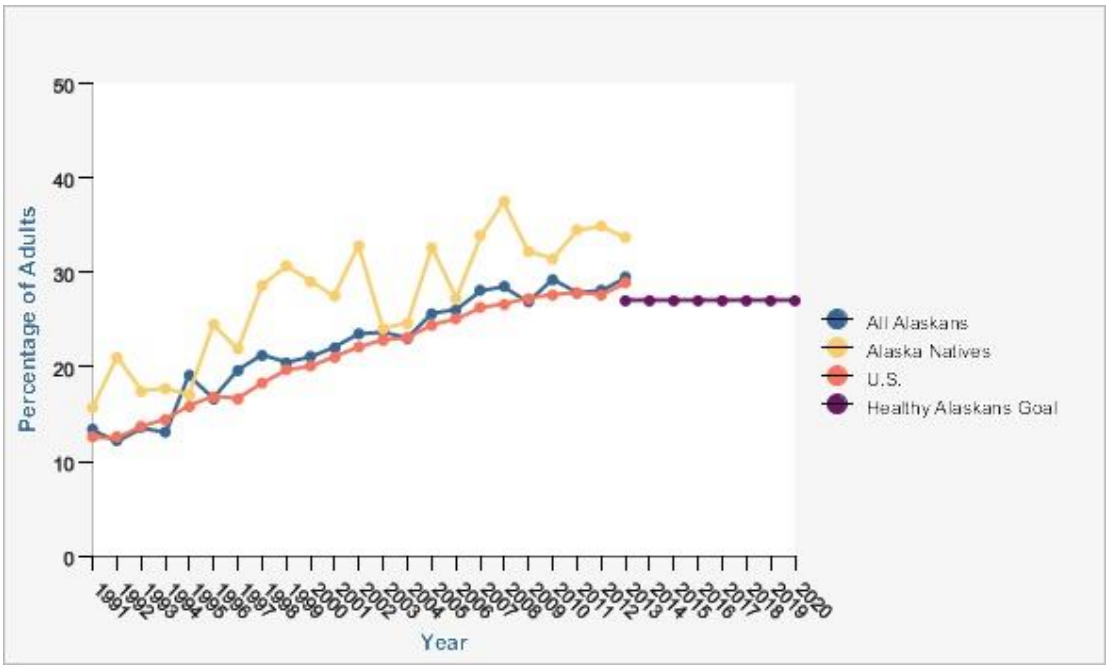


Figure 2: Percentage of adults (18+) who were obese (BMI >= 30.0), all Alaskans, Alaska Natives, and U.S., 1991-2020. Alaska Department of Health and Social Services. Indicator Report, Diabetes Prevalence. 2015.

The predominant advice provided to address obesity, which is eat fruits and vegetables and exercise more, is based on assumptions that do not fit very well for the Aleutian Pribilof Islands Region. Due to issues of cost and spoilage, however, stores in the region often do not carry fresh fruits or vegetables; residents of some communities can literally go months without seeing something as basic as an apple or a head of lettuce. In this environment, Western health foods are prohibitively expensive.

For six to nine months a year, exercising outside in the Aleutian Pribilof Islands Region is risky due to severe and unpredictable weather. At times the fog so thick you cannot see where to step, a serious problem when you live in a cliff-side community. Fifty plus miles per hour winds are also common in the winter along with the Bering Sea ice pack bringing temperatures too cold for safe outside activity. Unalaska is the only community with an indoor physical activity options. They have a recreation center. Cost and needing childcare are prohibitive factors for many of our tribal members to utilizing the facility.

A report by the Alaska Department of Health and Social Services Epidemiology Unit stated 39.4% of Aleut adults reported having been told by a health professional that their blood cholesterol was high; this is significantly higher than the statewide rate for Alaska Native adults (30%) and Alaska Non-Natives (34.2%). The rate of death due to heart disease among Aleutian Pribilof Alaska Natives was 231 per 100, 000 during 2004-2008. This is slightly higher than Alaska Native people statewide (169.0) and U.S. Whites (205.1). Hypertension is number 3 of 10 on a list of the top 10 outpatient visits by clinical classification for the Aleutian Pribilof Islands Region in FY2010. Heart disease was the 2nd leading cause of death among Aleutian Pribilof Natives in 2004-2008.

Stroke was the 4th leading cause of death in Alaska in 2004. There has been a slight decline in the Alaskan age adjusted stroke rate death rate from 1996-2005. However, the actual

number of stroke deaths has increased over this time by 15% (Alaska Bureau of Vital Statistics; The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors; Alaska Behavioral Risk Factor Surveillance System, 2005; Alaska Hospital Discharge Dataset, 2004, 5; American Heart Association. Heart Disease and Stroke Statistics-2004 Update. Dallas: American Heart Association, 2005).

Heart disease and stroke risk factors are generally present in Alaska in levels comparable to what is seen in the U.S., and most have either remained stable or increased over that past decade and a half for example-Smoking prevalence has declined to 22%, but this rate is still higher than in the U.S. Obesity/overweight is increasing, and at 65% is slightly higher than in the U.S. Diabetes prevalence has been slowly increasing over the past decade; the steadily rising obesity rate will likely continue to influence the increase in diabetes. Although at 25% Alaska's hypertension prevalence is lower than U.S. rate, this key risk factor is on the rise in Alaska. Cholesterol screening is improving, but 29% of adult Alaskans did not have their blood cholesterol tested in the previous 5 years. In the U.S. only 25% are not obtaining these important screenings. At 38%, the prevalence of high cholesterol has reached its highest level since being assessed on the Alaska Behavioral Risk Factor Surveillance System beginning in 1991. Almost half of Alaskans have 2 or more of the above risk factors; an additional one-third have a single risk factor. In many cases, American Indian/Alaska Natives, residents of rural Alaska, and socioeconomically disadvantaged Alaskans experience higher levels of risk factors related to heart disease and stroke. (Alaska Bureau of Vital Statistics; The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors; Alaska Behavioral Risk Factor Surveillance System, 2005).

The prevalence of diabetes increased 885 from 1990-2009 among Alaska Native people in the Anchorage Service Unit, which is where the Aleutian Pribilof Island communities fall under (See Figure 3). The age adjusted prevalence of diabetes was 45 per 1000 in 2009, and diabetes mellitus without complication is the 4th leading reason for an outpatient visit in FY2010. For residence living in the Aleutian Pribilof Islands Region, diabetes related care is received in Anchorage, which means specialty care is at most an annual visit. Women with gestational diabetes have an increased risk of developing type 2 diabetes later in life. Some studies indicate that as many as 40% develop type 2 diabetes within 20 years of being diagnosed with gestational diabetes. There is some evidence regarding the higher risk of diabetes to infants born to mothers with diabetes during pregnancy as well. There appears to be a greater likelihood that these infants are born with compromised pancreatic beta cells, leading to a higher chance of developing diabetes. See figure 4 for percentages of AK Native women with gestational diabetes.

While the date for stroke, heart disease and diabetes is grouped as AK Native as a whole, APIA's Government Performance Results Act (GPRA) data shows that within our clinical population 70.8% of diabetic patients have good glycemic control, leaving 29.2% that do not. 61.3% of patients are controlling blood pressure and 54.5% have completed comprehensive coronary heart disease assessments. The prevalence of these chronic conditions in the APIA region reflect what state numbers show (Aleutian Pribilof Islands Association GPRA Update, June 2015).

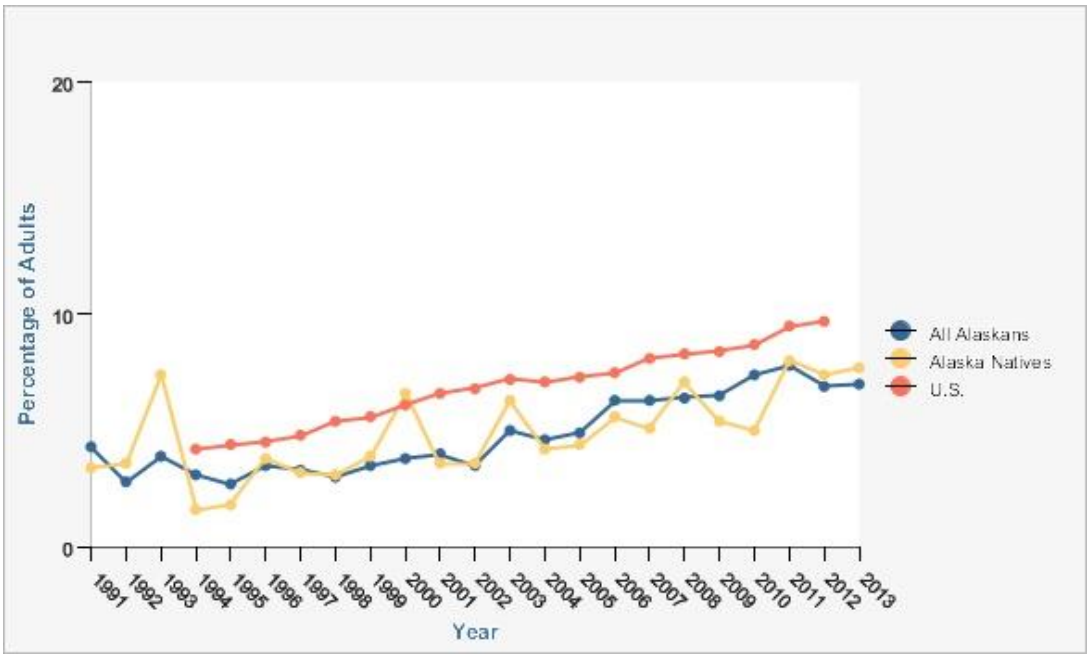


Figure 3: Percentage of adults with diabetes, crude rate, all Alaskans, Alaska Natives, and U.S., 1991-2013 Alaska Department of Health and Social Services. Indicator Report, Diabetes Prevalence. 2015.

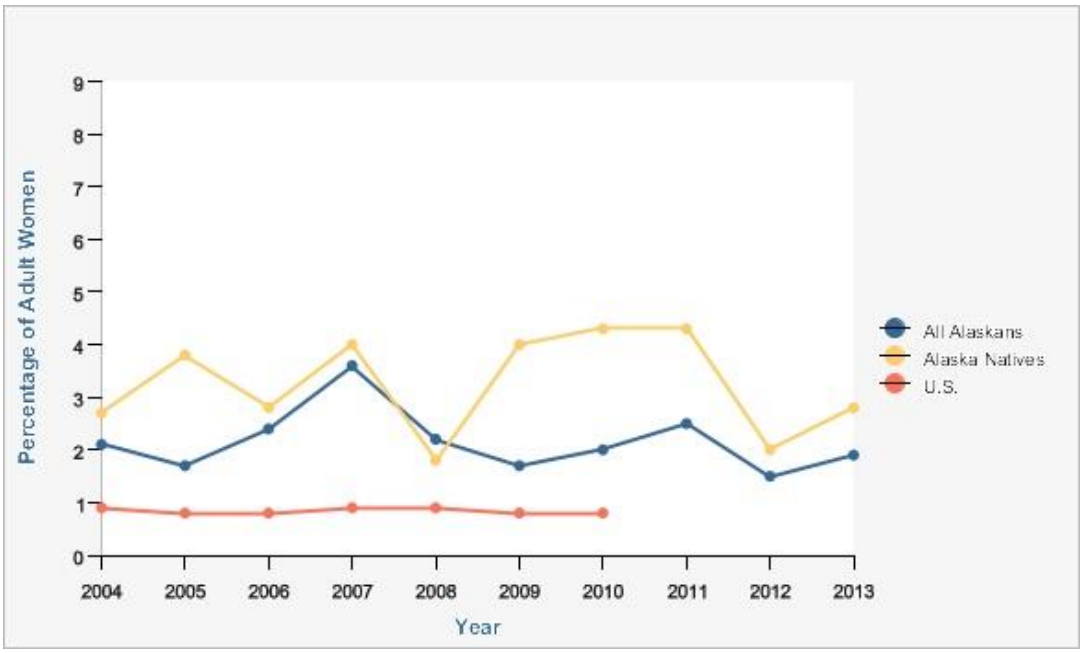


Figure 4: Percentage of adult (18+) women with gestational diabetes, crude rate, all Alaskans, and Alaska Natives, 2004-2013. Alaska Department of Health and Social Services. Indicator Report, Diabetes Prevalence. 2015.

COMMUNITY HEALTH BEHAVIORS

APIA conducted a health and wellness survey, collecting responses throughout the region. A total of 97 community members (47% Alaska Native) answered the survey online or in-person. Stakeholder interviews were also completed, a total of 27 interviews from throughout the region were completed.

Community members provided thoughtful feedback regarding the health strengths and challenges in their communities. Community members thought there were a number of health strengths in their community including educational opportunities and community/recreational activities. The biggest health challenges mentioned were 1) the (high) cost of healthy foods and beverages; 2) being overweight; and 3) tobacco use (Figure 5).

Community members reported getting most of their food from the local grocery store, with the exception of subsistence harvested foods including fish, game, and birds. A number of suggestions were given around increasing the use of traditional and healthy foods. Primary among them were decreasing the cost of healthy foods and increasing access for example, "better prices for vegetables" and "the store could order better frozen vegetables and frozen fruit." Also, it was expressed that teaching people how to collect and use traditional foods would be helpful, "learning subsistence methods."

Community members mentioned many healthy foods they had eaten in the past week, including traditional foods "halibut, sea lion, and seal oil" and store bought fruits and vegetables "salad, apples, and oranges." However, community members also mentioned less healthy foods they had eaten in the past week, including candy (11 responses) and chips (8 responses). About 80% of community members reported some consumption of soda or energy drinks. Stakeholder interviews asked participants "What do you think are the most important health concerns for people in our community?" 4 out of 27 people answered nutrition (Aleutian Pribilof Islands Association Survey Summary July 2015. See Appendix C).

Less than half (44%) of community members thought that they got enough physical activity (figure 6). The most common physical activity mentioned was walking. Community members noted factors that make it hard to be physically active, including weather, "it isn't nice enough to go outside," limited time/being tired, "it's a challenge getting off the couch," and limited or no fitness facilities available. Community members also mentioned screen time "technology, internet, and computer games" as barriers to physical activity (figure 7). Stakeholder interviews asked participants "What do you think are the most important health concerns for people in our community?" 4 out of 27 people answered lack of physical activity with weather being the top prohibitive factor in being able to be active (Aleutian Pribilof Islands Association Survey Summary July 2015. See Appendix C).

Many community members reported smoking cigarettes or using chewing tobacco (figure 8). However, many current tobacco users also reported trying or wanting to quit. Most community members are supportive of not allowing smoking in public places. Almost half (42%) felt that the price of tobacco products should be increased. Stakeholder interviews asked participants "What do you think are the most important health concerns for people in our community?" 9 out of 27 people answered tobacco use and 2 answered smoking indoors (Aleutian Pribilof Islands Association Survey Summary July 2015. See Appendix C).

What do you think are the biggest health challenges of your community?

Responses	ANP		Other		Total	
Cost of healthy foods and beverages	26	56.5%	26	51.0%	52	53.6%
Overweight	28	60.9%	19	37.3%	47	48.5%
Tobacco use	26	56.5%	21	41.2%	47	48.5%
Diabetes	26	56.5%	10	19.6%	36	37.1%
Access to healthy foods and beverages	16	34.8%	14	27.5%	30	30.9%
Transportation	15	32.6%	11	21.6%	26	26.8%
Access to Health Care	14	30.4%	11	21.6%	25	25.8%
Chronic health conditions (heart disease, stroke)	11	23.9%	11	21.6%	22	22.7%
Lack of physical activity	14	30.4%	7	13.7%	21	21.6%
Lack of family and social support	6	13.0%	10	19.6%	16	16.5%
Lack of safe accessible places to breastfeed	1	2.2%	6	11.8%	7	7.2%
Child health and safety	3	6.5%	2	3.9%	5	5.2%
No safe places to walk/play/recreate	1	2.2%	3	5.9%	4	4.1%

Figure 5: Reponses for each subgroup are ranked by the total number of respondents to select the health issue.
ANP= Native Alaskan or American Indian

Do you believe that you currently get enough physical activity?

Responses	ANP		Other		Total	
Yes	21	45.7%	22	43.1%	43	44.3%
No	23	50.0%	15	29.4%	38	39.2%

Figure 6

If No, what are some things that make it hard for you to get enough physical activity?

Responses	ANP		Other		Total	
Weather	24	52.2%	15	29.4%	39	40.2%
Time	13	28.3%	13	25.5%	26	26.8%
Too tired	13	28.3%	11	21.6%	24	24.7%
No access to fitness centers/school gyms	12	26.1%	3	5.9%	15	15.5%
No organized sports/teams/activities in the community	11	23.9%	1	2.0%	12	12.4%
Physical impairment	4	8.7%	6	11.8%	10	10.3%
Lack of places to exercise/be physically active	8	17.4%	0	0.0%	8	8.2%
Hate exercise	4	8.7%	4	7.8%	8	8.2%
Can't afford to exercise (too expensive)	5	10.9%	2	3.9%	7	7.2%
No paths or walking places	5	10.9%	1	2.0%	6	6.2%
No safe areas outside to walk or be physically active	3	6.5%	0	0.0%	3	3.1%
Access to appropriate shoes/clothing/gear	2	4.3%	1	2.0%	3	3.1%

"I don't know how to exercise"	1	2.2%	2	3.9%	3	3.1%

Figure 7: Reponses for each subgroup are ranked by the total number of respondents to select the health issue. ANP respondents were more likely to cite a lack of access to fitness facilities in their reasons for not exercising. Weather was a common deterrent across all subgroups.

Do you currently use any of the following tobacco products?

Responses	ANP		Other		Total	
Cigarettes	19	41.3%	6	11.8%	25	25.8%
No. I quit using tobacco products	12	26.1%	11	21.6%	23	23.7%
No. I never used tobacco products	7	15.2%	16	31.4%	23	23.7%
Smokeless Tobacco	10	21.7%	1	2.0%	11	11.3%
E-Cigarettes	0	0.0%	0	0.0%	0	0.0%

Figure 8: Reponses for each subgroup are ranked by the total number of respondents to select the health issue. ANP respondents were significantly more likely to use cigarettes than those in the other race subgroup. ANP respondents also reported more smokeless tobacco use, though the difference is not statistically significant due to low sample size. No respondent reported using e-cigarettes.

APIAs Government Performance Results Act (GRPA) data for 2015 (See Appendix D) shows an active user population of 349 in June 2015. For the active clinical patient total, 73.5% of patients were screened for tobacco use (figure 9), and 42.2 % reported using tobacco. 40.6% of active clinical patients identified as current tobacco users or tobacco users in cessation prior to the report period received tobacco cessation counseling or a prescription for a smoking cessation aide or reported quitting during the reporting period (Aleutian Pribilof Islands Association GPRA Update, June 2015).

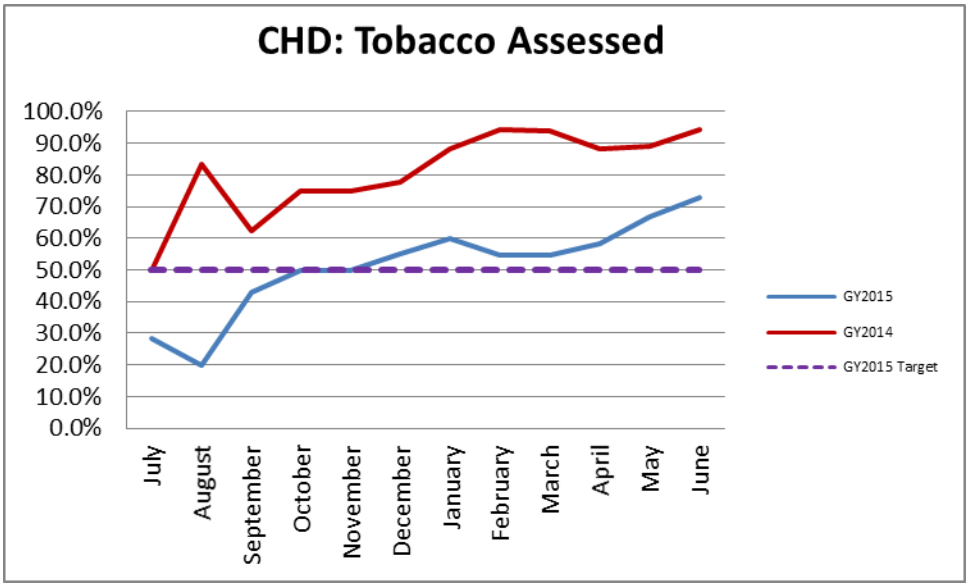


Figure 9

Stakeholder interviews (See Appendix E) asked participants, "What do you think are the most important health concerns for people in our community?" The findings show, 1 out of 27 people answered a lack of indoor places to breastfeed. Ninety percent (90%) of Alaska Native mothers in the Anchorage Service Unit (ASU), which includes the Aleutian Pribilof Islands Region initiated breastfeeding during 2004-2008. This is higher than the U.S. population (74%) and exceeds the Healthy People Goal of 81.9%. At 8 weeks post-partum 64.3% of ASU Alaska Native mothers were breastfeeding. Similar to Alaska Native mothers statewide (65.7%) and U.S. all races mothers (62.5%). APIA's Government Performance Results Act (GRPA) data for 2015 shows that 51.7% of all active clinical patients who were 45-394 days old and screened for infant feeding choice at age of 2 months were either exclusively or mostly breastfed (figure 10). This is higher than the Alaska and National GPRA goal of 29% (Aleutian Pribilof Islands Association Stakeholder Interview Summary, July 2015; Aleutian Pribilof Islands Association GPRA Update, June 2015; Aleutians & Pribilof Islands Regional Health Profile, September, 2012).

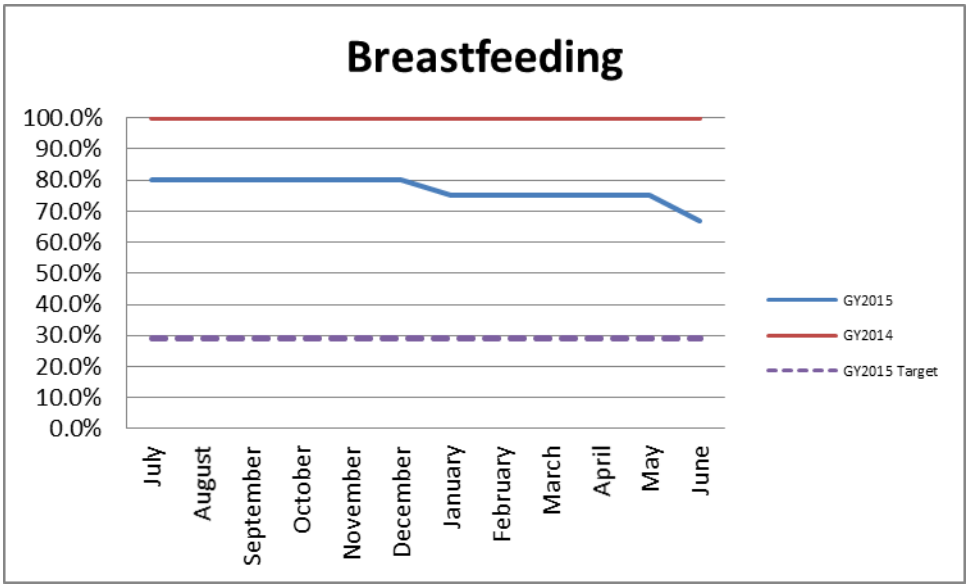


Figure 10

HEALTH CARE ACCESS AND AFFORDABILITY

The Unangan people lost at least 10 percent of their population when they were removed to internment camps in Southeast Alaska during World War II, due in large part to lack of access to health care. This historical tragedy continues to have similar themes today, for access to the needed level of health care, especially for families requiring hospitalization, remains one of if not the most important issue for the people living in the Aleutian Pribilof Islands Region. Aleutian Pribilof Islands Association's Health Department administers services to promote health and wellness in the communities of Atka, Nikolski, St. George, and Unalaska through the Primary Health Care Services and Community Health Services Divisions of the Health Department.

There are small village-based clinics in Atka, Nikolski, St. George, and Unalaska. Atka and Nikolski are staffed by itinerant Community Health Aides who provide routine medical care and first response in medical emergencies. St. George and Unalaska have itinerant mid-level

providers as well as a local health aide. The providers from Unalaska visit Atka and Nikolski; they are scheduled to visit quarterly. The community clinics are overseen by a mid-level provider from Alaska Native Medical Center who is scheduled to make annual visits.

Some specialty clinics from Alaska Native Medical Center are scheduled for annual visits to the communities as well. Our local clinic staff work with case managers and Medicaid staff to arrange travel for patients needing services outside the scope of care provided locally. They also arrange medivac transportation in the event of an emergency. Weather often prevents flights from making it in as scheduled and appointments have to be cancelled and rescheduled. Medivac planes are not always able to land, and when they are able to land, there is a 2-4 hour wait for them to arrive and an additional 2-4 hours back to Anchorage for services.

There is a need for a new health clinics in the region. The current clinics are small and dated. In fact, the clinic's small rooms must serve multiple purposes. This need to share rooms for multiple purposes results in inadequate space for each function or activity. Emergency room use within the clinics is limited to stabilizing patients with resources available and within the scope of care available while awaiting air transport to Anchorage. The St. George clinic is a qualified Emergency Care Center. Emergency Services are provided by volunteers. Psychiatric emergency services and crisis stabilization are provided in collaboration with Public Safety Officers, medical providers, and licensed psychologists using telemedicine. In Unalaska, medical emergency services are provided by 911 Telephone Service. In the other communities emergency services are provided by volunteers and a health aide. Psychiatric emergency services and crisis intervention, crisis stabilization are provided by qualified Behavioral Health Staff via telephone, tele behavioral health and face to face contact.

Due to potential low health literacy issues and the amount of time and travel to get services navigation of the health care system is difficult. There is a RN Case Manager in Unalaska and a clinic coordinator in St. George who assist patients with making appointments, travel arrangements, and understanding what their appointments are for. There is frequent feedback from patients that they do not understand their test/lab results or appointment findings when they return home. The electronic medical records system used by the hospital in Anchorage does not interface with the medical records system used in the region. Thus, information sharing is limited and relies on patients and doctors communicating to village providers. Data entry is done manually to keep patient records up to date at the regional clinics.

Patients are screened for Medicaid, Medicare, Denali Kid Care (a no-cost health insurance program for children, teenagers, and pregnant women) or Veteran's benefits eligibility if they do not already have these benefits. For services not available at Alaska Native Medical Center (ANMC) Contract Health Services (CHS) provides limited funding, including assistance with travel. Screening for alternate payment methods is required, if not already completed in order to access any CHS funds. The 2009-2013 U.S. Census American Community Survey 5 year profile shows that 51.7% of Atka residents are uninsured, 48.7% of Nikolski resident are uninsured, 38.7% of St. George residents are uninsured and 25.1% of Unalaska resident are uninsured.

PHYSICAL ENVIRONMENT

Communities in the Aleutian and Pribilof Islands Region are isolated. They are accessible only by air and sea. The cost of living is very high and services are limited. Travel is predominately by small aircraft. Severe weather, with winds in excess of 50 miles per hour

and/or heavy rain, often impedes passenger and cargo travel for weeks at a time. Moreover, the harsh weather prevents or severely limits outdoor activity. The State Ferry operates bi-monthly along the Aleutian Islands between May and September. The harsh weather precludes ferry service in the winter.

Within these remote communities, with brutal weather conditions, housing is a pressing concern. Communities in the region lack adequate housing, which has led to overcrowding. A lack of housing impacts the community's economic stability and community character. Progress on housing development and repair is costly and slow due to all items needing to be barged or flown into the region. In addition to a housing shortage there are limitations in technology services available. Atka, Nikolski and St. George are serviced by satellite telecommunication service; as a result, it is slow and expensive and cell phone coverage is nonexistent in some communities.

In addition to housing and technology, heating fuel, electricity, and gasoline costs are well above the national average. The U.S. Energy Information Administration estimates that in 2013 the average Alaskan home uses 632 kilowatt hours per month and pays 18.2 cents per kilowatt hour. In St. George electricity is 32 cents per kilowatt hour, up to 500 kilowatt hours for residents. After 500 kilowatt hours is increases to 47 cents an hour. The average bill would cost $322.04 per month for electricity, compared to $114.56 for the Alaska average. Business have an even greater expense, they have a flat rate of $1.25 per kilowatt hour, while the Alaska average is 15.5 cents per hour. Home heating fuel is even more costly. It is currently $7.16 per gallon. In July 2015, the U.S. Energy Information Administration reported that the average home heating fuel cost in the U.S. was $2.61 per gallon, projected to be $2.81 in December 2015.

Public buildings are limited in the region as well, Atka, Nikolski and St. George do not have a recreational building. The school gyms in Atka and St. George are available to use from time to time, but the high cost of fuel and electricity make it inaccessible most of the summer. There is no school in Nikolski. The demand for recreational facilities is greater than the school building can accommodate. There are also no Tribal buildings available for community use or recreation programs to take place.

A newly constructed playground for young children was built by the City of Atka. At this time no similar facility exists for older youths or young adults. St. George does not have a playground for children of any age.

COMMUNITY STRENGTHS, RESOURCES, AND SOCIAL ENVIRONMENT

Traditional Aleut culture provides a sense of community. Issues like hunger, homelessness, and indifference to neighbors are rare in the region. Local tribes and statewide tribal advocacy systems protect subsistence resources and actively promote their use. The subsistence lifestyle is highly valued by residents. The region is rich in Unangan (Aleut) culture. Unangam Tunnu (the Aleut traditional language) is taught in the school in Atka, and it is spoken in the home. Also, the Russian Orthodox Church plays a central role throughout the region. There is deep interest in holding strong to traditional values, and also to ensuring that decisions, which impact the community, are made by local leaders and residents and not dictated by outsiders.

The Pribilof School District serves the community of St. George and the Aleutians West Borough serves the community of Atka. There is no longer a school in Nikolski due to the

population. Unalaska is served by the Unalaska City School District. APIA has established relationships with the schools to provide behavioral health assessments, services and outreach activities such as Red Ribbon week, The Great American Smoke Out, health fairs, and other wellness activities.

In its role as a regional nonprofit, dedicated to the physical, environmental, cultural, and economic health and wellbeing of our tribal members, APIA maintains an extensive portfolio of partnership agreements with a wide variety of organizations in the region and in Anchorage. Some of these agreements have been in place for decades. Many of the agreements involve shared leadership and resources.

For this project, APIA conducted a health and wellness survey, collecting responses throughout the region. A total of 97 community members (47% Alaska Native) answered the survey online or in-person. Stakeholder interviews were also completed. A total of 27 interviews from throughout the region were completed. Community members provided thoughtful feedback regarding the health strengths and challenges in their communities. Figure 11 below highlights their responses. Community members thought there were a number of health strengths in their community, including educational opportunities and community/recreational activities.

What do you think are some of the health strengths of your community?

Responses	ANP		Other		Total	
Safe places to walk/play/recreate	13	28.3%	24	47.1%	37	38.1%
Community activities and involvement	13	28.3%	24	47.1%	37	38.1%
Educational opportunities	18	39.1%	18	35.3%	36	37.1%
Recreation facilities	14	30.4%	22	43.1%	36	37.1%
Job opportunities	13	28.3%	15	29.4%	28	28.9%
Access to health care	14	30.4%	10	19.6%	24	24.7%
Access to healthy food	9	19.6%	15	29.4%	24	24.7%
Safe work sites	11	23.9%	7	13.7%	18	18.6%
Safe childcare options	8	17.4%	8	15.7%	16	16.5%
Transportation services	9	19.6%	1	2.0%	10	10.3%
Smoking cessation programs	3	6.5%	5	9.8%	8	8.2%
Safe places to breastfeed	2	4.3%	5	9.8%	7	7.2%

Figure 11: Reponses for each subgroup are ranked by the total number of respondents to select the health issue. ANP respondents thought the top health strength of their community was the educational opportunities present, while other respondents were more likely to highlight community activities and recreational facilities.

ENVIRONMENTAL SCAN OF EXISITNG POLICIES RELATED TO GRANT PRIORITIES

The communities in the Aleutian Pribilof Islands Region have no smoking policies in place for some of the entities in the region. In June of 2011, the Atka Tribal Council (Atka IRA) passed a resolution that all public places of gathering and places of employment owned, operated or leased to the Atka IRA Council become smoke-free to protect the health and welfare of employees and community members. This resolution also stated that tobacco be removed, "no smoking" signs posted, and a no smoking distance of at least 50 feet from any entrance be enforced.

Also in June of 2011, the St. George Traditional Council passed a resolution for the control and elimination of tobacco in the workplace and enclosed public places. This resolution was to prohibit tobacco use within facilities owned, operated, or leased by the St. George Traditional Council including all areas within enclosed places that are open to and frequented by the public including areas within places of employment and outdoor areas within 20 feet of entrances, exits, and windows that open to enclosed public places. It also required signs prohibiting tobacco use be posted. Similarly, in March of 2012, the City of St. George passed a resolution for the control and elimination of tobacco in the workplace and enclosed public places. This resolution was to prohibit tobacco with the facilities owned, operated, or leased by the City of St. George including all areas within enclosed places that are open to and frequented by the public including places of employment and outdoor areas within 50 feet of entrances, exits, and windows that open to enclosed public places. It also required signs prohibiting tobacco use be posted.

May of 2009, the Unalaska City Council adopted an ordinance which prohibited smoking in numerous places within the city limits of Unalaska. This was to protect the public health, safety and general welfare by eliminating exposure to secondhand smoke in public places, places of employment, and places where childcare is offered. Smoking is prohibited in all enclosed public places within the city, all enclosed areas of employment, all enclosed properties owned or controlled by the City of Unalaska, and all areas within a reasonable distance to enclosed areas, entrances to hospitals or clinics, all enclosed areas where childcare is provided for a fee, seating areas of outdoor arenas, stadiums, and amphitheaters, and all areas within a reasonable distance of the entrance to a premises permitted to sell alcoholic beverages for consumption on the premises. In January of 2009 Aleutian Housing Authority, which provides housing in the Aleutian Pribilof region, passed a resolution to prohibit smoking in all enclosed areas of Aleutian Housing owned and operated facilities and in any outdoor areas that results in secondhand smoke entering the premises.

Schools in Atka and St. George do not serve any food or drinks to the students. The students are able to bring snacks to school and are dismissed for an hour for lunch. Students go home to have lunch each day. The Unalaska school district offers a hot meal program, which provides nutrition breakfasts and lunches. Students are also allowed to bring their lunch and parents are encouraged to pack healthy foods. The Unalaska School has a policy that during the school day the sales of food or beverage in the school, between the hours of 12:00am and 30 minutes past the conclusion of the school instructional day is allowed. These sales must meet the requirements of the National School Lunch Act Nutrition Standards for All Food Sold in Schools, also known as Smart Snacks in School. All schools have a tobacco free policy that applies to district buildings, vehicles, and at athletic events and meetings.

It is APIA's clinical standard of practice to screen patients at each visit using an intake form that access alcohol and other drug use, depression, domestic/intimate partner violence and tobacco use. APIA also has a referral process from medical services to behavioral health service in place for patients to utilize existing tobacco cessation resources. Electronic Health Records are used to track screenings and notify providers when patients are due for screenings. All providers comply with clinic protocols appropriate for their position and privileges, which includes recording a patient's blood pressure, height, weight and BMI at each visit. There is currently no process in place for group medical visits, which APIA will focus on in order to utilize the social nature of the Unangan culture and improve community-clinical linkages through education and outreach in addition to practicing group medical visits.

FORCES OF CHANGE ASSESSMENT

In the history of the United States, only one health facility has been bombed by a foreign nation, leaving a remote island community and region without adequate access to local health care. On June 4, 1942, the Japanese destroyed the Bureau of Indian Affairs (BIA) 24 bed hospital in Unalaska, Alaska. It has never been replaced. Today the closest hospital is in Anchorage, 800 miles away. Ten days following the bombing, on June 14, 1942, 350 miles to the east, residents of Atka Island were forcibly evacuated from the island, and the United States Navy burned everything on the island to the ground including the health clinic to prevent its use by the Japanese. In partnership with communities APIA is working hard to secure new clinics with adequate space and updated technology for Atka, Unalaska, and St. George. Nikolski clinic was recently repaired. New facilities will have a positive impact on the local health systems and on the people in the communities. Having adequate space and the technology to offer additional health services, negotiate contracts for specialty clinics and providers, implement new programs and policies and boosting the morale and economy of a community can have a lasting impact of their overall health.

In addition to dwindling infrastructure, the community of St. George is facing the reality of a declining population. This along with State of Alaska pushing for an increase in the minimum number of students to keep a school open means that it is likely that the 2015/2016 school year will be the final year of the St. George School. Currently, 10 children enrolled is required. The State is considering raising the required enrollment to 25 children to address their funding cuts and budget deficit. For many people the heart of the community is the school. For families with children there is not an alternative choice for education in the community; thus, they will be forced to relocate to Anchorage leaving vacancies in other entities where they work (e.g., tribal positions, etc.). The closure of a school has a negative impact on the entire community. The school is the only building in St. George with space to host educational camps, health fairs, potlucks, any events that need a large gathering space or gym floor. Moreover, without the school, it limits the potential for growth in the community.

Fishing is the major industry in the region. A continual battle over declining halibut numbers threatens the survival of Atka and St. George. These communities rely heavily on halibut fishing as a way of life and community stability. The International Pacific Halibut commission sets the halibut catch limits annually. This limit is divided throughout areas from Northern California to the Bering Sea, and it is distributed among commercial and charter boats. In 2015, the Bering Sea area was able to keep the same quota as 2014 due to others commercial

fisherman agreeing to reduce their bycatch. There has been a decline in halibut numbers over the past decade, and it is predicted that reduced numbers will continue making fishing communities unstable. Communities that rely on fishing and fish processing as a way of life, income, and survival may be forced to relocate or find something else for their livelihood.

External Factors or Potential Threats

Like many small communities, resources are limited and individuals fill multiple roles in order for the community to survive. With basic survival needs such as food, shelter, and life dependent medications not arriving due to not receiving mail on the airplane, strategic prioritizing is a reality. This can make it difficult to focus on things like exercising or planning meetings, even though these things are important. Basic vital necessities may take away from focusing on policy, environmental, or systems changes related to this project. Thus, meeting individuals where they are at, and being responsive to life demands is critical to the success of the work.

In Unalaska, participants reported gaps in services including housing shortage, the desperate need for long-term care for seniors, home health care, specialty services, a wellness center or tribal center, childcare services, and an expanded domestic violence shelter are all high priorities. Moreover, it was noted that they face the constant challenges of the high cost of travel, access to health care services, high cost of food, and lack of childcare facilities.

The local economy in Atka is both a subsistence and cash economy. Subsistence hunting and fishing are vital to the economic well-being of the community. The cash economy is a direct result of the following local employers: The City of Atka, Atka IRA Council, Atxam Corporation, Atka Native Store, Aleutian Region School District, Aleutian Pribilof Islands Association Inc., and Atka Pride Seafoods. Economic development was discussed as an area of weakness and needed improvement. Residents note a desire for stable, year-round, administrative/managerial jobs or business opportunities (stores, mechanic shop, etc.) that serve the fishing industry or support the community. Residents convey that they cannot make a living working seasonally in the processing plant. Finding the right mix of year-round and seasonal jobs to serve the needs of the processing plant and the needs of Atka residents will be key to strengthening Atka's economy in the future. Residents also conveyed the lack of daycare services, which hinders their ability to work outside the home (Atka Comprehensive Plan, 2014).

For Nikolski, the lack of a harbor and dock limits commercial fisheries-related activities. Aleutian Pribilof Islands Community Development Association (APICDA) has been offering sport fishing trips to tourists for the past four years through the Nikolski Lodge, an APICDA funded project that was completed in 2002. Still, inclement weather is a barrier to regular and reliable air transportation to and from Nikolski. Therefore, the weather makes it difficult for visitor travel. Other economic development activities include plans to offer marine mammal viewing, birding, duck, and reindeer hunting, and eco-tourism related activities. Local residents hope will result in the lodge being open year round, rather than the limited salmon fishing window during the summer and early fall. Furthermore, there are additional local attractions, such as the local church, the Nikolski Mound, Pacific Beach, and traditional village activities upon which to build island tours. Utilizing wind energy makes this plan even more attractive by providing economic power in an environmentally sound manner. Additionally, the community is interested in developing a small value-added fish processing plant and a sport fishing lodge to

attract former residents who left Nikolski for economic reasons (Nikolski Community Economic Development Plan, 2006).

Community Vision and Identified Opportunities

The Unangan (Aleut) people have lived a maritime lifestyle for thousands of years. In the 20th century, a transition occurred from subsistence hunting, fishing, and gathering in the Bering Sea and Pacific Ocean to commercial fishing, small business operation, Tribal management, health care, and education. Tourism is an emerging economy base in the region. People come from all over the world to view hundreds of species of nesting sea birds and visit the fur seal rookeries on St. George, to hunt big game on Nikolski and Atka, to fish the Bering Sea, or to enjoy the majestic landscape. Cultural traditions remain tied to the sea and land for traditional food, practices, and inspiration.

The strong roots to their home communities and the desire to remain in the region, despite the daily struggles and obstacles to living in such remote places, along with the perseverance and incredible strength of the Unangan people lend to the opportunity for growth and change. The people in the communities are our most valuable resource. They provide insight into how things can work best for their communities. They know what will not work well, and they know how to work with Elders and youth so there is community buy-in and potential for future. Strategic planning for the future of the communities, including the APIA health clinics are occurring. APIA continues to work in the communities and partners with other local entities to work on improving the health and wellness of the people in the region. Prevention efforts will continue and opportunities for expansion of services are explored to determine if they are a good fit for APIA and those we serve. APIA is also in the process of becoming national accredited through The Joint Commission on Accreditation, this gold standard of accreditation will be a valuable achievement and speak to the strong values and work being done in the region.

Atka Community Vision

The vision for Atka is one in which all of the statements below are true: Atka provides for and protects the health, safety, housing, spiritual, recreational and traditional needs of Atka residents. Atka is and remains a truly Unangan village with a strong language, subsistence, and cultural character. This part of their vision reflects how the community values their Community Character. Atka is a beautiful, peaceful, and unspoiled place with access to important subsistence resources. This part of their vision reflects how the community values their Natural Environment. Atka is a positive community with good jobs, housing, and opportunities. This part of their vision reflects how the community values their Economy. Atka's built environment supports a good quality of life for all residents and keeps pace with the needs of the village. This part of their vision reflects how the community values their Built Environment (Atka Comprehensive Plan, December 2014).

St. George Community Vision

In partnership with others, St. George will strengthen the economy and provide for the health and well-being of their tribal members and for the conservation and protection of their natural resources (St. George Community Strategic Plan, 2007).

Nikolski Community Vision

Nikolski is a culturally active community focused on becoming self-reliant and self-determined using traditional and contemporary ways. The community want to provide a way for our people to live, and earn a living, that is consistent with our way of life and maintains the natural environment of their island home for the benefit of their descendants for generations in perpetuity. (Nikolski Community Economic Development Plan, 2006).

Unalaska Community Vision

It was the shared desire of those participating in the community vision sessions for the Unalaska Comprehensive Plan that ideally, Unalaska would develop the following image over the next decade, and the image would be achieved through the cooperative and joint efforts of Unalaska's public sector, business sector, non-profit entities, residents, property owners, and volunteers: "Unalaska would be an unforgettable, delightful, charming, and enchanting place to live and have fun, irresistible destination to visit – one that has its own unique cast of wonderful characters! Unalaska would be a place of many opportunities that offers its residents many chances to be a part of many things. Unalaska would be the best place to raise your family, where children always have a future. Unalaska would continue to be a hospitable community that is comprised of many nationalities – and that embraces each and every one of them. Unalaska would be a community of helpful, friendly people that is socially healthy and financially stable. Unalaska would be a community that makes you say, "It's unbelievably beautiful!" "It's incredibly clean!" "Its natural beauty is untouched – There are no stop lights! There are no billboards!" Unalaska would be truly unique – once you live here, or come to visit, you won't ever want to leave." (Comprehensive Plan 2020 Unalaska).

KEY THEMES AND SUGGESTIONS

When conducting interviews, assisting with survey completion, holding community forums and meetings and work group meetings it was clear that people are interested in change. APIA was not surprised to learn that access to healthy foods and beverages and traditional foods are top issues. These areas of concern are common in remote, rural communities in Alaska, particularly to those off the road system. When a community is reliant on airplanes to deliver food, and those planes are only scheduled for 2-3 times per week and the plans cannot always fly due to weather or other factors, fresh foods are either not available, arrive with a very short shelf-life, or they are already spoiled. In addition to limited flights and poor weather preventing flights, airlines get paid by the weight of the cargo. Delivering produce, eggs, bread is not as profitable as delivering a pallet of alcohol, soda, energy drinks, or canned goods. With the cost of fuel and the time it takes to make a roundtrip flight to one of our islands (7-8 hours from takeoff to landing with a fuel stop), it is not surprising the airlines make decisions based on possible profits. There are only two airlines that fly to the region and one that flies from Unalaska to Nikolski and Atka. Out of Anchorage, one of the air-carriers is a passenger plane, and the other is for cargo service. The passenger plane is also responsible for transporting mail, but if they do not fly, they will pass it to the cargo service, who can choose to leave mail for other items they have waiting to go out. Communities understand that they need to look at options for local sources for food. In fact, they are currently exploring greenhouses as an option. Nikolski has a greenhouse is place. St. George is in the process of starting one, and Atka is planning one for

2016. APIA is able to support these efforts through education and outreach regarding nutrition, cooking, preparing, and storing foods. Furthermore, communities are exploring other options for locally or personally grown food and storage of food.

Managing chronic health conditions was a prevalent theme in all of our data collection. When conducting stakeholder interviews the question was asked, "What are some things that you think your health care provider should know about you in order to provide you with better healthcare?" Answers included: Consistent goal management, Holistic approach/does not want only pills as a choice for treatment, More proactive in screenings, Make sure there is a complete health history and knowledge of background, habits, day-to-day activities, Have patient be forthcoming about their issues, Good medical record tracking, clinic feels rushed and they are shorthanded, Would like more time with providers and more reminders, Cross-cultural training, what our limitation are, like what can be done or can't be done. Don't like to be told what to do, explanations are better.

Addressing the high rates of tobacco use is another prevalent them from the data collection. When asked why this was important to them community members reported: "Because high prevalence of tobacco use is the number 1 predictor of chronic heath diseases; the harm of it [tobacco] was not thought of as serious as it is now; knowing what we know now we have to go forward and change starting with young mothers who smoke. We are a matriarchal society, mother are key in the roll of our lives, 60% of our Native population smokes."

During the data collection we also asked, "Are there places in our community where people smoke tobacco indoors?" Participants reported the following: homes, cars, bunk houses, hotel rooms, bars, private businesses and tribal council offices. While businesses in our region have no smoking policies, there is room for to grow the cessation and education efforts. It was believed that through these efforts it will positively impact the number of people reached. APIA has good relationships with the schools and other entities and there is a clear need for tobacco prevention efforts to meet this request.

CONCLUSION

Identifying the major concerns and developing an action plan to address them are key steps in a larger health planning process. Integrating the information learned throughout completion of the community health assessment and creating an action plan with clear goals and timeframes as we have done for this project is critical to a successful outcome. Following this initial steps will have a positive impact on the health and wellness in the communities of Atka, St. George, and Unalaska. With continually collaboration between Alaska Native Tribal Health Consortium (ANTHC), APIA, other grant sub-awardees, and supporting entities in the region the implementation of the goals determined by the core team and work group will take shape over the life of this project. From the CHA, the discovered goals have the capability to influence the health of the communities we serve. It is possible to reach the overall goals of reducing tobacco use among Alaska Native people by 5%, reducing obesity, diabetes, heart disease and stroke in Alaska Native people by 3% within the 5-year timeframe.

The community health assessment (CHA) assisted us in identifying the health related concerns and strengths of the Aleutian Pribilof Islands Region. While some of the findings were not surprising, the discussions and ideas that arose from the CHA were insightful and gave new ideas on how to proceed to reach the goals set within the action plan as well as the overall goals of the project. This project allowing for discussion to move from identification and solution

focused plans. The results of the CHA guided us toward two areas to focus on for future planning: 1) improvement of community-clinical linkages and 2) reducing tobacco use. These areas were explored further to create an action plan with specific goals and an implementation plan.

REFERENCES

Alaska Behavioral Risk Factor Surveillance System, 2005.

Alaska Bureau of Vital Statistics; The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors. Retrieved from: www.hss.state.ak.us/dph/chronic/chp/pubs/burden_july06.pdf

Alaska Department of Health & Social Services, Epidemiology Division Special report: "Obesity and Nutrition 11-11-09", 2005 – 2008 data.

Alaska Department of Health & Social Services, Epidemiology Division. Retrieved from: http://ibis.dhss.alaska.gov/indicator/view/Obe.AK_US_time.html)

Alaska Department of Health & Social Services. The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors. (December 2009). Retrieved from: http://dhss.alaska.gov/dph/Chronic/Documents/Cardiovascular/pubs/burden_dec09.pdf

American Heart Association. Heart Disease and Stroke Statistics-2004 Update. Dallas: American Heart Association; 2005.

Alaska Hospital Discharge Dataset, 2004.

Aleutian Pribilof Islands Association GPRA Update June 2015.

Aleutian Pribilof Islands Association. Retrieved from www.apiai.org

Aleutian Pribilof Islands Association Stakeholder Interview Summary July 2015.

Aleutian Pribilof Islands Association Survey Summary July 2015.

Aleutians & Pribilofs Regional Health Profile (September, 2012). Retrieved from http://www.anthctoday.org/epicenter/data/regions/ap/index.html

Atka Comprehensive Plan, Prepared for the City of Atka, Prepared by Solstice Alaska Consulting, Inc., Anchorage, Alaska, (December 2014).

City of Unalaska Hazard Mitigation Plan, prepared under a grant from the Federal Emergency Management Agency (FEMA)'s Grant Programs Directorate, U.S. Department of Homeland Security, and the Alaska Division of Homeland Security and Emergency Management, December 4, 2013.

Comprehensive Plan 2020 Unalaska, Alaska. (Adopted February 22, 2011).

Department of Community and Regional Affairs, Community Database and Alaska Department of Labor and Workforce Development, Research and Analysis Section. (Last updated on August 26, 2014.)

Health Starts Where We Live, Learn, Work and Play. Robert Wood Johnson Foundation. (2010). Retrieved from http://www.rwjf.org/vulnerablepopulations/product.jsp?id=70928

My Weather2: Retrieved from: http://www.myweather2.com/City-Town/United-States-Of-America/Alaska/Aleutian-Islands/climate-profile.aspx

National Association of County & City Health Officials. MAPP User's Handbook. (September 2013).

New World Encyclopedia. Aleutian Islands (September 17, 2012) Retrieved from: http://www.newworldencyclopedia.org/entry/Aleutian_Islands

Nikolski Community and Economic Development Plan (2006). Prepared for Nikolski IRA Council, Aleutian Pribilof Islands Association and Bureau of Indian Affairs. Prepared by Information Insights

St. George Community Strategic Plan. Prepared by Information Insights, Inc., Prepared for City of St. George, St. George Traditional Council, Tanaq Corporation (September 2007).

St. George Traditional Council Strategic Plan, prepared for St. George Traditional Council and Aleutian Pribilof Islands Association, prepared by Information Insights, Inc., (December 2006).

U.S. Census Bureau. Retrieved from: http://www.census.gov/

U.S. Census American Community Survey, 2009-2013. Retrieved from: http://www.census.gov/programs-surveys/acs/

U.S. Energy Information Administration. Retrieved from: http://www.eia.gov/

Western Region Climate Center. Unalaska weather. Retrieved from: http://www.usa.com/unalaska-ak-weather.htm. http://www.wrcc.dri.edu/cgi-bin/cliMAIN.pl?ak2587

World Health Organization Social Detriments of Health. Commission on Social Determinants of Health, 2005-2008. Retrieved from: http://www.who.int/social_determinants/en/