Ketchikan Community Health Assessment Report

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Ketchikan Indian Community, *Wellness Strategies for Health* Project
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1. Executive summary

Ketchikan Indian Community: *Wellness Strategies for Health* Community Health Assessment

In 2014, the Alaska Native Tribal Health Consortium (ANTHC) was awarded a five-year *Wellness Strategies for Health* Program grant from the Centers for Disease Control and Prevention (CDC). The goal of this grant is to reduce the health impacts of heart disease, diabetes, and stroke among Alaska Native and American Indian people in the state of Alaska. Reductions in these chronic conditions will be achieved through policy, systems and environmental changes that improve nutrition, physical activity, health literacy, breastfeeding and decrease tobacco use. The Ketchikan Indian Community (KIC) was included in ANTHC's grant as a sub-awardee to plan, implement and evaluate interventions for improving community health. The population to be served by this effort includes nearly 3,000 Alaska Native people who live in the Ketchikan Gateway Borough.

As part of this grant, KIC was required to convene a cross-sector workgroup of community stakeholders to conduct a community health assessment. The purpose of the assessment is to identify health priorities that the KIC will address in their action plan.

The stakeholder group gathered existing quantitative data including from vital statistics, public health surveys, census and clinical performance data. They also developed three new data collection efforts that gathered information from more than 80 community members: a series of 30 key informant interviews, four focus groups, and a KIC staff survey.

Highlights of findings from the quantitative data include:

- Based on public health surveys, rates of heart attack, stroke and COPD appear high among Alaska Native adults in the Southwest region (which includes Ketchikan). Nearly three out of four Alaska Native adults in the region is overweight or obese.
- Both health surveys and Ketchikan clinical data show that diabetes rates are also high.
- Rates of cigarette smoking are high among Alaska Native people in the Southeast Region in comparison to total populations, although not as high as for Alaska Native people statewide. Exposure to secondhand smoke in homes, at work, and in cars is also high in comparison to other groups.
- Rates of physical activity and nutrition (both risk factors and healthy behaviors) are similar to other groups. There is a great deal of room for improvement: only about one in five adults meets aerobic and strengthening exercise recommendations, and one in ten meets specific guidelines for eating fruits and vegetables.
- Among Ketchikan high school youth, more than one in four youth is overweight or obese, and one in five youth smokes cigarettes. Nearly half of youth report being exposed to secondhand smoke, which is higher than the state average.

Other key findings from the assessment include:

- There are multiple healthcare resources in the community, and people also report seeking health information from other sources.
- The natural environment offers many opportunities for physical activity. There are also multiple municipal resources for activity, although cost may be a barrier to using the population community recreation center.

- Community strengths include cultural practices – including around traditional foods – and the presence of successful health promotion efforts, including specifically to support people with diabetes.
- There has been recent progress to raise taxes on cigarettes, and community dialogues about banning smoking in public places.
- Other organizations have initiatives in place to promote health in the general community of Ketchikan Gateway Borough, which offers opportunities for collaboration.
- Challenges to healthy eating and physical activity were consistently expressed by key informants, in focus groups and in staff surveys. Barriers to eating healthy foods include cost, convenience, and lack of knowledge about how to prepare traditional foods. Barriers to physical activity include weather, cost (for use of recreational facilities, and lack of motivation. Generally, lack of commitment to prevention and preventive health care may be an additional barrier to health.
- Multiple concerns were identified that included different dimensions of health: environmental concerns like access to healthcare, healthy foods; insufficient nutrition, physical activity, and chronic disease management; and substance use, especially tobacco.

After review, the community identified two priorities:

  - Improving chronic disease management
  - Reducing tobacco use

These priorities were selected based on need for improvement and potential for improvement (including feasibility of changes). They also capitalize on the existing momentum for change within the community.

The Ketchikan Indian Community will use these priorities to guide design of interventions and initiatives that are intended to result in improved health for Alaska Native people in the community within the 5-year grant period.

2. Background & Purpose

This report documents a Community Health Assessment for the Ketchikan Indian Community of Alaska.

In 2014, the Alaska Native Tribal Health Consortium (ANTHC) was awarded a five-year *Wellness Strategies for Health* Program grant from the Centers for Disease Control and Prevention (CDC). The goal of this grant is to reduce morbidity and mortality due to heart disease, diabetes, and stroke among Alaska Native and American Indian people in the state of Alaska. Reductions in these chronic conditions will be achieved through policy, systems and environmental changes that

- Improve nutrition,
- Increase physical activity,
- Decrease tobacco use and exposure,
- Increase breastfeeding and
- Improve health literacy.

The Ketchikan Indian Community (KIC) was included in ANTHC's grant as a sub-awardee to plan, implement and evaluate interventions for improving community health.

As part of the grant, KIC was required to conduct the Community Health Assessment (CHA) described in this report. The purpose of the community health assessment is to identify and plan to address relevant and specific health issues for the community. The objectives of this CHA are:

- Accurately describe the KIC's health status
- Gather input from community members on community health status and environment
- Identify community strengths and issues that will inform prioritization of health focus areas and strategies for implementation.

A *Community Health Assessment (CHA)* is a systematic examination of the health status for a given population, and factors influencing health status.

The goal of the CHA is to support effective health interventions that address a community's unique health needs. To do so, the information from a CHA is used to identify key problems and strengths for a community. This information is used to inform community-based planning.

2.1 Purpose

This report documents the findings from the KIC's CHA process. It includes a summary of multiple health indicators, community factors that influence health behaviors, and summarizes input gathered from community members gathered in a variety of ways.

This information will be used by the KIC to select strategic issues, develop goals and objectives, and plan interventions that will effectively improve the health of the community through policy, systems and environmental change.

3. Methods

This section describes how the Community Health Assessment (CHA) information for KIC was gathered.

The information gathered in this report was obtained using multiple methods, and used to support a Mobilizing for Action through Planning and Partnership (MAPP)[1] process in the community (see sidebar).

- MAPP Phase 1: A Cross-Sector Workgroup was convened to support the process.
- MAPP Phase 2: Reviewed documentation from previous community health initiatives and developed a shared vision.
- MAPP Phase 3: Information was gathered, or new assessments conducted, to describe community health in multiple dimensions – community themes and strengths, public health systems, health status indicators, and identified factors that influence or threaten community health.

Mobilizing for Action through Planning and Partnership (MAPP) is a community-driven and community-owned strategic planning process for improving community health.

1. MAPP phases include:
2. Organizing for Success
3. Visioning
4. Assessment
5. Identifying Strategic Issues
6. Establishing Goals and Strategies
7. Beginning the Action Cycle (Planning, Implementation, Evaluation)

3.1 Cross-sector workgroup

The *Building Healthy Communities Task Force* was initially convened in October 2014, and then formally convened in spring 2015 after KIC was officially under contract with ANTHC. The early group members included public health, Ketchikan Wellness Coalition, PeaceHealth, the Ketchikan school district, Ketchikan Indian Community, and Davies-Barry Insurance.

As part of initial meetings in March 2015, the group established a vision: *Alaska Native people are the healthiest in the world.*

The group conducted a gap analysis of its members (3/12/15), with the goal of having representation from eleven community sectors. The group determined that there were a large number of health sector participants, and identified a need to engage members of the faith community, grocers, private sector, fire/law enforcement, and more Tribal community representatives.

A new project staff person, Leah Canfield, joined the team in March 2015. She led outreach to new potential members through calls, emails, and letters.

Members have been difficult to retain, as the group is made up of volunteers with competing interests. However, the team has been successful in engaging new members – including through participation in the Community Health Assessment process as key informants or focus group participants.

The group twice during most months (with the exception of May 2015, when there was a transition and gap in services for a group facilitator).

[1] For additional information on MAPP, see the National Association of County and City Health Officials (NACCHO) http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm

3.2 Community Health Assessment Process

Quantitative Data

Multiple sources of quantitative information were available for this community health assessment. See Appendix for additional detail about specific data systems and results.

- *Prevalence of chronic disease, health behaviors.* Established public health surveillance systems were used to describe health factors separately among adults and youth.
    - Adults: The Alaska Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing random-digit-dial telephone survey of Alaska's adults. The survey asks questions about multiple health behaviors, including tobacco use, nutrition and physical activity, and also chronic diseases, including heart disease, stroke, diabetes and overweight. The most recent data available were from 2013. Data were accessed using the "Informed Alaskans" interactive website, which is provided by the State of Alaska Department of Health and Social Services.
    - Youth: The Alaska Youth Risk Behavior Survey (YRBS) is conducted among grades 9-12 in public schools during the spring of odd-numbered years. The most recent data available at the school district level (for Ketchikan School District) is from 2011. We accessed the data using a printed "Final Scorecard Report" for the Ketchikan School District.
    - The Ketchikan Indian Community Clinic (KIC Clinic): Government Performance and Results Act (GPRA) measures are collected by the Ketchikan Indian Community Clinic on an ongoing basis for federal reporting. These are clinic-related health measures for Alaska Native people in the Ketchikan Gateway Borough who receive services at the clinic. Information was accessed from an electronic copy of a June 30, 2015, year-end GPRA report obtained by WSH staff.
- *Vital Statistics*: Information from Birth Certificate (including maternal smoking during pregnancy) and Death Certificate (including causes of death) is routinely collected by the Alaska Department of Health and Social Services (AK DHHS) Bureau of Vital Statistics. Data were accessed using online reports.
- *Populations and demographics:* The U.S. Census and American Community Survey provides the most comprehensive information about population counts in communities, and select demographic characteristics (such as age and gender). This information was accessed through the DCCED interactive website.
- *Community infrastructure:* The State of Alaska, Department of Commerce, Community and Economic Development (AK DCCED) provides summaries of community demographic and infrastructure information. This information was accessed through the DCCED interactive website.

Qualitative Data

Multiple qualitative data sources were developed for the purpose of this community health assessment.

- *Focus groups*
    - 4 focus groups were conducted in the Ketchikan community during May-June 2015 with separate stakeholder groups (see Appendix for a full summary report of the findings).
- *Key Informant interviews*
    - 30 key informant interviews were conducted with Ketchikan community stakeholders and leaders between April-June 2015. Audio recordings of the interviews were transcribed. Themes were identified from the interview content that was directly relevant to the assessment goals: identification of top health concerns and priorities for action, strengths, challenges and opportunities. (see Appendix for a full summary report of the findings)
- *Staff Survey*
    - 48 KIC staff participated in an online survey during August 2015 to assess perceptions about community health problems, opportunities and challenges. Most staff (75%) had worked at KIC

for more than one year, and 90% had lived in Ketchikan for more than one year. Most of the respondents were Alaska Native/American Indian (63%). (see Appendix for a full summary report of the findings)

Past efforts, initiatives

Previously published reports describing health-related infrastructure or efforts were reviewed.

- *Ketchikan Wellness Committee Annual Report for 2014*. This report includes highlights from activities in 2014 by eight task forces.
- *PeaceHealth Ketchikan Medical Center, Community Health Needs Assessment* (May 30, 2013). Description of a recent community health assessment for the region that includes Ketchikan Gateway Borough, for the general population. Identifies the following priorities: chronic disease death, smoking, insufficient fruit and vegetable consumption, substance abuse and disparities within the Prince of Wales region.

Timeline

A summary timeline for the Community Health Assessment process described in this section is shown below.

Table: Timeline for WSH Community Health Assessment Process

Activity	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15
CSWG meetings Meetings held: 3/12, 3/24, 4/2, 4/24, 6/5, 6/19, 7/10, 8/9, 8/19, 9/4.	X	X		X	X	X	X
Gap analysis	X						
Key informant interviews				X			
Focus groups				X			
Staff Survey						X	
CHA report preparation						X	X

3.3 Limitations

The approach described here blended multiple qualitative and quantitative data sources. Although we worked to obtain the best available data for this Community Health Assessment, a number of important limitations should be considered by the reader.

"Alaska Native" race. Race can be defined in multiple ways. "Alaska Native" race is sometimes assigned based on Tribal enrollment and/or blood quantum, identifying *only* as "Alaska Native," identifying as "Alaska Native" alone or in combination with another race, or when "Alaska Native/American Indian" is an individual's *preferred race* among multiple race groups. In the following table of limitations we attempted to clarify how Alaska Native race was assigned, so readers can understand who represented in the data.

Reporting Bias. For data systems where information is self-reported (e.g., BRFSS and YRBS), some measures may be mis-reported when they are perceived as socially desirable or undesirable. For example, individuals may under-report their weight or cigarette smoking, and may over-report fruit and vegetable consumption or exercise. Therefore, the true prevalence of some conditions may be different than reported here.

Small Numbers. The population of interest in this report is the Alaska Native community in the Ketchikan Gateway Borough; however, this is a relative small number of people. Surveys or other data that include information from a small number of people (especially a subset of an already small number of people) may provide unstable estimates. A prevalence estimate is not reported when there are fewer than 50 people in the denominator of any measure. For this reason, data are sometimes reported for larger geographic areas (vs. the Borough alone), or years of data are sometimes combined, in order to report relatively stable estimate.

Geographic coverage and population inclusion varies by data source. Different data sources may include different populations, and this affects how certain we can be that the results are truly representative of the Alaskan Native people in Ketchikan Gateway Borough. The table below summarizes the geographic and population coverage.

Table: Limitations of Specific Data Systems for Reporting on Ketchikan Alaska Native Community

Data Source	Population represented	Other Limitations
BRFSS Adult Data (2013)	Alaska Native adults (18+) in Southeast Region. Ketchikan makes up about 17% of this group. Alaska Native race is assigned based on self-identified "preferred race" when an individual reports multiple races.	Telephone survey excludes non-English speakers, people without phones.
YRBS Youth Data (2011)	All high school students in Ketchikan High School (KHS).	Includes all students, not limited to or reported for Alaska Native students (who make up about 28% of the student population). Youth not at KHS are excluded. Also, data are somewhat old.
KIC GPRA clinical data (2014)	People receiving care at KIC Clinic, including Tribal members and dependents. Enrolled Tribal members are eligible for services.	Excludes Alaska Native people receiving care at other clinics; people who do not visit the clinic. Clinic data may include Alaska Native or American Indian people who are not established members of the Ketchikan community.
Birth Certificate (2010-2012)	Alaska Native mothers who deliver in Sealaska Native Corporation region.	Ketchikan makes up about one-fifth of this group. Does not incorporate race of the father (e.g., babies born to Alaska Native fathers with different race mothers are excluded). Data are somewhat old, and multiple years are combined.
Death Certificate (2011-2013)	Alaska Native individuals in the Ketchikan Gateway Borough.	Historically, there have been difficulties assigning race at death, therefore counts may be under-reported. Multiple years of data are combined.
Census Data (2014, 2006-10)	Alaska Native people (primarily identified as Alaska Native or American Indian, alone or in combination with another race) in Ketchikan Gateway Borough.	Total current population is available for 2014; population descriptions (demographics) from the American Community Survey are somewhat older and multiple years of data are combined.

4. The Community: Geographic Area & Demographics

This section of the report describes the geographic area where the community is located, and the population of people who live there. The target population for this community health assessment and the Wellness Strategies for Health (WSH) program includes all Alaska Native residents living in the Ketchikan Gateway Borough and the Ketchikan Indian Community.

4.1 Describing the Region

The Southeast Region of Alaska includes 10 boroughs or communities. Ketchikan Gateway Borough is one of those communities.

The Ketchikan Gateway Borough is located near the southernmost boundary of Alaska, in the Southeast Panhandle. It is comprised of the cities of Ketchikan and Saxman. It includes 4,899 square miles of land and 1,981 square miles of water. It is accessible only by boat or plane.

Figure: Alaska Regions and Ketchikan Gateway Borough

Map sources:
http://alaska.gov/kids/learn/region.htm
http://www.worldatlas.com/na/us/ak/c-ketchikan-gateway-borough-alaska.html

4.2 Describing the People

The Ketchikan Gateway Borough population makes up 19% of the total Southeast Alaska regional population (17% of the Alaska Native population in the region).

The total Ketchikan Gateway Borough population is nearly 14,000. The Alaska Native and American Indian population within the Borough includes nearly 3,000 people (21% of the total population).

Most of the Alaska Native or American Indian people in the region are Tlingit (55% of all people who identify as Alaska Native or American Indian, and 65% of all Alaska Native people who identify as tribal members). About 62% of the total Alaska Native/American Indian population in the region (defined as alone or in combination with any other race) identify as being Alaska Native/American Indian race alone.

Table: Southeast and Ketchikan Gateway Borough Population

	Alaska Native	Total Population
Southeast Region	17,415 (23%)	74,280
Ketchikan Gateway Borough	2,938 (21%)	13,825
Ketchikan City		8,314
Loring CDP		3
Saxman City		419
Other areas		5,089

Source: AK Department of Labor, 2014 population estimates
"Alaska Native" is alone or in combination with any other race.

Alaska Native communities have more children than the general population. The Alaska Native population in the Ketchikan Gateway Borough is made up of 33% children (under 18) which is more than among the total population. Slightly fewer than one in ten Alaska Natives in the region are elders (ages 65 and older).

Poverty and unemployment are greater than in the general population. Alaska Native people in the region are more likely to be experiencing poverty in comparison to the general population (18% vs. 8%), and more likely to be unemployed (19% vs. 9%). Although Alaska Native people in the region are less likely to have attended college than the general population (39% vs. 62%), the rate of high school dropout is similar (11% vs. 8% in the general population).

Table: Ketchikan Gateway Borough Community Characteristics

	Alaska Native	Total Population
Total		
Under age 18	33%	24%
Ages 18-64	58%	65%
Ages 65+	8%	10%
Poverty Level		
At or below poverty level	18%	8%
Education (among ages 25+)		
Did not graduate HS	11%	8%
HS grad/GED	50%	30%
Any college	39%	62%
Employment (ages 16+)		
Unemployment	19%	9%

Source: U.S. Census Bureau, 2006-2010 5-year American Community Survey
"Alaska Native" is alone or in combination with any other race.

5. Community Health Outcomes

This section describes health outcomes for the priority topics of the *Wellness Strategies for Health* program among Alaska Native people in the Ketchikan Indian Community. These include heart disease, diabetes, stroke and obesity, as well as related conditions.

Leading Causes of Chronic Disease Death

The rate of some chronic disease deaths among the Alaska Native adults in the Ketchikan Gateway Borough (KGB) appears less than among Alaska's population statewide. In particular, deaths due to heart disease, coronary heart disease, and cerebrovascular disease appears lower for Alaska Native adults in the KGB. Deaths associated with diabetes and cancer appear higher. However, due to the small numbers of people in consideration, all these data should be considered with caution. Also, Alaska Native people have higher rates of injury-related deaths, which may offset the number of chronic disease deaths and make them appear lower.

Table: Chronic Disease Deaths, Alaska Death Certificates 2011-2013

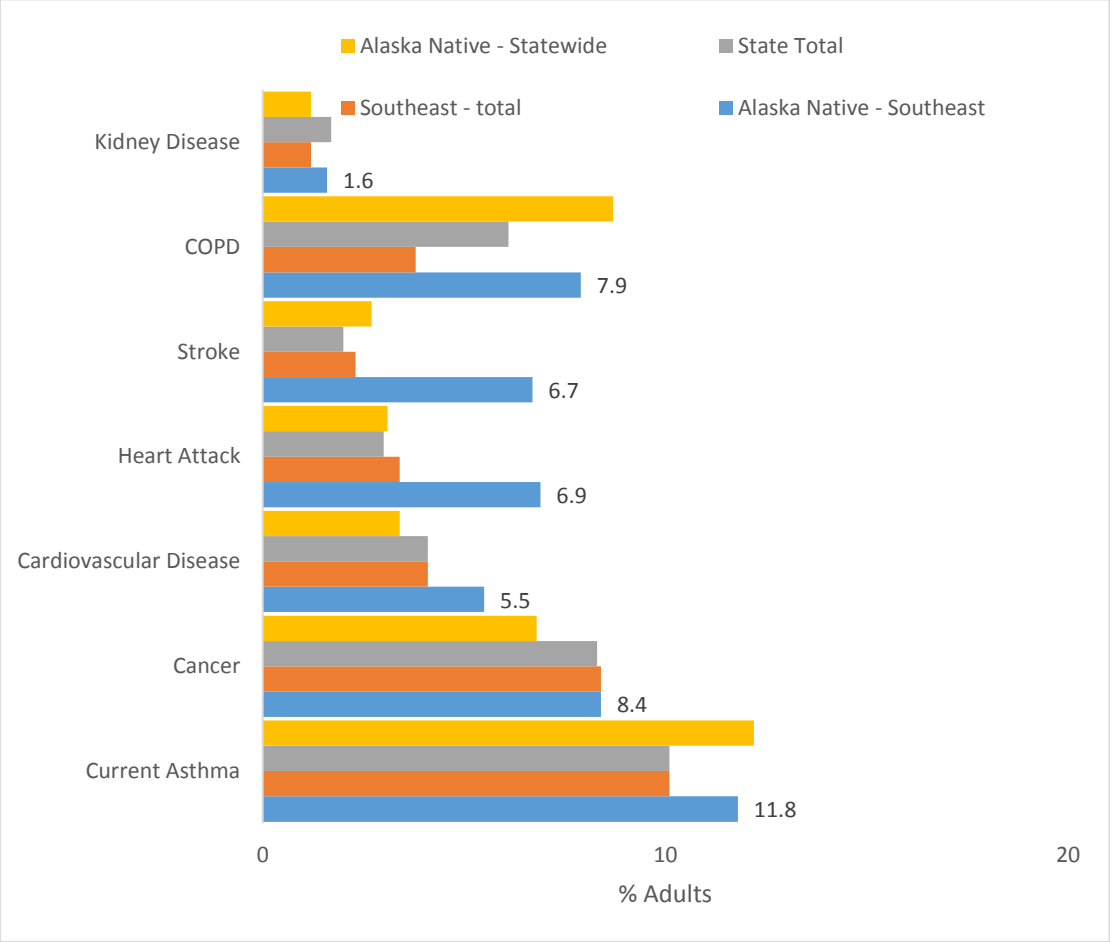
	KGB Alaska Native		Total Alaska Population	
Causes of Death (ICD-10 Codes)	**Number of Deaths**	**Age-Adjusted rate per 100,000**	**Number of Deaths**	**Age-Adjusted rate per 100,000**
All Causes	272	721.4	11782	726.4
Cancer (C00-C97)	76	189.5	2873	168.2
Lung Cancer (C33-C34)	25	60.8	797	47.9
Breast Cancer (C50)	3	**	176	18.6
Diseases of the Heart (I00-I78, I11, I13, I20-I51)	51	131.4	2146	137.7
Coronary Heart Disease (Ischemic) (I20-I25)	29	73.3	1225	74.3
Cerebrovascular Disease (Stroke) (I60-I69)	12	33.8*	544	40.4
Diabetes (E10-E14)	10	26.0*	324	19.4
Diabetes, any mention (E10-E14)	21	53.0	1062	68.5

Note: Breast cancer statistics are for women only.
* rates based on fewer than 20 occurrences are statistically unreliable and should be considered with caution.
** rates based on fewer than 6 occurrences are not reported.

Chronic Disease Prevalence, Adults

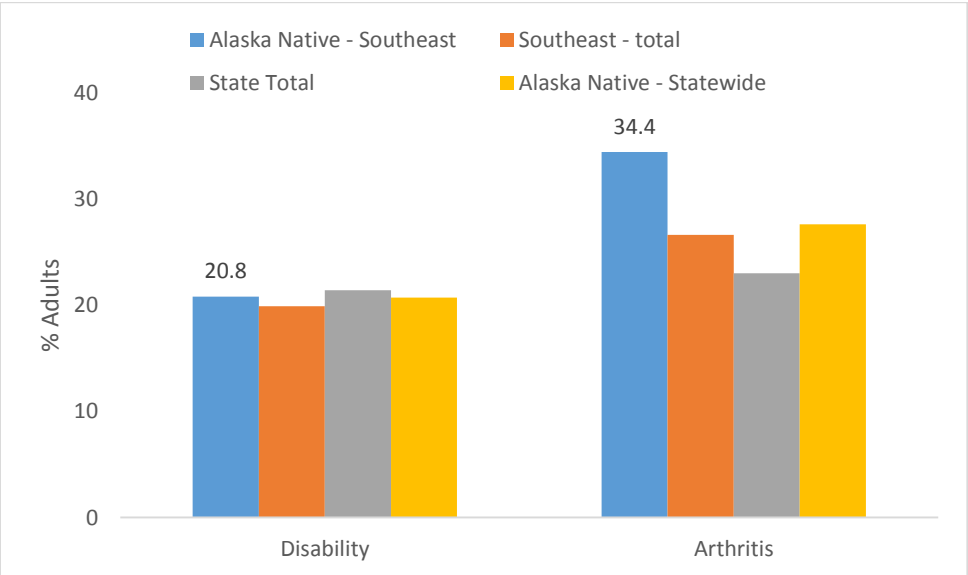
The prevalence of all chronic diseases in this chart should be interpreted with caution, due to relatively small numbers of cases. The prevalence of multiple chronic diseases appears higher among Southeast Alaska's Alaska Native adults in comparison to the total Southeast population, the statewide Alaska Native population and the statewide total population. This is true for stroke, heart attack, and cardiovascular disease. The prevalence of COPD and asthma appears similar for the Alaska Native population in the Southeast region and statewide, and higher than for total regional and statewide populations. The prevalence of kidney disease and cancer does not appear much different for the Southeast Region Alaska Native population in comparison to other groups.

Figure: Chronic Disease, Alaska BRFSS 2013



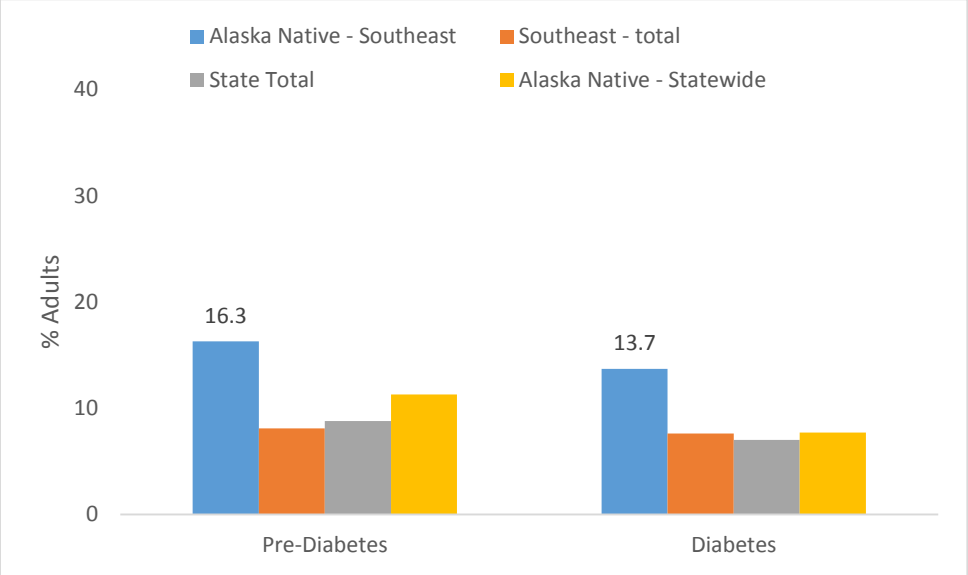
The prevalence of arthritis, which may be a barrier to physical activity or create need for physical activity modifications, appears greater among Southeast Region Alaska Native people vs. other population groups. The prevalence of having a disability is similar among groups.

Figure: Arthritis and Disability, Alaska BRFSS 2013



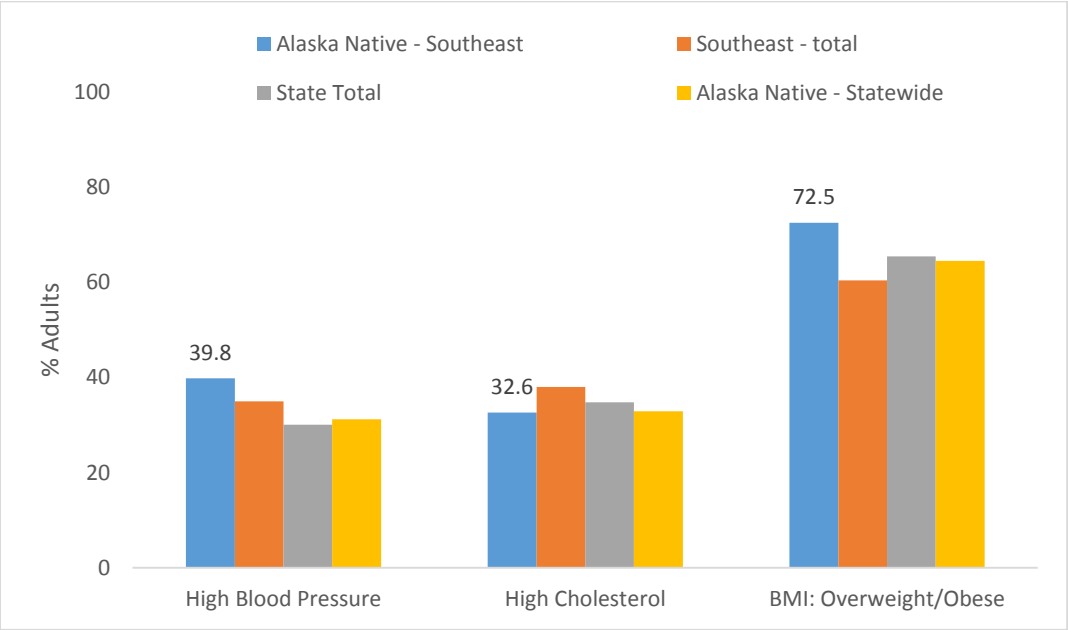
The prevalence of pre-diabetes and diabetes appears greater among Southeast Region Alaska Native people vs. other population groups.

Figure: Diabetes, Alaska BRFSS 2013



The prevalence of high blood pressure and obesity appears slightly higher among Southeast Region Alaska Native people in comparison to other groups. The prevalence of high cholesterol does not appear much different for the Southeast Alaska Native population.

Figure: Chronic Disease Risk Factors Prevalence, Alaska BRFSS
High Blood Pressure and Cholesterol, 2011; Overweight or Obese, 2013

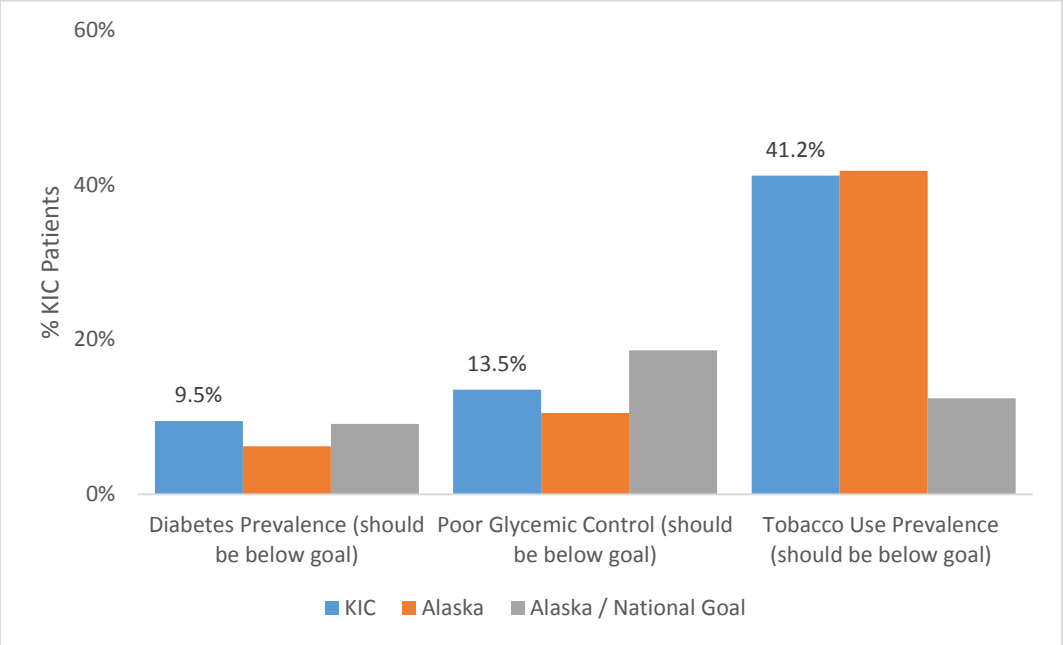


Clinical Measures of Health Outcomes

Poor Health Status Indicators

- KIC had higher (worse) diabetes prevalence than the state average, and higher than the national goal.
- KIC had higher prevalence of poor glycemic control than the state average, although better than the national goal.
- KIC had similar tobacco use prevalence as the state average, and worse than the national goal.

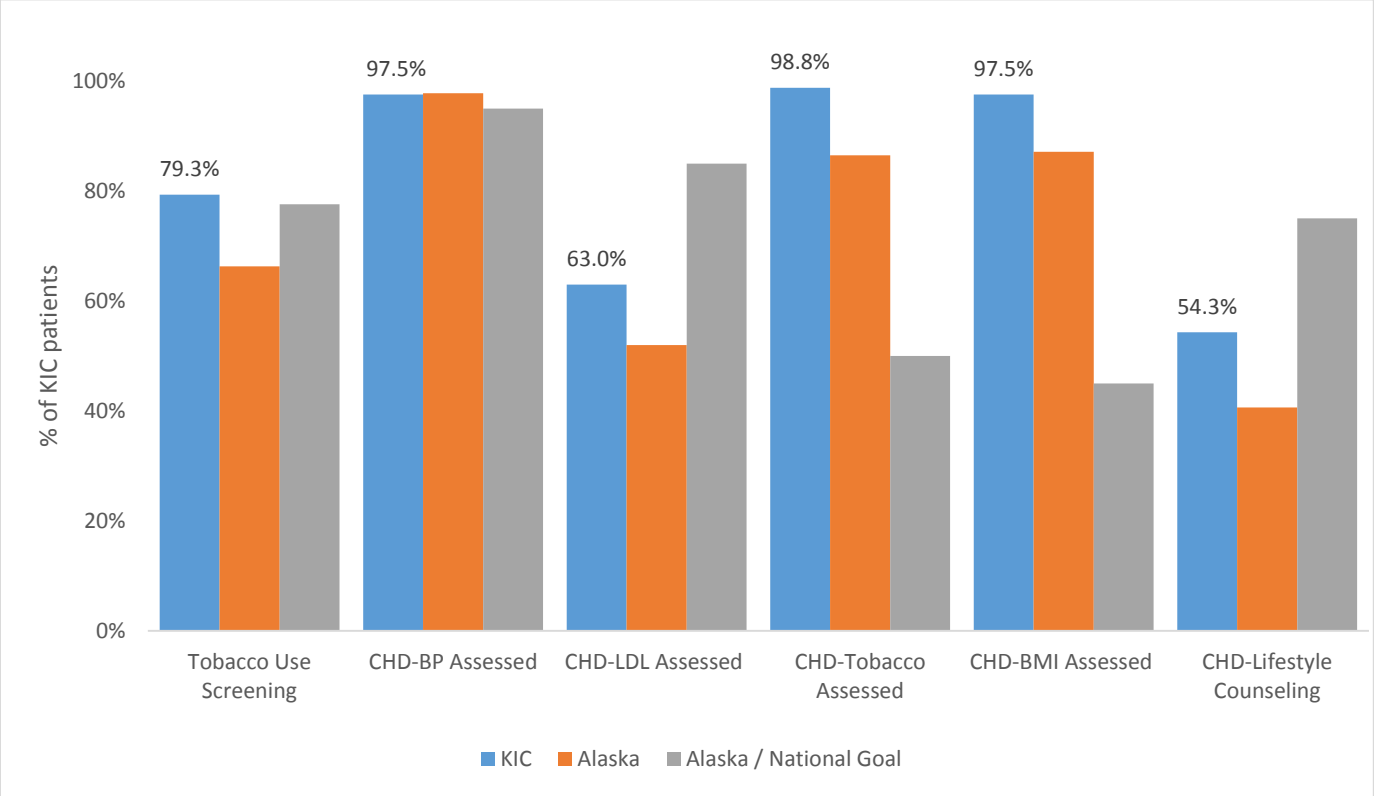
Figure: Clinical performance measures – Health Status, Ketchikan Indian Community Clinic, 2014-15.



Clinical Action Indicators

- KIC had better than the state average and national goal for tobacco use screening.
- KIC had similar to the state average and better than the national goal for CHD-blood pressure assessment.
- KIC had better than the state average, but did not meet the national goal for CHD-LDL assessment and CHD-Lifestyle Counseling measures.
- KIC had better than both the state average and national goal for CHD-BMI assessment.

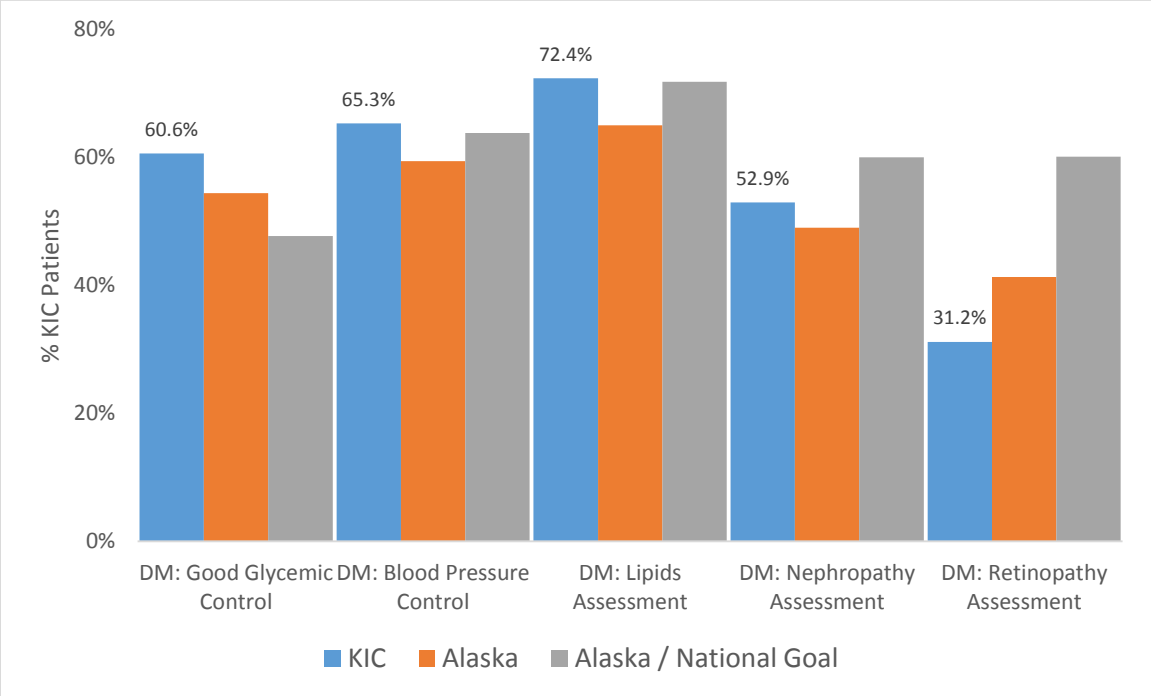
Figure: Clinical performance measures – Clinical Interventions, Ketchikan Indian Community Clinic, 2014-15.



Good Glycemic Control

- KIC reported better than statewide measures for all diabetes control practices except retinopathy assessment.
- KIC met Alaska/National goals for overall control, blood pressure control and lipids assessment, but not goals for nephropathy assessment and retinopathy assessment.

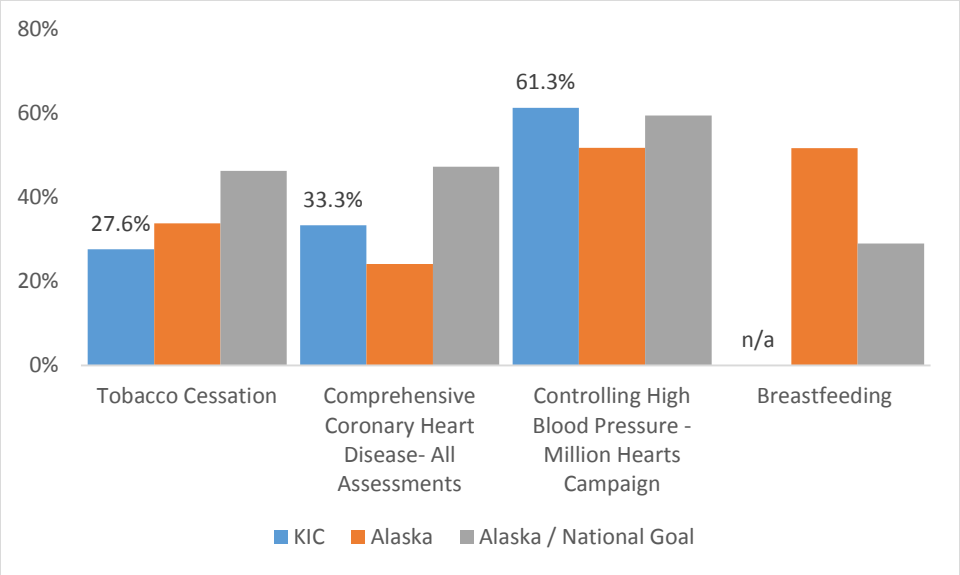
Figure: Clinical performance measures – Glycemic Control, Ketchikan Indian Community Clinic, 2014-15.



Other National GPRA Measures

- KIC did not meet national goals, and was worse than the state average, for tobacco cessation.
- KIC did not meet national goals, but was better than the state average, for comprehensive coronary heart disease assessments.
- KIC was better than the state average and exceeded the national goals for controlling high blood pressure.
- KIC did not have sufficient data to report rates of breastfeeding in 2015.

Figure: Clinical performance measures – Patient Actions, Ketchikan Indian Community Clinic, 2014-15.



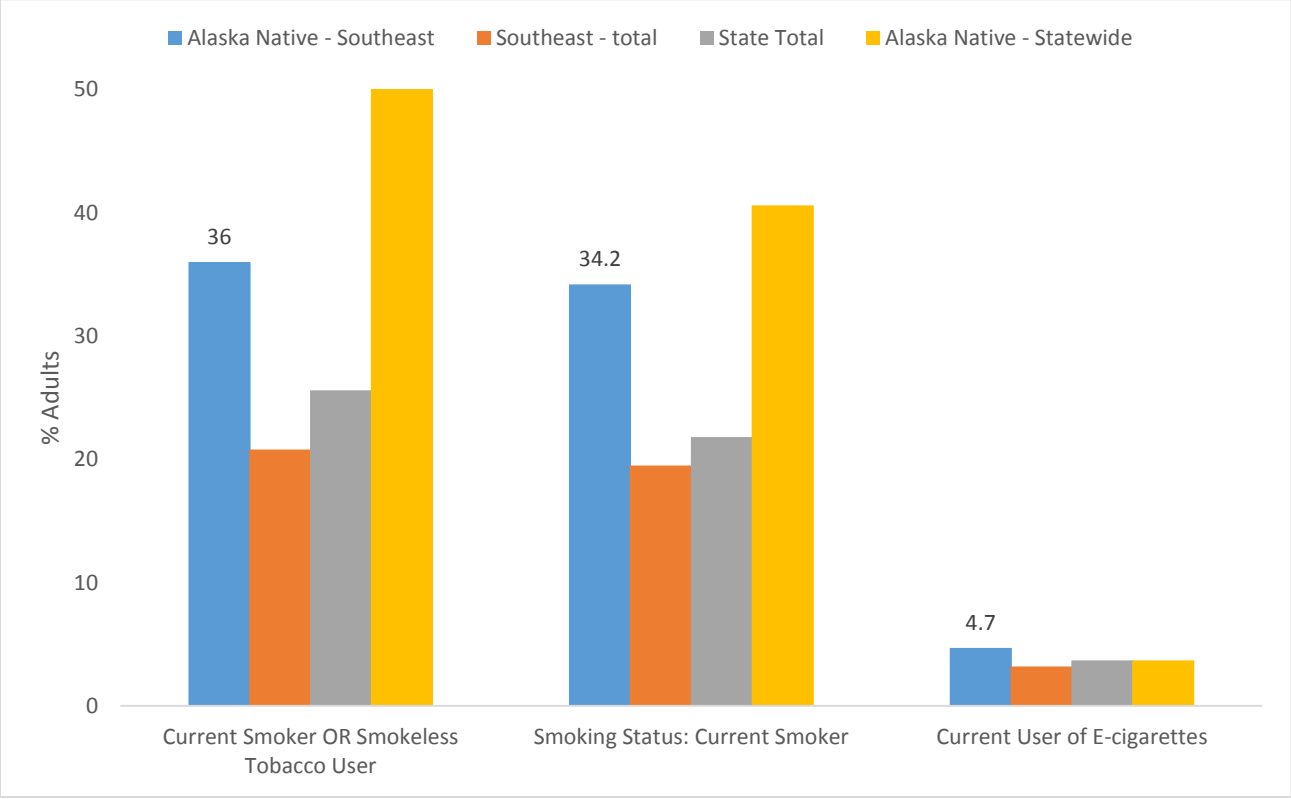
6. Community Health Behaviors

This section describes what is known about health behaviors among Alaska Native people in the Ketchikan Indian Community that relate to healthy eating, physical activity, tobacco use and breastfeeding.

Adult Data

The prevalence of current smoking, and appears higher among Alaska Native people statewide in comparison to total populations statewide. The prevalence of smokeless tobacco use is low (fewer than 2% of Southeast Region Alaska Native adults use smokeless tobacco alone). Although relatively prevalence is somewhat low and not different by group, current use of e-cigarettes is a new health risk that may bear watching.

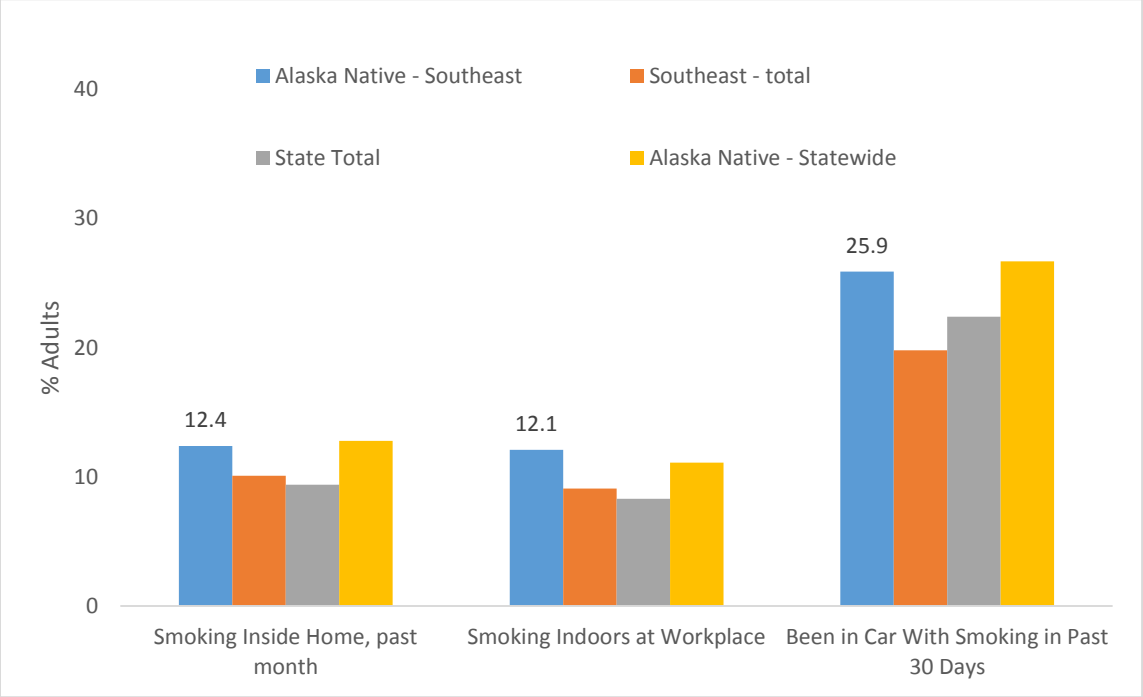
Figure: Tobacco Use Prevalence among Adults, Alaska BRFSS 2013



Additionally, in 2010-12, about 23% of Alaska Native mothers in the Sealaska Region reported smoking during pregnancy, vs. 11% of white mothers in the region). This is somewhat better than the 32% of Alaska Native mothers who reported smoking during pregnancy statewide. (Source: AK DHSS Birth Certificate System)

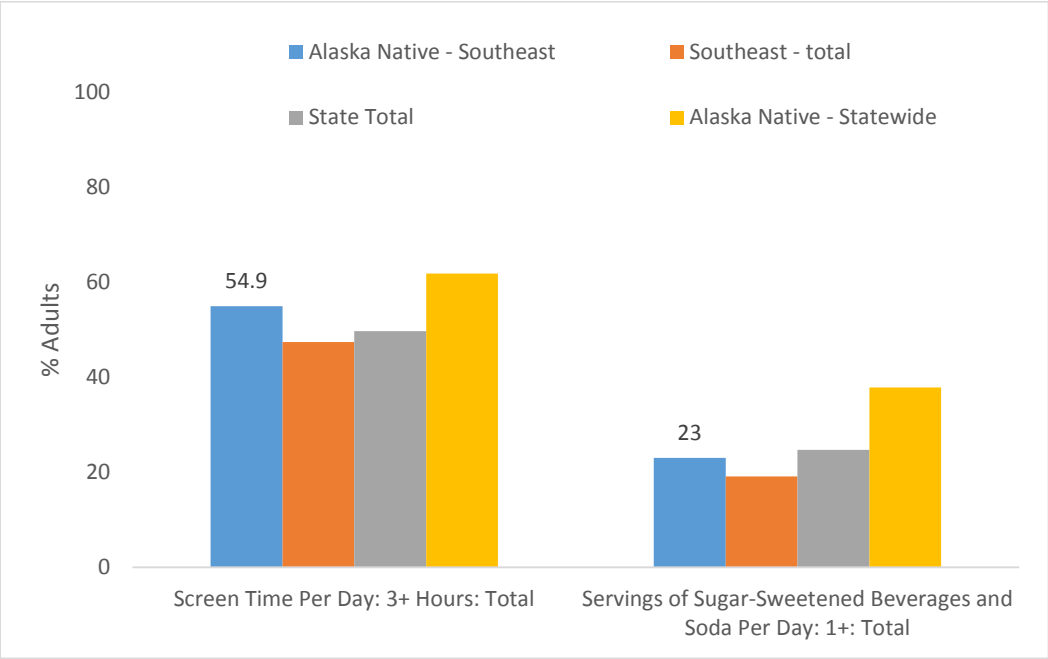
The prevalence of secondhand smoke exposure indoors, at work, and in cars appears consistently higher for Southeast Region Alaska Native adults than for other groups.

Figure: Secondhand Smoke Exposure among Adults, Alaska BRFSS 2013



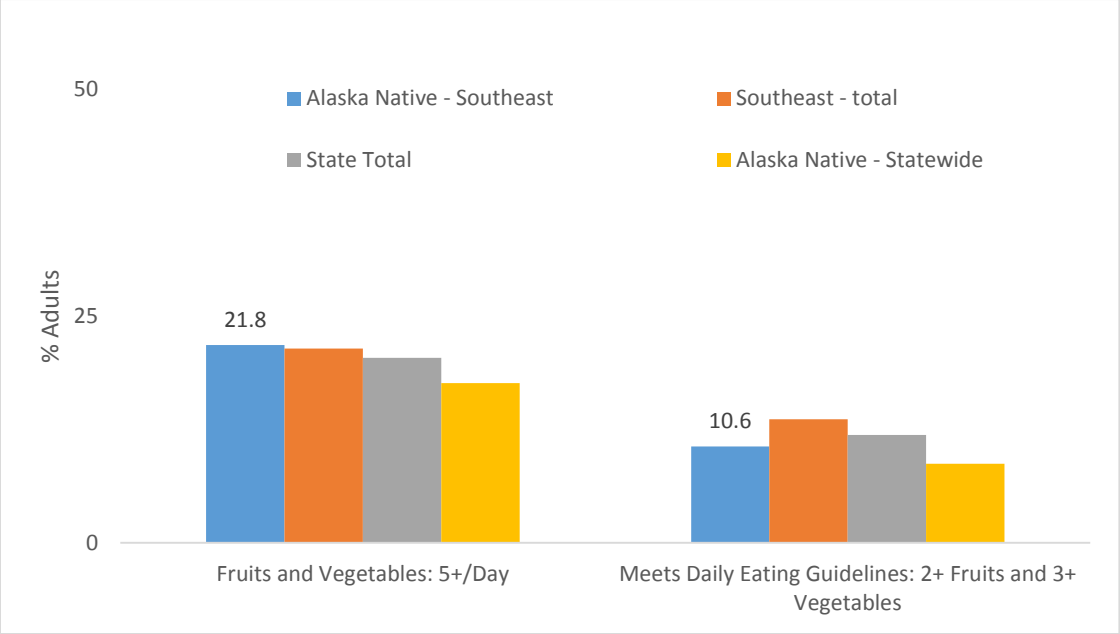
The prevalence of physical inactivity (3+ hours screen time) and daily consumption of sugar beverages appears similar for Southeast Region Alaska Native adults and other groups. Despite not being different, the prevalence of these risk factors is high – more than half reporting 3+ hours of screen time and one in four reporting daily consumption of sugar-sweetened beverages (soda or other drinks).

Figure: Physical Activity & Nutrition Risk Factors among Adults, Alaska BRFSS 2013



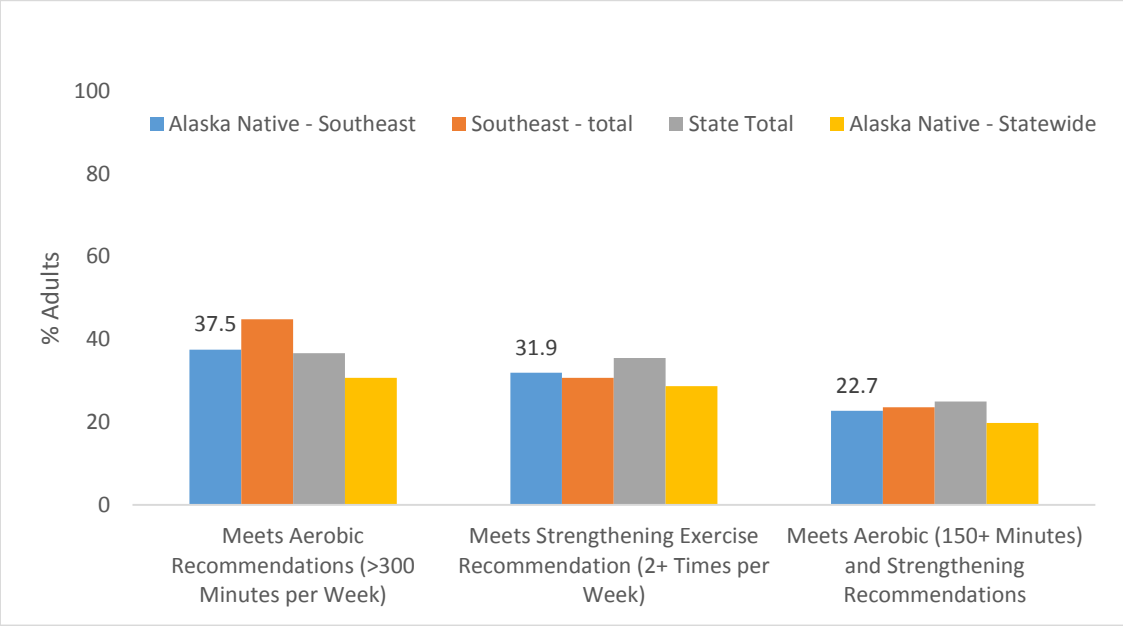
The prevalence of healthy nutrition measures – 5+ servings of fruit and vegetable per day, and 2+ fruits/3+ vegetables per day is similar for Southeast Region Alaska Native adults in comparison to other groups. However, although risks are not different, only one in ten adult Alaska Native people in the Southeast Region is meeting specific nutritional guidelines for fruit and vegetable consumption.

Figure: Healthy Nutrition Measures among Adults, Alaska BRFSS 2013



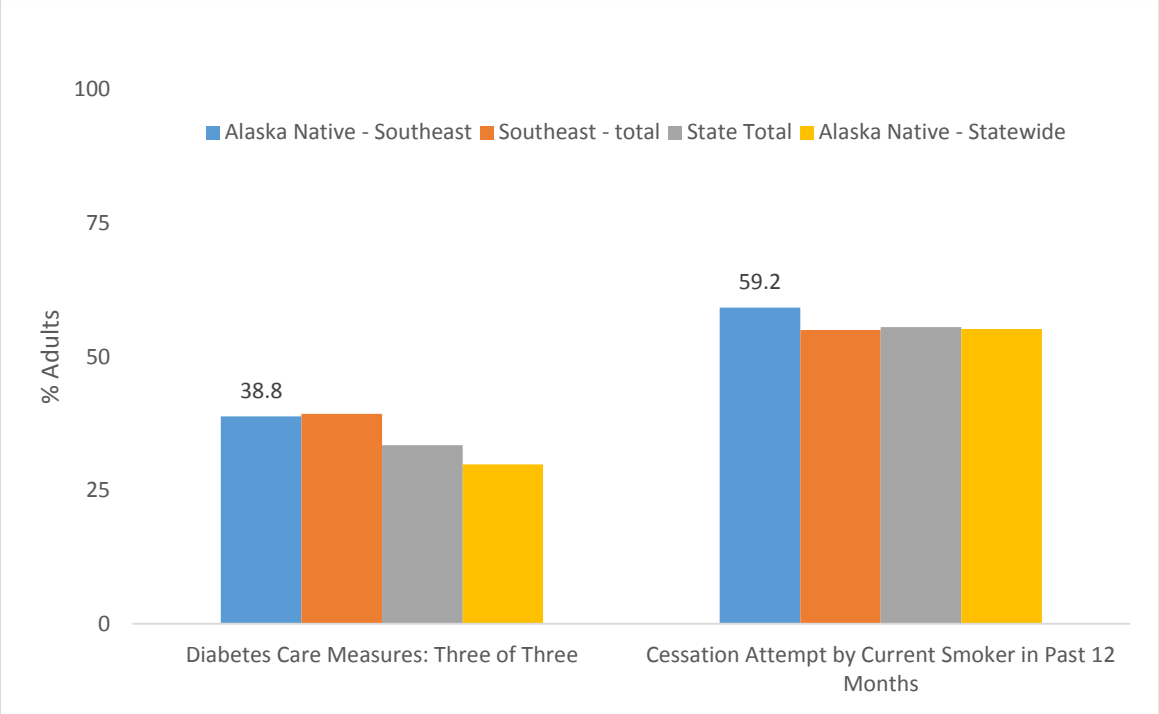
The prevalence of healthy activity measures – aerobic activity alone, strengthening exercises, and a combination of exercise and strength training, is not meaningfully different for Alaska Native adults in the Southeast Region. However, although risks are not different, only one in three Alaska Native adults in the Southeast Region is meeting specific guidelines for either aerobic activity or strength training, and only one in four meets both.

Figure: Healthy Physical Activity Measures among Adults, Alaska BRFSS 2013



The prevalence of meeting multiple diabetes care measures (among adults with diabetes) and for attempting to quit smoking (among current smokers) appears similar for Alaska Native adults in the Southeast region in comparison to other groups.

Figure: Healthy Actions Prevalence among Adults, Alaska BRFSS 2013

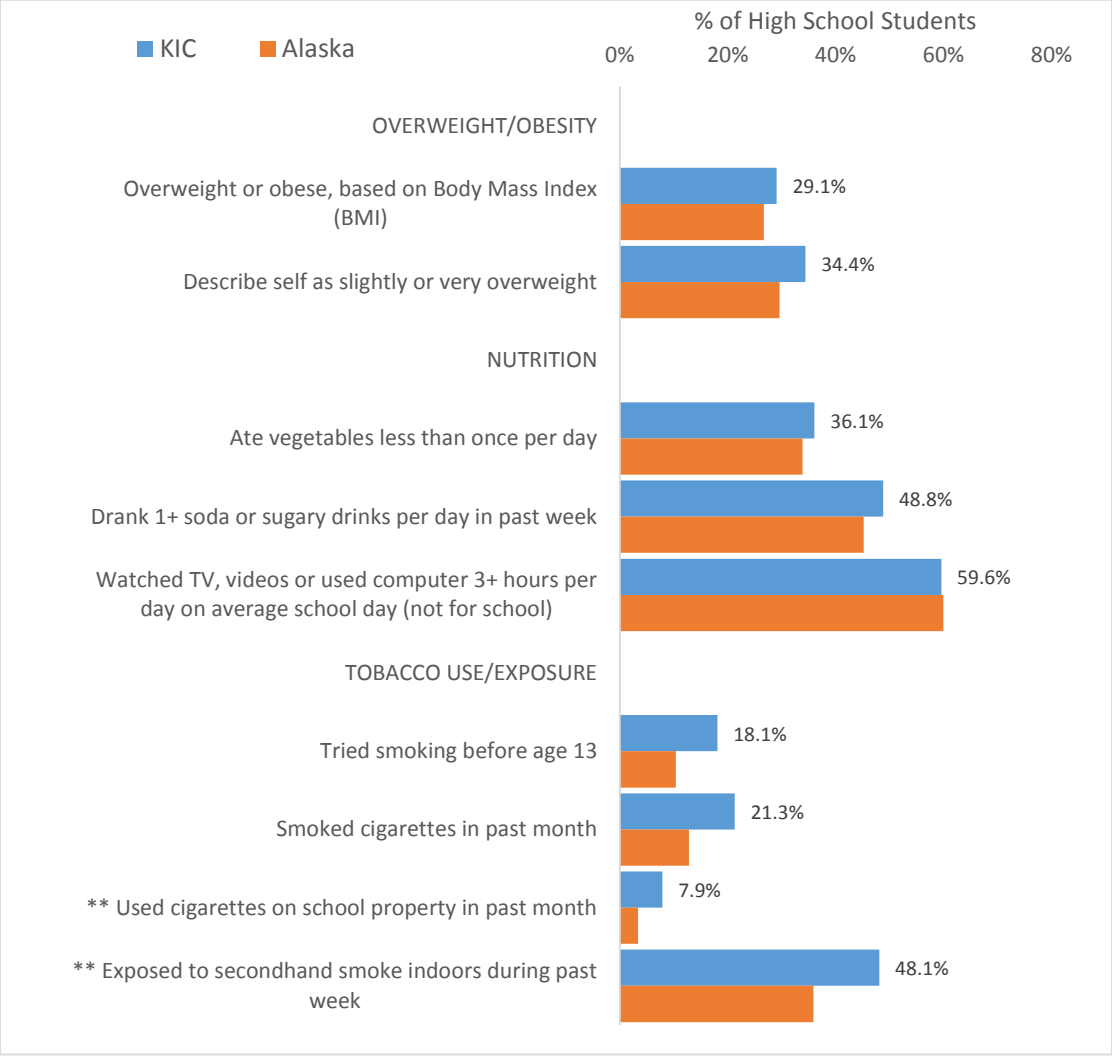


Youth Data

The percent of Ketchikan High School students who were overweight (based on BMI calculations or self-described weight) was similar to students statewide. Ketchikan High School students were similarly likely to have eaten vegetables at least once per day, to drink sugar-sweetened beverages, and to have long periods of inactivity due to screen time.

Ketchikan High School students were similar to students statewide in current cigarette smoking and early initiation of smoking, but more likely than students statewide to have smoked cigarettes on school property in the past month and to have been exposed to secondhand smoke in the past week.

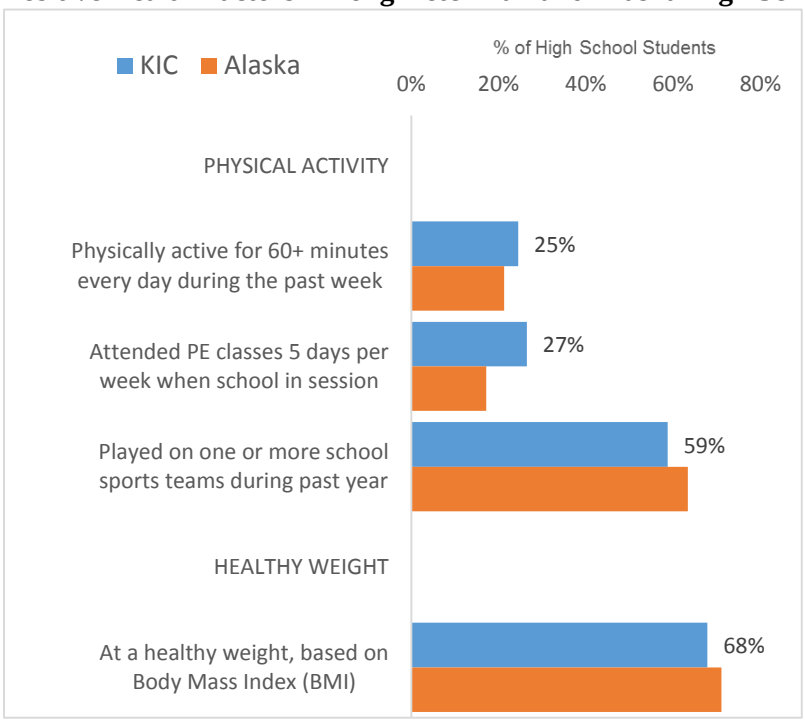
Risk Factors Among Ketchikan and Alaska High School Students, Grades 9-12 combined



Source: 2011 Alaska YRBS for Ketchikan High School and State of Alaska.
** statistically significant difference between groups

Ketchikan High School students were similar to Alaska students statewide in meeting general physical activity guidelines, attending daily PE classes in school and playing on school-sponsored sports teams. They were also similar in terms of being at a healthy body weight, based on BMI calculated from height and weight.

Positive Health Factors Among Ketchikan and Alaska High School Students, Grades 9-12 combined



Source: 2011 Alaska YRBS for Ketchikan and State of AK

7. Healthcare Access & Affordability

This section describes healthcare access in terms of available healthcare facilities and resources, and ability of community members to navigate the healthcare system, level of health literacy within the community and health insurance coverage and costs.

7.1 Healthcare Access

There are about 15 total healthcare clinics in the Ketchikan borough, including the PeaceHealth Ketchikan Medical Center hospital and both public health and private medical clinics. Some specialized clinics are available, including OB/Gyn, sports medicine, psychiatry and pediatrics. Other health-supporting clinics or facilities in the community include behavioral health, medical services provided through the regional youth facility (detention facility), mental health services and WIC clinics.

The KIC Clinic provides multi-level healthcare specifically for around 6,000 Alaska Native and American Indian people in the Ketchikan Gateway Borough. KIC Clinic provides acute and chronic medical care, dental, pharmacy, optometry and behavioral health services. KIC Clinic has 8 providers and 7 health aides and one medical social worker.

Data suggest that most Alaska Native people in the Southeast region have some kind of health plan (94% of adults ages 18-64, vs. 83% of all people in Southeast region). Tribal healthcare may be an important source, as only 40% of Alaska Native people say their health plan is through insurance from an employer. Eighty-three percent of Alaska Native adults say they have a personal doctor. More than one in four Alaska Native people in the Southeast region delayed getting medical care for reasons other than cost in the past year (28%). (Source: AK DHHS BRFSS 2013)

Staff Surveys

- Most respondents (65%) said they go to the KIC Clinic for their healthcare, but PeaceHealth also provided care for a number of people (17%). Some people mentioned that they had to seek specialty care from other communities as well.
- 95% of respondents said their healthcare provider talked with them about health in ways that were easy to understand.

Key Informant Interviews

- All respondents reported that they had a place to get their health information and health care. About one-third got their usual care at PeaceHealth, and about one-quarter from KIC Clinic.
- About two-thirds thought that the healthcare providers they usually see talks to them about their health in ways that are easy to understand.

7.2 Health Information

Community members indicated that they get most of their information from the internet, and also from their healthcare providers.

Staff Surveys

- The internet (60%) and the local clinic (48%) were the most commonly reported sources of health information. Other common sources included work (35%), family/friends (35%), newspapers/magazines (25%) and health fairs (23%).

Key Informant Interviews

- More than half of those interviewed said they usually get their health information from the internet, and half said from a healthcare facility or healthcare professional.

8. Physical Environment

This section describes the physical environment of the community, including the natural environment and built environment.

8.1 Natural Environment

Ketchikan Gateway Borough falls within the southeast maritime climate zone, characterized by cool summers, mild winters and heavy rain throughout the year. Southeast Alaska lacks prolonged periods of freezing weather at low altitudes and is characterized by cloudiness and frequent fog. The combination of heavy precipitation and low temperatures at high altitudes in the coastal mountains of southern Alaska accounts for the numerous mountain glaciers. (Source: AK DCCED)

Key Informant Interviews

- During good weather, there are numerous outdoor opportunities for physical activity. There are extensive roads, paths, and trail systems for walking, running/jogging, hiking and biking. Fields and courts are available for team sports including basketball, softball, and sports for children. People are out hunting, fishing, and berry picking.

8.2 Built Environment

The Ketchikan Gateway Borough has a well-established community infrastructure (Source: AK DCCED):

- Municipal facilities include water, sewer, a sewage treatment facility, airport, emergency medical services (EMS), fire and fire halls, parks and recreation, a community swimming pool, animal control, child care, roads and transit.
- Broadband internet and cell phone service are available
- Regularly-scheduled jet services offer air service. The state-owned Ketchikan International Airport is on Gravina Island, a 10-minute ferry ride from Ketchikan's waterfront. Ketchikan is a regional transportation hub, with numerous air taxi services to surrounding communities. There are four major float plane landing facilities. Ketchikan is the first port of call in Alaska for cruise ships and Alaska Marine Highway vessels. There are multiple harbor and docking facilities. The Inter-Island Ferry Authority operates a once-daily, year-round ferry service between Ketchikan and Hollis.
- Ketchikan has a regional youth detention facility and an adult correctional center that serve communities from the surrounding area.

There are multiple recreation facilities in the Borough including (Source: Ketchikan Gateway Borough):

  - 7 Athletic Fields
  - 6 parks
  - 4 playgrounds
  - 3 recreation centers

Key Informant Interviews

- The community has some indoor gyms/fitness facilities and a popular Recreation Center. During bad weather, indoor places like the Recreation Center become the main locations for physical activity. People also report walking in the mall.

9. Community Strengths, Resources & Social Environment

This section describes factors in the community that could contribute to positive health behaviors, policy, systems and environment changes.

Ketchikan is a diverse community comprised of multiple ethnic origins including Caucasian, Southeast Alaska Native (most Alaska Native residents are Tlingit), and Filipino cultural groups. Ketchikan is home to the largest collection of totem poles in the world and can be found at the Totem Bight State Park, Saxman Native Village, the Totem Heritage Center, and throughout the downtown area. Ketchikan is known as having world-class fishing and outdoor recreation opportunities. Ketchikan is also a vibrant arts community. (Source: AK DCCED)

The Borough is served by the Ketchikan Gateway Borough School District. There are 10 total schools, with 159 teachers and more than 2,400 students (28% are Native). Forty-one percent of students receive free or reduced price meals. Ketchikan also hosts a satellite campus of the University of Alaska Southeast.

Staff survey

- Cultural practices are strong, especially practices associated with healthy traditional foods. Most staff (88%) said they did some kind of subsistence activities. Fishing and processing were the most common (56%), followed by gathering and processing (42%) and hunting and processing (25%).
- As reported in multiple separate questions about current community actions, many people thought that there were already efforts underway in the Ketchikan Indian Community to address some important health issues including reducing tobacco use (69%), increasing physical activity (66%), increasing consumption of healthy foods (56%), and informing about the dangers of tobacco use and secondhand smoke (44%). Relatively fewer people thought that there were efforts underway in Ketchikan to increase and support breastfeeding (23%), and none offered specific examples.
- Staff reported that Ketchikan community members had multiple ways to stay physically active. The most common included walking (88%), running (63%), swimming (46%), and kayaking (38%). Use of the community recreation center and hiking were mentioned by multiple respondents under "other activities" (10% each). Current visible efforts to improve physical activity include providing Rec Center passes for patients with diabetes, and discounts for some students or large groups.

Key Informant Interviews

- About half of people say they get their healthy foods through subsistence fishing, hunting and gathering, and from their own garden or greenhouse. There is also an abundance of healthy subsistence foods in the area, including fish, wildlife, berries, clams, sea asparagus, and seaweed.
- Many people mentioned that getting fresh fruits and vegetables is much easier now than it was in the past. Grocery stores are stalking greater quantities and varieties of fruits and vegetables. Most people in the community get their meat, fruit, and vegetables from the grocery store. A few mentioned alternative sources including an online organic produce delivery company and local produce, fish and meat sellers.
- Respondents mentioned a number of programs that help provide or distribute healthy foods, including the Scheonbar Food Pantry, Love in Action, the WIC Program, local church food distribution the Ketchikan Indian Community(KIC)-Alaska Native Tribal Health Consortium (ANTHC), Elder's café, meals on wheels, etc. The KIC also has a program for diabetics that has included nutrition classes.

Focus Groups

- Elders were mentioned as a key resource in the community: as role models for younger people in taking care of themselves, and as teachers about gathering and processing traditional foods.

10. Environmental Scan of Existing Policies related to Grant Priorities

This section describes what is known about current policies or systems and efforts that are already underway to promote the health goals of the *Wellness Strategies for Health* program, and relevant information for the WSH program in planning for policy, systems or environmental change initiatives.

Community members provided relevant information:

Staff survey

- Most staff (79%) said that there are still places in Ketchikan where people smoke tobacco indoors. Bars were the most frequently listed space. Most commonly cited current efforts to reduce tobacco use included smoking cessation programs (at KIC, and the statewide Quitline), smokefree policies and higher prices for tobacco.

Key Informant Interviews

- Many people were aware of tobacco prevention and control efforts in their community, including efforts to prohibit smoking in public places, increasing the price of tobacco, prevention and cessation advertisements, tobacco prevention education in schools, tobacco cessation classes, and the Quitline. Over two-thirds were knew about a recent effort by the Wellness Coalition to get the city council to vote on a tax increase. Many were also aware about community efforts to prohibit smoking in most indoor places and on school and health care facility grounds.
- Six respondents reported that the organization they work for has some sort of support in place for women who want to breastfeed.

In addition to the perspectives of community members, other sources of information described existing efforts to change policy, systems and environments in the community.

- **Tobacco Tax Currently in Consideration.** The Ketchikan City Council passed a tobacco tax on June 18, 2015, by a vote of 4 to 3. This tax includes a $3.00/pack tax on cigarettes, and 75% of wholesale price tax on other tobacco or nicotine products (including smokeless, e-cigarette "juice", cigars, cigarillos). Details of the law are being crafted as an ordinance, and will need to pass with 4 votes at one more Borough Assembly meeting. (Source: WSH quarterly report to ANTHC). This is an extremely important potential policy for reducing tobacco use in the community.
- **Existing efforts of the Ketchikan Wellness Coalition.** The KWC is actively working to improve health within the general community, with a great diversity of existing partners across community sectors. Some of their activities address underlying factors related to health, such as provision of financial skill-building for community members, promotion of educational opportunities, and youth empowerment/leadership development. Policy, systems and environmental change priorities for the coming year include establishing a community family/youth homeless shelter, continued work on cultural standards in schools and teacher evaluations around cultural standards, working toward a sustainable Farmer's Market for the community (during a 2014 viability test, the market was determined to be currently non-sustainable with locally-sourced foods only, but it remains a priority), and establishing community gardens. (source: KWC 2014 Annual Report) The KWC and their extended partners may be important to link with during promotion of policy, system and environmental change initiatives.
- **Existing efforts of PeaceHealth Ketchikan Medical Center.** In a separate needs assessment for the entire Ketchikan community, conducted in 2013) eight objectives were identified for a Community Health Needs Assessment Implementation Plan. Many of the identified strategies were policy or systems related, and could be collaborative projects. Objectives related to the WSH priority areas included: 1. Improving access to health care for vulnerable populations; 2. Reducing leading Cause of Death disease rates; 4. Increasing consumption of fruits and vegetables; 6. Reducing tobacco use; 7. Reducing maternal smoking; 8. Reducing Health Disparities. (Source: PeaceHealth CHNA 2013).

11. Forces of Change Assessment

This section describes current or anticipated factors that can influence the community's health or public health system, both threats and opportunities.

11.1 External Factors/threats

The following were identified by community members as barriers or challenges to community health.

Staff Survey

- The most common identified challenges to physical activity included: weather/rain, the expense of the Rec Center, and lack of motivation.
- The most common challenges to healthy eating included: cost of healthy foods, ease of getting unhealthy foods vs. healthier foods, and lack of knowledge about how to find and prepare traditional foods.
- A few people mentioned environmental pollution as a potential threat to the quality and accessibility of traditional foods (especially fish or shellfish).

Key Informant Interviews

- The number one barrier for getting physical activity in Ketchikan is the weather. Issues with transportation to locations for physical activity are partially weather-related and partially due to other circumstances – such as not being able to drive (elderly or disabled) and living out of town. The second biggest barrier to physical activity was financial. The cost of going to a gym/fitness facility or the Recreation Center was prohibitive for some community members. Others mentioned that they would like to fish or kayak, but that those activities were also too costly. People in the community also experience similar challenges to physical activity as other communities – lack of time, lack of motivation, and disabilities or other health issues.
- Due to the remoteness of the community and the limited variety of fruits and vegetables that can be grown in the climate, cost was the number one issue preventing people from eating healthy foods. Some reported lack of knowledge around traditional and subsistence foods including: what you can harvest, when to get it, where to find it, how to prepare it. There were also issues with how much time the process takes, the money required to get it, the physical ability needed to get it, and regulations that limit the amounts that can be collected. People in the community also experience similar challenges to eating health foods as other communities – lack of time or knowledge to prepare it and that it's much easier and sometimes cheaper to buy prepared foods or fast food.

> *You have to have money to eat "Indian" food.*
>
> Ketchikan focus group participant.

Focus Groups

- State of Alaska hunting and fishing restrictions are a barrier to obtaining traditional foods. Also, having the equipment and costs of travel (gas) makes gathering traditional foods expensive.
- The KIC Clinic may not provide proactive care in an organized way. Turnover of healthcare providers is a serious problem for continuity of care, and lack of specialists creates huge barriers to needed care.
- There are multiple barriers to engaging Ketchikan community members in preventive healthcare. People working in dangerous jobs (like in Ketchikan) may be less likely to be concerned about preventive health. People can't afford to lose work, it takes precedence over health and taking care of health. Low general literacy and "shame" feelings may prevent patients from fully engaging in their own care.

11.2 Community vision/ identified opportunities

Community members identified ideas and opportunities for improving health problems in the community.

Staff Survey

- To support eating healthy foods, staff identified nutrition and cooking classes, including for traditional foods; lowering prices of healthy foods; and increasing sources of healthy foods.
- To support breastfeeding, staff identified providing motivation, education and individual support for women about benefits and how to breastfeed.

Key Informant Interviews

- To overcome financial barriers preventing the use of the Recreation Center, financial assistance and incentives were suggested, including sliding fee/income-based reduced cost passes and free or reduced cost passes based on frequent use. Others suggested free activity programs and free child care. An additional suggestion for those employed was encouraging exercise at work by providing space for activities, through flexible schedules for walking breaks, passes for the Recreation Center, and reductions in insurance premiums for those who exercise frequently.
- Community events were proposed as a way to get people involved in physical activity, including organized hikes, runs/walks, a "yoga-a-thon", and bring back the Resolution Revolution. Increased social connections were thought of as a way to increase physical activity including inviting people out for walks or inviting them to try new things.
- While cost of health foods was the biggest barrier to eating them, when asked what could be don't to help people eat healthier, suggestions focused on education and increasing the availability of local food. There was interest in cooking classes, cooking demonstrations, and grocery store tours. There was a particular interest in educating children. There was interest in learning how to grown their own gardens, for the development of community gardens, and an expansion of the current farmers market.
- There was also interest in improving the current donation/distribution of traditional and subsistence foods to those that can't get them themselves.
- Tobacco prevention efforts are being noticed by the community. Additional efforts are needed to prevent/reduce tobacco use and protect the public from secondhand smoke.
- There is an opportunity to educate the community about the need to provide breastfeeding women with support. Some organizations are very supportive, while others still don't see the need for it.

Focus Groups

- Focus on traditional foods; create collaborations among communities, so that for example some people gather/hunt/fish and others process it and give half of it back.
- Expand and improve healthcare access to allow more focus on prevention and chronic disease management, less on reactive healthcare.

12. Key Themes & Suggestions

This section summarizes themes that emerged in the assembly of the Community Health Assessment information.

12.1 Identified priorities

Data collected from more than 80 community members as part of three separate processes. These community members were asked to identify their highest priorities for action in the Ketchikan Indian Community. The following is a list of top priorities identified by source.

Staff Survey

- The top three issues most commonly chosen as important health concerns for the people of Ketchikan were alcohol use (71%), drug use (69%) and overweight/obesity (58%).
- When asked how big of a problem some specific health issues are in Ketchikan, a clear majority said that overweight obesity (77%), diabetes (71%) and tobacco use (67%) are "very big problems."
- The leading topics that staff felt were important to address in Ketchikan included overweight/obesity (69%), managing chronic conditions like high blood pressure and high blood sugar (58%), availability of healthy food (40%) and tobacco use (33%).

Key Informant Interviews

Key informants listed the following as the most important health concerns in the Ketchikan community (informants were asked to choose three):

- 82% Alcohol use
- 64% Drug use
- 41% Overweight/Obesity
- 23% Lack of physical activity
- 23% Tobacco use
- 23% Access to healthcare
- 23% Mental Health

The informants were asked to rank ten health topics on a scale of 1-10, with 1 being the highest priority for the community to address. The most important topics to address included:

- Overweight/obesity (average score 3.4)
- Cost of healthy food (average score 3.4)
- Managing chronic diseases (average score 3.7)
- Tobacco use (average score 4.7)

Focus Groups

The four separate focus groups identified these as priorities for action in the community:

- Access to healthcare (all 4 groups)
- Access to healthy foods (2 groups)
- Managing chronic health conditions (2 groups)
- Tobacco use and exposure to secondhand smoke (2 groups)
- Overweight/obesity (2 groups)
- Access to medical specialists (1 group)
- Health literacy (1 group)

12.2 Selected final priorities and rationale

After reviewing the magnitude of different problems, identification of opportunities and perceived interest in intervention, as well as strengths, opportunities, and threats to the context of health and interventions, the Ketchikan Indian Community selected the priorities below for their five year action plan. Rationale for selecting those priorities is included. Notably, these priorities are complementary: reducing tobacco use is an important component of managing chronic disease for people with chronic disease who smoke.

- **Improving Chronic Disease Management**
    - Health indicator data showed that people in the community have high rates of overweight/obesity, diabetes and other chronic conditions.
    - Diabetes and overweight/obesity were identified as "very big problems" in the community by most KIC staff; stroke and health disease were also identified as problems.
    - Managing chronic diseases (like high blood pressure, high blood sugar) was identified as a high priority for action by key informants, KIC staff and focus groups.
    - Focus group participants noted that engaging community members in preventive care may specifically require effort because of barriers to "prevention thinking," including high-risk jobs, financial struggles and difficulty accessing routine, consistent and coordinated healthcare.
    - Successful efforts are underway in the community to support people with diabetes (including with nutrition classes and resources, physical activity resources). These may serve as a model for broader efforts to improve chronic disease management.

- **Reducing Tobacco Use**
    - Health indicator data showed that both adults and youth in the community have high rates of smoking and tobacco use.
    - Tobacco use was identified as a "very big problem" in the community by most KIC staff.
    - Reducing tobacco use was identified as a high priority for action by key informants, KIC staff and focus groups.
    - There are multiple, highly visible efforts underway in Ketchikan to address tobacco use (including available cessation services at the KIC Clinic and statewide resources, motivation to enact smoke-free policies and taxes that increase the price of tobacco). These can be leveraged.

13. Conclusion

The purpose of this Ketchikan Indian Community Health Assessment report was to assemble all accessible, relevant information about factors related to *Wellness Strategies for Health (WSH)* program priorities. These priorities should include policy, systems and environmental changes that support physical activity, nutrition, breastfeeding, improve health literacy, and decrease tobacco use and exposure.

Using an established model for community planning, diverse Ketchikan community stakeholders reviewed existing quantitative data and collected new information in order to select key strategies to improve health among Alaska Native people in the Ketchikan Gateway Borough.

Information about health behaviors, health status, population and community factors were gathered from multiple reports or data systems that were accessible online. Input from more than 80 community members and stakeholders (including KIC staff) was gathered through key informant interviews, focus groups and surveys.

The findings in this report demonstrate that the Ketchikan Indian Community is a community with important health needs. Both qualitative and quantitative data showed that there are significantly high rates of diabetes, cigarette smoking and diabetes. There are multiple efforts currently underway within the community to address health concerns, including

- High-profile policy efforts in tobacco control (a local tobacco tax, smokefree policies) as well as local and statewide resources to help people quit);
- Intensive efforts to support people with diabetes, including by increasing nutrition and physical activity resources, which are perceived as being very successful.

Community stakeholders identified multiple strengths, including a surrounding environment with ample opportunities for physical activity, traditional foods, and a strong Alaska Native culture. Key barriers include inclement weather, limited access to healthy foods, and poverty – which serves as a barrier to purchasing healthy foods, participating in physical activity clubs or facilities with fees, and obtaining transportation or equipment needed for accessing traditional foods and outdoor recreation.

> *….It just needs to be the heartbeat of what we do, is healthy activities.*
>
> - Ketchikan Indian Community key informant

After reviewing available information, the community has selected the following two community health priorities for policy, systems and environmental change efforts:

- Improving management of chronic disease
- Reducing tobacco use

These priorities were selected based on need for improvement and potential for improvement (including feasibility of changes). They also capitalize on the existing momentum for change within the community.

The Ketchikan Indian Community will use these priorities to guide design of interventions and initiatives that are intended to result in improved health for Alaska Native people in the community within the 5-year grant period.

In addition to supporting the selection of these health priorities, the indicators included in this report also serve as the baseline against which the progress of the KIC WSH program can be measured.

14. References

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15. Appendices

Four complementary reports were produced to provide information for the community health assessment process. Selected results are presented in this report. For additional detail, please see the original reports.

- Ketchikan Indian Community: Staff Survey Results
- Ketchikan Indian Community: Focus Group Summary
- Ketchikan Indian Community: Key Informant Interview Summary
- Ketchikan Indian Community: Health Indicators Summary