

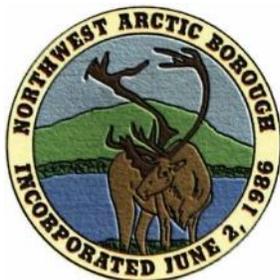
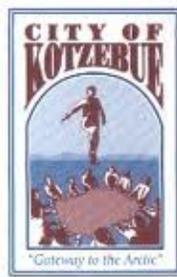


Healthy Kotzebue, Our Future!

Sivunniqput Sayyaagitikun Qikiqtagrugmi

Community Health Assessment

SEPTEMBER 2015



Public Health
Prevent. Promote. Protect.



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Acknowledgements | *Qayaannaqpaaraq*

Many people contributed to the success of this community health assessment, and will continue to support our efforts as we work to reduce chronic disease in our region. We would like to recognize the individuals below for their work.

KOTZEBUE COMMUNITY

Thank you, *Qayaannaqpaaraq*, to the residents of Kotzebue who attended our community meeting, participated in our interviews and focus groups, and who are committed to Healthy Kotzebue, Our Future!

HEALTHY KOTZEBUE STEERING COMMITTEE

The Steering Committee represents organizations from many different perspectives and roles in the community, and members have provided leadership and direction for this project. The Steering Committee will also be critical to the success of the grant in future years, as we work to address chronic disease by implementing policy-based strategies in our community.

Member	Organization or Sector Represented
Isabelle Booth	Maniilaq Board Member + Kivalina Clinic Supervisor
Anthony Carvalho	Maniilaq Planning Department
Don Fancher	Maniilaq Tobacco and Injury Prevention Manager
Elizabeth Ferguson	Northwest Arctic Borough Subsistence Mapping Project Intern
Willie Goodwin	Maniilaq Board Member (Elder Representative)
Tracy Gregg	Alaska WIC Program
Mary Gwayi-Chore	Maniilaq Health Center Physician
Hans Hansen	Maniilaq, Kotzebue IRA
Paul Hansen	Maniilaq Health Center Administrator
Elmer “EJ” Howarth	Maniilaq Director of Community Health
Jung Im	Maniilaq IT/Bison Program
Esther Jarvis	Maniilaq Health Center Diabetes Program
Maija Lukin	Mayor, City of Kotzebue, Tribal Environmental Program Manager
Carolyn McKee	AC Grocery Store
Lucy Nelson	Maniilaq Chief Financial Officer
Josephine Oke	Alaska Public Health Nurse
Wendie Schaeffer	Northwest Arctic Borough Director of Public Services
Kelli Shroyer	Maniilaq Association, Public Communications Manager
Sandy Shroyer-Beaver	Maniilaq Association; Northwest Arctic School District Board
Ashley Stickman	Maniilaq Family Crisis Center
Eric Swisher	City of Kotzebue Police Department
Bruce Warwick	Maniilaq Diabetes Program Manager



WELLNESS STRATEGIES FOR HEALTH GRANT

We thank the Center for Disease Control (CDC) for the funding opportunity to complete this Community Health Assessment and work for the next four years to achieve better health and reduce chronic disease in Kotzebue. Our partners at the Alaska Native Tribal Health Consortium have been supportive and informative throughout the first year of our grant, and we look forward to working with them through implementation: Ellen Provost, Erin Peterson and Alicia Ambrosio.

CORE TEAM

Our core team completed the assessment report and planned the Steering Committee and community meetings, making a continuing effort to reach out to understand the community's health priorities and opportunities for improving health.

Team Member	Organization
Paul Hansen	Maniilaq Health Center Administrator
Anthony Cravalho	Maniilaq Director of Planning and Development
Michelle Oatman	Maniilaq Quality and Accreditation
Jody Hatch	Maniilaq Quality and Accreditation
Jamie Beaver	Maniilaq Quality and Accreditation
Heidi Wailand	Agnew::Beck Consulting
Anna Brawley	Agnew::Beck Consulting

PARTNER ORGANIZATIONS REPRESENTED ON STEERING COMMITTEE



Summary

HEALTHY KOTZEBUE, OUR FUTURE!

Good health, including prevention of chronic diseases, is vital for a healthy Kotzebue. As a community, we all want a healthier future for ourselves, our children, and future generations. We can support each other and work together to create a healthier future.

This community health assessment project is to help us:

- Understand the health of our people
- Start a dialogue with our community about health
- Identify priority strategies to make Kotzebue and our region a healthier community
- Create a plan for addressing chronic disease and promote a Healthy Northwest Arctic!

This community health assessment was completed to identify which strategies would most reduce chronic disease and impact the health of the community of Kotzebue. More than 120 people participated in this effort through a community-wide meeting attended by 87 youth and adults, more than 30 stakeholder interviews, two youth focus groups, and a cross-sector steering committee established to provide input into and, ultimately, direct this project. The assessment will guide the steering committee and future interventions over the course of this project to be geographically focused, culturally appropriate, and evidence-based.

The logo and tagline we have chosen for this project reflect the cultural values expressed by the steering committee from the first meeting. It illustrates the knowledge that we are connected not just with each other, but with the land and sea.



OUR PLAN AND FOCUS AREAS

We convened a Steering Committee, with members of local organizations and community experts donating time and knowledge to develop an action plan for the strategy with the most impact in our community. Information about our priorities was collected in the community with 32 stakeholder interviews and an open community dinner meeting with 84 participants. Based on the findings from the community health assessment and decision-making criteria we established, the steering committee has prioritized the following focus area.

This project will help families in our community achieve healthy weights by:

- Increasing health literacy and knowledge about health
- Improving opportunities for physical activity

Improving health literacy (knowledge about one's own health, how to interpret health-related information and how to access needed care) enables our community to make healthy choices that will have a positive impact on health in the present and continuing into the future. By providing the tools for healthy decision making we are creating educated consumers that will make prevention easy



and natural for all of our people. Ease of access and understanding will lead to improved outcomes in healthcare.

PROJECT (FOUR-YEAR) GOAL

Increase health literacy, including knowledge about the benefits of healthy choices, to reduce our rate of obesity 3% by 2020.

KEY FINDINGS + THEMES

The important themes that emerged out of this assessment project are: prevention, healthy choices, and the best management possible of health at home in our rural communities. People in Kotzebue recognize that chronic disease is a problem and yet many do not feel the community is as supportive as it could be of healthy choices. Culture is very important here and is necessary to incorporate health with traditional activities.

- Community members identified chronic disease (heart disease, diabetes, and other long-term conditions) as a large problem in the community with heavy impact on the quality of life here in Kotzebue.
- Culture is an important component and should be foremost in the planning of our strategy.
- Resources are available in our community but people may not know how to find or utilize them for their benefit.
- Involving and empowering youth to lead is essential to achieving healthy communities.
- We have many resources but they may not be well known, accessible or coordinated for maximum effectiveness.

FUNDING FOR THIS EFFORT

The Wellness Strategies for Health grant is funded by the CDC with the goal of reducing stroke, diabetes, and cardiovascular disease. We are working with the Alaska Native Tribal Health Consortium for this five-year project.

A TOOL FOR FUTURE CHANGE

While this grant will focus on certain areas, we hope that this Community Health Assessment will be helpful in many areas. It identifies many opportunities in the community to achieve positive change in all of the six focus areas, some of which could be achieved quickly. Updating the community health assessment over time is a best practice and can help to ensure the community uses its resources in the areas that are most likely to drive positive health changes in the community.





Introduction

Good health, including prevention of chronic diseases, is vital for a healthy Kotzebue. As a community, we all want a healthier future for ourselves, our children, and future generations. We can support each other and work together to create a healthier future.

This community health assessment project is to help us:

- Understand the health of our people
- Start a dialogue with our community about health
- Identify priority strategies to make Kotzebue and our region a healthier community
- Create a plan for addressing chronic disease and promote a Healthy Northwest Arctic!

This community health assessment was completed to identify which strategies would most reduce chronic disease and impact the health of the community of Kotzebue. More than 120 people participated in this effort through a community-wide meeting attended by 87 youth and adults, more than 30 stakeholder interviews, two youth focus groups, and a cross-sector steering committee established to provide input into and, ultimately, direct this project. The assessment will guide the steering committee and future interventions over the course of this project to be geographically focused, culturally appropriate, and evidence-based.

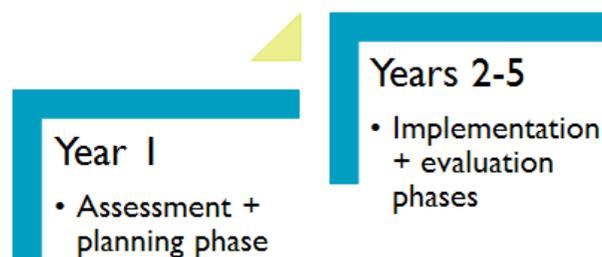


GEOGRAPHIC + POPULATION FOCUS AREA

For the purposes of this assessment, the community and area of impact is Kotzebue (recognizing that health system and community change in Kotzebue can have a broad, positive impact on the region). The community health assessment presents data at the regional level, which provides a reasonable assessment of Kotzebue since it is the hub community for the region's ten villages. The resources assessed and opportunities for change were gathered for Kotzebue, and we intend to implement our strategy for Year 2 in Kotzebue. We will consider ways to encourage our actions' impact to continue on to the other villages. Where possible, we will consider strategies that could also be used in villages or region-wide as well.

WELLNESS STRATEGIES FOR HEALTH

Our grant is funded for five years, with the first year used as a planning period and subsequent years focused on implementing an action plan to produce positive results.



A community health assessment brings the community's interest and concerns to the Steering Committee. The Steering Committee used the insights provided to choose a focus from among six strategy areas presented in the grant:

- Increase use of traditional and healthy foods and beverages
- Increase opportunities for breastfeeding
- Improve opportunities for physical activity
- Increase health literacy and knowledge about health
- Reduce tobacco use and exposure to secondhand smoke
- Improve links between the community and health clinics

There are many important issues that need to be addressed in our community. We had the difficult task of choosing these focus areas from among the options afforded by the Wellness Strategies for Health grant, but this assessment acknowledges that other health issues are important and need to be addressed. A community health assessment can be a valuable tool for community change, especially when updated on a regular basis. For future assessments, there is opportunity to expand the scope to encompass other pressing issues in future assessments.

OUR PLAN AND FOCUS AREAS

This project will help families in our community achieve healthy weights by:

- Increasing health literacy and knowledge about health
- Improving opportunities for physical activity

Improving health literacy enables our community to make healthy choices that will have a positive impact on health in the present and continuing into the future. By providing the tools for healthy decision making we are creating educated consumers that will make prevention easy and natural for all of our people. Ease of access and understanding will lead to improved outcomes in healthcare.

PROJECT (FOUR-YEAR) GOAL

Increase health literacy, including knowledge about the benefits of healthy choices, to reduce our rate of obesity 3% by 2020.





Methodology

To complete this assessment, our team used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP), an evidence-based assessment and planning framework to engage communities in the process of understanding and making decisions about their health. Maniilaq staff attended a two-day MAPP training; a Steering Committee was formed to guide the project; the team developed outreach strategies based on the Four MAPP-recommended Assessments; and the Steering Committee developed an action plan of concrete implementation steps to improve health outcomes in their focus area. Our team incorporated the elements of the MAPP assessments that seemed most achievable within the project timeframe and most pressing to the ultimate goal of focusing the efforts to be undertaken with this grant funding, specifically, reviewing community health data, identifying community priorities, and understanding forces of change. We did not conduct a full assessment of the local public health system, beyond documenting the resources available through Maniilaq and other sources in the six strategy areas. Many communities say this was one of the most valuable components of their assessment and may be an area for future exploration.

The purpose of the Wellness Strategies for Health (WSH) grant is to provide tribes the ability to effect change in the community for direct prevention and control of diabetes, heart disease, stroke, and their associated risk factors. Maniilaq Association is the regional hub and healthcare provider in the Northwest Arctic Borough, and is well placed to administer this grant. The actions to implement our plan will focus on Kotzebue, but the impact may expand to the rest of the region.

The Steering Committee met in April 2015 to understand the purpose of the grant, discuss the goals and intended outcomes of the community meeting, and share their own perspectives on what is important to address in Kotzebue. To engage the community in the discussion and understand their priorities, the team conducted interviews, two focus groups of middle-school and high-school age youth respectively, and a large community dinner meeting. Interviewees were also asked specific questions about their work and knowledge in one or more of the six focus areas. The Steering Committee met again in August 2015 to review the findings of the community health assessment and draft report, consider the options for addressing one or more of the six strategies in subsequent years, and developed an action plan for Year 2 based on the priority chosen.

CORE TEAM

Maniilaq staff members served as the core team to complete the grant activities:

- Paul Hansen, Health Center Administrator, served as Maniilaq's project champion and Steering Committee member to carry the project forward with community leaders.
- Michelle Oatman, Quality Manager, attended the MAPP training and facilitation in Anchorage in preparation for the Community Health Assessment in the absence of a dedicated staff member.
- Jamie Beaver, Quality Systems Specialist, also attended the MAPP training and coordinated with Michelle Oatman and Agnew::Beck to initiate the first year planning activities.
- Jody Hatch CHP-C, Performance Improvement Specialist, was hired by Maniilaq Association in May to complete the Community Health Assessment and manage the WSH grant through Year 5.



Agnew::Beck Consulting was engaged to support Maniilaq staff throughout the process, organize the community meeting, facilitate the Steering Committee’s discussion of which priority to focus on, and assist in production of the community health assessment report:

- Heidi Wailand, Managing Associate and project manager for the contract, attended the MAPP training and facilitation with Maniilaq staff, oversaw development of the report, and facilitated the Steering Committee August work session.
- Anna Brawley, Senior Associate, worked with Heidi to prepare for the Steering Committee and community meetings, and worked closely with Maniilaq staff to complete the report.

STEERING COMMITTEE

The Steering Committee is composed of community leaders from different sectors: health, business, local government, and Native elders. While the core team completed the research and planning for the project, the Steering Committee determined the priority focus and has collectively committed to supporting the implementation work in the coming years.

Table 1. Healthy Kotzebue Steering Committee

Member	Organization or Sector Represented
Isabelle Booth	Maniilaq Board Member + Kivalina Clinic Supervisor
Anthony Caravalho	Maniilaq Planning Department
Don Fancher	Maniilaq Tobacco and Injury Prevention Manager
Elizabeth Ferguson	Northwest Arctic Borough Subsistence Mapping Project Intern
Willie Goodwin	Maniilaq Board Member (Elder Representative)
Tracy Gregg	Alaska WIC Program
Mary Gwayi-Chore	Maniilaq Health Center Physician
Hans Hansen	Maniilaq, Kotzebue IRA
Paul Hansen	Maniilaq Health Center Administrator
Elmer “EJ” Howarth	Maniilaq Director of Community Health
Jung Im	Maniilaq IT/Bison Program
Esther Jarvis	Maniilaq Health Center Diabetes Program
Maija Lukin	Mayor, City of Kotzebue, Tribal Environmental Program Manager
Carolyn McKee	AC Grocery Store
Lucy Nelson	Maniilaq Chief Financial Officer
Josephine Oke	Alaska Public Health Nurse
Wendie Schaeffer	Northwest Arctic Borough Director of Public Services
Kelli Shroyer	Maniilaq Association, Public Communications Manager
Sandy Shroyer-Beaver	Maniilaq Association; Northwest Arctic School District Board
Ashley Stickman	Maniilaq Family Crisis Center
Eric Swisher	City of Kotzebue Police Department
Bruce Warwick	Maniilaq Diabetes Program Manager



COMMUNITY DINNER MEETING

The community meeting on May 28, 2015 was held at the Kotzebue School cafeteria. Prizes, dinner, and children's activities were provided to encourage attendance. We planned for up to 120 participants and were pleased to have 84. All ages attended, youth over 13 were encouraged to contribute to the discussion. The meeting was advertised widely, with posters around town, e-mail listservs, and a brief mention by Paul Hansen on KOTZ radio the day of the meeting. Many people who attended were Maniilaq employees and their families, and had a good understanding of and interest in promoting health.

Steering Committee members Maija Lukin and Paul Hansen led the meeting. Paul introduced the grant and explained our goal to identify a strategy that would be the main focus of the next four years. Data on chronic disease risk factors and two of the consequences, diabetes and heart disease, were presented on a placemat at each person's seat, along with some best practices for reducing chronic disease. The group was polled about their priorities and perception of community health issues using an audience response system: participants over age 13 were given a remote and asked to vote during the meeting, with results displayed in real time (see Community Priorities section for results). The group was also given opportunity to discuss among their tables in breakout groups, focusing on what healthy means to them, what opportunities and barriers they see in Kotzebue to achieving better health, and specific ideas for reducing tobacco use and reducing obesity through healthy foods and physical activity.

Working with Elizabeth Ferguson, we asked youth to submit photos of their community depicting what healthy or unhealthy means to them. We received many great submissions from the community with a wide variety of photos.

See the Appendix for the data presentation and full list of community ideas from the meeting.

QUALITATIVE DATA COLLECTION AND ANALYSIS

To engage the community in the discussion and understand their priorities, the team conducted 32 interviews from May to August 2015. Interviewees were from Kotzebue and had varying viewpoints. The team also held two focus groups in July 2015. The first focus group was middle school age, with 8 participants. Our second focus group was high school age, with 7 participants. Interviewees were also asked specific questions about their work and knowledge in one or more of the six focus areas. The information in this report about the six strategies was gained primarily through community interviews to better understand what resources currently exist, and what ideas people have for addressing barriers to better health. Interviewees are listed below.

Table 2. Community Health Assessment Interviewees

Interviewee	Organization or Role	Topics Discussed, Other Notes
Healthy and Traditional Foods		
Lena Ferguson	Northwest Arctic Borough	Borough Fire Chief/SAR coordinator, practices subsistence
Vicky Norton	Maniilaq CHAP Program	CHAP Clinic Instructor/Pastor's wife, practices subsistence
Jennifer Snyder	Kotzebue IRA	Elders Traditional Food Support Hunter Program, FDPIR
Valdeko Kreil	Utuqqanaat Inaat	Elders traditional food project, USDA approval



Interviewee	Organization or Role	Topics Discussed, Other Notes
Jamie Beaver	Mother	Child under 10, eating habits
Elsie Dexter	Maniilaq CHAP C/I	Store outside your door, practices subsistence
Carol Schaeffer	Community member, mother, grandmother	Subsistence, traditional foods
Minnie Iyatunguk	Community member	Subsistence
Breastfeeding		
Tracy Gregg	Alaska WIC Program	Women, Infant, and Children program. Supports and encourages breastfeeding.
Cheryl Richards	Maniilaq Association	Tribal doctor
Victoria Norton	Maniilaq CHAP Program	CHA/P, mother, grandmother
Erica Lambers	Maniilaq Association	Infection Prevention/Employee Health; new mother
Physical Activity		
Tom Atkinson	Director, City of Kotzebue Parks & Recreation Department	Youth Recreation Center, 4 th of July Celebration, Quatnut 2015, Tot time, Community Skate night, Midnight Sun Softball tournament, Midnight Sun color run, Mosquito Half Marathon
Annabelle Alvite	Formerly Northwest Arctic Borough Grants + Community Development	Green Initiative grant, Subsistence Mapping project, Humanure project in villages to deal with waste.
Lena Ferguson	Northwest Arctic Borough Fire Chief, Search & Rescue Coordinator	Certification, training and coordination of fire services and SAR in 11 communities of NWAB
Chris Hatch	Northwest Arctic Borough VPSO Coordinator	Active VPSO & coordinator for the 11 villages of the NWAB
Reggie Joule	Northwest Arctic Borough Mayor	Northwest Arctic Borough Mayor, participant in the subsistence mapping project.
Mr. Padgett	Cross country coach/Middle school teacher	Kotzebue Middle School Cross Country team, certified teacher
Tracy Gregg	Alaska WIC Program	WIC promotes healthy foods and nutrition. Height and weight checks are part of their surveillance of infants and children.
Health Literacy		
Patricia Clancy	Maniilaq Health Center	Clinical champion, medical director, CHAP oversight
Paul Hansen	Maniilaq Health Center Administrator	Dog musher, father, resident of Kotzebue for 30 years.
Deb Kortness	Maniilaq Association	MHC nurse case manager
Bruce Warwick	Diabetes Prevention	Diabetes Program Manager, resident of



Interviewee	Organization or Role	Topics Discussed, Other Notes
	Manager	Kotzebue for over 20 years.
Ginger Sharrow	Clinical Applications Coordinator, Maniilaq Association	Patient reminders, icare
Josephine Oke	Alaska Public Health Nurse Program Manager	PHN Program Manager
Tobacco Cessation		
Elmer Howarth, JR	Maniilaq Association, Community Health Director	Director of Community Health, formerly part Tobacco Cessation program, community member, father, subsistence hunter
Don Fancher	Maniilaq Association, Tobacco Specialist	Father, subsistence hunter
Community-Clinic Linkages		
Paul Hansen	Maniilaq Association	Health administrator
Deborah Kortness	Maniilaq Health Center	
Pat Clancy	Maniilaq Association	Medical director, referral system, patient education

QUANTITATIVE DATA COLLECTION AND ANALYSIS

There is a great deal of useful health data available about risk factors, prevalence of chronic disease, and mortality attributable to chronic diseases. We examined the data provided from national and statewide sources, including the U.S. Census American Community Survey, the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Behavior Risk Survey (YRBS), and the Alaska Bureau of Vital Statistics. Locally we also had access to Maniilaq’s Government Performance and Results Act (GPRA) data for current prevalence of conditions such as diabetes. We did not conduct additional quantitative data collection in the community, but used an audience response system to help summarize community input, which provided graph summaries of everyone’s responses.

DATA LIMITATIONS AND CHALLENGES

The region has relatively small population, and much of the health data is available for the Northwest Arctic region, not Kotzebue specifically. We presented the health data and demographic data for the region overall in order to have more information to share, even if it was not specific to Kotzebue’s population. For future health research, it may be useful to conduct more primary research of Kotzebue residents in the form of a survey, either to better understand their health-related behaviors (such as, how often they are physically active or whether they eat the recommended servings of fruits and vegetables) or to get broader response about their attitudes toward health and chronic disease.

The timing of our assessment affected the availability of interviewees. Many residents were at camp or busy with subsistence activities. Throughout this process, every community member that we talked to was very supportive and helpful. Not one person declined when asked to interview.

Several participants (though not all) at the May 28 community meeting were Maniilaq employees and likely had a greater amount of knowledge about health and the community’s health issues, which



influenced the topics of discussion. We did find that all participants were engaged in the discussions, and others also shared good ideas and perspectives on what they believed would improve health. Similarly, the list of interviewees includes mostly Maniilaq employees and connections. This is to be expected, as Maniilaq Association is one of the largest employers in the region: few residents in Kotzebue are without a connection to Maniilaq in their family or household. However, the interviews were directed to personal health experience in Kotzebue, regardless of employment.

The community meeting was an enthusiastic and enlightening event. Everyone in the room, including the young people were engaged and exchanging ideas. Throughout the tables the mix of generations and interactions was exciting to see. Originally, we asked for participants to be 15 or older. At the meeting it was soon clear that there were younger children who wanted to participate and had ideas and opinions to share.

We conducted several interviews and held two focus groups, as well as several other community conversations in the course of gathering information. We did not have as much representation from youth as the team had hoped, and for future efforts would focus on reaching out at a summer camp or at school before it lets out for the summer, to get more youth input.

Figure 1. Photos from May 28 Community Meeting



Source: Elizabeth Ferguson (top); Erin Peterson (bottom)



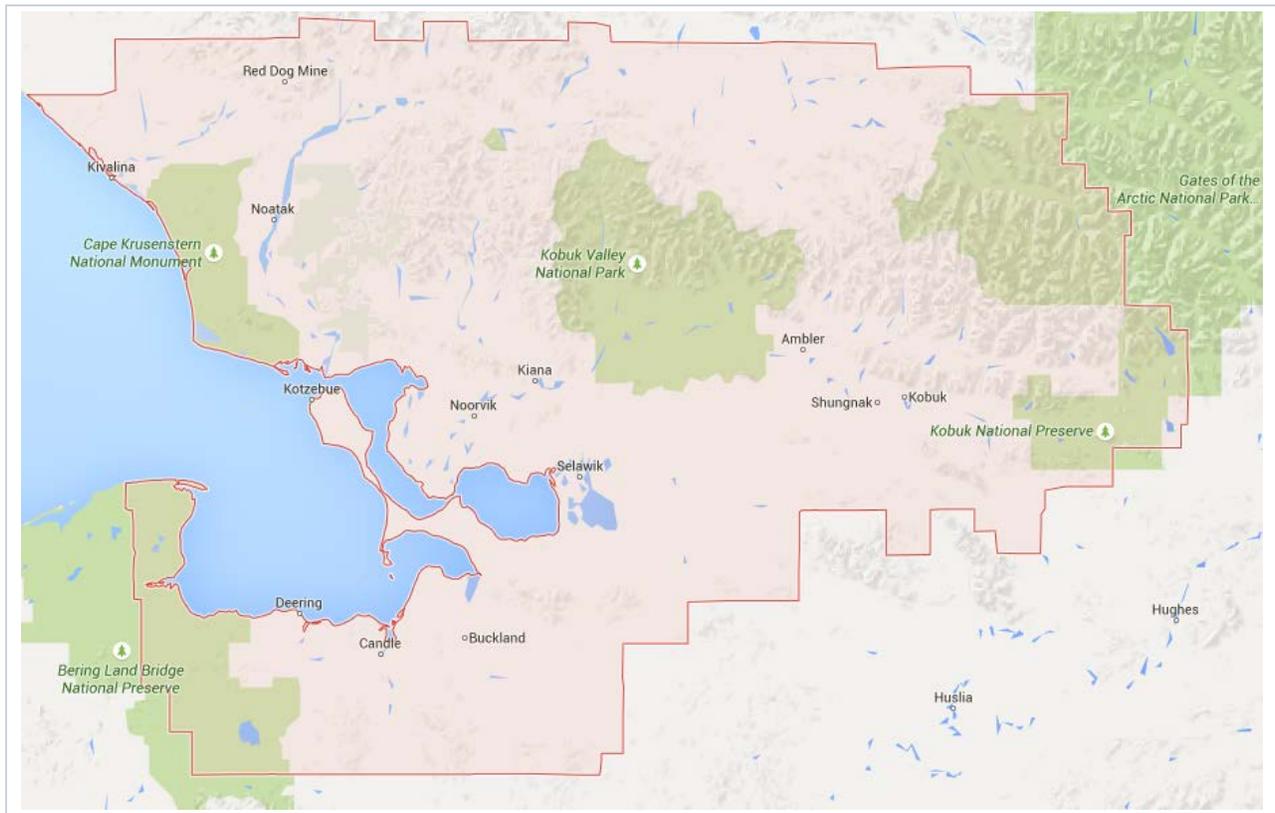
Region Overview

KOTZEBUE AND THE NORTHWEST ARCTIC REGION

The Northwest Arctic Borough is a Home-Rule borough formed in June of 1986. Kotzebue is the seat of government for the borough with an 11 member assembly. The NWAB is the second largest borough in the State of Alaska, close to the same size as Indiana. Over 80 percent of the population is descended from the Inupiat Eskimos who settled here around 10,000 years ago.

The maps below show the region, Kotzebue in aerial view, and a map showing some of the city’s park and recreation assets.

Figure 2. Northwest Arctic Borough Region Map



Source: Google Maps

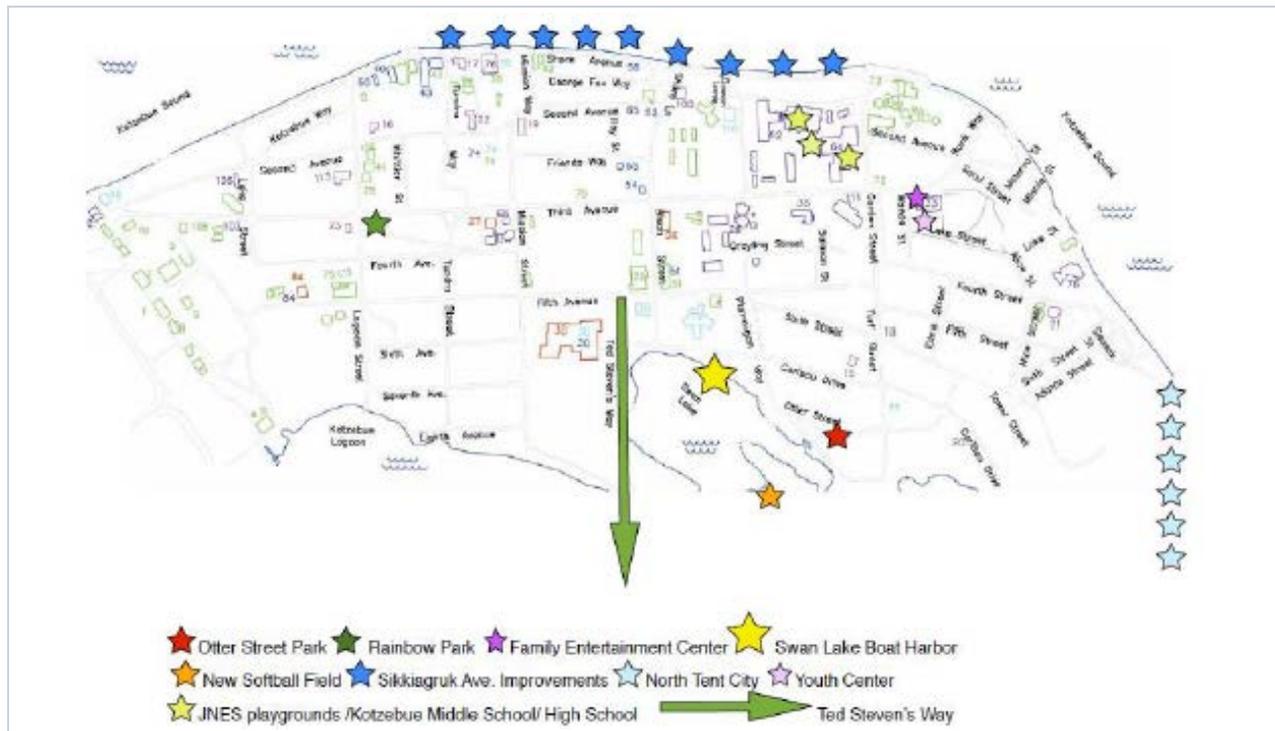
Figure 3. City of Kotzebue, Aerial View



Source: Majja Lukin



Figure 4. City of Kotzebue, Park and Public Infrastructure Assets



Source: City of Kotzebue Parks and Recreation Five-Year Master Plan

DEMOGRAPHICS

The tables below provide a summary of some key demographic data about our region. Much of our region’s population is Alaska Native, with most of the region’s non-Native people living in Kotzebue. One third of our population is youth, while less than one in ten are elders.

Our median household income is somewhat lower than that of Alaska statewide (approximately \$70,000), but our households tend to include more people living under the same roof, so the median most closely represents a household of five. Like much of rural Alaska, our cost of living is high, especially for food, heating fuel and other supplies that are shipped in from elsewhere.

Table 3. Northwest Arctic Borough, Select Demographics

Population Group	Count	Percent
Total Population	7,600	100%
City of Kotzebue Population	3,250	43%
Age		
Youth (under 18)	2,687	35%
Adult (18+)	4,913	65%
Young Adult (18-25)	1,051	14%
Elder (65+)	532	7%
Sex		
Male	4,079	54%
Female	3,521	46%
Race		
Alaska Native	6,197	82%
Non-Native (all others)	1,403	18%

Source: American Community Survey 2009-2013

About 22% of Northwest Arctic Borough residents live below the poverty line, with a higher rate (25%) among Alaska Native people in the region, compared with 22% of Alaska Native people statewide.¹

Many people practice subsistence hunting, harvesting and fishing in the region, which provides additional food sources beyond what is available in the store. However, our data suggests that many people in the region have limited resources, and many may find it hard to make healthier choices if these choices are or perceived to be more expensive.

Table 4. Median Household Income

Household Size	Income
Overall	\$61,607
1 person	\$34,028
2 persons	\$58,977
3 persons	\$83,125
4 persons	\$66,667
5 persons	\$61,667
6 persons	\$66,500
7 + persons	\$69,063

Source: American Community Survey 2009-2013

LOCAL INSTITUTIONS AND ORGANIZATIONS

There are many organizations in our region that provide services, employ our people and contribute to the community. The information provided below about each organization was gathered from the organizations' websites.

Maniilaq Association

Maniilaq Association has provided health, tribal, and social services to residents of rural Northwest Alaska for over 30 years. Maniilaq Health Center is the hub of medical services for 10 other villages in the region. Each village has a clinic with Community Health Aides, village based counselors, and Dental Health Aide Therapists that provide care in conjunction with the medical staff in Kotzebue.²

NANA Corporation

NANA Corporation derives its values from Inupiat culture and a traditional indigenous values system known as the Inupiat Illitqusiatic. The NANA family of companies works together to achieve the corporate vision and mission and is committed to the core values. NANA improves the quality of life for shareholders by maximizing economic growth, protecting and enhancing our lands, and promoting healthy communities with decisions, actions, and behaviors inspired by Inupiat Illitqusiatic values.³

Northwest Arctic Borough

Northwest Arctic Borough's mission is to improve the quality of life for all residents of the Northwest Arctic Borough. The vision is equally simple and states that the borough will be a unified region of successful people and communities.⁴

City of Kotzebue

The City of Kotzebue is considered the Gateway to the Arctic. Kotzebue is located on a sand spit at the end of the Baldwin Peninsula in the Kotzebue Sound. The site was a

¹ U.S. Census, American Community Survey, 2009-2013 estimate.

² Maniilaq Association website, accessed August 2015, www.maniilaq.org.

³ NANA Corporation website, accessed August 2015, www.nana.com/regional/about-us.

⁴ Northwest Arctic Borough website, accessed August 2015, www.nwabor.org/about.html.



trading location for local natives for hundreds of years. Each year, the July 4th Celebration is Kotzebue's big event, with a parade, fair, contests, and vendor booths.⁵

Northwest Arctic Borough School District

The Northwest Arctic Borough School District operates schools in eleven villages for approximately 1,850 students. Schools range in size from Deering with 30 students and 4 teachers to Kotzebue with 664 students and 54 teachers. The overall pupil/teacher ratio for the district is 14 to 1. Ninety percent of the students are Inupiaq Eskimo. An eleven member Regional School Board elected from Kotzebue and the surrounding villages governs NWABSD. In addition, each village has its own Advisory School Council. The administrative staff travels frequently to all the sites providing assistance and assessing local programs. The district's main goals are to prepare students to be contributing members of a rapidly changing society and to preserve the unique heritage and values of the Inupiaq culture. District programs strive to incorporate traditional activities into all phases of the curriculum.⁶

Red Dog Mine

The Red Dog Mine was developed under an innovative operating agreement between the NANA Regional Corporation, INC. NANA, a Native corporation owned by the Inupiat people of Northwest Alaska, and Teck Alaska Incorporated, a U.S. Subsidiary of Teck Resources Limited, a diversified mining company headquartered in Vancouver, Canada. Red Dog Operations upholds the highest environmental standards and we are committed to the communities in which we operate, while providing Alaskans and Alaska's Native people with economic benefits and opportunities.⁷

Figure 5. Children enjoying winter day dog mushing



⁵ City of Kotzebue website, accessed August 2015, www.cityofkotzebue.com.

⁶ Northwest Arctic Borough School District website, accessed August 2015, www.nwarctic.org/domain/30

⁷ Red Dog Mine website, accessed August 2015, www.reddogalaska.com.

Community Vision and Priorities

To develop the community vision and identify our health priorities, we engaged our steering committee, members of the community in a large dinner discussion, and conducted interviews and focus groups with adults and youth to share health data, learn more about their perspectives

VISION: HEALTHY KOTZEBUE, OUR FUTURE!



This logo was chosen to reflect the vision for the work of the Wellness Strategies for Health grant: to look forward and take action to make Kotzebue's people healthier. The adult and child standing in tall grass represent the adults, elders and youth of the community looking ahead to becoming and staying healthy. It illustrates the bond necessary between all ages to support each other in our goal to be the healthiest community we can be.

THEMES

The important themes that emerged out of this assessment project are: prevention, healthy choices, and the best management possible of health at home in our rural communities. People in Kotzebue recognize that chronic disease is a problem while not everyone considers the community to be supportive of healthy choices. Culture is very important here and is necessary to incorporate health with traditional activities.

- Community members identified chronic disease (heart disease, diabetes, and other long-term conditions) as a large problem in the community with heavy impact on the quality of life here in Kotzebue.
- Culture is an important component and should be foremost in the planning of our strategy.
- Resources are available in our community but people may not know how to find or utilize them for their benefit.
- Involving youth will be necessary to empower them to continue with leading healthy communities.
- We recognize that we have many resources but they may not be well known, accessible or coordinated for maximum effectiveness.

Our community health assessment identified the priority concerns for our community as obesity, chronic disease, and tobacco use. The community identified these as a pressing problem for our community's health. The need for prevention is widely acknowledged by the steering committee, community members who attended the community meeting and our interviewees.

Tobacco is recognized as a significant contributor to chronic disease for all community members, resources for the prevention, treatment, and cessation of tobacco use are in place and working well in our community. Given our high rate of tobacco use, tobacco cessation is always a priority in the community and our data reflects the high level of concern around the issue. Great policy strides have been made, with a new city tobacco tax and another excise tax pending at the regional level.



FOUR-YEAR PROJECT PLAN

The discussion in the August steering committee meeting was lively and we worked to develop a shared vision for the next four years of the grant. All the organizations at the table have similar goals for the community and were all able to come together to plan our action strategy for implementing our action plan. We want to increase prevention, support healthy choices, and make management of health at home possible in our rural community.

See the Goal and Action Plan section for a more detailed plan for our work over the next four years.

FINDINGS FROM COMMUNITY OUTREACH

One of the recurring themes from talking with community members is a perceived lack of activities in Kotzebue to promote physical activity or other healthy activities. After talking to many people in the community, however, it is clear that there are activities and social opportunities already: there are many fun activities during the summer months sponsored by the city, borough, and local organizations. There are less activities in the winter outside of school but that is likely to improve with the movement of bingo to the Lion's Club. Current and future projects will address this need in the community. The Parks & Recreation five year plan focuses on providing accessible areas for children and adults to be active in our community.

Our assessment of the community's health identified unique opportunities in the region with one localized healthcare provider, focusing on preventative and routine care is more approachable with limited resources. We are focusing on increasing health literacy to reduce the obesity in our communities. Obesity is one of the health factors that affects many people in our region.

More detailed findings that emerged from the interviews and community meeting:

- The community recognizes that chronic diseases are a problem, and there is expressed desire to address these issues with healthy behaviors.
- Many people do not currently view the environment as being very healthy or supportive for making health changes, or find that it is only somewhat supportive. Lifestyle changes are necessary, but can be difficult.
- Culture is important to the community, and there are ways to incorporate healthy awareness with cultural activities: subsistence, hunting, building stronger family and community bonds through culture.
- Substance use, especially tobacco and alcohol, are important issues to address in the community because they create so many other problems.
- Having a good relationship with the environment is also important: promoting human health and environmental health, and educating people about behaviors that are better for health and better for the natural environment.
- It is very important to involve youth in the work of community health: educating them about healthy behaviors and preventing chronic disease, engaging them in cultural and social activities to promote strong bonds, and empowering them to be leaders in the community on issues like being active, following traditional values, and environmental stewardship.
- There are many resources already available in the community, but they may not be
 - Well known: many people not aware that they can take advantage of the resources
 - Accessible: there may be limits or restrictions on who can use these resources
 - Coordinated: similar events or programs might be happening in isolation, but aren't working together or collaborating to best use resources

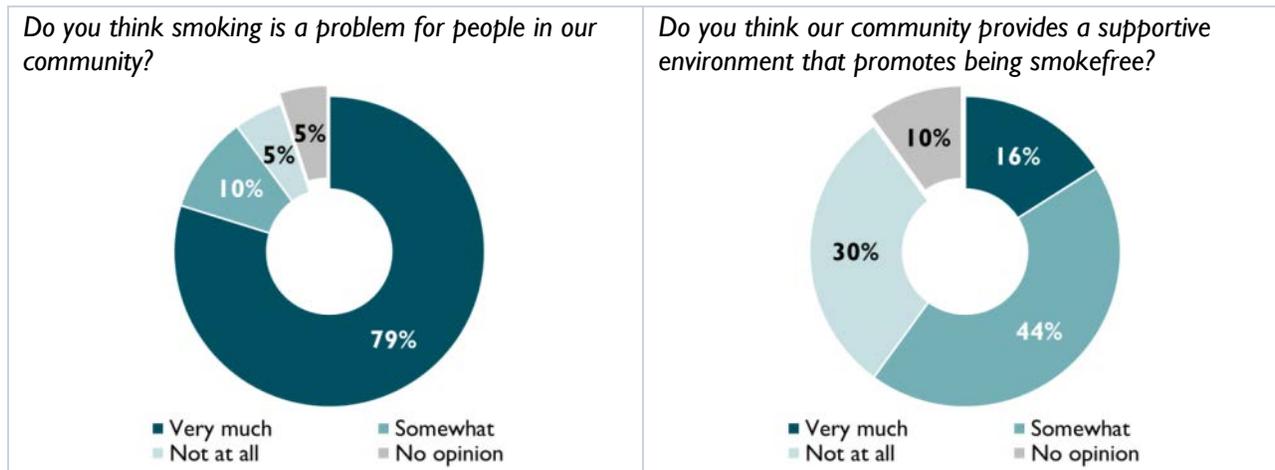


HEALTH PRIORITIES FROM COMMUNITY MEETING

At the May 28 community meeting, participants were asked to respond to some of the region's health data in select focus areas: tobacco use, obesity, diabetes, and heart disease. Using audience response polling, participants were asked to how much of a problem each health issue is in the community, then whether or not they think the community provides a supportive environment for avoiding or addressing that health issue. The group was asked about smoking and tobacco use; obesity; heart disease; and diabetes. They were not asked to choose one health issue over the others, but to assess generally how much of a priority that health issue should be, and how ready the community might be to make change.

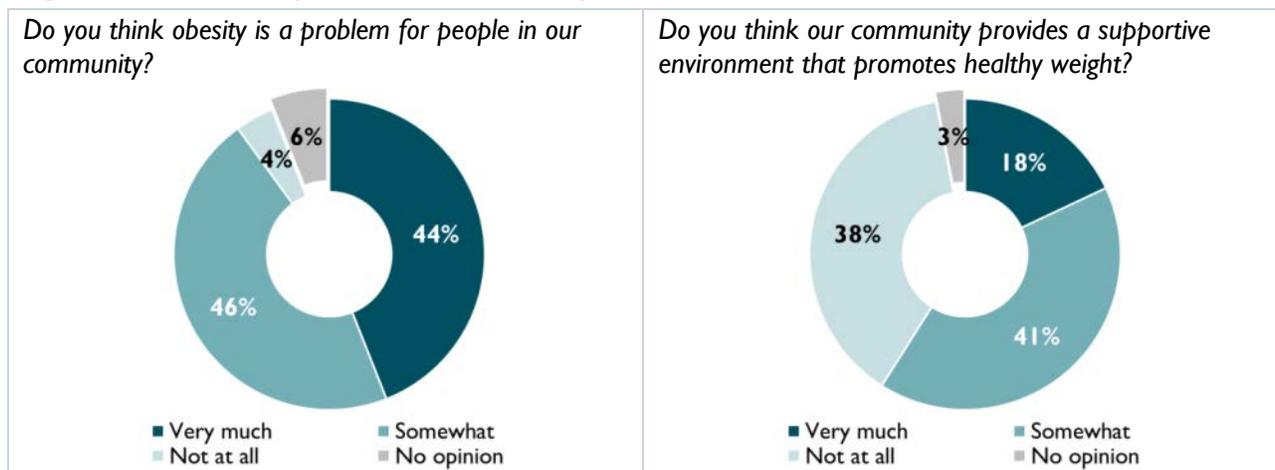
Tobacco use (smoking) emerged as one of the highest priorities, with almost 80% of people saying it is very much a problem. Relatively few perceived the environment as being helpful for people quitting or not starting to use tobacco. Several people in the breakout group discussions were enthusiastic about helping people quit more effectively, raising the price of tobacco to deter people from continuing to smoke, and enforcing smoking bans.

Figure 6. Audience Response Results to Tobacco Use Questions



Source: May 28, 2015 Community Meeting

Figure 7. Audience Response Results to Obesity Questions



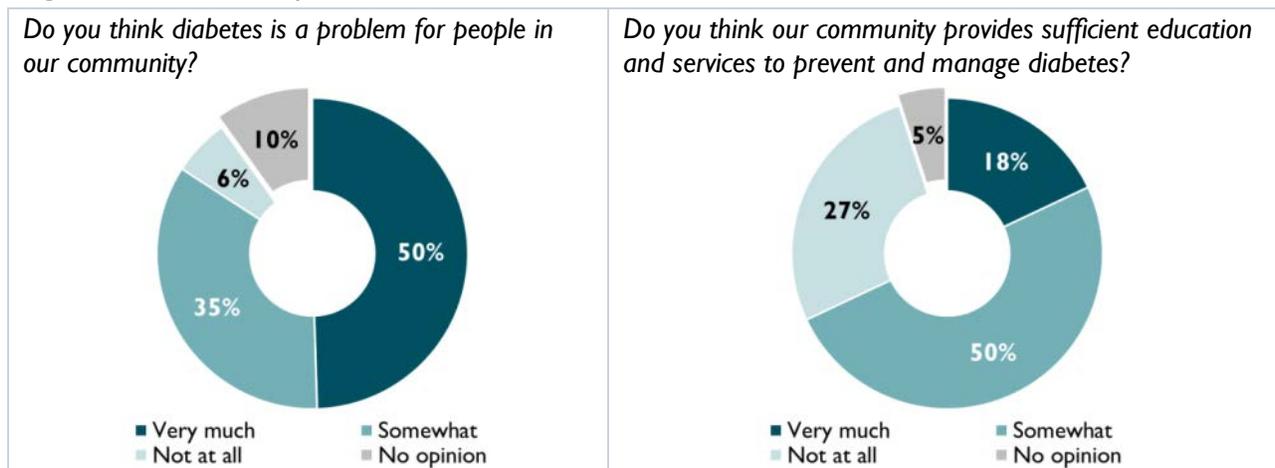
Source: May 28, 2015 Community Meeting



Community members also perceived obesity and maintaining healthy weight as a challenge, although not as strongly as tobacco use. Similarly to tobacco, few people considered Kotzebue an easy environment to maintain a healthy weight. Discussions about how to address obesity focused on increasing opportunities for physical activity, especially challenging during Kotzebue’s long winters, and healthy foods, as fresh foods are expensive and scarce unless harvested or hunted. Many people were excited about organizing more group events: berry picking, community walks or runs, and cultural activities which promote use of traditional foods.

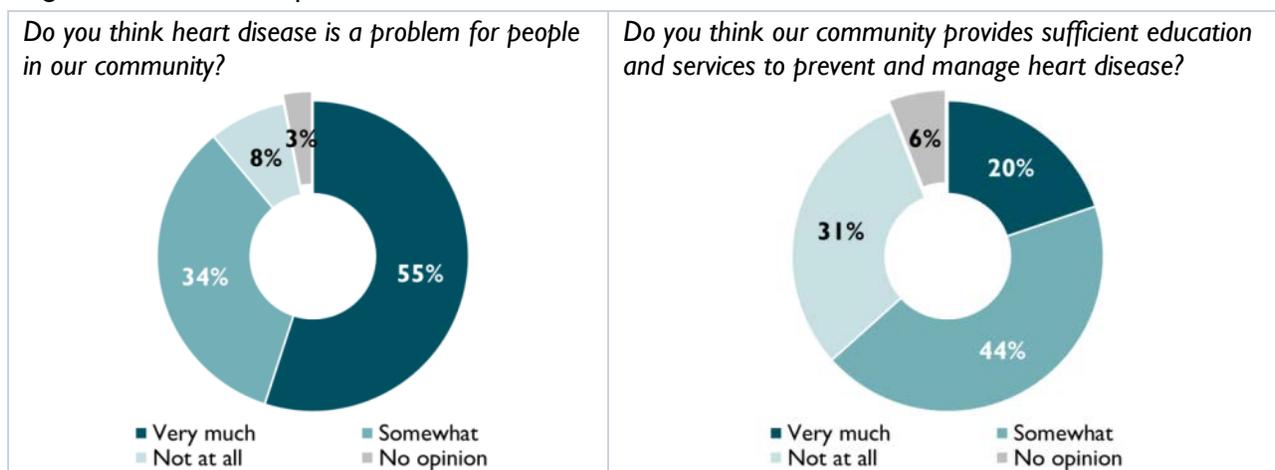
The group discussed some of the chronic diseases prevalent in the community, diabetes and heart disease. (Cancer is also very prevalent in the community, but was not specifically discussed in the meeting). For both indicators, most people believed it is an issue, and some people mentioned specific friends or family members that have one or both conditions. When asked whether they believe there are good education and health resources in the community to prevent and manage these conditions, most people believed there were some, but not abundant, resources. Heart disease appeared to be a slightly higher priority health issue than diabetes, as more respondents rated it as “very much” a problem, and fewer chose “no opinion.”

Figure 8. Audience Response Results to Diabetes Questions



Source: May 28, 2015 Community Meeting

Figure 9. Audience Response Results to Heart Disease Questions



Source: May 28, 2015 Community Meeting



RISK FACTORS

In 2005, the National Institute of Health and the National Institute on Aging released a report that the US is facing its first drop in life expectancy.⁹ The rates of obesity in today's children and young adults is causing more health problems earlier in life and could reduce the life expectancy. Another factor that significantly reduces life expectancy is smoking. Obesity, smoking, poor nutrition, and lower activity levels combine to threaten what should be a longer life span than that of their parents.

With new campaigns targeting obesity, reducing smoking, improved education, and improved medical interventions there is hope of reduced mortality. Over the past 35 years, obesity rates have more than doubled. The average American is more than 24 pounds heavier than they would have been in 1960. Severely obese people, a BMI greater than 45, live up to 20 years less than people who are not overweight. Obesity is increasing the incidence of Type 2 diabetes which also reduces life expectancy.¹⁰

The chart at right illustrates the rate of obesity in the Northwest Arctic Region versus all Alaska Native People, here our rate is actually slightly below the Healthy Alaskan Goal. We chose obesity because we

identified this as an area where we could have a high preventative impact over a broad range of people. Keeping this number lower than the statewide and national average is going to work towards our healthy future goal in a real and measurable way.

Figure 11. Obesity Prevalence: Northwest Arctic Region, Alaska Native Adults



Source: Data, Alaska BRFSS 2008-2012; Graph, Community Meeting placemat

Table 5. Alaska Native Youth Weight Status, Northwest Arctic Borough

Weight Status	NWAB Youth	AK Native Youth	All Youth Statewide	U.S. Youth
Young Children (Age 2-4)				
Under, Healthy, Overweight (< 95 th pct)	65%	76%	79%	91.6%
Obese (weight > 95 th pct)	35%	24%	21%	8.4%
High School (Grade 9-12)				
Under or Healthy Weight (BMI >25)	69%	70%	74%	69%
Overweight (BMI >25 and <30)	19%	14%	14%	14%
Obese (BMI >30)	12%	11%	16%	17%

Source: Alaska Youth Behavior Risk Survey (2013); Maniilaq WIC data (2014) Alaska WIC data (2010); U.S. YRBS (2012)

⁹ National Institute of Health News, March 16, 2005, www.nih.gov/news/pr/mar2005/nia-16.htm.

¹⁰ Trust for America's Health and Robert Wood Johnson Foundation, State of Obesity Project website, Rates and Trends Overview, www.stateofobesity.org.



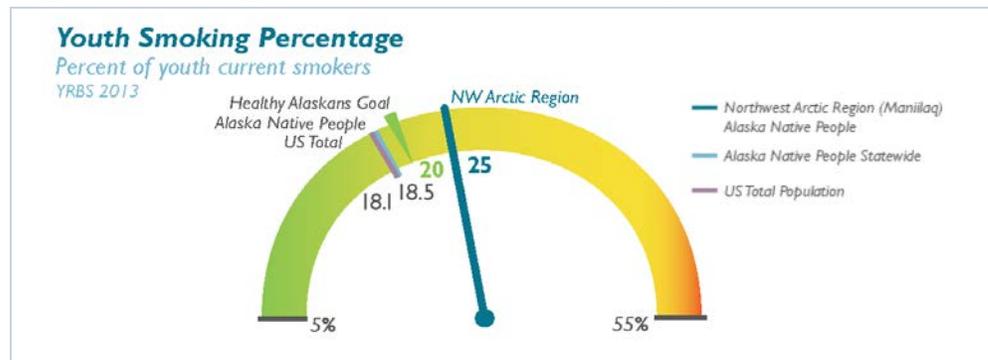
Tobacco use is very high in our region, evidenced in relatively higher youth smoking rates, a habit which often carries over into many years for adults, and which for many people contributes to their death, whether or not they have quit smoking before the end of their life.

It is a recurring theme but it bears repeating, the current generation is the first to have a shorter life expectancy than their parents. Obesity, lack of physical activity, and consumption of junk food is impacting our children.

CHRONIC DISEASES

Heart disease and cancer are some of the highest causes of death in the region, many of which are preventable deaths by preventing and managing chronic disease. Improving patient care is a focus area of the ICare program, which allows providers to gather a group of patients by risk factors and make a plan for their timely care. Diabetes patients have reminders for eye exams, medication reviews, and podiatry. This increases our health surveillance and helps our medical staff coordinate care better.

Figure 12. Smoking Prevalence: Northwest Arctic Region, Alaska Native Youth



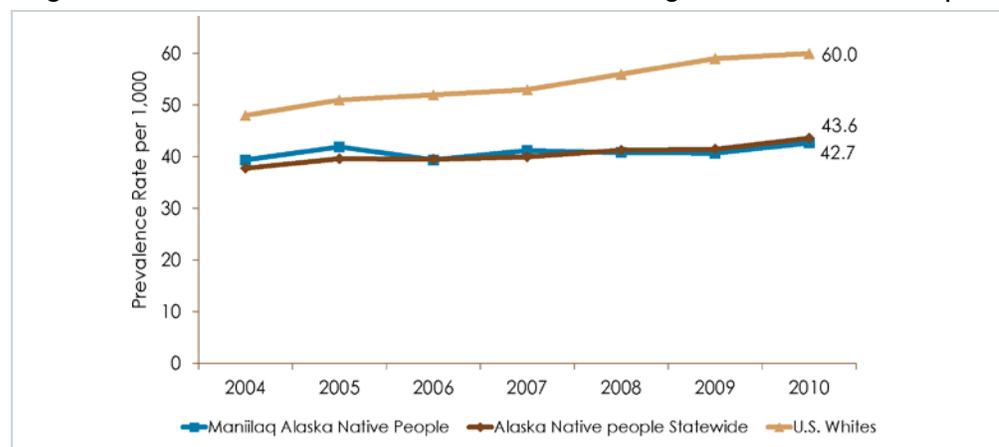
Source: Data, Alaska YRBS 2013; Graph, Community Meeting placemat

Figure 13. Smoking Prevalence: Northwest Arctic Region, Alaska Native Adults



Source: Data, Alaska BRFSS 2008-2012; Graph, Community Meeting placemat

Figure 14. Diabetes Prevalence: Northwest Arctic Region, Alaska Native People



Source: Data, ANMC Diabetes Registry; Graph, ANTHC Epidemiology Center



The two leading causes of death, heart disease and cancer, account for 40% of the region's deaths. As Healthcare Administrator Paul Hansen observed in the April Steering Committee meeting, Maniilaq's health and mortality data has shown that the people of the Northwest Arctic Borough are beginning to resemble the rest of the U.S., consequences of a changing culture and lifestyle.

Table 6. Leading Causes of Death, Northwest Arctic Region, 2009-2013

Cause of Death	Percentage of Deaths
1. Cancer	21.0%
2. Heart Disease	19.2%
3. Unintentional Injury	14.0%
4. Suicide	7.9%
5. COPD	4.8%

Source: Data, Alaska Bureau of Vital Statistics, 2009-2013; Table, ANTHC Epidemiology Center

Figure 15. Rate of Heart Disease Deaths, Northwest Arctic Region Alaska Native People



Source: Data, Alaska Bureau of Vital Statistics, 2008-2011; Graph, reproduced from Community Meeting placemat

ACCESS TO CARE

Interviewees identified Maniilaq Health Center as their primary provider of health care. The majority of residents come to Maniilaq for all care, continuing on to Anchorage as necessary. Many people in our region do not have other insurance coverage, however, and face other challenges accessing care in the villages or specialty care, especially with additional transportation time and cost.

The steering committee also discussed how many people in Kotzebue do not seek regular care or preventative services, and may or may not be aware what types of resources available. This was one of the reasons the steering committee considered health literacy to be a high priority, to help people access health care and the information and resources they need to stay healthy.

Table 7. Healthcare Coverage Status

Insurance Coverage Type	Count	Percent
Uninsured	2,524	33.4%
Male	1,477	19.5%
Female	1,047	13.9%
Young Adult (18-25)	621	8.2%
Private Insurance	2,605	34.5%
Public Insurance	2,804	37.1%
Medicaid	2,438	32.3%

Source: American Community Survey 2009-2013



HEALTH KNOWLEDGE AND COMMUNICATIONS

When asked at the community meeting about how informed they feel about important health issues, many people felt very informed but the majority felt only somewhat, or not at all, informed.

This continued through the Key Informant Interviews. Most of our respondents felt unprepared for the health decisions they make. This focused our strategy towards answering this need for our community members.

Thirty percent of our respondents said that social media was a good way to communicate information. This is an underused resource for our community. Maniilaq Association has a Facebook page that could be used to effectively broadcast preventative health messages with little cost and a broad audience.

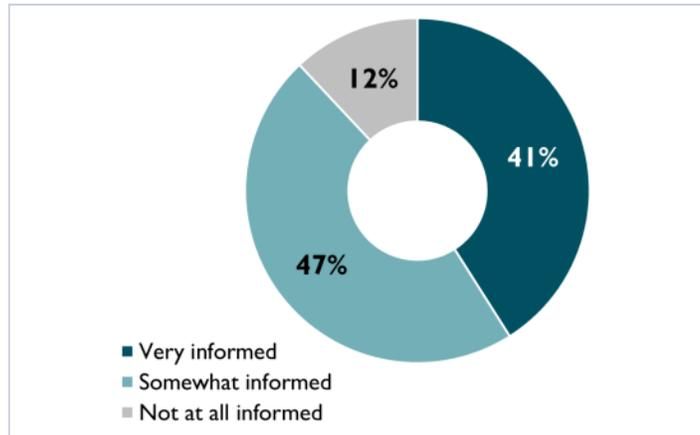
The communications methods listed above suggest a number of opportunities for connecting with people in the community to better understand and take control of their health. Social media was the most mentioned.

Our community identified social media as the top method to receive health information. Our grant has a limited budget to work with, fortunately using social media can be an efficient economical way to send our health messages out to the widest audience.

With personal mobile phones making the widespread use of social media easy and a daily part of life, we have an opportunity to easily connect with our community. With some ingenuity and collaboration all of our community organizations can benefit from increased communication and coordination.

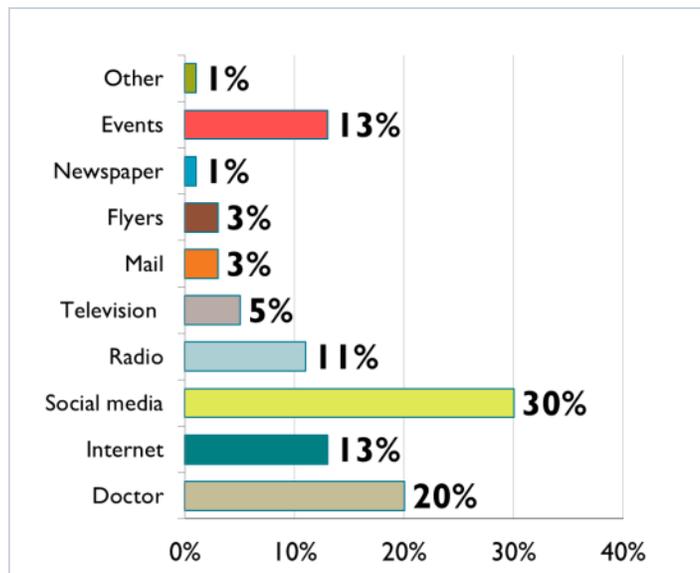
Social marketing can be used to influence our audience to change behaviors that are negatively affecting their health. We are offering information, tips, and fun facts for the benefit of the community.

Figure 16. Results: “How informed do you feel about community health issues?”



Source: Audience response polling data, May 28 community meeting

Figure 17. Results: “What is the most effective way to communicate information about health, and how to improve your family’s health?”



Source: Audience response polling data, May 28 community meeting

Forces of Change

While there is a great deal we in the region can do to promote positive change and improve community health, there are many factors larger than Maniilaq, Kotzebue or the Northwest Arctic region that will have impacts on our community. The MAPP process encourages communities to think about these forces of change as a way of understanding the big picture and identifying opportunities or challenges that may help or hinder local efforts.

Table 8. Forces of Change Influencing Kotzebue and the Northwest Arctic Region

Force of Change	Category	Description + Impacts
Climate Change	External	Food animals' migration routes are changing in response to many environmental changes such as temperature, water levels, and pollution.
National budget cuts	External	Funding cuts for health care is a national issue.
Patient Protection and Affordable Care Act (ACA)	External	Protects and empowers patients with knowledge about their health and requires providers to ensure understanding.
Medicaid expansion	External	Expanded Medicaid coverage will mean more services can be provided within the community and will be reimbursed.
Deep water port completion	External	Impacts the community, new business, jobs, new people coming into area.
Road to Ambler	External	Access to remote villages from Fairbanks, harder to enforce dry village ordinance, tobacco tax.
State budget cuts	External	Less funding for prevention, health services.
Fiber Optic Line	External	New communication options, faster exchange of information and resources, lower cost of access
Cost of Living	Internal	With better transportation methods costs will be reduced, allowing more choices for healthier foods
Changing Diet and Lifestyle	Internal	Working in the office or clinic is very different from working to survive completely off the land. Physical demands are reduced and people are gaining weight. Low nutrition foods are easily accessible and popular among youth and children.
Public opinion regarding acceptable tobacco use.	Internal	Public smoking is seen unfavorably, could push non-smoking city ordinance.
Tobacco excise tax	Internal	\$2 tax on tobacco imported into City of Kotzebue; pending complementary tax for Northwest Arctic Borough

Community Resources, Gaps and Opportunities

SIX STRATEGIES FOR A HEALTHIER COMMUNITY

The following pages include the findings of the assessment of the current resources available related to each of the six strategies, some gaps identified that create barriers to strengthening these resources, and opportunities for making improvement in each area.

As the team conducted interviews and considered opportunities and recommendations for the Steering Committee to deliberate over and choose a focus area, the following thoughts emerged:

- There is a strong subsistence ethic in the Northwest Arctic Borough. It is woven through everyday life in communities here. The key informant interviews with community members have identified areas where support is needed to continue the traditional use of local foods and resources.
- Physical activity was a necessary part of everyday life in the past. Working means less labor than in the past and does not require the same physical effort. Changing the way we view our activity levels and the benefits of exercise to our body's health while increasing our physical activity will better support our present and future health.
- Tobacco use is rampant and contributing to chronic health conditions, affecting the quality of life of our residents. Even with the policies to ban smoking in the workplaces and public buildings, smokers continue to expose others to secondhand smoke in homes and vehicles. An increase in taxes on tobacco products will be a motivation to reduce use or quit tobacco.

Below are the findings for each strategy area:

1. INCREASE USE OF TRADITIONAL AND HEALTHY FOODS AND BEVERAGES
2. INCREASE OPPORTUNITIES FOR BREASTFEEDING
3. IMPROVE OPPORTUNITIES FOR PHYSICAL ACTIVITY
4. INCREASE HEALTH LITERACY AND KNOWLEDGE ABOUT HEALTH
5. REDUCE TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE
6. IMPROVE LINKS BETWEEN COMMUNITY AND HEALTH CLINICS





Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Increase access to and use of traditional and other healthy foods and beverages

Increasing the use of healthy and traditional foods is important for our continued good health. Kotzebue has a strong tradition of using subsistence foods. You can know the season by what is being harvested and shared in the community. Subsistence activities are healthy not only because of the nutritious properties of the foods being gathered, but also because the act of gathering them through hunting, fishing and harvesting is a type of outdoor physical activity, and links our people to our culture and traditions.

Interest in and knowledge about traditional foods are high, but access can be challenging with the cost of fuel. There is a new facility open for the processing of fish and game, originally for the Long Term Care center but access is available for the school. This will enable the school to serve locally harvested game and fish to our students. Using the foods available to us in the store is a challenge, we would like to see a change in the marketing of unhealthy items. Enlisting the store to support and educate about healthier food choices already on the shelves.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice(s)
Subsistence Harvests	Community members Dept. of Fish & Game	Moose, caribou, seal, salmon, shiifish, whale	Some resources are restricted to traditional Native use (seal and whale). Spring: ice fish: shiifish, trout, tomcod, hooligan. pick greens(willow, sourdock, and sorrel), hunt seals, geese, ducks, ptarmigan herring eggs Summer: pick aqpiqs, blueberries, and raspberries. catch salmon, pike, fireweed jelly Fall: hunt caribou, moose Winter: trapping: wolves, wolverine, beaver	Recent studies have clearly shown that traditional diets are safe and the benefits are great. Alaska Native diet with an active lifestyle is effective to help prevent cancer, heart disease, obesity and support general health. Consumption of traditional foods is strongly encouraged by the tribal health system for good nutrition, disease prevention and overall wellness.
College course in ethnobotany	Offered through UAF, field based class offered in summer to teach gathering, traditional use of native flora.	Weeklong course in Scammon Bay worth one credit. Led by elders from Nome area.	Open to everyone through the college.	



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Increase access to and use of traditional and other healthy foods and beverages

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice(s)
Store outside your door	Alaska Native Tribal Health Consortium -ANTHC	Youtube videos, classes designed to reintroduce traditional foods and preparation to Alaska Native People.	Anyone can like on facebook or watch youtube videos. Instructional for adults without an elder to demonstrate ways.	Acknowledge cultural differences and practice respect.
Salad Bar in School	NWABSD State of Alaska	Salad bar is provided every school day. Kids are encouraged to go back to the salad bar if still hungry after main entrée.	All students.	Increasing access to fruits and vegetables increases intake. Children with friends who eat veggies are more likely to try them too.
FDPIR food bank	USDA Native Village of Kotzebue	Provides healthy food to people in Kotzebue.	Community members can choose between this program and SNAP. Cannot be on both in the same month.	Nutritionally dense foods are provided to qualified applicants in service area.
SNAP (State Nutrition Action Plans)	Alaska Department of Health and Human Services	Effort to strengthen collaborations on nutrition education and promotion efforts among the states nutrition assistance programs.	Qualified applicants determined by income.	Nutrition education linking to the cafeteria to help develop healthy eating habits and behavior.
Maniilaq Cafeteria	Maniilaq Association/NMS Dietary Department	Serves hospital staff, patients, and community with meals.	Open to public	Nutrition information and education are posted and available for patrons.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Increase access to and use of traditional and other healthy foods and beverages

GAPS AND OPPORTUNITIES

What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
High cost of fresh produce.	Long distance for food to travel, cost of freight	Local facility for processing game, fish. Community kitchen? Canning classes	USDA approved site for LTC open as of July 7, 2015. Use this process to open kitchen? Native Village of Kotzebue Church kitchens?	
Cooking skills, easy to use processed food that is also healthy	No home economics classes in school Foods available in grocery store often unhealthy, but most visible	offer a cooking class Nutrition classes Cooperative extension has a master preservers class, also a gardening class in summer.	Chukchi Campus Boys & Girls Club Diabetes Program WIC Program	Cooking Demonstrations Cooking club Community classes
Subsistence	Materials used are manmade and expensive. Gas, sno-gos, four wheelers, ammunition	School credit for Inupiaq skills. Community pools resources, buy supplies in bulk. Traps, nets, ammunition. Community hunt with distribution?	School district Kotzebue IRA City of Kotzebue	
Maniilaq and school cafeteria menus	Deep fried foods are popular. Chicken nuggets, French fries, onion rings.	Offer other sides, baked options.	NMS dietary manager	Healthy choices, substitutions.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Increase access and improve opportunities for breastfeeding

Increasing support for breastfeeding is a prevention-oriented strategy that brings health benefits to a baby in their first days and months of life. We have a lactation consultant working in the Women, Infants, and Children (WIC) program providing help and support. Our area has a wonderful initiation rate for breastfeeding but declines by half at 2-4 months. This time period is roughly when a mother would return to work and or the village.

Exploring what could be supportive for breastfeeding mothers, employer support came to the top of the list. Currently most employers express support but may not have official policies to support a breastfeeding mother to the workplace. Maniilaq Association allows the child to come to work for the first six months in nonclinical areas but there is no dedicated space for nursing or pumping breast milk.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice?
WIC Program	Public Health	Supports women with nutrient dense foods during pregnancy, breastfeeding support. Encourages breastfeeding first if mother is interested. Educates about the benefits of nursing throughout life.	Anyone who meets the income guidelines can apply and receive WIC vouchers for food and formula.	Assess the mother's thoughts about breastfeeding. Explore concerns. Explain how WIC supports breastfeeding for the mother with supplemental foods. Breastfeeding peer counselors
La Leche League website www.llli.org	La Leche League	Dedicated to providing education, support, and encouragement for women who breastfeed around the world.	Provides breastfeeding education and resources for providers to assist mothers.	Educating business owners on how to promote and support breastfeeding, can be certified as "Breastfeeding friendly"
Women's health.gov	Office on Women's Health, US Department of Health and Human Services	Online support and information for nursing mothers	Anyone with a smartphone.	Your Guide to Breastfeeding brochure. FAQ, benefits, and encouragement for moms.
Midwives	Maniilaq Association	Women's Health Department	Maniilaq patients	
Community Health Aides	Maniilaq Association	Community Health Aide/Practitioners	Everyone in the villages	Peer support/counseling on benefits, short term and future.
Breastfeeding Hotline 1-877-4LALECHE	La Leche League	Hotline to answer questions about breastfeeding.	Anyone with access to a phone, toll free number	Continuity of care, if a mom calls in at 7 am and then calls back they can connect her with the same counselor.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Increase access and improve opportunities for breastfeeding

GAPS AND OPPORTUNITIES

Gap: What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
No lactation consultant available based in NWAB	What challenges does the community face to make this a reality: funding, climate, etc.	Add to positions when advertising for providers.	Midwives/Women's Health	
CHAPs in Kotzebue are administrative	Running the CHAP program is a demanding position	Rotate CHAP through Kotzebue to work with women's health.	Community Health Program	
Support in village is not consistent	Family pressure to just use formula.	Health Fair centered on women and children's health and development.	Women's Health program during village visits.	Education for the providers in home villages to provide peer support and counseling.
Breastfeeding in the 1st month is at 80%, but rate drops by 50% by the 4th month	Mothers need to return to work. Fathers may see it as easier to bottle feed.	Lack of education directed to the father, recent literature has started to educate partners on the importance of support and encouragement for breastfeeding. More supportive employers, resources for breastfeeding		Providing breastfeeding education to fathers increases exclusive breastfeeding rates and strengthens paternal attachment.
Breast pumps are manual, takes longer to pump	Insurance doesn't always cover pumps. Workplaces don't always provide space or resources for breastfeeding at work.	Have breast pumps available through the MHC to encourage women who return to work to continue.	Maniilaq Women's Health Reimbursement for pumps through insurance.	



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve opportunities for physical activity

Increasing physical activity was the first strategy area that we inventoried and the area most frequently mentioned by community members. Both the community meeting and the interviews identified opportunities for physical activity as a priority for Kotzebue. Winter weather makes it challenging to get out but even during the coldest months there are residents walking and jogging.

Indoor space is limited and in high demand. With the opening of the school year the demand has increased for school sports and activities. The city of Kotzebue has been working to increase public areas for recreation. The Parks & Recreation program is working within their five year plan to increase public recreational areas. Through their efforts the gym in the Adult Recreation Center has opened up for use and will be available this winter. This will open up more opportunities for community and family activities when the gym at the school is spoken for. Community members identified community wide inclusive activities as more enjoyable and well attended.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice?
Youth Recreation Center	City of Kotzebue Parks & Recreation	Safe place for kids to go.	Open to children 6 through 18.	Is this recognized as a best practice from national sources in this area? If so, which one(s)? Fill this in later, not during an interview
Adult Recreation Center	City of Kotzebue Parks & Recreation	Gym, weight room, racquetball court, fitness center, snack bar.	18 & older. Open five days a week.	
Maniilaq Activity Center	Maniilaq Association	Treadmills, machines, weights	Employees & Guests over 18.	Conduct a public education campaign to promote physical activity.
Boys and Girls Club of America	Shares Youth Recreation Center	Health & Life skills education and career programs. Character and leadership programs. Homework help at afterschool programs	Children 6-18 Monday-Friday 10 am to 5 pm	
Toddler Time	Rural Cap/City of Kotzebue personnel is shared by both programs.	Pre K activities, resource for parents of young children, early assessment for interventions.	Children 2-6	Early assessment and intervention results in best outcomes.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve opportunities for physical activity

GAPS AND OPPORTUNITIES

Gap: What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
Long winters are cold and dark, discourages physical activity in the winter	Climate is not going to change.	Street lights Organize winter sports to increase cold weather activities	City of Kotzebue Northwest Arctic Borough ANTHC Wellness Program Diabetes Program	Conduct a public campaign to promote physical activity.
Insufficient Physical Education in school: after elementary school, less PE required	Teacher staffing, turnover Curriculum requirements need to be satisfied. Physical education is perceived as extra.	More after school sports clubs beyond wrestling, cross country, and basketball.	NWABSD	Implement new school physical activity and nutrition policies, also known as “wellness policies.”
Low awareness between community members for scheduling of events; poor communication, coordination affects attendance	One radio station, limited message boards for fliers. No central community calendar kept for Kotzebue.	Use social media (Facebook?) to inform and invite the community to all events. Find a way to make the calendar more accessible	Maniilaq Association Kelly Shroyer Maija Lukin City of Kotzebue website (existing event calendar)	Conduct a public campaign to promote physical activity.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve Health Literacy: Knowledge about health and how to improve health through behavior

Health Literacy is the education and understanding of the patient, providers, and staff Involved with healthcare. The goal is to have the best possible outcome for the patient we want to ensure that our patients understand what we are asking them to do and how it will benefit their health.

Misunderstanding health information is a top reason that patients are non-compliant or reactive in their treatment. Providers need to be able to gauge the readiness and understanding of their patients and other providers to participate in the care plan. Essentially we are trying to improve our patient care by involving the patient in their care plan.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice?
Improving Patient Care (IPC) initiative	IHS	Focus on the patient, improving the quality of and access to care.	All patients.	Learn and apply the principles and processes of quality improvement.
Patient education reminders in E.H.R.	Maniilaq Health Association	Patient’s medical record prompts providers to offer immunizations and other ongoing preventative services.	All patients.	Prevention efforts utilizing screening and surveillance.
ICare Program at Maniilaq	MHC, village clinics	Program that helps track health needs of patients.	All providers	Continuously monitors patient file for annual visits, screenings that are due.
Health class	NWABSD	Required class in 9 th grade.	All 9 th grade students.	Using information appropriate for users. Evaluate understanding before, during, and after the introduction of information.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve Health Literacy: Knowledge about health and how to improve health through behavior

GAPS AND OPPORTUNITIES

Gap: What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
Limited health literacy increases the risk of missing screenings and other preventative measures	Information is delivered through the clinic, patients are not coming in for routine appointments instead waiting for acute issues.	Health Fairs scheduled for informing and improving understanding of chronic disease and management. Develop a guide to internet access for medical information Use Social media to connect patients with information. Maniilaq Facebook page?	PHN, community health aides, ANTHC Wellness program. Ask programs to list reputable sources for usable and reliable information	Supplement instructions with pictures. Make written communication easy to read Use plain language Improve the usability of information on the internet.
Higher rate of hospitalization and emergency room use among patients with limited health literacy skills	Limited number of appointments available, icare use could be increased with training and awareness	Patient exit survey after a visit. Concerns could be addressed quickly and directly.	Patient advocacy and services. Rotate a health aide through the hospital as a patient liaison.	Acknowledge cultural differences and practice respect. Evaluate users' understanding before, during, and after the introduction of information and services.
Current engaging patient education available in lobby or central location	Currently each program has own brochures and pamphlets inside their offices, not easily accessible. Not visible	Central information kiosk in lobby or other location. Use television in lobby to play patient education videos. ANTHC has some engaging and culturally sensitive material for cancer, screening, and tobacco. Store outside your door.		
Computer access for patients	Safety, cost, limit usage	Patient portal		Patients can access their health information within HIPAA regulations.



Healthy Kotzebue Community Health Assessment Community Resources

Strategy: Reduce tobacco use and eliminate exposure to secondhand smoke

Tobacco Cessation is a big issue for the Northwest Arctic Borough. We have the highest rate of smoking in the nation. In the steering committee meetings, the group acknowledged the dire need for tobacco education and cessation, as well as implementation support for the workplaces and schools that have recently passed smoke free policies. That, said the tobacco program has made great progress in the communities here. There is a new excise tax on tobacco imposed by the city of Kotzebue and the Borough assembly has an excise tax in discussion for the borough. Eleven communities, including Kotzebue, have passed resolutions for a smoke free workplace and public buildings in the villages. There are plans in place to train another tobacco cessation specialist. There are many resources focused on this issue and real progress is being made.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice?
Tobacco Cessation Program	Maniilaq Association administers the program. It is funded by the State of Alaska.	Tobacco cessation specialists see patients referred by providers at MHC. Lozenges, gum, and patches provided through pharmacy at MHC. Tobacco Cessation program helps at the policy level. 11 villages have smoke free resolutions.	All community members can access, non-beneficiary patients will be charged by pharmacy.	Program work focuses on changing policy to encourage people to quit smoking
Tobacco Free Campus Policy	Maniilaq Association	Maniilaq Health Services buildings and properties are smoke free: Maniilaq Health Center, Public Health Nursing, and village clinics. FRF and Maintenance properties allow smoking at least 50 feet from building.		Tobacco-free policies protect people from secondhand smoke and help support people trying to quit.
Alaska's Tobacco Quit Line	State of Alaska	Provides counseling over the phone and free nicotine replacement therapy. Coaches are available up to 12 months after enrollment.	All Alaskan residents can call and enroll in the program. Under 18 will receive a quit kit but need to consult a healthcare professional about NRT.	Providing cessation resources for free helps more people quit.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Reduce tobacco use and eliminate exposure to secondhand smoke

GAPS AND OPPORTUNITIES

Gap: What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
<p>One tobacco cessation provider for Kotzebue who is the manager of the program.</p>	<p>Training is conducted in Anchorage at ANTHC. Certification is a lengthy process, usually two years.</p>	<p>New injury prevention specialist has been hired, tobacco cessation training is offered this year in Anchorage.</p>	<p>Recruit a community member who can commit to the training.</p>	<p>Recruit within the community to provide support for smokers trying to quit.</p>



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve links between the community and the clinics

The goal of increasing clinic and community linkages is closely related to health literacy: to coordinate the delivery of health care and activities in the community to promote healthy behaviors by involving the patient, family, and community in preventative activities to increase participation and value. Patients have more support in changing unhealthy habits or taking charge of their health. Providers receive assistance connecting patients with resources that the provider cannot provide themselves and community resources have better coverage of the community through the provider referrals.

It is important to identify the resources and relationships available to us to expand and continue the patient’s access to needed care. This involves screening and referrals to community resources that may not be attached to the health center or clinic. This is especially important in our region, because we have unique access for our advanced care. Tele-health is a resource for us in this because of our geographical situation in rural Alaska. Our providers can communicate with technology to other specialized providers to increase access to needed care.

INVENTORY OF CURRENT RESOURCES

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access	Best Practice?
ICare Program	Manilaq Health Center	Program designed to help providers provide timely preventative care for patients	All patients through providers	Automatic prompts for the provider and referrals assisting service programs.
Screening recommendations, national source	US Preventative Services	Screening recommendations for specific ages and risk levels.	Providers	Recommendations for which preventive services that should be provided routinely in primary care.
Screening recommendations, specific to Alaska Native people	ANMC	Screening recommendations from ANMC based on current health trends for Alaska Native people.	All providers and patients.	Screening recommendations specific to AI/AN peoples and risk factors.
Wellness Course	ANTHC	Course covers wellness topics, practice in group facilitation, public speaking, and how to support health in community	Statewide community of health educators, CHA/P, BHA, and community volunteers.	
Referral system and process	MHC, ANMC, SCF, Providence, Regional	Referrals are sent by case managers at the direction of providers, appointments are made by case managers usually.	Providers, community programs (diabetes, tobacco cessation,	Established referral system to increase access to advanced care.



Healthy Kotzebue Community Health Assessment

Community Resources

Strategy: Improve links between the community and the clinics

GAPS AND OPPORTUNITIES

Gap: What is missing or insufficient?	Barriers to Filling This Gap	Opportunities + Ideas for Filling This Gap	Potential Resources	Best Practice(s) for Addressing This Gap
Case managers are managing referrals, appointments, and travel for patients.	Staff positions			

Plan for Action



The steering committee was tasked with making a decision about the focus area we would concentrate efforts towards, it was agreed that we would choose one or two strategies to maximize our impact. The CDC, our funding agency, specified targeted reductions related to stroke, cardiovascular disease, obesity prevalence, and diabetes.

STEERING COMMITTEE PROCESS

The Steering Committee met for two days on August 11 and 12, 2015, to review the community health assessment, learn about best practices and policy-based strategies to make health change, discuss opportunities for change in all of the areas, and choose a more focused plan of action for the next four years of the Wellness Strategies for Health grant.

Our discussion began with a question: How can we reduce....

- Tobacco use among adults?
- Tobacco use among youth?
- Obesity among young children?
- Obesity among youth and teens?
- Obesity among adults?

We agreed that tobacco was a very big problem for the region, but that there is progress happening now in this area with other efforts. The committee therefore considered how to effectively address obesity rates and consequences, and saw many opportunities in the other five focus areas. Family is important to our community, so we framed the issue not just as youth or adults, but how this project can help the entire family achieve a healthy weight. The group used a criteria-scoring process to agree on how to collectively choose a strategic issue.

Using this shared criteria, the group then scored each of the strategic issues in order to focus the discussion. For each score, the group came to consensus about the score assigned (from 1 to 5, with 5 being highest priority or most agreement with the statement). Decision making was a group effort and we worked through prioritizing the issues as a group. Magnitude of all the areas was rated highly and political will was a priority to a successful strategy. Without support even the most organized campaign will fail. At the end, we felt that obesity was a good choice because it has continued to increase throughout the nation and Alaska.

Obesity affects all three of the chronic diseases that we are targeting. Diabetes can be linked to obesity and obesity can lead to diabetes. Cardiovascular disease (CVD) links to obesity as a risk factor, and a higher risk of stroke is also associated with CVD. The interlinking of all of the strategies helped with our decision to focus on reducing obesity. By focusing on maintaining health weights in our community, the committee believes these efforts can make a positive impact on a variety of health issues.

Figure 18. Completed Criteria Scoring Sheet

Criteria	TOTAL	Tally
Magnitude	5	
Political Will	4	
Capacity	1	
Population-based	5	
Cost	0	
Local Context	0	
Opportunity to Capitalize on		
Something We Are Already Doing	1	
Local Champion	1	
Action Oriented	3	
Passion/Embedded in our Culture	4	



Reducing obesity by 3% in the next four years will also show some impact on the rates of chronic diseases in our region.

When inventorying our existing

community resources, one theme emerged. Community members whether they were the patients or helping a family member, did not feel empowered and capable of making educated health decisions. They do not have a consistent source of reliable, relevant, and up to date information. We heard from the community that most people here receive their health information from the internet, which has many unreliable sources, and felt that this project could have a role in improving information for community members.

FOCUS AREA

To discuss the six possible focus areas, the group returned to the criteria developed in the first discussion. Reduce Tobacco Use (5) was not evaluated, as it was not directly relevant.

Figure 19. Completed Strategic Issue Scoring Sheet

Strategic Issue	Scored by Chosen Criteria					TOTAL
	Magnitude	Political Will	Population Based	Action Oriented	Passion, Part of Culture	
How can we reduce... <i>Tobacco Use Among Youth?</i>	5	4	5	3	3	20
<i>Tobacco Use Among Adults?</i>	5	2	2	3	2	14
Obesity Among Youth + Children?	4	3	4	5	5	21
Obesity Among Adults?	4	4	4	5	4	21

Figure 20. Completed Focus Area Scoring Sheet

Focus Area	Scored by Chosen Criteria					TOTAL
	Magnitude	Political Will	Population Based	Action Oriented	Passion, Part of Culture	
<i>Increase Access to Healthy Foods</i>	5	3	4	5	5	22
<i>Increase Breastfeeding</i>	5	2	5	5	4	21
Improve Opportunities for Physical Activity	4	3	5	5	5	22
Increase Health Literacy	5	4	5	5	5	24
<i>Improve Community and Clinic Linkages</i>	4	4	5	5	4	22

This project will help families in our community achieve healthy weights by:

- Increasing health literacy and knowledge about health
- Improving opportunities for physical activity

We chose to increase health literacy because of the broad spectrum of benefits to the patients across all of our focus area options. Improving health literacy enables our community to make healthy choices that will have a positive impact on health in the present and continuing into the future. By providing the tools for healthy decision making we are creating educated consumers that will make prevention easy and natural for all of our people. Ease of access and understanding will lead to improved outcomes in healthcare.





References

DATA SOURCES

Community meeting attendees' feedback gathered through KeyPoint Audience Response System on May 28, 2015 and compiled by Agnew::Beck.

Interviews conducted by Maniilaq Association staff, May to August 2015.

Alaska Behavioral Risk Factor Surveillance System (BRFSS), 2008-2012.

Alaska Bureau of Vital Statistics, 2008-2011 and 2009-2013.

Alaska Native Medical Center, Diabetes Registry Data, 2004-2010.

Alaska Women, Infants and Children (WIC) Survey Data, Maniilaq Association, 2010 and 2014.

Alaska Youth Risk Behavior Survey (YRBS), Northwest Arctic Borough School District, 2013.

Maniilaq Association, Government Performance and Results Act (GPRA) health data, 2015.

U.S. Behavioral Risk Factor Surveillance System, 2008-2012.

U.S. Census Bureau, American Community Survey, 2009-2013.

U.S. Youth Risk Behavior Survey (YRBS), 2012 and 2013.

PUBLICATIONS

Alaska Native Tribal Health Consortium, Alaska Native Epidemiology Center. *Northwest Arctic Regional Health Profile*, published 2008 and specific indicators updated 2015.

City of Kotzebue website, accessed August 2015, www.cityofkotzebue.com.

City of Kotzebue, Parks and Recreation Department, Five-Year Master Plan, 2015.

Maniilaq Association website, accessed August 2015, www.maniilaq.org.

NANA Corporation website, accessed August 2015, www.nana.com/regional/about-us.

National Institute of Health News, March 16, 2005, www.nih.gov/news/pr/mar2005/nia-16.htm.

Northwest Arctic Borough website, accessed August 2015, www.nwabor.org/about.html.

Northwest Arctic Borough School District website, accessed August 2015, www.nwarctic.org/domain/30

Red Dog Mine website, accessed August 2015, www.reddogalaska.com.

Trust for America's Health and Robert Wood Johnson Foundation, State of Obesity Project website, Rates and Trends Overview, accessed August 2015, www.stateofobesity.org.

University of Michigan, Center for Managing Chronic Disease, "What is Chronic Disease?" Accessed June 2015. www.centerformanagingchronicdisease.org/what-is-chronic-disease.html

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Appendix

COMMUNITY MEETING DOCUMENTS

Flyer

Placemat

Presentation and Audience Response Data

Notes: Priorities + Opportunities

Community Meeting Photos

STEERING COMMITTEE DOCUMENTS

Presentation, April organizing meeting

Notes, April organization meeting

Presentation, August action planning session

Notes, August planning session

OTHER DOCUMENTS

Evidence-Based Practices for the Six Focus Areas

Youth Photo Project Presentation

