

Healthy People Across Generations



Community Health Assessment

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Executive Summary

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. The grant seeks to reduce the rates of death and disability due to tobacco use by 5%; reduce the prevalence of obesity by 3%; and, reduce the rates of death and disability due to diabetes, heart disease and stroke by 3%. The Tanana Chiefs Conference (TCC) is the traditional tribal consortium of 39 villages of Interior Alaska. TCC provides health care services, preserves and protects cultural and natural resources, and supports tribal development. TCC is an important healthcare provider in the Fairbanks North Star Borough, and is well placed to administer this grant. The actions implemented through WSH grant funding in Fairbanks will continue as able to the surrounding interior, communities and villages.

WELLNESS STRATEGIES FOR HEALTH

The WSH grant is funded for five years by the Centers for Disease Control and Prevention (CDC) through the Alaska Native Tribal Health Consortium's Alaska Native Epidemiology Center. TCC was one of five organizations in Alaska chosen to receive grant funding. The first year is designated for planning and formulating an action plan for the next four years.

In Fairbanks, a Stakeholder Group was formed, with members of local organizations and community experts to develop an action plan that will have the most impact on the health of our community. Information was collected from the Healthy Fairbanks 2020 Community Health Needs Assessment, the TCC Community Health Impression Survey, key informant interviews, and focus groups. The community health assessment, survey and interviews helped the Stakeholder Group decide the most relevant area to focus on which could have the greatest positive impact in our community.

This community health assessment project seeks to help TCC:

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

TANANA CHIEFS CONFERENCE HEALTH VISION

The vision of the TCC health services program is:

Healthy People Across Generations

This aspirational vision also fits the WSH grant and our stakeholder committee agreed to use this vision to inspire grant planning and implementation. In addition, we developed the following more specific mission to guide our work:



Build an environment of healthy and traditional foods for all generations through advocacy, partnerships, and education.

ENGAGING THE COMMUNITY IN CONVERSATIONS ABOUT HEALTH

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 community members in the process of understanding their community's health as well as their own. At Stakeholder meetings, our group addressed elements of the Four Assessments and helped to develop a detailed action plan to improve health outcomes in the identified focus area.

To engage the community in our process outside of the regular Stakeholder Group meetings we conducted extensive interviews with local experts, leaders and residents. We also conducted a community health impressions survey to gauge community members perceptions about what contributes to the health (good or bad) of Fairbanks and Interior region residents.

KEY THEMES

The important themes that emerged out of this assessment were:

- Education
- Culture
- Collaboration
- Working across generations

A more detailed summary of the community's priorities is included in the Community Vision and Priorities section.

FOCUS AREA AND ACTION PLAN

Through the health assessment process, TCC has narrowed the focus of our efforts to two areas: **'increase use of traditional and healthy foods and beverages'** and **'improve links between the community and health clinic.'** These strategy focus areas were identified based on the results from our community assessment which indicate that residents of the TCC service area, primarily individuals living in Fairbanks, are concerned about overweight and obesity personally and as a community issue. In addition, community members expressed concern about the increased prevalence of diabetes among Alaska Native people in our region. We seek to address these concerns by improving links between the community and our TCC health clinic.

Our stakeholder group identified two strategies to focus on in the next year. Both strategies focus on policy related improvement that can be made at TCC – one related to improving healthy food offerings and another focused on improving screening for pre-diabetes in our health clinic. Our approach focuses "close to home" first and will seek to branch out further into the community in coming years.

Background and Purpose

A Community Health Assessment (CHA) is a systematic examination of the health status for a given population that is used to identify key problems and strengths in a community. The ultimate goal of the community health assessment is to develop strategies to address the community's unique health needs.

In 2014, the Alaska Native Tribal Health Consortium (ANTHC) was awarded a five-year grant from the Centers for Disease Control and Prevention to reduce morbidity and mortality due to heart disease, diabetes, and stroke among Alaska Native and American Indian people. Reductions in these chronic conditions will be achieved through policy, systems, and environmental changes in the areas of nutrition, physical activity, tobacco use, breastfeeding, and health literacy.

Tanana Chiefs Conference (TCC) was included in the ANTHC's grant as a sub-awardee to conduct a community health assessment in order to strategically identify and address our relevant and specific health issues. The main objective of this community health assessment was to:

- Accurately depict TCC community'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.

GEOGRAPHIC + POPULATION FOCUS AREA

For the purpose of this assessment, the community and area of impact is Fairbanks. The community health assessment presents data at the regional level, which provides a reasonable assessment of Fairbanks since it is the hub community for the region's 39 villages and outlying communities. The resources assessed and opportunities for change were gathered for Fairbanks, and we intend to implement our strategy for Year 2 in Fairbanks. Where possible, we will consider strategies that could be used in surrounding villages throughout the region.

See Region Overview for a more detailed picture of our community and region.

Methodology

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

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 and the health of their community. TCC staff attended a two-day MAPP training and used the information to organize their community assessment including forming a Stakeholder Group to guide the project and help develop an action plan with implementation steps to improve health outcomes in the chosen focus area.

The MAPP assessments were useful tools for preparing this report. We engaged in the following aspects of each MAPP assessment:

1. Community Health Status Assessment – Much of the health data available in our community is presented in this report. We used sources such as ANTHC regional health profiles, Alaska Department of Labor statistics, U.S. Census Data, Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Behavior Risk Survey (YRBS) state survey data.
2. Community Themes and Strengths Assessment – We determined that the best way to understand what is important to the community and how quality of life is perceived in our community was primarily through individual discussions, interviews and focus groups. To engage the community in the discussion and understand their priorities, the team conducted key informant interviews and held focus groups. Interviewees and focus group participants were asked specific questions about their work and knowledge in one or more of the six focus areas. In addition, we conducted a community health impression survey.
3. Local Public Health System Assessment – Our team did not conduct a full assessment of the local public health system, beyond documenting the resources available through TCC and other sources in the six strategy areas.
4. Forces of Change Assessment – Together with our stakeholder group we brainstormed the broad categories of “forces” that may impact our community and have outlined them in this report.

We relied heavily on our Stakeholder Group to guide our work. We describe our process, the content of the meetings, and the groups represented further in the following sections.

CORE TEAM

The core team consisted of TCC employees; Kim Blood, Diabetes Coordinator, Sylvia Slotnick, Clinical Dietitian, and Jennifer Probert, Fitness Center Attendant and Outreach Coordinator. The core team worked together to identify key stakeholder members from a variety of areas throughout the greater Fairbanks area ranging from government to faith to school board members. The core team planned and organized stakeholder committee meetings; they

developed agendas and planned meeting objectives, booked meeting space, and sent meeting invites.

The core team worked with Healthy Fairbanks 2020 to utilize their community assessment in addition to completing further surveys with our target population. Healthy Fairbanks 2020 contained both extensive quantitative and qualitative data compiled from surveys and community forums. The core team also conducted a number of key informant interviews with community members and leaders through one-on-one interviews and focus groups. Information gathered by core team members was used to complete the community health assessment and identify our community’s highest ranked strategic focus area.

CROSS-SECTOR STAKEHOLDER GROUP

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

Table 1: Cross-Sector Stakeholder Group

Member	Title	Organization or Sector Represented	Alaska Native Person/Org.
John Davies	FNSB Assembly Member, Member UA Board of Regents, previous state legislator	Government, education	
Jennifer Jolis	Director Stone Café, former restaurant owner	Underserved population, non-profit	
Lillian Ruedrich	Director Interior Alaska Area Health Education Center, Healthy Fairbanks 2020 member	Clinical, education, founding member of Healthy Fairbanks 2020	
Kelvin Long	Marketing Specialist, KRFF Radio; Voice of Denali	Media, communications	✓
Julianne Powers	Children’s Healthy Living project manager (UAF, CANHR)	Education, research	
Andrea Bersamin	UAF professor, researcher with Center for Alaska Native Health Research (CANHR)	Education, research	
Frank Yaska	TCC Behavioral Health, Tobacco Prevention	Tobacco, arts	✓
Heidi Rader	Tribal Development, TCC and Cooperative extension	Corporate Extension, education	✓
Jennifer Schmidt	Retired Public Health Nurse & FNSB school board member, board member Tanana Valley League of Women Voters	Public health, elder, education	

Member	Title	Organization or Sector Represented	Alaska Native Person/Org.
Paula Cinero	Public Health Nurse, Council of Athabascan Tribal Government (CATG)	Public health, education	✓
Barbara Thorton	WIC, Certified Paraprofessional Authority, Cert Lactation Consultant	WIC, public health	✓
Yatibaey Evans	Alaska Native Education Coordinator, FNSBSD	Education	✓
Dorothy Shockley	Technical Assistant – Alaska Region	Intertribal Agriculture Council	✓
Jennifer Maguire	Director of Planning and Development	Fairbanks Native Association	✓
Melissa Charlie	Deputy Commissioner for Fairbanks Native Association	Fairbanks Native Association	✓
Sheryl Meierotto	Teacher at Effie Kokrine Charter School	Education,	✓

Stakeholder Committee meetings were held once a month beginning in April and running through August (4/7, 5/5, 6/17, 7/21, and 8/18/15). The first two meetings focused on reviewing regional data, Healthy Fairbanks 2020, the TCC Community Assessment Survey and key informant interviews to assist the group in determining the top WSH grant related concerns in the Fairbanks area. Based on community feedback, the Stakeholder Committee recommended that “increase access to and use of traditional and other healthy foods and beverages” be the primary focus of the action plan and grant implementation efforts.

The third and fourth (June & July) committee meetings focused on brainstorming programs and resources available in the greater Fairbanks area related to healthy and traditional foods. The Stakeholder Group focused on specific populations such as school-aged children and pregnant women. The core team then researched school policies and curriculum related to wellness and food and brought the results of the research back to the stakeholder group for discussion. In August, the stakeholders regrouped to finalize the action plan.

COMMUNITY HEALTH ASSESSMENT PROCESS AND TIMELINE

Quantitative Data Collection and Analysis

We examined the data provided from national and statewide sources, including the U.S. Census American Community Survey, BRFSS, YRBS, Alaska Department of Labor statistics, the Alaska Bureau of Vital Statistics, and the Alaska Native Tribal Health Consortium Epidemiology Center. We also used the TCC Community Health Impression Survey and Health Fairbanks 2020 Community Health Assessment results to prioritize the health issues impacting our communities.

Qualitative Data Collection and Analysis

Key Informant Interviews & Focus Groups

Key informant interviews were conducted from May through July of 2015. Primarily, the format was one-on-one interviews. We also conducted small focus groups or talking circle sessions. The interviews and talking circles provided community perspectives on health issues in Fairbanks and the TCC region as well as opportunity to network and forge critical partnerships with individuals and organizations.

We spoke with the following individuals:

Table 2: Key Informant and Focus Group Participants

Interviewee	Alaska Native Person/Org	Organization or Sector Represented
Lanien Livingston	✓	Public Information Officer – FNSB Mayor’s Office
Doreen Deaton	✓	TCC – Communications Director
Sheryle Meierotto		Effie Kokrine teacher (Charter school)
Shamairah Hale	✓	Student – Graduate of UAF
Aleiah Hale	✓	Student – UAF
Jason Johnson	✓	TCC – Tobacco Prevention
Paula Cinero	✓	Public Health Nurse
Marna Sanford		Public Advocate – Public Defender
LaDonna Murphy	✓	TCC – Program Assistant Environmental Health
Father Scott Fischer		St. Matthews Rector (Priest) for parish –has high rate of AN attendees
Yvonne Hawward	✓	Fred Meyer – Food Clerk
Polly Hyslop	✓	Grad Student – UAF focus on Community Wellness
Amber Carpluck	✓	TCC – Executive Assistant
Cortnie Doan	✓	TCC – Fund Accountant
Brooke Woods Wright	✓	Mom – Student
Judy Evans	✓	Village Corp Admin (BOYK)
Mark Clifford	✓	TCC – Physician Behavioral Health
Adrienne Edwards	✓	TCC – Purchasing Agent – Foster parent
Amber Maughn	✓	TCC – Behavioral Health Consultant
Erica Meckel	✓	Juvenile Probation Officer – WEIO Athlete
Sara Obed	✓	Doyon – VP External Affairs

Interviewee	Alaska Native Person/Org	Organization or Sector Represented
Sonny Luke	✓	AK Waste – Ground Crew / Personal Care Assistant for AN elder
Dorothy Schockley	✓	Intertribal Agriculture Council Technical Assistant - AK Region
Anna Frank	✓	Paster/Elder
Sharon McConnel	✓	Denakanagga
Heidi Rader	✓	TCC/Cooperative Extension
Doreen Deaton	✓	TCC – Communications Director
Yaetibaey Evans	✓	AK Native Education

TCC Community Health Impressions Survey

TCC conducted a survey of TCC area residents from March-May 2015 in order to identify impressions of health issues affecting their community. Surveys were collected online using Survey Monkey from April 30 to May 17, 2015 and on paper forms by means of soliciting responses at the annual TCC Convention on March 16 and March 17, 2015. The survey used was a modified version of Healthy Fairbanks 2020 with a question added to specifically address the focus areas identified in the WSH grant.

DATA LIMITATIONS AND CHALLENGES

Much of the quantitative health data and demographics included in this assessment are for the Interior region or the Fairbanks North Star Borough, not Fairbanks specifically. For example, the Regional Health Profiles highlight the Interior region whereas the Healthy Fairbanks 2020 Community Health Needs Assessment highlights the needs in the Fairbanks North Star Borough and the TCC Health Impression Survey covers participant responses in the TCC area. For future health research, it would be useful to survey Fairbanks residents 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).

Geographic Scope and Demographics

TANANA CHIEFS CONFERENCE/FAIRBANKS NORTH STAR BOROUGH

The Tanana Chiefs Conference covers an area of 235,000 square miles in Interior Alaska, which is equal to about 37% of the entire state, and just slightly smaller than the state of Texas. There are six sub regions within TCC consisting of Lower Yukon, Upper Kuskokwim, Upper Tanana, Yukon Flats, Yukon Koyukuk, and Yukon Tanana. Within these sub regions are 39 villages as well as the Fairbanks North Star Borough.

The Fairbanks North Star Borough was incorporated in 1964 and encompasses 7,361 square miles, making it the fourth largest borough in the State of



Alaska. Within the borough are two cities, Fairbanks and North Pole, as well as several unincorporated communities. Fairbanks is Alaska’s second largest community and serves as a hub for many rural communities across the state. It is also the seat of government for the borough with an assembly of nine members.

The Alaska Department of Labor estimated that in 2013, 16,362 Alaska Native/American Indian people lived in the Interior region, which represents 14.3% of the total Interior population (114,070). Interior Alaska is home to over 70 Alaska Native organizations and the Koyukuk Athabascans have lived in this area for thousands of years.

The maps on the next page show the Interior region including TCC sub regions, communities, and the Fairbanks North Star Borough region.

DEMOGRAPHICS

The tables below provide a summary of some key demographic data for our region. Most of the residents in the Fairbanks North Star Borough (FNSB) are non-Native, with a large number of the Interior region's Alaska Native people living in rural villages outside of the hub community, Fairbanks. One fourth of the FNSB population is youth, while less than one in ten are elders. The median age of our region is 30.7 years. Ninety-three percent of the FNSB population is a high school graduate or higher and 8% of the civilian labor force is unemployed.

Table 3: Fairbanks North Star Borough, Select Demographics

Population Group	Count	Percent
Total Population	98,656	100%
City of Fairbanks Population	31,891	32%
Age		
Youth (under 18)	25,019	25%
Adult (18+)	73,637	75%
Elder (65+)	6,827	7%
Sex		
Male	52,265	53%
Female	46,391	47%
Race		
Alaska Native and American Indian	6,524	7%
Non-Native (all others)	92,132	93%
Education		
High School Graduate or Higher		93%
Bachelor's Degree or Higher		29%
Employment (16 years and over)		
In Labor Force	55,496	73%
Civilian Labor Force	49,876	66%
Employed	45,920	60%
Unemployed	3,956	5%
Armed Forces	5,620	7%
Not in Labor Force	20,514	27%

Source: American Community Survey 2009-2013

Our median household income is slightly lower than Alaska’s statewide and the median income most closely represents a household of two persons.

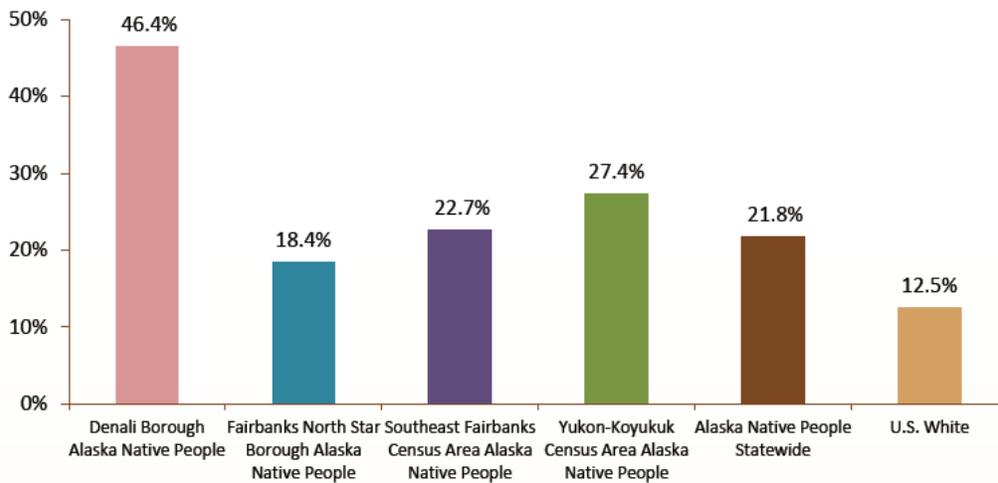
Table 4: Fairbanks North Star Borough Median Household Income

Household Size	Income
Alaska Median Household Income	\$70,760
Overall	\$67,992
1 person	\$38,442
2 persons	\$71,477
3 persons	\$90,236
4 persons	\$83,674
5 persons	\$101,319
6 persons	\$83,170
7 + persons	\$89,754

Source: American Community Survey 2009-2013

While Fairbanks is the second largest city in the state it’s like much of rural Alaska in that the cost of living is high particularly for food, heating fuel and other supplies that are shipped in from elsewhere. Approximately 8% of Fairbanks North Star Borough residents live below the poverty line, with a higher rate (18.4%) among Alaska Native people in the region. This data suggests that almost a quarter of Alaska Native people in the region have limited resources, and may find it hard to make healthier choices if these choices are, or are perceived to be, more expensive.

Figure 3: People Living Below the Federal Poverty Line in Interior Alaska



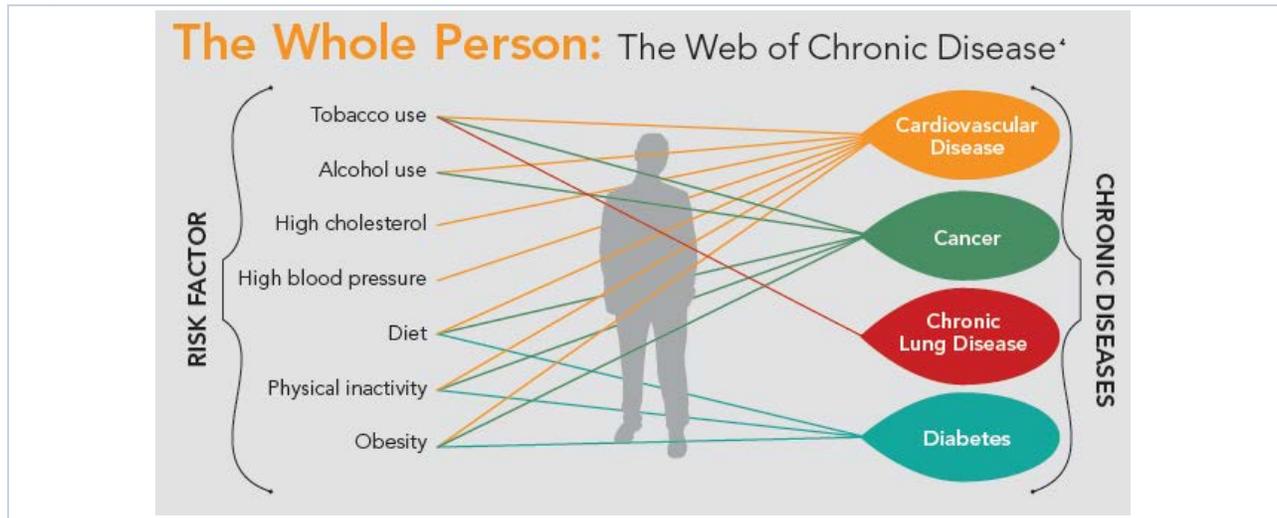
Source: Data, American Community Survey, 2009-2013; Chart, ANTHC Epidemiology Center

Community Health Outcomes

REDUCING CHRONIC DISEASE

The goal of the Wellness Strategies for Health grant is to employ positive health change strategies to reduce the prevalence and negative consequences of chronic disease. Chronic disease is a long-lasting condition that can be controlled but not cured, such as diabetes, heart disease or asthma.¹ Many chronic diseases can be prevented, reduced or managed with healthy lifestyle choices.

Figure 4: The Web of Chronic Disease



Source: Agnew::Beck Consulting

OUR DATA STORY

The following sections provide health data about the Alaska Native people in our region, and the risk factors, as well as the consequences of chronic disease. Our data story shows that in the Interior region like many other regions in the state, Alaska Native people experience higher rates of obesity and tobacco use than the general statewide population.

RISK FACTORS

In 2005, the National Institute of Health and the National Institute on Aging released a report that the United States is facing its first drop in life expectancy. The high rates of obesity, tobacco, poor nutrition, and low activity levels are threatening the life expectancy rates of our children and young adults.

Table 5: Summary of Health Outcomes for Interior Alaska Natives

ANTHC Fact Sheet for Interior Region	Prevalence/ Percentage	Mortality/ Morbidity Rate	Alaska Natives Statewide Average	Lower or higher than AN Statewide	U.S. White Average	Lower or higher than U.S. Whites
Obesity (2008 – 2012)	31.8%		34.1%	Slightly Lower	26.1%	Higher
Diabetes (2008)	44 per 100,000		41 per 100,000	Slightly Higher	53 per 100,000	Lower
Heart Disease (2004 – 2008)		128.1 per 100,000	173.4 per 100,000	Lower	205.1 per 100,000	Lower
Cerebrovascular Disease (Stroke) (2004 – 2008)		48.1 per 100,000	56.7 per 100,000	Lower	44.5 per 100,000	Slightly higher

Source: Data, Alaska Bureau of Vital Statistics; Graph, ANTHC Epidemiology Center – complete sheets located in appendixes

Comparing health outcomes in the Interior Region from Alaska Natives around the state and U.S. Whites highlights the similarities and differences in health status. Interior Alaska Natives have:

- Obesity rates higher than U.S. Whites but slightly lower than AN statewide
- Diabetes prevalence lower than U.S. Whites but slightly higher than AN statewide
- Heart Disease mortality lower than U.S. Whites and AN Statewide
- Cerebrovascular Disease mortality slightly higher than U.S. Whites but lower than AN statewide

Although it appears Interior AN have improved health outcomes when compared with U.S. Whites (diabetes prevalence and heart disease) the higher rates of obesity for AN indicate the Interior AN population still at increased risk for chronic diseases and have similar rates of cerebrovascular disease. In addition, there was an increase in the prevalence of diabetes of 96% from 1990 – 2008 for Interior AN indicating diabetes continues to be a concern with Interior Alaska Natives.

Community Health Behaviors

Comparing health behaviors in the Interior Region to Alaska Natives around the state and U.S. Whites highlight the similarities and differences in health status.

Table 6: Summary of Health Behaviors for Interior Alaska Natives

ANTHC Fact Sheet for Interior Region	Prevalence/ Percentage	Alaska Natives Statewide Average	Lower or higher than AN Statewide	U.S. White Average	Lower or higher than U.S. Whites
Adult Tobacco - Smoking (2008 – 2012)	43.0%	39.0%	Slightly Higher	16.5%	Higher
Adult Tobacco – Smokeless Tobacco (2008 – 2012)	7.4%	11.7%	Lower	4.1% (Alaska Whites Statewide)	Higher
Physical Activity (2007 – 2009)	72.5%	67.3%	Higher	51.8%	Higher
Breastfeeding – Initiation (2004 – 2008)	84.2%	91.4% (2006)	Lower	74.0%	Higher
Breastfeeding – 8 weeks Postpartum (2004 – 2008)	56.9%	65.7% (2006)	Lower	62.5%	Lower

Source: Data, Alaska Bureau of Vital Statistics; Graph, ANTHC Epidemiology Center - complete sheets located in appendixes

For Interior Alaska Natives:

- Tobacco use, both smoking and smokeless, is higher than for U.S. Whites
 - Smoking tobacco rates are slightly higher than AN Statewide
 - Smokeless tobacco rates are slightly lower than AN Statewide
- Physical activity rates are higher than both U.S. Whites and AN Statewide
- Initiation of Breastfeeding rates are higher than U.S. Whites but lower than AN Statewide
- Postpartum Breastfeeding (> 8 weeks) rates are lower than both U.S. Whites and AN Statewide

Further comparison illustrates Interior AN tend to be more active than U.S. Whites and AN Statewide however they also tend to use more tobacco and breastfeed for a shorter period of time than their U.S. Whites and AN Statewide counterparts.

Eating Behaviors

In 2011, 32.9% of the Fairbanks region respondents reported that they did not harvest wild foods in Alaska by gathering, hunting, or fishing during the past 12 months, while 53.2% harvested wild foods in Alaska one time per month or less. Thirty-nine percent of Fairbanks region respondents reported that they did not purchase fresh produce from a farmer’s market, farm stand, U-pick farm or Community Supported Agriculture (CSA) in Alaska and 53% of Fairbanks region respondents reported that they did not eat produce from their own garden in the past 12 months.

Table 7: Fairbanks BRFSS Region, Local Foods Index

Question	Local Foods Index			
	None	One time per month or less	One time per month to one time per week	More than one time per week
During the past 12 months, how often did you or a family member harvest wild foods in Alaska by gathering (berries or seaweed), hunting, or fishing?	32.9%	53.2%	10.7%	3.3%
During the past 12 months, how often did you purchase fresh produce from a farmer’s market, farm stand, U-pick farm or CSA in Alaska?	38.7%	34.1%	21.2%	6%

Source: BRFSS, 2011

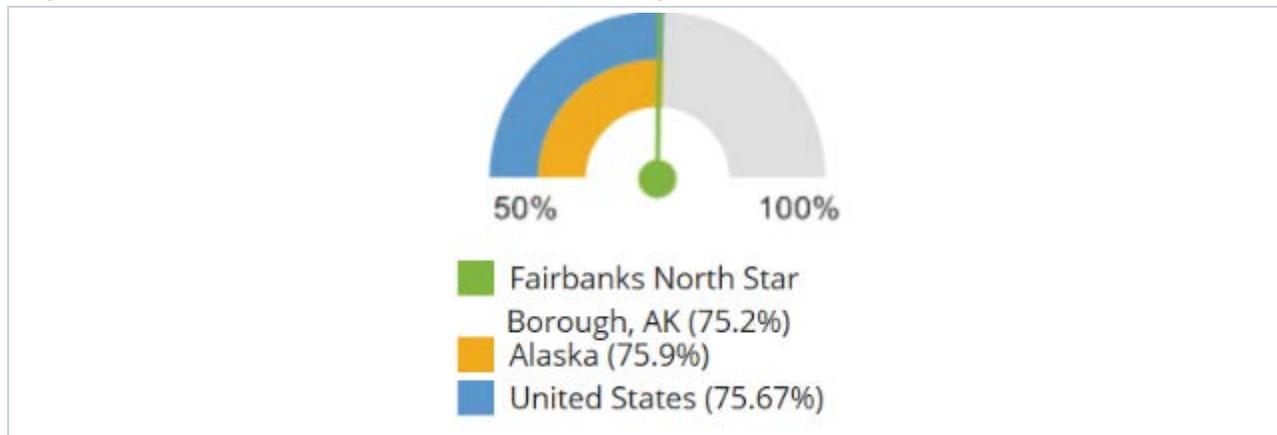
Table 8: Fairbanks BRFSS Region, Home Vegetables

Question	Home Vegetables	
	Yes	No
During the past 12 months, did you eat produce from your own garden?	47%	53%

Source: BRFSS, 2011

An estimated 75.2% of Fairbanks North Star Borough adults over 18 consume less than five 5 servings of fruits and vegetables each day, which compares similarly to Alaska and the US as a whole.

Figure 5: Percent Adults with Inadequate Fruit/Vegetable Consumption, 2005-2009



Source: Data, State of Alaska, Division of Public Health, BRFSS and CDC, BRFSS; Chart, Community Commons

HEALTH PRIORITIES

For our project we primarily relied on a community health impression survey, to determine what the community perceives to be the most critical health issues to address. We used the community health impression survey data, correlated with Healthy Fairbanks 2020 data, and reviewed this alongside what we learned through our stakeholder group meetings and key informant interviews to determine which health priorities to pursue.

TCC Community Health Impression Survey

For the TCC Community Health Impression Survey, 393 community members completed an online or paper survey to share insight on the region's health issues. There were 188 people who listed their community as Fairbanks or Fairbanks area (urban) while 117 listed their community as a smaller community (rural), and 88 did not list a community of residence. Of the respondents, 75% were women and 79% Alaska Native or American Indian.



The top personal health concern for the rural and no community specified group was Dental Health, while all groups combined ranked

Overweight/Lack of Physical Activity as the highest personal health priority.

Table 9: TCC Community Health Impression Survey, Q2. Biggest Personal Ongoing Health Concern

Response	Urban		Rural		No Community Specified		Total	
	#	%	#	%	#	%	#	%
Overweight, Lack of Physical Activity	119	63%	56	48%	31	35%	206	52%
Dental Health	80	43%	63	54%	34	39%	177	45%
Diabetes	44	23%	32	27%	26	30%	102	26%
Tobacco Use	38	20%	32	27%	20	23%	91	23%

Source: Spring 2015, TCC Community Health Impressions Survey

The top community health concern for urban respondents was Drug and Alcohol Abuse, Domestic Violence/Sexual Assault, and Lack of Physical Activity, while the top concerns for rural respondents was Drug and Alcohol Abuse, Domestic Violence/Sexual Assault, and Diabetes.

Table 10: TCC Community Health Impression Survey, Q5. Biggest Ongoing Health Concerns for Your Community

Response	Urban		Rural		No Community Specified		Total	
	#	%	#	%	#	%	#	%
Drug and Alcohol Abuse	138	73%	81	69%	48	55%	267	68%
Domestic Violence and Sexual Assault	68	36%	36	31%	16	18%	120	31%
Diabetes	51	27%	34	29%	25	28%	110	28%
Overweight, Lack of Physical Activity	56	30%	32	27%	19	22%	107	27%

Source: Spring 2015, TCC Community Health Impressions Survey

Respondents reported that Drug and Alcohol Abuse was the most serious behavior to address in the community; while both urban and rural respondents ranked Being Overweight and Poor Eating Habits as the third most important behaviors to address.

Table 11: TCC Community Health Impression Survey, Q9. Behaviors Most Important to Address in Your Community

Response	Urban		Rural		No Community Specified		Total	
	#	%	#	%	#	%	#	%
Alcohol Abuse	143	76%	95	81%	42	48%	280	71%
Drug Abuse	91	48%	49	42%	30	34%	170	43%
Being Overweight	44	23%	25	21%	14	16%	83	21%
Poor Eating Habits	39	21%	31	27%	12	14%	82	21%

Source: Spring 2015, TCC Community Health Impressions Survey

Healthy Fairbanks 2020 Community Health Needs Assessment Survey

In addition to the TCC Community Health Impression Survey, we looked at the Healthy Fairbanks 2020 Community Health Needs Assessment survey data to see what Fairbanks North Star Borough respondents said were their top health concerns. The Healthy Fairbanks 2020 Project Team conducted a survey with over 1,300 Fairbanks North Star Borough residents and hosted 13 community forums to gather input on the top health concerns over the next five years. The majority of surveys were completed online (82%) while the rest were completed during the community forums (18%). In general, the survey population was consistent with the overall Borough population in all areas but two: gender and education. Survey respondents tended to be more female than male and more highly educated than the Borough population.

Top community health concerns identified by Healthy Fairbanks 2020;

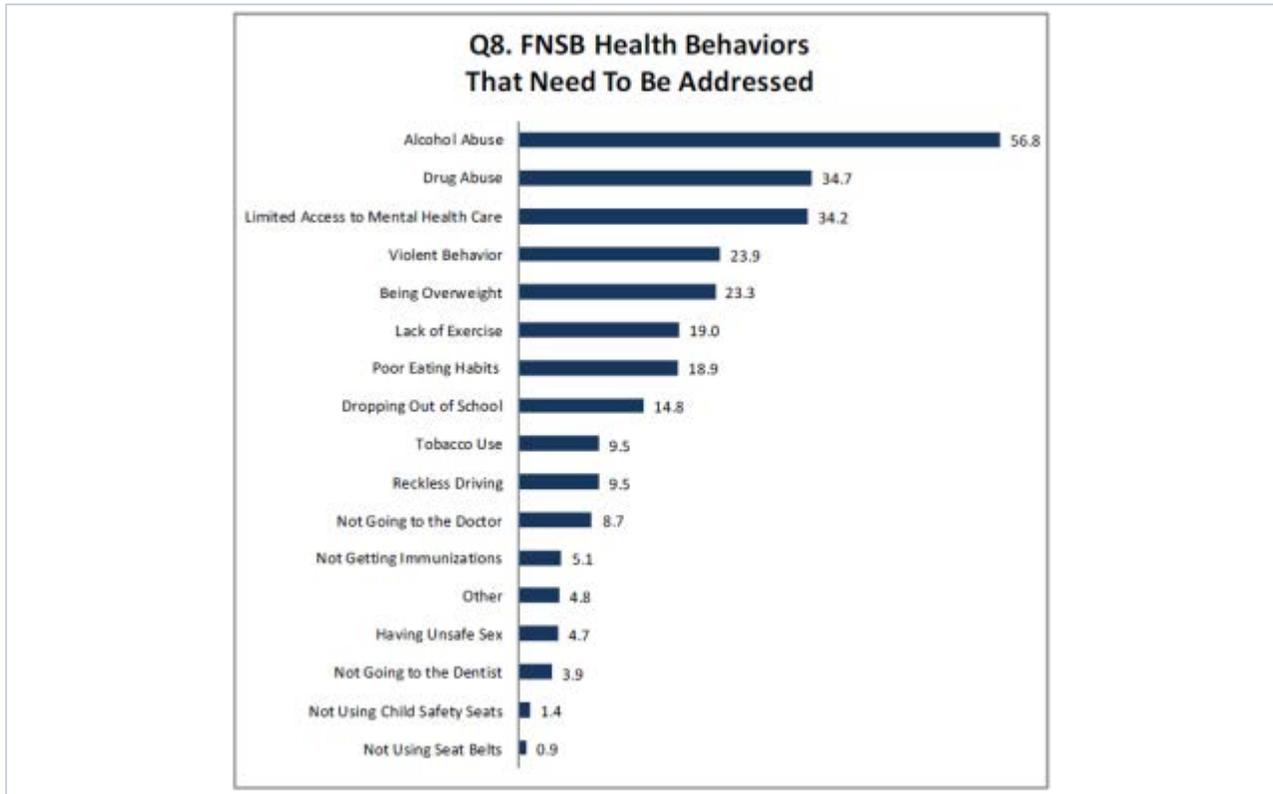
- Drug and alcohol abuse
- Mental health
- Domestic violence/sexual assault
- Overweight, lack of physical activity

Top personal health concerns identified by Healthy Fairbanks 2020;

- Overweight, Lack of Physical Activity
- Environmental Hazards
- None
- Diabetes (ranked 12th out of 17)

Borough survey responders reported that Alcohol Abuse was the top health behavior that needs to be addressed by our community. Drug Abuse, Access to Mental Health Care, Violent Behavior, and Being Overweight were also identified as the top behaviors that need to be addressed in the Fairbanks North Star Borough.

Figure 6: Healthy Fairbanks 2020 Community Health Needs Assessment Survey, Q8. Health Behaviors that Need to be Addressed



Source: January 2015, Healthy Fairbanks 2020 Community Health Needs Assessment Final Report

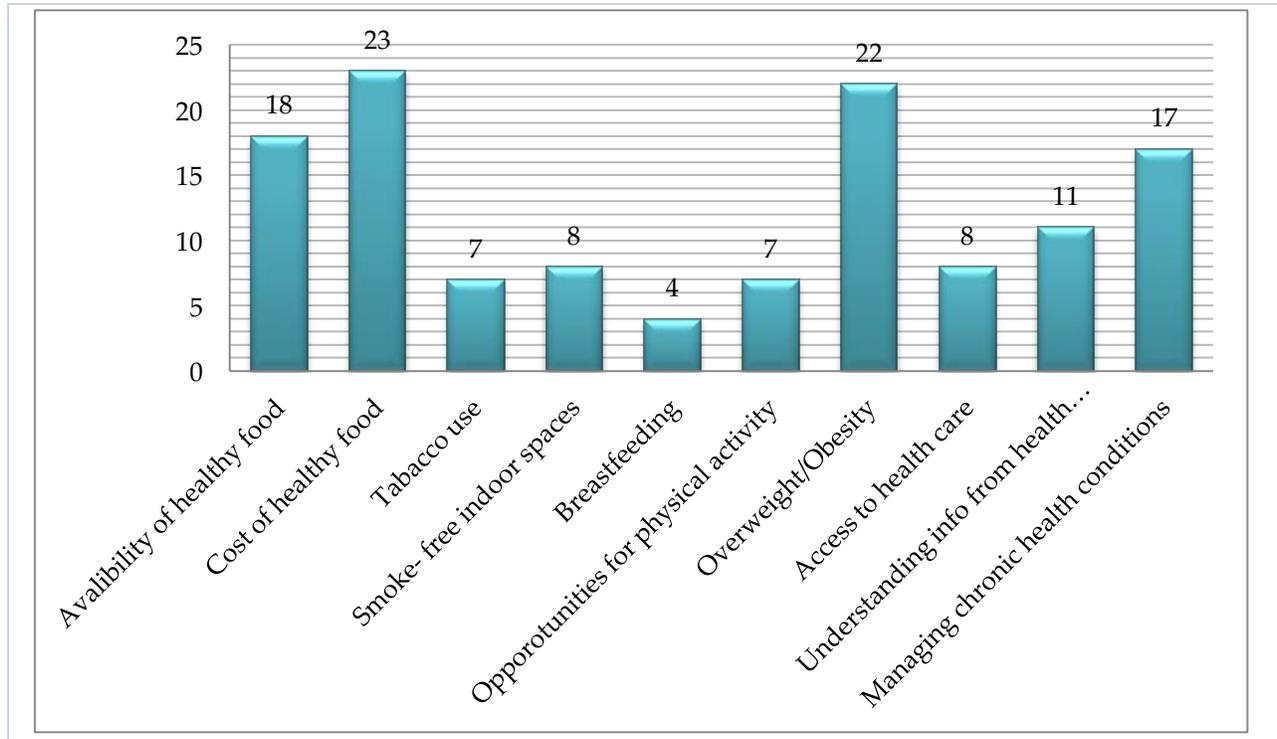
While alcohol and drug abuse and domestic violence consistently ranked as the top health issues to address, overweight and lack of physical activity consistently ranked amongst the top five health concerns. The full Healthy Fairbanks 2020 report can be found in the appendix.

Key Informant Interviews

We also asked the individuals whom we interviewed and who participated in focus groups and talking circles what was the top health concern that should be addressed by the grant. We assigned points to their top three choices with the top choice receiving 3 points, second received 2 points, and the third choice received 1 point.

The following table illustrates the results of what those interviewed would like to address through this grant.

Figure 7: Key Informant Interviews, Top Health Concerns

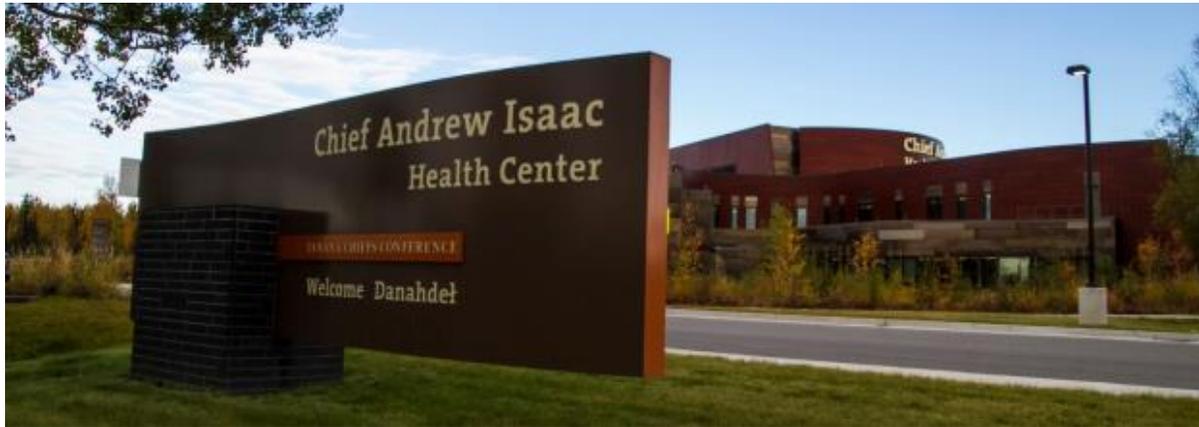


Source: Spring 2015, Key Informant Interviews

Cost of healthy food ranked the highest, overweight/obesity was the second most important concern, and availability of healthy food ranked third. Clearly those interviewed see access to healthy food as a large barrier in the TCC region.

Healthcare Access and Affordability

Most Alaska Native/American Indian Fairbanks residents identified Chief Andrew Isaac Health Center (CAIHC) as their primary provider of health care.



The majority of residents come to this health center for the majority of care, including chronic disease management. Generally, TCC is able to meet most of the health care needs of their beneficiaries. TCC staff the clinic and outlying health network with 14 doctors, 20 mid-level providers (PA, NP, etc.) 45 community health aids that work throughout the region. Patients may seek care from other Fairbanks area providers for reasons including:

- Referral to an outside provider for specialized care;
- Private insurance and prefer to see an outside provider;
- Medical emergency and needs emergency services.

Table 12: Fairbanks North Star Borough Healthcare Coverage Status, Total Population 92,459

Insurance Coverage Type	Count	Percent
Uninsured	13,156	14.2%
Adult (18-64)	60,744	65.7%
Under 18	1,917	7.7%
Private Insurance	69,186	74.8%
Public Insurance	19,098	20.7%

Source: American Community Survey 2009-2013

According to Healthy Alaska 2010, 71% of Alaskan adults report having one or more personal healthcare providers, which has been relatively stable over the past decade. Further data analysis shows a higher percentage of women who report having a personal healthcare provider (77%) than men (60%). In addition, there are lower rates for Alaska Natives (57%), adults living in rural Alaska (49%), and individuals living in the

Fairbanks area who have a personal healthcare provider (62%).

TCC Community Health Impression Survey respondents reported that a “lack of availability of medical providers, including specialists” as the top reason why residents do not get medical

treatment, followed closely by “no insurance.” Rural residents were far more likely to cite lack of transportation as a barrier to obtaining healthcare.

Figure 8: TCC Community Health Impression Survey Results: What keeps you, or people you know, from getting medical treatment?

Response	Urban		Rural		No Community Specified		Total	
	N	%	N	%	N	%	N	%
Lack of availability of medical providers, including specialists	87	46.3%	51	43.6%	15	17.0%	153	38.9%
No insurance	76	40.4%	44	37.6%	15	17.0%	135	34.4%
Lack of transportation	50	26.6%	59	50.4%	15	17.0%	124	31.6%
Don't understand the need to see medical providers	60	31.9%	40	34.2%	11	12.5%	111	28.2%
Problems getting an appointment	64	34.0%	28	23.9%	11	12.5%	103	26.2%
Don't know how to choose the best medical providers	57	30.3%	27	23.1%	9	10.2%	93	23.7%
Unable to pay co-pays/deductibles	49	26.1%	25	21.4%	8	9.1%	82	20.9%
There are no barriers	30	16.0%	12	10.3%	8	9.1%	50	12.7%
Language barriers	14	7.4%	10	8.5%	5	5.7%	29	7.4%
Cultural/religious beliefs	8	4.3%	6	5.1%	5	5.7%	19	4.8%
Other (please specify)	2	1.1%	0	0.0%	1	1.1%	3	0.8%

Source: Spring 2015, TCC Community Health Impressions Survey

HEALTH KNOWLEDGE AND COMMUNICATIONS

Most individuals get their health information from the Chief Andrew Isaac Health Center, the internet, and a doctor or other health professional. Rural respondents were far more likely to obtain health information from a public health center.

Figure 9: TCC Community Health Impression Survey Results: Where do you and your family get most of your health information?

Response	Urban		Rural		No Community Specified		Total	
	N	%	N	%	N	%	N	%
Chief Andrew Isaac Health Center	143	76.1%	82	70.1%	38	43.2%	263	66.9%
Internet	75	39.9%	45	38.5%	10	11.4%	130	33.1%
Doctor/Health Professional	72	38.3%	32	27.4%	10	11.4%	114	29.0%
Family or Friends	40	21.3%	30	25.6%	5	5.7%	75	19.1%
Local Clinics/Community Health Aide	24	12.8%	37	31.6%	4	4.5%	65	16.5%
Fairbanks Memorial Hospital	36	19.1%	17	14.5%	8	9.1%	61	15.5%
Health Fairs	29	15.4%	20	17.1%	8	9.1%	57	14.5%
Television	23	12.2%	10	8.5%	4	4.5%	37	9.4%
Public Health Center	12	6.4%	13	11.1%	3	3.4%	28	7.1%
Newspaper/Magazines	12	6.4%	4	3.4%	5	5.7%	21	5.3%
Workplace	14	7.4%	7	6.0%	0	0.0%	21	5.3%
Schools/UAF	11	5.9%	6	5.1%	2	2.3%	19	4.8%
Radio	7	3.7%	3	2.6%	2	2.3%	12	3.1%
Library	2	1.1%	0	0.0%	1	1.1%	3	0.8%
Religious Organizations	1	0.5%	0	0.0%	2	2.3%	3	0.8%

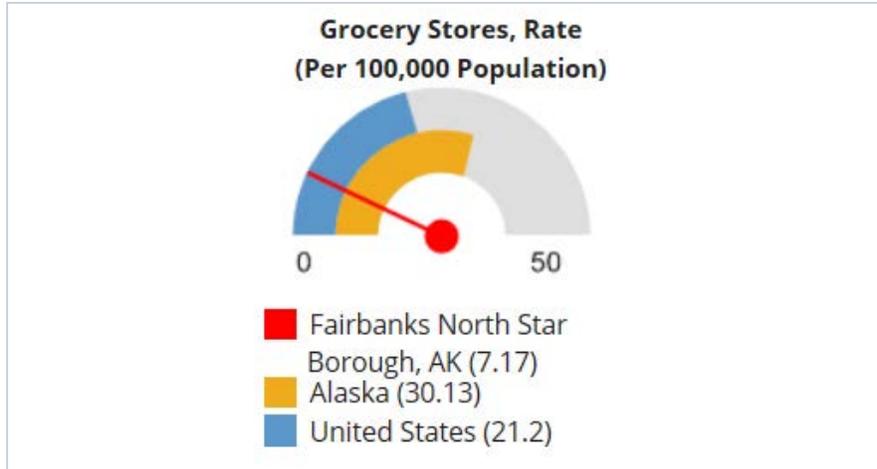
Source: Spring 2015, TCC Community Health Impressions Survey

Physical Environment

The Interior region is isolated, though the Fairbanks North Star Borough has more access to food and recreational opportunities than the surrounding villages and communities. Even so, there is still food insecurity in the borough. A safe, clean environment where there is access to food and physical activity is important to maintaining and improving community health in the region.

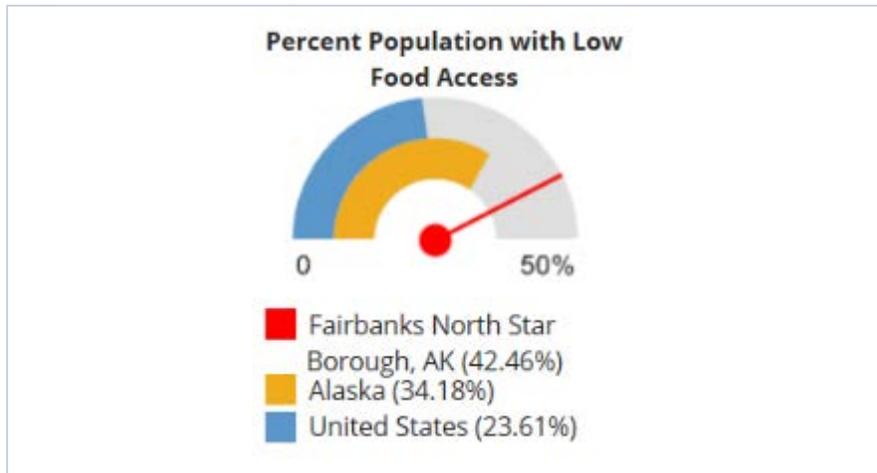
The Fairbanks North Star Borough has seven grocery stores for 97,581 people, compared to Alaska which has 214 grocery stores across the state for 710,231 people. With this said, 42.5% of the borough's population has low food access or lives in a food desert. A food desert is defined as a low-income census tract where a substantial number of residents have low access to a supermarket or large grocery store and shows areas facing food insecurity.

Figure 10: Grocery Stores, Rate (per 100,000 population), 2013



Source: Data, U.S. Census Borough; Chart, Community Commons

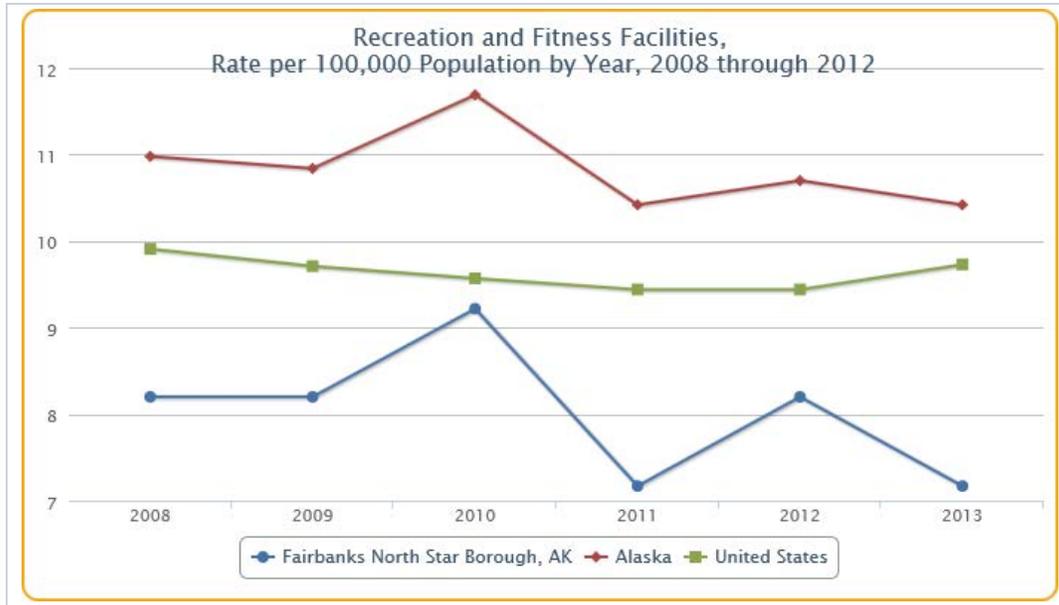
Figure 11: Percent Population with Low Food Access, 2010



Source: Data, U.S. Department of Agriculture; Chart, Community Commons

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The Fairbanks North Star Borough has seven recreation and fitness facilities for 97,581 people with a rate of 7.17 per 100,000 population.

Figure 12: Recreation and Fitness Facilities rate (per 100,000 population), 2013



Source: Data, U.S. Census Borough; Chart, Community Commons

Community Strengths, Resources and Social Environment

The Fairbanks North Star Borough is full of community assets including a wonderful natural environment with great resources, good quality of life, and strong community spirit. People enjoy living in the interior due to active businesses and economy, strong leaders, a diverse culture, strong faith-based sector and a strong school system from pre-school to a state university offering advanced degrees. Residents enjoy many of the amenities in a medium sized city with easy access to hunting, fishing, and country living.

LOCAL INSTITUTIONS AND ORGANIZATIONS

Fairbanks has an array of local institutions and organizations that will be important to engage in improving the health of our community. Many of these institutions participated in Healthy Fairbanks 2020 and are participating in our WSH planning effort.

Table 13: Local Institutions, Interior Region Alaska

Organization	Sector	Notes
Tanana Chiefs Conference	Tribal	WSH grantee, primary tribal organization for the entire Interior region.
Doyon	Tribal/Worksite	ANCSA Corporation for Interior region.
FNA Fairbanks Native Association	Tribal/Worksite	Non-Profit Community Service Programs – for Fairbanks.
Denakanagga	Tribal/Worksite/Elder	Non-Profit Elder Services in the Interior region.
Fairbanks North Star Borough (FNSB)	Local Government - Borough	Local government unit which covers 7,361 square miles and has approximately 99,200 residents. Within the borough are two cities, Fairbanks and North Pole and several unincorporated communities.
FNSB School District	School	Oversees elementary, secondary schools, and choice schools in the FNSB district. (33 schools total)
City of Fairbanks	Local Government - City	Provides services such as police, fire, garbage collection, etc. for Fairbanks.
Effie Kokrine	School/Tribal	Charter school, grades 7-12 , for Native and non-Native students. Grounded in Alaska Native cultural beliefs and values, with a focus on all students, learning and valuing their own culture.
FMH Fairbanks Memorial Hospital (FMH)	Medical	Community owned hospital operated by Banner Health.

UAF University of Alaska Fairbanks	School - College	State University with main campus located in Fairbanks.
Fairbanks Regional Public Health	Medical	State organization, under the Department of Health and Social Services, providing health needs and education. Serving the Fairbanks area and TCC region-wide.
Interior Regional Housing Authority	Housing	IRHA serves the tribes of the TCC/Doyon Region, to improve rural and urban housing conditions.
Stone Soup Café	Social Services	Provides breakfast and sack lunches Monday through Friday, food services job training, and Saturday cooking classes for families.
Food Bank	Social Services	Provides 10 food boxes a year for qualifying individuals.

Source: Information provided by TCC staff

COMMUNITY RESOURCES

We identified the following community resources for the strategy area of increasing the use of traditional and healthy foods and beverages:

Table 14: Community Resources, Interior Alaska Region

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access
Community Gardens	Schools, local farms and nurseries, neighborhoods, UAF	Areas where community gardens are available	Individuals with access to gardens.
Cooperative Extension	UAF, TCC	Provides non-formal education and learning activities to people. It emphasizes taking knowledge gained through research and education and bringing it directly to the people to create positive changes.	Community members. Education classes may or may not be associated with a fee.
Alaska Food Policy Council	Comprised of over 175 agencies and individuals representing federal and state agencies, tribal entities, schools, university programs, farmers, fisheries, and food systems businesses	Collaborate on mutually beneficial solutions to food systems problems. AFPC's intent is to provide recommendations and information regarding comprehensive policies that improve Alaska's food systems.	Anyone interested in improving Alaska's food systems.
Community Food Projects Grant	USDA	Meet the food needs of low-income individuals through food distribution, community outreach to assist in participation in Federally assisted nutrition programs, or improving access to food as part of a comprehensive service.	No longer available – grant application process closed.
Co-op Market	Member-owned	Member-owned, full-service grocery store committed to offering organic and sustainably produced food and local products when available.	Open to public
Women, Infants, and	USDA, Alaska Department of Health and	Provides supplemental foods, health care referrals, and nutrition education for low-income pregnant,	Pregnant women, infants and children under the age of 5 who

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access
Children (WIC)	Human Services	breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.	qualify based on income.
Farm-to-School, Fish-to-School	USDA's Food and Nutrition Services	Assist eligible entities in implementing farm to school programs that improve access to local foods in eligible schools. Competitive grants are for training, supporting operations, planning, purchasing equipment, developing school gardens, developing partnerships, and implementing farm to school programs.	State and local agencies, Indian tribal organizations, agricultural producers or groups of agricultural producers, and non-profit entities working with schools or school districts.
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.
Head Start	FNA, Thrive Alaska	Promotes school readiness of children under 5 from low-income families through education, health, social and other services	Qualified applicants determined by income
Kinetic	Fred Meyer	Program to "pay it forward"	Fred Meyers Reward Members
Stone Soup Café	Funded by grants, volunteers and donations	Provides hot breakfast and sack lunch to Fairbanks North Star Borough residents. Also has Kid's Café and Stone's Throw which is a job skills program	Anyone – primarily used by low-income and homeless population
Food Bank	USDA, FNSB	Provides healthy food to people in the greater Fairbanks area	Community members can choose between this program and SNAP. Cannot be on both in the same month. Limited to 10 food boxes per year.
Cookbooks	Interior Aleutians Campus, Cook book for Traditional – Edible plants and how to prepare, ANTHC,	Provide recipes and information on food preparation	Anyone

Name of Resource	Organization(s) Involved	Brief Description	Who Can Access
	various authors		
Farmer's Market	FNSB, Tanana Valley, FNSBSD, local farmers	Develop and promote Alaska's agricultural, horticultural and cottage industries providing quality produce and products to the public	Anyone
Health Care Facilities	Hospital, Urgent care, local clinics including CAIHC	Provides health care services to all residents in the greater Fairbanks area including emergency services	Anyone except CAIHC is specific to AN/AI population

Environmental Scan of Existing Policies

Tanana Chiefs Conference currently has the following policies in place that align with the grant focus areas:

- Tobacco Free Policy - prohibits the use of commercial tobacco on TCC properties
- Employee Counseling – Employee Wellness
- Fitness Center Manual – provides guidance for the usage of the fitness center by staff and beneficiaries for physical activity

There are no TCC policies related to the following grant focus areas:

- Healthy and Traditional Foods
- Breastfeeding although there are breastfeeding/lactation rooms available
- Health Literacy although there has been an increased focus at the clinic on health literacy, trauma informed care and culturally relevant care

In the Fairbanks North Star Borough or the City of Fairbanks there are no tobacco free policies. Due to how it is structured, neither the City of Fairbanks nor Borough is allowed to pass policies related to wellness/tobacco. However the Fairbanks North Star Borough School District (FNSBSD) recently passed a tobacco free campus policy prohibiting tobacco use on any FNSBSD property. There is some support from local legislatures backing the State of Alaska initiative for tobacco free workplaces.

The FNSBSD also has numerous policies related to healthy foods, wellness, and physical activity. Policies include specific nutrition guidelines for foods sold/provided in schools. Additional policies include:

- 1061 School Wellness – focuses on teaching lifelong healthy habits such as healthy eating and physical activity
- 1061.1 Physical Activity – focuses on increasing physical activity and education related to exercise
- 1061.2 Nutrition Education – focuses on relationship of balancing a healthy diet and regular physical activity
- 1061.3 Food and Beverage Provided by School – provides regulations for foods provided during school hours
- 1061.4 Other School-based Activities – provides education to students and their families on leading a healthy lifestyle

Forces of Change

While there is a great deal individuals in the Interior can do to promote positive change and improve community health, there are many factors larger than TCC, the Fairbanks North Star Borough, Fairbanks, and the Interior 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 15: Forces of Change, Interior Alaska Region

Force of Change	Category	Description + Impacts
Climate Change	External	Impact subsistence hunting/fishing, melting permafrost, soil erosion, etc.
National budget cuts	External	Funding cuts for health care is a national issue
Patient Protection and Affordable Care Act (PPACA)	External	More people with insurance coverage, more people receiving preventive healthcare services
Medicaid expansion	External	Expanded Medicaid coverage will mean more services can be provided within the community and will be reimbursed
Natural Gas Pipeline	External	Increase job opportunities, decreased or increased energy costs, increase usage of health care facilities from increased workers in area
State budget cuts	External	Less funding for prevention, health services, school programs
Environmental Factors	External	Summer- lots of daylight, people more active Winter- darkness, cold , more difficult for people to get places, air quality
Transient Population	External	Fort Wainwright, Eielson Air Force base, seasonal workers who are not as committed to community. Increased migration of AN from villages to hub communities such as Fairbanks for increased school and job opportunities
Cost of Living	Internal	High increased cost of food, energy costs, housing, etc.
Changing Diet and Lifestyle	Internal	Western diet and lifestyle, large number of fast food outlets, less subsistence, increase in sedentary activities such as watching TV, playing video games, email, etc.
Public opinion regarding acceptable tobacco use.	Internal	Public smoking is seen unfavorably, could push non-smoking city ordinance
State of Alaska Tobacco Free Workplace Policy	External	Increased support for a tobacco free environment especially with limitations within Fairbanks North Star
Social Media	External	Increased communication and opportunities for people to connect
Cost of business	Internal	Increased cost of employees, i.e. salaries, benefits, overhead, etc.
Aging Population	Internal	Increased health care costs related to advancing age and increase in chronic diseases

External Factors or Potential Threats

Our group determined fairly early on in our process that we wanted to focus on increasing the use of traditional and health foods and beverages. Therefore, our efforts and thinking about community resources, opportunities, and road blocks were focused only on this strategy.

Through the CHA process we also identified that we would like to work toward improved clinic and community linkages. As an initial part of the effort to improve screening and referral for prediabetes, we will identify the community resources available for referral from TCC for diabetes prevention.

Potential threats to improving screening and referrals for prediabetes may come from internal sources within Chief Andrew Isaac Health Center such as providers, administrators, additional clinical staff, etc. Implementing change can be challenging and we will need to work with staff to gain support.

While we were able to identify many resources, this also helped us indicate where we might come across challenges or barriers to progress with increasing access to and use of traditional and healthy foods in Fairbanks we identified the following barriers:

Table 16: Chart identifying potential barriers to increasing access to healthy and traditional foods

What is missing or insufficient?	Barriers to Filling this Gap	Opportunities + Ideas for Filling this Gap	Potential Resources
Cooking skills, easy to use processed food	No home economics classes in school, costs of cooking classes	Offering cooking class, nutrition classes	Cooperative Extension Stone Soup Centering Pregnancy/Families Food Bank Schools – Effie Kokrine
High cost of produce	High cost of produce, spoils quickly and waste money when have to throw away	Classes on food processing and preservation, smart shopping	Cooperative Extension Stone Soup Food Bank Co-op Market Farmer’s Market
Subsistence	Materials used are manmade and expensive, gas, transportation, time	Community pool resources – opportunities for individuals with excess to donate to those in need	Fish and Game Tribal Organizations
Healthy Foods at TCC	Availability and staffing of café, decreased ability to prepare fresh food due to facility limitations	Healthy Food Policy at TCC, increased labeling and information on healthy choices, training for staff	CAIHC Café staff TCC Café staff

Community Vision and Identified Opportunities

The vision of TCC health services is:

Healthy People Across Generations

This aspirational vision also fits the WSH grant and our stakeholder committee agreed to use this vision to inspire grant planning and implementation. In addition, we developed the following more specific mission to guide our work:

Build an environment of healthy and traditional foods for all generations through advocacy, partnerships, and education.

Key Themes and Suggestions

There were a number of key themes that emerged from the community health survey, key informant interviews and stakeholder meetings.

Overweight and Obesity: Ranked high in the community survey and was mentioned frequently in the stakeholder meetings and key informant interviews.

Wellness and Prevention education programs: Wellness programs were brought up at key informant interviews; some people were very enthusiastic about TCC building a wellness center. Education of health issues was cited by a number of people in the community health survey and key informant interviews.

Collaboration: More collaboration needed between departments in the clinic, so there is a consistent message from TCC on health issues (community health survey). There was also interest in increasing partnerships and collaborations with outside organizations to increase access and participation.



Healthy Food: There was a lot of interest among the stakeholder group in increasing access to healthy food. Stakeholders as well as key informant interviewees expressed interest in cooking classes, gardening and education on what to buy at the grocery store. Poor eating habits in the community was an issue of concern for people who filled out the community health survey and key informant interviewees mentioned the need to serve healthy foods at Native events as well as at TCC and CAIHC.

Diabetes: People in the key informant interviews expressed interest in better screening for diabetes, decreasing the rate of diabetes and creating cooking classes for people with diabetes. In the community survey, diabetes came out as one of the biggest ongoing health concerns for

their community. Amongst the stakeholder group, people were interested in targeting individuals with prediabetes for wellness interventions.

Suggestions

The focus areas need to reflect as many of the key themes as possible, within the limitations of the grant. Working to create changes within the TCC community is a good way to start. There was a lot of talk in the stakeholder meetings and key informant interviews about improving the health of the native community by changing the way people eat; encouraging healthier and more traditional foods. There was concern that people no longer knew how to gather and prepare healthy and traditional foods; that people were simply eating lots of fast food and unhealthy snacks.

One way to encourage people to eat healthier is to start with changing policy at TCC to support healthier choices throughout the tribal organization. The emphasis can be on adding healthy and traditional choices to coffee carts and TCC organized meals and snacks, rather than taking away foods. A positive healthy food policy can support the programs people are interested in within TCC and throughout the community, like cooking classes for beneficiaries. These policies could potentially be expanded to the villages and benefit Alaska Natives in rural communities.

Another concern for people in the community health survey was the high rate of diabetes among Alaskan Natives. One of the best ways to tackle diabetes is through prevention; to work with people with prediabetes to prevent them from getting diabetes. One concern is that only 11% of people who have prediabetes know they have it. There is an opportunity for the wellness committee to work with the Chief Andrew Isaac Health Center to improve screening for prediabetes and to improve the health of all the Native Alaskans that go to the clinic.

The wellness committee could also work with the TCC Diabetes Program to develop more programs to help educate individuals with prediabetes about healthy foods, and to support community programs which promote healthy foods. This would tie in with the first focus area of improving access to healthy and traditional food.

Conclusion

The Fairbanks North Star Borough (FNSB) is comprised of a diverse group of people living in the largest community in the Interior region of Alaska. The FNSB residents enjoy living in Fairbanks due to active businesses and a good economy, strong leaders, a diverse culture, and strong faith-based sector and schools. Residents may also experience extreme and harsh weather, high cost of living, and limited access to affordable, healthy food. People often lack basic knowledge about how to shop for and prepare traditional and healthy foods or do not have access to traditional foods that are more readily available in rural settings.

The Alaska Native population comprises approximately 7% of the population in the FNSB with the majority of Alaska Natives living in rural communities outside of Fairbanks. However, Fairbanks serves as the “hub” for residents living in rural communities and as such has a large number of Alaska Natives traveling to and from the FNSB for health care, work, family, education, etc.

The community health assessment (CHA) provides a health picture of the FNSB. The CHA discussed aspects of the community including geography, demographics, community health outcomes and behaviors, availability of health care, physical environment and community resources and strengths to create the picture. To further assess the health of our community, individuals from all sectors of the community assisted the core team by providing valuable perspective and insight on their community’s health. These insights were gathered through stakeholder meetings, key informant interviews and focus groups. This information creates a foundation on which to base an Action Plan for improving the health of Alaska Natives living in the FNSB and potentially the Interior region.

Key themes from our qualitative and quantitative data showed people are concerned with obesity, wellness, collaboration, healthy and traditional foods and diabetes. The core committee worked to merge these themes to create focus areas that reflect people’s interest but still accomplish WSH grant objectives. In addition, partnerships have been developed between many other tribal organizations in the FNSB that are interested in collaboration. Tanana Chiefs Conference and Chief Andrew Isaac Health Center are ideally placed to administer the Wellness Strategies for Health grant as they serve Alaska Natives living throughout the Fairbanks North Star Borough and the Interior region as well as being the primary source of health care for Alaska Natives in the region.

References

Alaska Area Diabetes Registry

Alaska Bureau of Vital Statistics. <http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx>

Alaska Department of Labor and Workforce Development. <http://almis.labor.state.ak.us/#>

Alaska Native Tribal Health Consortium. Alaska Native Epidemiology Center. *Interior Regional Health Profiles*. <http://www.anthctoday.org/epicenter/data/regions/interior/index.html>.

Alaska Youth Risk Behavior Survey. <http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>

American Community Survey. 2009-2013.

Alaska Behavior Risk Factor Surveillance System.

<http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx>.

Blake, I.; Ambrosio, A.; and Peterson, E. ANTHC Epicenter. "TCC Community Health Impression Survey, 2015." Spring 2015.

Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS). <http://www.cdc.gov/brfss/>

Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance Systems (YRBSS). <http://apps.nccd.cdc.gov/yrbss/>

Healthy Fairbanks 2020. "Healthy Fairbanks 2020 Community Health Needs Assessment Final Report." January 2015.

Key Informant Interviews, Spring 2015

SEER Alaska Native Tumor Registry. <http://seer.cancer.gov/registries/alaska.html>

Tanana Chiefs Conference. www.tananachiefs.org.

U.S. Department of Agriculture

Appendix

STAKEHOLDER GROUP DOCUMENTS

Meeting Agendas

Wellness Strategies for Health Presentation

INTERVIEWS + KEY INFORMANT DOCUMENTS

Key Informant Questionnaire

OTHER DOCUMENTS

ANTHC Regional Data Profiles for;

- *Obesity*
- *Heart disease*
- *Diabetes*
- *Cerebrovascular disease*
- *Tobacco*
- *Physical activity*
- *Breastfeeding*
- *Healthy Fairbanks 2020*

TCC Community Health Impression Survey, Spring 2015

Policies

- *Fairbanks North Star Borough School District*
- *TCC Tobacco*