

Executive Summary

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*A healthy population is essential for a vibrant culture,
a strong economy, and a bright future for the next generation.*

Project Background

- **Purpose:** In 2008, the NSB Health Department began this project to better understand the health issues facing North Slope communities in order to work effectively with communities on addressing community health issues most important to them and to help inform planning and policy decisions that impact community health.
- **Funding:** The project was funded by a National Petroleum Reserve-Alaska (NPR-A) Impact Grant, as part of the NSB Health Impact Assessment (HIA) Program. HIA is a policy tool that ensures that the planning, evaluation, and permitting of large projects and policy decisions consider health and include mitigation measures to protect health.
- **Sources of information for this report:** Much of the data included in the report was obtained from existing sources, such as disease registries; local, state, and national databases; national surveys; published articles and reports, as well as interviews with local residents, healthcare providers, and community leaders. We also were able to collect some valuable information by adding a new “health” module to the 2010 NSB Census, which is coordinated by the NSB Planning Department.
- **About the report author:** The Health Department has contracted an Alaskan physician with public health training to research and write this report. The author has extensive experience working in rural Alaska and with Alaska Natives.

What Does This Report Cover?

1. **NSB-specific data** and discussion of the following health topics:
 - Overall health
 - Cancer
 - Injury
 - Chronic disease
 - Respiratory disease
 - Maternal and child health
 - Mental and behavioral health
 - Infectious disease
2. **Important factors influencing NSB community health**, both positive and negative:
 - Economics, education, and other social and cultural factors
 - Environment
 - Behaviors such as smoking, diet (including the health benefits of NSB subsistence foods), alcohol and drug use, and physical activity
 - Health services
3. **Results of the 2010 NSB Census health module** for each individual village and for the North Slope overall, along with state-level comparisons, on topics including:
 - General health status
 - Prevalence of major chronic diseases
 - Obesity and overweight estimates, and behaviors such as smoking, sugared beverage consumption, physical activity, and helmet use among household heads
 - Availability of adequate subsistence and market foods
 - Health impact of drugs and alcohol
4. **A “Summary and Recommendations”** section that covers
 - NSB community health in historical context
 - Leading community health problems in the NSB, including
 - Leading causes of death, disease, and disability, and use of healthcare services in the NSB
 - Major “health disparities,” where the NSB or groups within the NSB suffer higher rates of certain health problems than other regions or the state as a whole
 - Trends and health problems that are on the rise in NSB communities
 - Recommendations on how residents and organizations across the North Slope can work together to set priorities and develop strategies to improve community health
 - Suggested health indicators that can be tracked over time to monitor changes in health in the NSB
5. **Complete references, descriptions of data sources, and a selected list of resources available to communities working to improve health.** Website links are provided whenever available.

How Can This Report Be Used?

This report can be of use to a variety of NSB departments, organizations, agencies, and community leaders.

1. **Baseline data source for HIA:** Health should be a consideration in all planning and policy decisions affecting the local community, and accurate baseline health data is an important first step in anticipating and addressing potential health effects of these decisions.
2. **Developing strategies to improve community health:** This analysis can serve as a foundation for the NSB Health Department and other community partners in prioritizing health issues, envisioning change, and working together to achieve community goals through programs and policies, talking circles, education and media campaigns, and other strategies.
3. **Grant-writing and securing funding:** Data from this report are available to the NSB Health Department and other Borough departments for use in grant applications and other projects. A bibliography and description of data sources provide additional information for grant-writing activities.
4. **Monitoring health trends:** Many of the health measures included in this report can be updated and used to monitor trends in community health and for evaluating the effectiveness of health promotion efforts.
5. **Training and orientation resource:** This report may be useful in orienting new health providers, counselors, public health nurses, and others new to working with North Slope communities.
6. **Guiding future research and data collection:** This report identifies a number of areas where health-related data are lacking or further study could benefit the health of NSB communities.

Brief Summary of Findings

Community Health Assets and Achievements in the NSB

- A large majority of residents report or are reported to have at least “good” general health status (page [66](#)).
- Infant mortality rates have declined since the late 1970s (page [190](#)).
- Unintentional injury death rates have declined since the late 1970s (page [72](#)).
- Cases of vaccine-preventable illness and reportable infectious diarrheal illness have decreased since the 1980s (page [234](#)).
- Self-reported prenatal alcohol use has declined since the early 1990s (page [200](#)).
- Among Barrow household heads who smoked in 2010, fewer reported smoking one or more packs of cigarettes per day than in 2003 (page [105](#)).
- Among Alaska Natives, the Barrow service unit has one of the lowest rates of type II diabetes in the state and a rate far lower than most Lower 48 American Indians (page [168](#)).
- A combination of health indicators—for example, infant mortality and premature death rates—suggest that the North Slope may enjoy a better overall health status than other northern, southwestern, and interior rural Alaskan regions that have many geographic and demographic similarities (page [73](#)).
- Despite the persistently high suicide rates in the region, self-reported general mental health in the NSB (among adults) is among the best in the state (page [218](#)).

Factors Likely Influencing Health in the NSB in a Positive Way

- **The subsistence way of life: participation in subsistence activities** (page [90](#)) and **subsistence food use** (page [112](#)) are both high in the NSB, forming the foundation of community life. Not only are subsistence foods rich in nutrients and protective against chronic diseases, such as diabetes and heart disease, but participation in subsistence provides physical exercise, social interaction, and a source of cultural pride and continuity.
- **Commitment of local leadership to supporting strong cultural values and subsistence participation** in school, home, work, and community environments (page [89](#), page [83](#)) through policies such as subsistence leave, community festivals and feasts, and many other programs may be imparting resilience and contributing to mental and physical health in the community.

- **An increase in overall education levels, a growing Iñupiaq education program, early childhood education programs, and expanding local culturally-affirming college opportunities** all are likely to affect community health in a positive way (page [83](#)).
- **Improvements in water and sanitation infrastructure:** The NSB’s water/sanitation infrastructure has improved in recent decades and is more advanced than in many other parts of rural Alaska (page [95](#)).
- **Access to basic emergency health services, primary care, and preventive health services, as well as many social and behavioral health services,** despite the remote location of North Slope communities (page [122](#)).
- **Higher than average rate of health insurance coverage:** Almost all (97%) of NSB household heads report having some form of health insurance coverage (page [122](#)).
- **Restrictive alcohol laws:** North Slope communities have chosen to restrict access to alcohol through local option laws. These measures have been found, in multiple studies, to be associated with lower rates of alcohol-related injuries and other morbidities (page [157](#)).
- **Local tobacco control policies:** Barrow has enacted both a municipal tobacco tax and an indoor air quality ordinance, both effective means of decreasing tobacco use and exposure. These policies may have contributed to the decrease in the amount smoked among Barrow adults (page [40](#)).
- **A strong local voice in decisions and legislation affecting North Slope communities** (page [92](#)) may be benefiting overall community mental and physical health.
- **A local economy with below-average unemployment and poverty rates and above-average median household income,** compared with statewide and nationwide estimates (page [77](#)) has the potential to support overall community health. Chronic unemployment and underemployment, particularly in outlying villages and among Iñupiat residents, are not well reflected in official unemployment statistics, however, and remain ongoing community concerns and threats to community health and well-being.
- **A majority of youth are connected and engaged** with their schools and communities, according to multiple surveys (page [88](#)), many showing great promise as future leaders.

Community Health Challenges in the NSB

Health Disparities

The population of the NSB has a greater burden of some health problems than does the general population of Alaska. These types of differences between populations are sometimes called “health disparities.” Eliminating health disparities is a major state and national public health goal, and recognizing health disparities can be an important step toward improving the health of communities.

- **General Health Status:** Adult residents are less likely than adults statewide to report “very good” or “excellent” general health (page [66](#)).
- **Most measures of maternal and child health**—for example, infant mortality rates, child mortality rates, reported general health status among children, child obesity, prenatal risk factors, preterm birth rates, birth defects, child maltreatment rates, prenatal and teen smoking rates, and teen pregnancy rates—suggest that this remains an area where the NSB lags behind the state as a whole (page [188](#)).
- **Lung and colon cancer incidence rates** among NSB men are significantly higher than overall statewide rates (page [133](#)).
- **Death rates from chronic lower respiratory disease** (such as emphysema or chronic obstructive pulmonary disease [COPD]) are roughly twice statewide rates (page [180](#)). Reported asthma rates do not appear to be higher than in Alaska overall, however.
- **Injury rates—including unintentional injury (particularly from offroad vehicles), suicide, domestic violence, and sexual assault**—remain higher than statewide and national estimates (page [144](#)).
- **Rates of chlamydia and gonorrhea,** both sexually-transmitted infections, are considerably higher than statewide and national rates (page [235](#)).
- **Rates of permanent tooth loss from decay** are higher than in Alaska or the U.S. (page [172](#)).

Health Disparities Within the NSB

Data from the new 2010 NSB Census health module and other sources also suggest a number of differences in health-related measures within the NSB (also see Appendix A). These disparities are apparent primarily among different racial/ethnic groups and between residents of Barrow and those of the outlying North Slope villages.

The villages of the NSB differ from each other in many ways. Barrow, in particular, is the commercial and governmental hub and differs from outlying villages in employment opportunities, the goods and services available, the size and diversity of the population, and other factors.

Compared with Barrow residents, residents of the other North Slope villages (looking both at Iñupiat only and at all ethnic groups combined) were, as a whole, **more likely** to report

- Smoking tobacco, both among adults and children (page 105),
- Food insecurity (not having enough food at all times to sustain a healthy lifestyle for all household members) in the last year (page 116),
- Moderate physical activity for at least 30 minutes a day, 5 days a week (page 119), and
- Drinking three or more sodas or sugared beverages per day (page 114).
- Residents of outlying villages were, as a whole, less likely than their counterparts in Barrow to report
 - Very good or excellent general health status, among both adults and children (page 66 and page 188).
 - Using a helmet when riding snowmachines or four-wheelers (page 158).
 - Household members who had been hurt by alcohol or drugs in the past year.
 - A diagnosis of diabetes, among adults (page 167).
 - Frequent/chronic ear infections, among children (page 182).

Many measures of health and the factors influencing health differ among racial and ethnic groups in the NSB as well. For example, both at the state level and in the NSB, Alaska Native residents are more likely than non-Native residents to be hospitalized for an injury (page 145), to have a premature baby (page 192), or to be diagnosed with a sexually-transmitted infection (page 235).

- In the 2010 NSB Census, Iñupiat residents were also more likely than non-Iñupiat residents to report
 - Less than “very good” general health status, (page 66 and page 188).
 - Food insecurity (page 116).
 - Tobacco smoking, among both adults and teens (page 105).
 - Household members who had been hurt by alcohol or drugs in the last year (page 222).
 - Not wearing helmets when riding snowmachines or four-wheelers (page 158).
 - Drinking three or more of sodas or other sugared drinks per day, on average (page 114).
 - Being unemployed (page 79)
 - Having less than a high school education (page 84)
- Adults belonging to ethnic groups other than Iñupiat or Caucasian were roughly twice as likely as Iñupiat or Caucasians to report having been told they had diabetes (page 167), however. Caucasian adults in certain age groups were also more likely to have been diagnosed with high cholesterol and thyroid disease than were Iñupiat adults (page 166).

Leading Causes of Death, Disability, and Use of the Healthcare System in the NSB

- Since the early 1990s, the five **leading causes of death** in the NSB have been fairly constant, with minor changes in rank (page 72), and have included
 1. Cancer,
 2. Heart disease,
 3. Unintentional injury (accidents),
 4. Chronic lower respiratory disease, and
 5. Suicide
- The **leading causes of premature death** in the NSB are unintentional injury (accidents) and suicide (page 72).

- The **leading self-reported chronic health problems** among NSB adults in the 2010 NSB Census were (page [37](#))
 1. Arthritis and/or chronic pain,
 2. High blood pressure,
 3. High cholesterol, and
 4. Chronic respiratory problems.
- The **leading admitting diagnoses** to Samuel Simmonds Memorial Hospital (SSMH) in 2008–2009 were (page [38](#))
 1. Pneumonia,
 2. Exacerbation of chronic obstructive pulmonary disease, and
 3. Congestive heart failure.
- The **leading reasons for visiting the outpatient clinic** at SSMH in 2008–2009 were (page [38](#))
 1. Hypertension (high blood pressure),
 2. Upper respiratory infections (colds), and
 3. Otitis media (ear infections).
- The **leading categories of clinical assessments made by community health aides** in NSB villages in 2005–2006 were (page [38](#))
 1. Respiratory/ear/nose/throat problems,
 2. Digestive/abdominal problems, and
 3. Injuries.

Emerging Health Problems—Health Problems on the Rise in the NSB

- **Obesity rates** are increasing in the NSB, as they are across Alaska and the U.S. In the NSB, more than two of three household heads are now categorized as overweight or obese, based on self-reported height and weight (page [169](#)).
- Even though the **diabetes rate** among Alaska Natives in the Barrow service unit is one of the lowest among IHS service units statewide, it more than doubled between 1985 and 2008 (page [168](#)).
- Rates of the sexually-transmitted infections **chlamydia and gonorrhea**, as well as hepatitis C, have been increasing in the NSB in recent years (page [235](#) and page [234](#)).
- Overall **cancer incidence** in the NSB appears to be following an upward trend, similar to that observed in Alaska Natives statewide and among Iñuit across the circumpolar region (page [132](#)). Lung cancer is the most commonly diagnosed cancer and the number one cause of cancer-related death in the NSB (page [133](#)).

Factors Likely Influencing Health in the NSB in a Negative Way

- **High smoking rates:** Tobacco smoking rates in the NSB are among the highest in the state and show no indication of declining. Smoking rates among NSB teens and pregnant women are double statewide rates. Smoking rates are considerably higher among Iñupiat than in other ethnic groups in the NSB. Tobacco is a major risk factor for at least three of the leading causes of death in the NSB (page [105](#)).
- **Food insecurity:** More than one in three NSB household heads report difficulty getting the food needed to eat healthy meals, and more than one in four Iñupiat household heads report that, at times last year, household members did not have enough to eat. Food insecurity is associated with numerous health problems, particularly among children (page [116](#)).
- **Difficulty accessing health services:** The NSB is categorized as a medically underserved area and a health professional shortage area. Like many other remote rural Alaskan regions, the NSB suffers from chronic healthcare workforce shortages and high turnover of personnel, both of which affect the ability to deliver necessary health services. Residents must often travel long distances at considerable expense, inconvenience, and risk to access necessary health services. With the responsibility for healthcare shared by multiple agencies, fragmentation of health services is a frequently-cited barrier and frustration for patients (page [122](#)).

- **Alcohol and drug abuse:** In the 2010 NSB Census, 30% of Iñupiat and 10% of Caucasian household heads in the NSB report that a household member has been hurt by alcohol or drugs in the past year, and a large majority of NSB household heads overall believe that the health of their community has been hurt by alcohol or drugs in the past year. Alcohol is involved in a high percentage of injury hospitalizations, including suicide, motor vehicle and other unintentional injuries, and assaults (page 221).
- **Rising school drop-out rates:** Despite substantial investments in education and overall gains in education levels over the past 30 years, the overall high school graduation rates in the NSB School District remain below state and national averages (although not for all villages), and average grade 7–12 drop-out rates have increased since the early 1990s. Educational attainment is strongly associated with health outcomes throughout the lifespan (page 85).
- **High child maltreatment rates:** Child maltreatment rates in the NSB are roughly twice the statewide rates. Child maltreatment can have lifelong physical, emotional, and cognitive effects and contribute to the risk of suicide and experiencing interpersonal violence later in life (page 192).
- **Not enough physical activity and high consumption of sugary beverages:** As in most communities across the country, many residents of the NSB are not getting enough exercise for optimal health. Fewer than half of NSB household heads report getting the recommended amount of moderate physical activity per week (page 118). Also, consumption of sodas and other sugared drinks is high in the NSB, especially among Iñupiat residents, compared with statewide estimates (page 114). Both of these factors may be contributing to the rising rates of obesity and other chronic diseases in the NSB.
- **Low levels of helmet and seatbelt use:** Only 18% of NSB household heads report using helmets when riding snowmachines or four-wheelers, a much smaller proportion than the estimated percentage of rural residents statewide who use snowmachine helmets (47%) (page 158). Helmets can reduce the likelihood of traumatic brain injury and death from offroad vehicle accidents, both major health concerns in the NSB.
- **Multigenerational and historical trauma:** As in all rural Alaska Native regions, the people of the North Slope have experienced devastating epidemics, forced removal of children to boarding schools (page 83), and other traumatic events. Experiences with environmental contamination (page 99) and unethical medical experimentation (page 138) compounded the multigenerational grief and victimization already impacting the region, and the high incidence of suicide, domestic and sexual violence, and unintentional injury death continue to traumatize many communities.
- **Poverty and unemployment:** Although rates in recent years have been lower than both state and national averages, both the poverty and unemployment rates in the NSB have fluctuated dramatically over the past 1–2 decades (page 77). Especially considering the high cost of living, NSB residents are far from immune to these economic stresses. Moreover, the negative health effects of poverty and unemployment often affect the most vulnerable community members, particularly children and those with chronic medical or mental health conditions.

Working Together to Improve Health: A Focus on Prevention

Communities today have many challenges in keeping populations healthy. Skyrocketing medical costs, a fragmented healthcare system, and, in rural areas such as the NSB, chronic provider shortages and geographic remoteness add to the difficulty of healthcare delivery in an era of rising chronic disease rates and increasing complexity of medical care. Modern telecommunications and health information technology, expanded efforts to recruit and retain healthcare personnel, and efforts to build local capacity through mentorships, internships, scholarship programs, local training, and distance learning opportunities can help to meet some of the challenges in healthcare delivery in the NSB.

Collaboration and Leadership

Across the state and the country, however, communities are starting to look at health broadly and focus on prevention at the community level. Preventing disease and injury at a population level generally costs a fraction of what a society spends to treat these problems, and ultimately, investments in community-based health promotion can pay off economically for communities. Often with local health departments playing a leadership role, communities are examining their health challenges and resources, taking ownership

of problems, and attempting to address them through the development of partnerships and through collaborative planning and action. National grant funding programs are increasingly looking for this type of collaborative approach to community health improvement. In rural Alaska, innovative programs have also combined traditional knowledge and healing practices with modern evidence-based models to work toward community health goals (page 46).

Some potentially important community partners for health promotion in the NSB (page 47) include:

- Health Department;
- Elders, youth, and other community members;
- Mayor’s Office/Healthy Communities Initiative;
- NSB School District;
- Iñisagvik College;
- Arctic Slope Native Association;
- Health boards;
- Other Borough departments such as Planning, Law, and Wildlife Management, Police, Fire, and Public Works;
- Tribes and village governments;
- Iñupiat Community of the Arctic Slope (ICAS);
- Faith communities;
- Local businesses and Native corporations;
- Iñupiat history, language, and culture (IHLC) division;
- NSB Move-It campaign; and
- Maniilaq and Tanana Chiefs Conference.

Sustained leadership is one key to successful community health promotion. One of the challenges to initiating and sustaining community health promotion efforts in the NSB is that most community leaders, program directors, health providers, and others with an interest in community health have little time to take on and lead new projects. Recruiting for positions is often difficult, and turnover is high. One possible option would be a NSB community health promotion leadership position based, at least partially, in Anchorage or Fairbanks, where it may be easier to recruit and retain personnel as well as to collaborate with outside resources such as universities and tribal and state health organizations.

“High Impact” Health Promotion Areas

Each community must choose its own health priorities and strategies. However, based on the findings of this community health analysis, there appear to be several specific areas in which health promotion efforts have great potential to address major health disparities as well as leading and emerging health problems in the NSB.

The recommendations in this section present some health promotion activities in these areas that have been shown to work in other settings but that can be adapted to fit the specific needs of North Slope communities. Please see “Summary and Recommendations” section SR 3.2, and Appendix C for further discussion and resource information.

1. Focus on Children and Young Families (page 48)

Supporting the health of infants, children, and adolescents is one of the best investments a community can make in its future, and the findings of this report suggest that this is a major area of health disparity for the NSB.

A healthy childhood environment is a crucial step in preventing problems such as suicide, domestic violence, and drug and alcohol abuse, unsafe sexual behaviors, as well as many chronic health conditions, later in life.

A healthy childhood environment is one that is safe, loving, and free of tobacco, drug and alcohol problems, and violence; has enough healthy subsistence and store foods; has ample opportunities for social and cognitive development; and encourages physically active play and community engagement.

The “NSB Healthy Kids Initiative”: In 2010, the NSB Health Department began early efforts in this area, initiating community partnerships and developing a framework to address child and family health

challenges in the NSB. The mission of this initiative was “to develop community-wide partnerships that encourage and facilitate healthy choices and create an environment that supports optimal health and development for all infants, children, and adolescents living on the North Slope.” Some of the themes that emerged from the initial working group included:

- A focus on early intervention: Iñupiaq values-based parenting education, engaging elders and other community members in helping young families to reduce family stress and create an environment where children can thrive.
- Improved coordination and prioritization of public health and medical services that support infant, child, and adolescent health.
- Efforts to reduce child obesity through breastfeeding support, encouraging traditional foods at home and in school, reducing soda and sugared beverage consumption, and educating about the importance of good sleep habits.
- The need for this work to be community-driven and to involve whole families, schools, and the larger community in planning and activities aimed at improving children’s health.

The Health Department is hoping to continue work on this initiative with active participation and commitment from other organizations and community members.

2. Tobacco Prevention and Control Program (page 50)

A community-wide tobacco prevention and control program has the potential to significantly reduce the burden of suffering and death from the leading cause of death in the NSB—cancer, and lung cancer in particular. Reducing smoking rates may also reduce the significant health disparities in chronic lower respiratory disease, infant mortality, and other prevalent health problems in the NSB.

A large majority of adult smokers in the NSB are interested in quitting tobacco, and students surveyed in two different North Slope villages identified tobacco smoking as a top health concern. Some important components of a coordinated community-based tobacco-control program include

- Preventing tobacco initiation among children and adolescents through
 - policies and enforcement that limit access to tobacco,
 - culturally-tailored counter-advertising and other hard-hitting media campaigns,
 - early intervention programs,
 - helping youth become involved in and form peer connections around interests and activities that reduce their likelihood of smoking, and
 - engaging youth directly in tobacco prevention effort planning and implementation.
- Ensuring access to effective tobacco cessation services, with programs catering particularly to those groups who may be most highly motivated to quit; for example, pregnant women and those in younger age groups in general.
- Gathering support for expansion of local tobacco taxes and indoor air quality ordinances.

3. Coordinated Injury Prevention Program (page 50)

Injury is a leading cause of death and the number one cause of premature death in the NSB. Across Alaska, community leaders, health departments, public safety officials, and tribal health organizations are working collaboratively to address the related problems of unintentional injury, suicide, and interpersonal violence. Many tribal health organizations have worked with the ANTHC Injury Prevention Program to develop local injury prevention programs with dedicated local staffing. In addition to ongoing support and evaluation of current injury prevention efforts in the NSB, some possible areas of focus include:

- Talking circles, community spirit gatherings, and other supportive community forums that can help to address the historical and personal trauma, unresolved anger, and grief that can drive self-destructive, risk-taking, and violent behaviors.
- Maintaining support for local option laws that restrict access to alcohol.
- Motor vehicle and firearm safety programs and policies, including programs to increase helmet use and exploring gun and medicine locker programs.
- Early intervention programs such as nurse-family partnerships.
- Exploration of ways to prevent potential subsistence-related injury caused by climate change and industrial development.

4. Preventing Chronic Disease through Healthy Diet and Physical Activity (page 51)

Community-based nutrition and physical activity interventions incorporating healthy subsistence foods and activities have the potential to reverse the concerning trends in obesity and diabetes in the NSB. Moreover, cancer, arthritis and/or chronic pain, high blood pressure, oral health, and mental health are all linked to diet and lifestyle.

Education about diet and exercise can give people the information they need to make changes for themselves and their children. Programs such as WIC, diabetes and nutrition programs at SSMH, the Move-It campaign, and others are already working hard to give individuals information and support in these efforts. Communities can also help make personal lifestyle change easier through systems and policies that make it easier for people to live well. Many states (including Alaska) and an increasing number of local communities are developing food policy councils or committees to address the central role that food systems play in the health of populations. A food policy committee in the NSB could be a valuable forum for addressing the unique issues around food distribution and cost, food security, and subsistence that affect health in the region. Mandatory school wellness policies are another framework that can be utilized to address diet and physical activity through planning and policy change.

Five evidence-based components of a population-based approach to improving diet and physical activity include:

- **Media:** for example, promoting healthy food and/or drink choices, non-motorized transit, and physical activity through schools, community events, youth-produced videos, and local media.
- **Access:** for example, providing incentives to store owners to stock and promote healthier food options, assisting communities with subsistence food sharing and storage, offering healthy foods and beverages and limiting access to sugary drinks and junk foods at schools and Borough-sponsored events, and expanding local physical recreational opportunities.
- **Point of decision information:** for example, signage for healthy vs. less healthy foods, calorie and nutrition information in restaurants and stores, product placement and attractiveness.
- **Price:** bulk purchase and/or procurement programs to make healthy foods less expensive, building community support for a local tax on sodas and other sugared drinks that could fund subsistence support programs, double-value WIC or other food support coupons for healthy foods, or other community priorities.
- **Social support services:** for example, breastfeeding peer counseling and workplace policies that support breastfeeding, physical activity groups and events such as Eskimo dancing nights, walks and/or races, and family sports nights.

Enhancing Overall Community Health (page 52)

Overall community health can benefit from many activities occurring outside the traditional realm of public health, for example:

- Continued support for culturally-affirming education and employment opportunities, particularly ones with subsistence leave and other wellness policies.
- Stewardship of the natural environment and protection of subsistence resources.
- Social support networks and expanded opportunities for community engagement for all residents.
- Cultivating relationships with organizations such as the Alaska Native Tribal Health Consortium and the University of Alaska that can offer support and expertise in efforts to improve community health.
- Continued participation in HIA, a tool that can be used to consider health in large variety of planning and policy decisions in the NSB, large and small, both within and outside of the Environmental Impact Assessment process (page 52).