

Changes in Health Indicators of Communities with Alaska Native and Local Food Promotion Initiatives

Nancy Knapp, MPH • Michael Mosley, BS • Martha Pearson, MA, MPA • Kimberley Strong, BA

🔌 Introduction

SouthEast Alaska Health Consortium (SEARHC) has worked for over 30 years to affect behavioral change and policy that improves health.

As chronic disease prevention funding becomes more restricted, funders increasingly focus on supporting programs that use “evidenced-based practice” to impact risk measures. However, many evidenced-based practices proven effective in other parts of the U.S. may not have equivalent constructs in small, rural, isolated, economically limited, Alaska Native communities.

There is evidence that Alaska Native communities were healthier before the influx of western culture, when people were living more traditional lifestyles. This suggests that traditional Native lifestyles based largely on living off the land, through hunting, gathering, and gardening, are an effective way to restore good health.

☰ Methods

This evaluation was designed to explore people’s beliefs about what makes a “healthy community” and what clinical health measures may have been influenced by SEARHC’s Traditional Foods grants.

Communities implementing Traditional Foods grants were compared to communities of similar size and geographic location without grants.

Qualitative survey responses indicate that programs supporting traditional knowledge and foods improve the health of communities through:

- Elder and youth empowerment
- Connecting generations
- Supporting spirituality
- Improving nutrition
- Providing psycho-social support
- Strengthening culture
- Bringing medical care providers together with the community
- Maintaining and strengthening local language use
- Bringing families together
- Strengthening the economy
- Increasing physical activity
- Teaching outdoor safety

🔍 Results

The data suggests that improvements in health measures in SEARHC communities from 2001 to 2015 include: increased consumption of fruits and vegetables and increased tobacco-use interventions by providers. Self-reporting of diabetes mellitus remained stable between 2011 and 2014.

Improvements in the Traditional Foods grant communities not seen in comparison communities:

- Increase in HDL cholesterol in males
- Decrease in intimate partner violence for men
- Decrease in diastolic blood pressure in females

Question for future study:

How can we better measure traditional ways of knowing, strength of culture, sense of belonging, cultural pride, social support for community members, and strength of relationships?

💡 Conclusion

Clinical health measures may not be what are most important as health lies beyond these measures. Is perceived community strength and resiliency a better measure of “health?” It has taken a generation to lose traditional knowledge and culture. It may take another generation to gain back that strength.

The strong message heard from respondents is the importance of consulting, engaging, and empowering local communities and the lack of sufficient community engagement and involvement may be a handicap in tackling health concerns. Program planners and funding agencies are listening more and designing and funding programs that directly respond to the needs expressed by community members. Local communities have emerged as critical players in the response to primary prevention, growing a can-do attitude through the implementation of local mini-grants that address issues identified locally. People want to be empowered to re-learn traditional knowledge and meld it with imported ideas to create programs that are more sustainable and pertinent to the lives of younger generations.

Acknowledgements

Funding from the Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Administration for Native Americans (ANA), Substance Abuse Mental Health Services Administration (SAMHSA), and Alaska State Department of Health and Human Services have supported these initiatives.