Chapter Fourteen
Health & Safety
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HEALTH

Personal Health

Personal health is influenced by many factors. Self-assessment of general health is a national benchmark in the U.S. While about 60 percent of the U.S. population consider themselves to be in “Very Good” or “Excellent” health, two-thirds of the Iñupiat population consider themselves to be in these two categories. Additionally, vast majority of Iñupiat household heads, approximately three-fourths, consider themselves to be in good, very good, or excellent health. Part of the reason for the higher than average self-assessed health level might be due to the fact that the Iñupiat population is much younger than the general U.S. population. Forty percent of the Iñupiat population is seventeen or younger compared to 24 percent of the U.S. population. As expected, increasing age brings higher proportions of “poor/fair” health self-assessments.

Although much of the NSB population assess themselves to be in good health, the July 2012 NSB Baseline Community Health Analysis reported that obesity rates among young children enrolled in the Women, Infant, and Children (WIC) program in the NSB are more than twice the national average of 15 percent. In addition, the obesity rate with NSB school-aged children are roughly 50 percent higher than statewide estimates.

An astounding 53 percent of the Iñupiat population smoke at least some days during the week, this is two and a half times the state of Alaska’s proportion and more than 40 percent more than other Alaska Native populations. Of most concern is the increase in smoking among teens between the ages of 14 and 18. In 2010, 19 percent of this age cohort smoked, at least occasionally, however, by 2015 this proportion had risen to 32 percent.

Compounding issues with the health effects of obesity and smoking, the NSB 2015 Census revealed that ten percent of North Slope Iñupiat households had issues alcohol and/or drug use within their own household. Half of those surveyed noted it was a severe and increasing problem within the community. Among North Slope residents, 34 percent of injuries requiring hospitalization were recorded as alcohol related. And 63 percent of assault injuries were documented to alcohol related (among Alaska Natives).

About 40 percent of NSB household’s heads had difficulty securing healthy foods for their families, and over half of these households cited a lack of subsistence foods as the major problem.
In 2010, about a third of Iñupiat households cited difficulty in obtaining enough food of any kind. Over the next five years, however, this proportion dropped to a quarter. Seventy-one percent of households who stated there were times they did not have enough to eat cited lack of access to store bought foods as the major problem. The high expense of store bought foods as well as a lack of availability in remote communities of the North Slope contributes to the lack of access. Additionally, lack of income, illness, and unemployment are all factors that contributed to a lack of access to store bought food.\(^{318}\)

North Slope Health Service Providers

Health services for North Slope residents are primarily supported by the North Slope Borough Health & Social Services Department and the Arctic Slope Native Association.

The mission of the North Slope Borough Health & Social Services Department is to promote and achieve the overall health and well-being of North Slope residents in a culturally appropriate manner.\(^{319}\) The department’s primary responsibility is to provide health care services to the residents of the North Slope Borough through the following programs: Community Health Aide Program (CHAP), Children & Youth Services (CYS), Integrated Behavioral Health (IBH), Gathering Place, Public Health Nursing, the Senior Program, Veterinary/Public Health, WIC, AWIC, daycare services, sober living, and the Elders and Children Nutrition Program in addition to contracted services of Assisted Living, Mental Health Group Home, Home Makers Program, and Tribal Doctors.\(^{320}\)

The mission of ASNA is to promote the health and well-being of the people of the Arctic Slope, and a vision that the people of the Arctic Slope are healthy and content.\(^{321}\) ASNA regularly coordinates programs and events with the NSB Health and Human Services Department to provide needed services within the communities.

In addition to the programs and services provided by the NSB Health and Human Services Department, the NSB Mayor’s Office manages the Health Communities Initiative. This initiative focuses on promoting healthy lifestyles within each North Slope community. The Healthy Communities Initiative also coordinates and participates in the annual Iñupiat Days event, assists with healthy community youth activities, holds healthy community forums in all villages, works with NSB departments to identify areas in which they can meaningfully participate in these events and activities, and assists with healthy activities for all residents. Examples of specific events held as part of the initiative include Walking Wednesdays and color runs.

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Access to Health Care

Samuel Simmonds Memorial Hospital

Physical health care services for North Slope residents are centered in Utqiaġvik and are primarily operated by ASNA at the new Samuel Simmonds Memorial Hospital (SSMH). ASNA is a not-for-profit organization with accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a non-governmental organization that ensures that member organizations meet quality standards.322

The Indian Health Service (IHS) works with Alaska Native Tribes and Tribal organizations to provide comprehensive health services to Native Alaskans. Samuel Simmonds Memorial Hospital is an IHS-funded, Tribally managed hospital. Control of Samuel Simmonds Memorial Hospital was transferred from the IHS to ASNA in 1986. Personnel from the Alaska Native Medical Center (ANMC) in Anchorage provide specialty clinics at Samuel Simmonds Memorial Hospital. The specialty and tertiary referral location for the Utqiaġvik service area is ANMC in Anchorage.

In September 2013, the new Samuel Simmonds Memorial Hospital officially opened. The 109,000 square foot structure is four times larger than the 1969 facility that it replaced. Samuel Simmonds Memorial Hospital is a licensed 14-bed critical access hospital, also certified as a Level IV Trauma Center. It features:

- 14 outpatient exam rooms;
- 10 single inpatient rooms, including two labor and delivery rooms;
- Four emergency beds;
- Physical therapy;
- Computed tomography (CAT) scan;
- Eye clinic;
- Case management;
- Specialty clinics offering access to specialists by referral;
- “Screening for Life” Breast and Cervical Cancer Screening Program;
- Diabetes education;
- Physical Therapy;
- Optometry;
- Pharmacy; and
- Audiology and endoscopy services.

SSMH also provides specialty outpatient clinics and services:

- Arthritis;
- Audiology;
- Cardiology;
- Diabetes;
- Ear, nose, and throat;
- Gynecology;
- Hepatitis;
- Neurology;
- Ophthalmology;
- Orthopedics;
- Pediatrics;
- Pediatric cardiology;
- Podiatry;
- Surgery; and
- Sleep.

Support services provided by the Hospital include:

- Central sterile supply;
- Medical records;
- Business office;
- Translation services; and
- Morgue.

ASNA also administers a pre-maternal home at 6196 Herman Street in Utqiagvik. ASNA would prefer that this facility be located adjacent to the hospital in the future.

The NSB Health Department has expressed interest in ASNA taking over the several of its programs: CHAP, Public Health Nursing, and WIC. The Public Health Nursing, WIC and CHAP programs are all located in the Wellness Center in Utqiagvik. Due to their distance from Utqiagvik, primary health care services for the communities of Anaktuvuk Pass and Point Hope are provided by Tanana Chiefs Conference (TCC) (located in Fairbanks) and Maniilaq Association (located in Kotzebue), respectively. Residents of these two villages can also receive health services at Samuel Simmonds Memorial Hospital. Through the comprehensive planning outreach process, residents of Anaktuvuk Pass and Point Hope have expressed dissatisfaction in the administration of health care services by TCC and Maniilaq Association.

**Village Health Clinics**

Through CHAP, the NSB provides health care services to all North Slope villages, excluding Point Hope. Through a health services agreement, ASNA and NSB CHAP collaborate to manage healthcare delivery. SSMH clinicians provide medical oversight for the frontline care provided by the village health aides (excluding Anaktuvuk Pass and Point Hope). In addition, after initial Alaska Native Tribal Health Consortium (ANTHC) training, ASNA provides orientation, evaluation for certification, and preceptorships (one-on-one shadowing with a provider) for NSB CHAP. Scheduled medical and dental provider visit each village every year (excluding Point Hope and Anaktuvuk Pass).

The NSB employs community health aides and maintains the local village clinic. In Point Hope, the NSB maintains the health clinic facility but the health aides are employed by Maniilaq Association. Staff train with the Alaska Native Tribal Health Consortium (ANTHC), Samuel Simmonds Memorial Hospital, Chief Andrew Isaac Health Center, and with additional organizations as well as through NSB Health Department trainers. CHAP works in partnership with many agencies to ensure services can be provided in the local villages. Local referrals are made for additional assistance with substance abuse, mental health, public health nursing, dental care, eye care, victim assistance, and other supportive services.

There have been difficulties over the years keeping the village health clinic adequately staffed with community health aides. Many are hired from out of the area on a rotational basis. Others are community members. Without sufficient staffing resources, local health aides may feel the stress of providing service for an entire community.

**Veterinary Services**

The North Slope Borough Health and Social Services Department operates the veterinary clinic in Utqiagvik. Services offered by the veterinary clinic include animal control, pet adoptions, rabies control, animal vaccinations, and limited veterinary services including spaying and neutering and treatment for sick or injured animals. In Utqiagvik, the clinic provide dental services and microchips for animals. Veterinary clinic staff travel to each village two times per year, spring and fall, to provide services for village residents and their pets.
Adult Social Services Programs

Substance Abuse and Treatment
According to the 2012 NSB Baseline Community Health Analysis Report, 6 percent of Iñupiat households reported to “often” be affected by alcohol and drug problems. This is nearly twice as much as other ethnic groups in the North Slope Borough. While this percentage seems low, 61 percent of Utqiaġvik households reported the health of the community had “often” been hurt by alcohol and drugs in the past year. The report did not indicate any speculation on the percentage disparities of the household and community impacts indicated by respondents.323

The NSB Health Department currently provides only outpatient substance abuse assessment and treatment services through Integrated Behavioral Health Program at the Matsutani Community Resource Center. IBH also provides referral services to adults and youth who may require inpatient substance abuse services. Together with the NSB Assembly, the Health Department offers treatment scholarships to those who require inpatient services. This scholarship is a onetime opportunity for adults. If a scholarship is offered to a minor, the scholarship can also be offered again in adulthood. Patients are often referred to the Lakeside-Milam’s 28 day residential treatment program in Washington State.

Utqiaġvik does not currently have any formal detoxification facility or services available, although residents, health care workers, and local government officials have expressed the desire for a local facility. Utqiaġvik residents appearing to require detoxification from alcohol or drugs are taken to the Samuel Simmonds Memorial Hospital for medical monitoring and/or evaluation. Those who do not require a medical evaluation are typically taken to the Utqiaġvik Police Department jail if they are a danger to others or themselves.

The Wellness Center once served as an Utqiaġvik substance treatment center and detox facility but was closed in 2006 due to the declining North Slope Borough budget. There are no current plans to reopen a substance treatment center and/or detox facility in Utqiaġvik. The Alaska Federation of Natives, the largest statewide Native organization in Alaska, is highlighting the importance of substance abuse treatment centers in regional communities to expand the treatment options for Alaska Native individuals and families. Additionally, the NSB Health Department reported a number of concerns with sending those in need of treatment to residential programs out of the Utqiaġvik area, such as the one in Washington, because the programs are expensive. The typical 28 day duration is often considered too short a duration to be effective. Additionally, the centers lack a culturally relevant setting. The Health Department supports reinstituting a treatment program in Utqiaġvik to serve not only Utqiaġvik residents but all North Slope village residents. Over the next twenty years, the NSB Health Department anticipates the need for a thirty-bed facility with fifteen of those reserved for village use.

Assisted Living
In February 2016, ASNA was granted licensure by the State of Alaska to manage the day-to-day

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operations of the Assisted Living Center in Utqiagvik. The facility was previously managed by Hope Community Resources through a contractual agreement with the North Slope Borough. ASNA renamed the facility, Aimaabvik, which translates to “place you call home” in Iñupiaq. Aimaabvik is a 12-bed facility with 6 shared rooms. The assisted living center offers the following services for their residents:

- Clean and sanitary accommodations;
- Three meals daily, plus snacks, and accepts traditional food donations;
- Help with activities of daily living, which include bathing, toileting and dressing;
- 24-hours supportive care;
- 24-hour nursing telephone support;
- Medication supervision;
- Housekeeping and laundry services;
- Weekly linen changes, or as needed;
- Recreational and meeting space;
- Privacy, including for phone calls;
- Organized recreational, spiritual, and physical activities;
- Program for personal services to enhance residents independent living skills; and
- Referrals to medical and social services when appropriate.  

**Mental Health**

Hope Community Resources offers mental health assistance through a facility with six beds. The NSB Health Department believes that there is currently a need for a 20 bed facility, growing to as large as 30 beds by the year 2035. There is also a mental health day program that is administered out of the 12-plex at 5155 Herman Street.

**Arctic Women in Crisis**

AWIC offers emergency shelter and counseling services for victims of domestic violence and sexual assault. It also provides accommodation for homeless women. The current women’s shelter is located in a 12-plex complex in Browerville. Over the next 20 years, it is possible that a new AWIC facility would be needed. The Health Department indicated that locating a new AWIC facility near the police station would be beneficial to the program and its clients.

**Homeless Shelter**

Currently there are no homeless shelters on the North Slope. The Native Village of Barrow administers a housing assistance program that places Tribal members in local hotels on a temporary basis. This program is provided through grants from HUD and Native American Housing Assistance and Self Determination Act of 1996 and is only available to federally recognized tribes and housing authorities. The maximum amount of assistance available is $5,000 per year, per person, every other year. On average, NVB assists 20 individuals per year with securing temporary housing. They also maintain a list of “couch surfers.” These are individuals going back and forth between friends and family because they do not have a home. The North Slope Borough provided a $200,000

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grant to NVB for assistance in locating a suitable homeless shelter facility.

**Pre-Maternal Home**
The Pre-Maternal Home, located at 6196 Herman Street, is open for women and children referred by Samuel Simmonds Memorial Hospital. The Pre-Maternal Home serves as a temporary “home away from home” for pregnant women and their children. It is a five-bedroom house with five bathrooms and an office space, full kitchen, washer/dryer, and comfortable living space. Educational classes are held regularly at the home including family gatherings where tenants and parents gather and share the joys and challenges of parenting, share ideas, and allow children to play together. Other classes held include budgeting for families and parental rights.325

**The Gathering Place**
The Gathering Place is a day program for adults impacted by severe and persistent mental illness. It is located in Browerville and offers counseling services, case management, and assistance with state and local resources.

**Children Social Services Programs**

**Daycare**
Residents of the North Slope have long sought daycare services. During the village comprehensive plan process, each North Slope community expressed the need for child care services in their respective communities for all income levels. The North Slope Borough operates the Barrow Early Learning Center. This facility offers daycare services for 20 children, from 6 weeks old through 36 months in out-of-home care. ASNA administers a Tribal Child Care Program. The program exists to provide child care for eligible low-income families who are working, attending job training, or education program, are self-employed, or participating in subsistence activities. The Tribal Child Care Program requirements are aligned with ASNA’s approved plan through the Administration for Children and Families’ Child Care Development Fund (CCDF) Office of Child Care. The program utilizes the Tribal CCDF Guide and Minimum Standards for Tribal Child Care Health and Safety Guide to promote program integrity and accountability.326 There is also a daycare in Nuiqsut that provides service for local children and their families. Other daycare facilities in the remaining villages are needed and may be developed as where possible.

**Children and Youth Services**
The North Slope Borough Children and Youth Services Division (CYS) in Utqiaġvik is operated by the NSB Health Department. The facility provides emergency shelter to children ages 18 years and younger. CYS has a 14 bed facility for displaced children when family or foster placement is not available. Counselors are available to assist children and their families.

The current CYS facility is a Level 2 Emergency Stabilization and Assessment facility. A Level 2 facility provides behavioral rehabilitation services and temporary residential care for children that may be in danger in their current situation, require temporary placement, or an assessment of their needs. The NSB Health Department indicates that CYS could be licensed as a Level 3 Residential Treatment program. The Level 3 designation requires that 24-hour

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behavioral rehabilitation treatment for children with emotional and behavioral disorders. CYS takes placements from NVB, the NSB Health Department, and the State of Alaska.

The CYS facility is located at 2000 Ahkovak Street in Utqiaġvik, at the intersection with Okpik Street. Although there will be a need for additional space by 2035, the lot size and configuration limits the ability to expand the facility. CYS is planning to construct a playground on a 3,000 square foot gravel pad extending from the facility’s existing gravel parking lot. The entire playground area will be enclosed by an 8 foot tall privacy fence with a secure gate.

Foster Care
By Tribal resolutions, the Native Village of Anaktuvuk Pass, Atqasuk, Kaktovik, Nuqqsut, and Wainwright authorize ASNA to administer and approve the Indian Child Welfare Act Program on their behalf. The services provided include representing Tribal children in court hearings, case reviews, working with families and the state to minimize the removal of tribal children and/or placement of children with their relatives, and handling customary adoptions and outreach services to the villages. Indian Child Welfare Act services for the village of Point Lay are administered through the Iñupiat Community of the Arctic Slope.

Substance Abuse and Treatment
Currently there is not a program or facility for substance abuse or treatment for minors. The potential for a substance abuse and treatment facility for minors was addressed in a 2009 draft NSB PAR for a new police station/justice center. The project cost was estimated to be $35 million.

The NSB Health Department supports the development of both a program and facility. The Health Department also notes that extremely overcrowded housing is a factor in drug exposure for young children and that juvenile drug use is on the rise.

When minors commit lesser crimes, they may be released to their parents because housing minors with adults at the jail is prohibited. The Health Department has indicated that there is a need for a culturally relevant program that serves minors with substance abuse issues that are involved in criminal activity.

EMERGENCY SERVICES

Police Department
The NSB Police Department’s primary responsibility is providing police services within the borough. The Department’s headquarters are in Utqiaġvik, as are the jail and 24-hour dispatch center. The Department also has offices, jail facilities, police officers, and community public safety specialist in each of the seven villages and Prudhoe Bay. The typical village police office includes jail cell(s), booking area, office, evidence room, garage, and living quarters.

Emergency 911 called are handled through NSB Police Department Dispatchers in Utqiaġvik and relayed to the local police officer. Residents can also call a local phone number to report non-emergency incidents to the Police Department.

Arraignments for bail-able offenses are handled telephonically with the Barrow Superior Court.

For Point Hope residents, these offenses are handled with the Kotzebue Superior Court. More serious offenses, suspects are flown to Utqiaġvik or Kotzebue. In extreme public safety matters, reinforcement personnel are flown from Utqiaġvik to assist village police officers.

### Fire Department
The NSB Fire Department responds to fires and other emergencies in all the North Slope communities; its headquarters are in Utqiaġvik. Staff includes medical professionals for critical care air ambulance and medevac services, instruction services provided by Ilisagvik College, and fire prevention and safety programs for school children.

There are two fire stations in Utqiaġvik and one in each village. Each village fire station has one village fire chief, emergency responders, as well as voluntary emergency responders. The typical village fire station has one tanker, one engine truck, one ambulance, one pick-up truck, and one sport utility vehicle.

All paid staff and volunteers have basic fire training, adult and small child/infant cardiopulmonary resuscitation (CPR) certification, and are certified emergency trauma technicians. The department also provides emergency medical technician certification when instructors and funding are available.

### Search & Rescue
The NSB Search and Rescue Department provides medevac, search and rescue, and other emergency services. Staff at Search and Rescue provide airborne response to aero medical (medevac), search and rescue, and other emergency services. The Department currently operates five aircraft, each having a unique function in department. NSB employs one chief pilot, two lead pilots, and 12 additional pilots for flight operation support.

**Learjet 31A**
- Primary Medevac aircraft for transportation between Utqiaġvik and Anchorage
- Anchorage flight time approximately 1.5 hours
- Can be used for village support with good runway conditions
- Can accommodate 2 patients

**Kingair 350ER**
- Ideally suited for gravel field landings and long range flight 8+ hours in SAR mode
- Primary village aircraft
- Back up Medevac aircraft for transportation between Utqiaġvik and Anchorage
- Anchorage flight time approximately 2.5 hours
- Can accommodate 2 patients
- Search and Rescue observation platform
- Sikorsky S92
  - Primary Search and Rescue helicopter
  - 6 hours useful endurance at 130 knots
  - Approved for flight into known icing conditions
  - Approved for flight in Instrument Meteorological condition
  - Infrared camera with separate search and rescue operators station
  - Approximately 8000 lb. payload (less required fuel load)
  - Capable of supporting all the North Slope villages and requests for help in the Brooks Range
  - Configured for one patient
Bell 412 - 2

- Back up SAR helicopter
- Routing community support within 120 nautical miles of Utqiagvik

The NSB Search and Rescue Department also employs a full-time Search and Rescue Coordinator that assists village volunteer search and rescue organizations to effectively prepare for and conduct search and rescue activities in their local community, as well as ensuring effective use of search and rescue equipment. Staff travel to each North Slope community on a quarterly basis to meet and discuss needs.

Risk Management

Among its many duties, the staff at the Risk Management Division of the NSB Administration and Finance Department is responsible for disaster coordination and emergency preparedness and response, such as power outages during severe winter storms. Risk Management stores supplies and equipment for immediate deployment in the case of an emergency.

Natural Disaster Preparedness

The NSB Risk Management Office coordinates emergency management and disaster coordination, as well as insurance policies, claims management, safety training, and inspections. The NSB Multi-Jurisdictional Hazard Mitigation Plan (Hazard Mitigation Plan) was adopted via resolution in August 2016. This Hazard Mitigation Plan identifies and coordinates risk mitigation efforts with state, federal and local partners, and fulfills the requirements set forth by the Code of Federal Regulations Title 44 “Emergency Management and Assistance,” Part 201 “Mitigation Planning,” subsections 6 and 7 (44 CFR §201.6, §201.7). 328 For each community, the plan provides a review of local hazards, vulnerability assessment, and mitigation strategies. In addition to this Hazard Mitigation Plan, the NSB maintains an Emergency Operations Plan, and Village Preparedness Plans for each community. The Emergency Operations Plan was adopted via resolution in September 2008. The Emergency Operations Plan details response to incidents based on their severity and communicates the responsibilities and activation process of the Incident Management Team.

Contaminated Sites and Hazardous Waste

The Alaska Department of Environmental Conservation maintains an online database of contaminated sites in Alaska. Contaminated sites are defined as “a location where hazardous substances, including petroleum products, have been improperly disposed.” Contaminated sites are designated by ADEC as Open or Cleanup Complete. Cleanup Complete sites may require Institutional Controls, meaning the land use and activity must be maintained by the owner in an ADEC-specified manner to protect human health and the environment. 330 Open sites are where

remediation is pending and/or characterization of the contamination has not been completed.

Contaminated sites are present in every community within the NSB. Many of these sites are designated by ADEC as Cleanup Complete. For full details regarding contaminated sites within NSB communities, see the community-specific comprehensive plan. Contaminated sites which are not in the purview of a community-specific comprehensive plan include those within SA-10, along the Dalton Highway, at Umiat camp, and places along the Beaufort Sea where resource extraction has historically taken place.

The U.S. Department of Defense (DOD) has used land throughout the United States to both train military personnel and test new weapons. DOD is responsible for the environmental cleanup of properties that were formerly owned by, leased to, or otherwise possessed by the U.S. and under the jurisdiction of the Secretary of Defense prior to October 1986. Such properties are known as Formerly Used Defense Sites (FUDS). On the North Slope, DEW Line sites, NARL, and Umiat are included in the FUDS inventory and also in the ADEC database of contaminated sites. Map 17 illustrates the location of contaminated sites within the borough outside of the communities and Map 18 shows contaminated sites within SA-10.

Hazardous waste ends up on the North Slope of Alaska for many reasons. There are no landfills within the NSB or across the State of Alaska which accept hazardous materials. All hazardous materials are eventually shipped out of the state for proper disposal.

**SPILL RESPONSE**

Spill response within the NSB is covered under the NSB’s Emergency Operations Plan. The NSB maintains an Oil Discharge Prevention and Contingency Plan (ODPCP or C-Plan) as required by ADEC for locations which meet the tankage threshold. As a requirement of the NSB’s C-Plan, the NSB has contracted a Primary Response Action Coordinator (PRAC) who is contracted to provide personnel and/or equipment to contain, control, or clean up oil spills and comply with response planning standards. In addition to the C-Plan, NSB maintains a Stormwater Pollution Prevention Plan (SWPPP) for each community, as required by the U.S. Environmental Protection Agency (EPA) tankage thresholds, as well as a U.S. Coast Guard Facility Response Plan for all coastal communities. These plans are reviewed and updated regularly as required by ADEC, the EPA, and USCG.

The North Slope Borough participates in a Mutual Aid Program in partnership with the oil and gas industry. The program includes field testing and training as well as oil spill scenarios to determine response and resource gaps. The exercises are held annually in Prudhoe Bay.
North Slope Borough
Contaminated Sites Within SA-10
Map 18

Data Source:
ADEC Spill Prevention and Response
Contaminated Sites Database, 2016
North Slope Borough

Open Contaminated Sites
Borough Boundaries
SA-10 Area

Miles
0 5 10 20 30
COMMUNITY INPUT, FINDINGS, NEEDS, AND CHALLENGES

Healthcare is a challenge on the North Slope. The villages rely on health clinics and health care aides for routine medical assistance. For more robust medical services, residents must travel to either Samuel Simmonds Memorial Hospital in Utqiagvik or to Fairbanks / Anchorage or beyond. There are also multiple entities providing health care services, sometimes with similar duplicate programs. Streamlining healthcare services would likely provide improved care overall. There are also safety needs in all communities: search and rescue equipment and facilities in the villages; contamination and hazardous waste clean-up; and adequate spill response.

Health and safety issues and concerns identified by workshop participants are provided in Chapter 2 and listed below:

- Aging health infrastructure
- Shortage of local professional workforce attributed to turnover and burnout
- Lack of homegrown health professionals
- Lack of healthy social activities
- Contradiction between technology and culture
- Lack of daycare centers
- Homelessness
- Food insecurity
- No crisis center for men
- Grants don’t always cover programmatic costs
- There are different local health care providers in Anaktuvuk Pass and Point Hope
- Lack of hospice care
- Consolidating/Combining /collaborating on services amongst organizations
- Promote new programs/services for families and homelessness
- Promote and incentivize preventative programs
- Establish an environmental health division or department to coordinate with industry and residents
- Offer parenting classes
- Employers could promote and incentivize volunteerism
- Expand health care services through telemedicine
- Creation of a health consortium
- Climate change and food security: melting ice cellars, ice pattern changes, changing culture
- Distance between villages and communication system
- Drugs and alcohol: substance abuse and lack of behavioral health and treatment facilities
- Pollutants, including dust
- Unsafe driving practices
- Social media: influence that promotes bullying, constant stimulation, excessive use limits hands-on activities and critical thinking skills
- High Medicaid denial rate
- High rate of cancer

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<tr>
<th>findings</th>
<th>needs &amp; challenges</th>
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<tr>
<td>Health services for North Slope residents are primarily supported by the NSB Health &amp; Social Services Department and ASNA. There are several other entities involved in providing health care services: State of Alaska, Maniilaq, Tanana Chiefs Conference, and the NSB Mayor’s Office.</td>
<td>Training is needed for local residents to be community health aides.</td>
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<tr>
<td>NSB provides many emergency services, including police, fire, and search and rescue.</td>
<td>Daycares are needed in nearly every community to allow parents to work during the day.</td>
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<tr>
<td>There are many contaminated sites across the North Slope that require clean-up. Many were left after military or other federal government operations.</td>
<td>Villages need additional search and rescue equipment and facilities.</td>
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<tr>
<td>Drug and alcohol use is pervasive across the North Slope.</td>
<td>All communities seek additional recreational facilities and programs for healthy living and social connectivity.</td>
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<td></td>
<td>Consolidating health services and programs will reduce duplicity and streamline services.</td>
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<td>The growing elderly population will require additional services, such as senior housing and programs that assist with meal preparation and transportation.</td>
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PRIMARY HEALTH AND SAFETY GOALS

Goal Ten: Protect our environment.

Objective 2: Identify, remediate, and remove contamination and hazardous waste.

10.2.1. Identify existing and abandoned sites with garbage, hazardous waste, and toxic substances and seek funds for demolition and clean-up.

10.2.2. Educate village residents about proper disposal of garbage, hazardous waste, and toxic substances.

10.2.3. Enforce existing laws and policies to prevent future contamination.

10.2.4. Develop a system for the export of hazardous and other non-disposable material.

Goal Twelve: Improve and consolidate social services.

Objective 1: Foster a healthy lifestyle for all residents.

12.1.1. Seek increased access to recreational facilities in the villages, especially at the schools, to promote physical activity.

12.1.2. Continue to encourage healthy living and fitness through the Healthy Communities Initiative and other programs.

12.1.3. Collaborate with local Tribes, city governments, and corporations to offer entertainment and activities, such as movie nights, sports, and clubs.

12.1.4. Continue to provide treatment assistance for those with addiction issues.

12.1.5. Educate residents on the importance of fitness and a well-balanced diet for longevity and overall quality of health.
Objective 2: Evaluate existing programs and seek improvements and consolidation where possible.

12.2.1. Investigate the feasibility and potential cost savings of consolidating health and social services offered by Health Department and ASNA.

12.2.2. Evaluate ways to train homegrown health professionals and address current turnover and burnout.

12.2.3. Promote and incentivize preventative programs.

12.2.4. Establish an environmental health division or department to coordinate with industry and residents.

12.2.5. Seek improved coordination of care with local health care providers in Anaktuvuk Pass and Point Hope.

12.2.6. Promote and incentivize volunteerism.

12.2.7. Expand health care services through telemedicine.

12.2.8. Creation of a health consortium.

12.2.9. Evaluate current programs aimed at preventing and treating drug and alcohol abuse for effectiveness and implementation of best practices.

12.2.10. Provide education on the effective of cyber bullying and constant stimulation of technology.

Objective 3: Evaluate capital needs to accommodate program improvements.

12.3.1. Seek funding for a regional detoxification facility.

12.3.2. Seek funds for a hospice facility.

12.3.3. Evaluate the need for a crisis center for men and the space needs for Arctic Women in Crisis.

12.3.4. Establish a regional training center for police and fire protection.
12.3.5. Coordinate with local search and rescue organizations to identify and facilitate facility space needs.

12.3.6. Evaluate the need for renovations and expansion of health clinics.

Objective 4: Evaluate needs of elderly population.

12.4.1. Focus resources on providing for the aging population as this group increases.

12.4.2. Create a hospice care program in all the villages.