



ALASKA

RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts Healthy Communities, Session 2, May 13, 2026

Overview

The Healthy Communities Impact Series focused on improving health outcomes across Alaska by addressing chronic disease prevention, patient empowerment, preventative care, and the social factors that shape community wellness. The session brought together health care leaders, providers, and community partners to discuss what is working, where challenges remain, and how to build stronger systems that support healthier communities statewide.

Commissioner Heidi Hedberg opened the session by emphasizing that the purpose of the discussion was to identify practical, solution-focused strategies that improve health outcomes while strengthening collaboration across Alaska's diverse regions and communities.

Rural Health Transformation Project Context

Dr. Anne Zink and Dr. Lisa Rabinowitz explained that this session falls under Goal 1 of the Rural Health Transformation Project: improving healthy communities.

They noted that solutions must reflect the reality that health care delivery looks very different across Alaska. What works in Bethel may not work in Seward, Utqiagvik, or Ketchikan. The goal of the Impact Series is not technical approval or project endorsement, but rather coordination, collaboration, and shared problem-solving.

These sessions are intended to connect organizations, challenge assumptions, and help communities learn from one another while building sustainable, statewide solutions.

Chronic Disease in Alaska

A major focus of the session was Alaska's chronic disease burden.

Participants reviewed data showing that eight of Alaska's twelve leading causes of death are chronic diseases, including:

- Cancer
- Heart disease
- Stroke
- Chronic lung disease
- Diabetes
- Kidney disease
- Alzheimer's disease

Asthma rates in Alaska were also noted as being higher than national averages.

Speakers emphasized that chronic disease management must focus on prevention first. Lifestyle factors such as tobacco use, physical activity, healthy eating, maintaining a healthy weight, and routine preventative screenings all play a major role in long-term health outcomes.

Preventative care gaps remain significant across the state, including:

- Only one quarter of Alaskans having a blood sugar test in the last three years
- One-third of women missing mammograms within the last two years
- One in three adults not meeting colorectal screening recommendations
- Fewer adults reporting having a personal doctor or routine annual checkup compared to national averages

These gaps create major opportunities for improvement.

Social Drivers of Health

The discussion also highlighted how chronic disease is shaped by broader community conditions.

Food insecurity, housing instability, overcrowding, and lack of access to healthy foods were identified as major contributors to poor health outcomes.

Alaska faces significantly higher housing challenges than national averages, particularly in rural communities where overcrowding, high housing costs, and limited kitchen or plumbing facilities create additional barriers to health.

Speakers emphasized that improving healthy communities requires addressing these root causes alongside traditional health care services.

Rural Healthcare Realities

Dr. Ellen Hodges shared insights from Yukon-Kuskokwim Health Corporation, where she serves 56 tribes, 47 villages, and approximately 28,000 people across a large geographic region.

She explained that rural health care often requires patients to leave their jobs, families, and support systems to travel by small plane for basic care or specialty services.

YKHC operates a multi-level care system that includes:

- Village health clinics staffed by community health aides
- Sub-regional clinics with physician assistants and nurse practitioners
- Hospital services in Bethel
- Tertiary care support through Alaska Native Medical Center

Dr. Hodges emphasized that health care should be delivered as close to home as possible whenever possible.

Telemedicine, local access points, trusted providers, and stronger technology infrastructure all help reduce barriers and improve outcomes.

She also stressed that cultural understanding and language accessibility are essential, especially when English is a second language for many patients.

Prevention and Primary Care

Prevention was repeatedly described as the most effective strategy for reducing chronic disease.

Dr. Hodges explained that managing blood pressure today prevents strokes and heart attacks years later. Supporting tobacco cessation, medication management, diabetes monitoring, and routine screenings creates better long-term health outcomes.

She stressed that systems must remove barriers and make care easy, convenient, and culturally relevant.

Examples included:

- Home blood pressure monitoring with direct provider follow-up
- Easier access to primary care providers
- Telemedicine visits for appropriate follow-up care
- Preventative services delivered directly to communities

The goal is to make health care simple enough that patients can engage consistently without unnecessary obstacles.

Fresh Start and Preventative Programs

[The Fresh Start program](#) was discussed as an example of Alaska's efforts to move prevention upstream.

Participants noted opportunities to improve programs like Fresh Start by strengthening follow-up systems, improving patient experience, and making technology easier to use.

Examples included:

- Better smartphone integration
- Less administrative burden
- continued engagement beyond initial enrollment
- stronger provider communication
- clearer feedback loops for patients

Speakers emphasized that prevention programs must feel supportive rather than difficult or transactional.

Cancer Screening and Early Detection

Cancer screening was identified as a major opportunity for improving community health.

Dr. Hodges shared examples of successful strategies, including:

- Mobile mammography services
- FIT testing
- Cologuard distribution
- Self-collected cervical cancer screening

- Bringing services directly to sub-regional clinics

She explained that when services are available close to home, participation increases significantly and no-show rates drop dramatically.

For example, mobile mammography services brought directly into villages saw strong participation simply because patients could access care locally without major travel burdens.

Reducing inconvenience improves compliance.

Food as Medicine

Food as medicine emerged as one of the strongest themes of the session.

Participants discussed:

- Prescription produce programs
- Native food donation programs
- Community food distribution
- Access to traditional foods
- Education around healthy food choices

Dr. Hodges described YKHC's prescription produce program, where healthy food boxes are distributed to villages, along with native food donation systems that safely share traditional foods within communities.

She emphasized that food systems must be culturally relevant. Communities should receive food they recognize, can prepare, and will actually use.

Prevention starts early, and healthy food access is foundational to reducing chronic disease long-term.

Breakout Session Themes

Breakout groups focused on identifying the greatest opportunities for impact.

Several major themes emerged:

Integrated Care

Participants emphasized stronger connections between chronic disease management, behavioral health, education, and preventative services.

Trusted Community Messengers

Faith leaders, tribal leaders, schools, and community organizations were identified as important partners for health education and prevention messaging.

Community Gathering Spaces

Safe spaces for connection, exercise, screenings, and services were viewed as essential for building healthier communities.

Better Use of Technology

Technology should be simple, accessible, and patient-centered. Participants emphasized making systems easy to use and reducing barriers to engagement.

Case Management

Dr. Shawn Vainio highlighted that tribal systems often provide stronger integrated care across behavioral health, diabetes, dental, and specialty services.

He noted that non-tribal communities often lack these systems and identified case management as a major opportunity for improvement.

Prevention Upstream

Education, healthy food access, physical activity, and community wellness were repeatedly identified as the most effective long-term investments.

Closing Remarks

Commissioner Hedberg closed by reinforcing that the Impact Series is about building community, sharing ideas, and connecting Alaskans to solutions that already exist both within the state and beyond.

She highlighted particular interest in the future growth of food as medicine programs and encouraged continued collaboration across regions and systems.

The session concluded with reminders of upcoming Impact Series discussions focused on healthcare access and workforce development as part of the broader Rural Health Transformation Project.

RHTP represents a long-term opportunity to strengthen health care access, sustainability, workforce capacity, and system performance across rural, remote, and frontier Alaska.

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More information and updates can be found at: health.alaska.gov/RHTP