



# REGIONAL DATA SCAN

In state fiscal years 2020 and 2021, the UAA DPHS research team continued its work with The Alliance by engaging the membership in a series of facilitated conversations to identify the current landscape of prevention efforts in Alaska. **Particular emphasis was placed on regional patterns, strengths, gaps, and opportunities for ongoing Alliance support.** Our goal was to identify existing efforts within The Alliance and detail the variety of ways communities and organizations document and share the value of their work.

A key function of The Alliance is to engage communities as partners – to promote individual and community wellness and prevent excessive alcohol use and harms in Alaska. Alliance members are already recognized champions in their respective communities working every day to build a community ecology that supports wellness across the lifespan.

## THE PURPOSE OF THIS DATA SCAN IS TO

- provide a flexible structure for organizing and celebrating the work of The Alliance;
- assist with identifying possible modes of community engagement, participation, and outreach in the areas of prevention and community wellness;
- summarize ways communities already collect information to highlight successes and inform action in their respective prevention networks; and
- invite conversation about what we mean by data and what counts as data to organizations as we continue to hold space for communities to engage with questions of meaning, relevance, and usefulness.

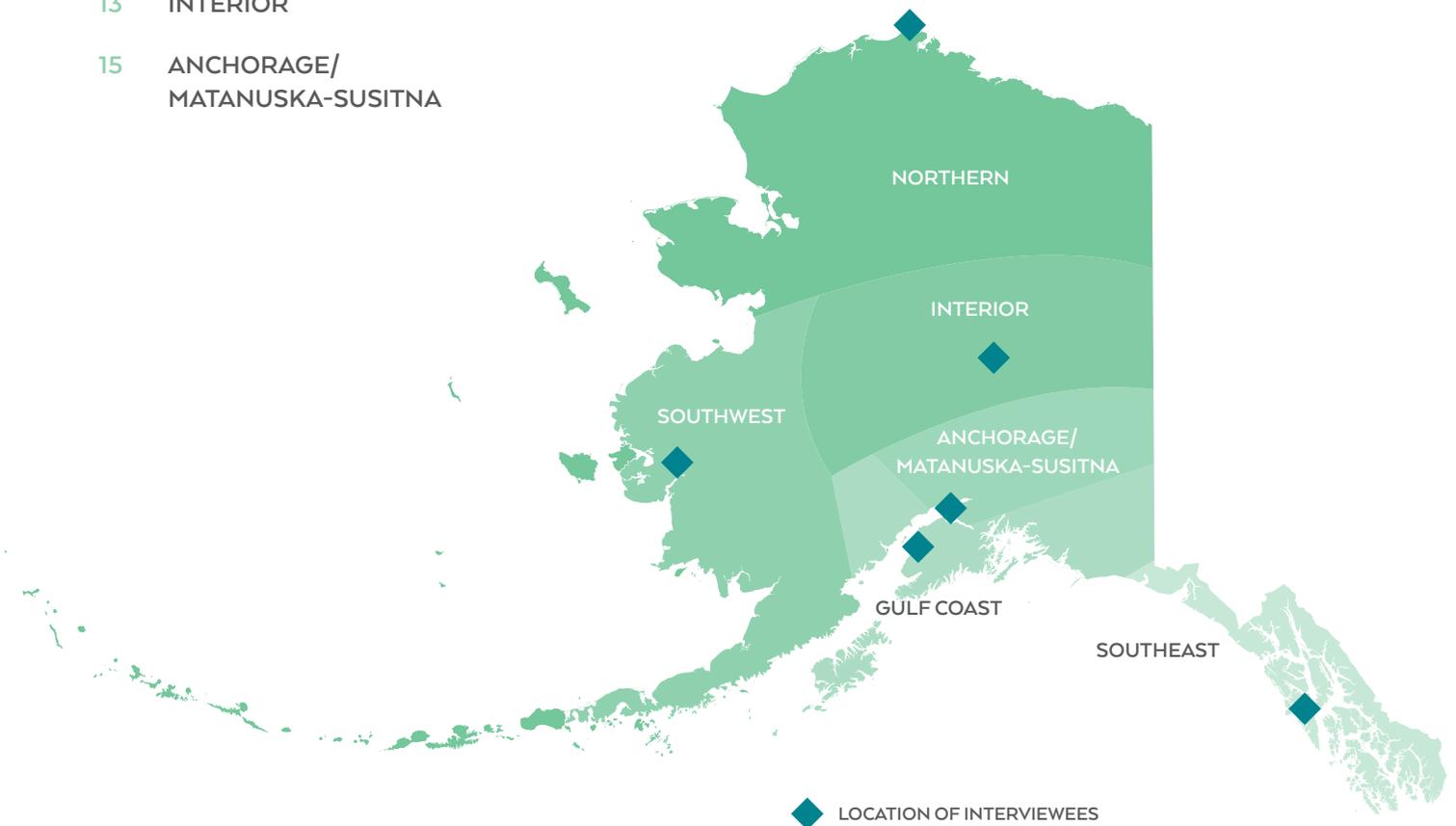
This document is not intended to be an exhaustive list of efforts. Rather, **it is a living document The Alliance can use to grow its membership, identify areas in need of additional support and outreach, and learn from member communities** as we work to reduce the harms associated with alcohol misuse in Alaska. While we have specifically focused on regional approaches to prevention, it is important to recognize the limitations in current methodology. Information presented in this data scan is the culmination of several facilitated conversations with Alliance membership through the fall of 2020 and is limited to the people who were present at that particular time. It cannot and should not be interpreted as representative of a particular region or community. For example, groups of people and prevention organizations listed in the introductions of each section are not exhaustive. We recognize that there are many more within each region and others that work across multiple regions and statewide. Similarly, interviews with regional contacts were focused in predominantly hub communities. This is both a gap and an opportunity for future outreach and community engagement.

## **Alliance members have told us they would like to build deeper connections to people, organizations, and communities in their regions.**

While there is general agreement that it is especially important to engage smaller communities, there is also agreement that those decisions need to be driven by communities themselves. Participation in the prevention landscape means different things for different communities/regions, so next steps will require concerted efforts to continuously hold space for the sharing of ideas, strategies, and interregional exchange that creates tangible and mutual benefit for Alliance members.

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## THE DATA LANDSCAPE OF ALASKA BY REGION

# NORTHERN

### OVERVIEW OF PREVENTION LANDSCAPE

The Northern region is an expansive geographic area that includes a diversity of peoples and cultural histories situated within predominantly Iñupiat territories in Northern Alaska. The Alaska Native corporation in the region includes the Arctic Slope Native Association, Northwest Arctic Native Association (NANA), and Bering Straits Native Corporation. The Northern region is considered as a single region for the purposes of this data scan and includes the census districts of the North Slope (Anaktuvuk Pass, Atkasuk, Kaktovik, Nuiqsut, Point Hope Point Lay, Utqiagvik, and Wainwright), Northwest Arctic (Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noorvik, Selawik, Shungnak, and Noatak), and Nome (Brevig Mission, Diomede, Elim, Gambell, Golovin, Koyuk, Nome, Savoonga, Shaktoolik, Shishmaref, St. Michael, Stebbins, Teller, Unalakleet, Wales, and White Mountain).

Key partners include the local school districts, which play a critical role in administering research and assessment activities. Behavioral health services are connected to the Alaska Tribal Health System and delivered through a regional “spoke and hub” model. However, access is limited in smaller communities. Fewer providers exist and it can be more challenging to have sensitive conversations around the harms associated with alcohol misuse in smaller community settings where protecting privacy is not always possible. Strong connections to faith-based and cultural organizations assist in bridging these gaps, raising awareness, and creating informal networks of support for families and communities.

Additional partnerships include a variety of state systems across the lifespan, including child welfare, vocational rehabilitation, family, children, and youth services, and crisis response work in areas of bullying and intimate partner violence prevention.

**The Alliance can play a role in offering a platform to provide voice to these efforts in telling the story of prevention work in Alaska.**



*More quality work is happening in villages where we can connect with everyone.*

### SUMMARY OF REGIONAL CONVERSATION

Regional contacts emphasized the need to support local data collection efforts, which often occur in addition to more formal statewide datasets such as YRBS. **Issues of trust and representation were communicated as a primary driver for this, but regions are finding success in more local data collection efforts.** For example, it was described that “more quality work is happening in villages,” where “we can connect with everyone.” The North Slope Borough Health and Social Services, with support from the “Prevention Crew” in Utqiagvik, is able to send teams of people to smaller communities for extended periods of time, and repeatedly throughout the year and across multiple years. This facilitates relationship building and provides an opportunity to collect more contextually rich, locally meaningful data in community settings. This was described as a “question of truth” at the regional level that has important implications

# NORTHERN

for how we think about data. **A common theme expressed by regional contacts was the notion that formal data collection efforts often don't represent rural and small communities.**

Methodological limitations aside (e.g., small community size, low response rates, times delays in reporting), there is a tension between what the data say and what communities feel and this needs to be examined further. Whereas many formal data collection efforts suffer from poor response rates and limitations in reporting on the local level, the North Slope Borough Health and Social Services has developed its own survey instrument, which can be administered in hard copy when visiting other communities within the region. This theme of locally generated, locally responsive survey design and implementation was notable across regional conversations. Other successes include the creative use of social media, where targeted messaging to raise awareness about existing resources occurs. Topics are tailored to address gaps identified in data collection efforts. For example, work to increase the number of “trusted adults” through structured mentorship programs is a shared protective factor the Northern region is actively working on. Simply “being available” and communicating that there is help available is important. Other efforts include discussions about different types of drinking (e.g., what is binge drinking?), social pressures around alcohol use, and going further upstream with prevention work generally, as “prevention is reactive.”

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

There are clear opportunities for The Alliance to support local data collection efforts. Providing additional resources to Alliance regional co-chairs to facilitate broader coordination and outreach would help strengthen relationships across arctic communities and build additional partnerships. The Alliance also plays a key role in finding ways to elevate the successes of regional work and connect to a statewide prevention landscape that is changing the conversation around alcohol misuse. Where appropriate, there may be technical support roles and opportunities for training around data collection, translation to community, and mobilization for action.

# GULF COAST

### OVERVIEW OF PREVENTION LANDSCAPE

The Gulf Coast region is situated within Dena'ina, Alutiiq/Sugpiaq, Eyak, and Ahtna homelands and consists of communities on the Kenai Peninsula, Kodiak Island, and Copper River drainage. The region spans four census districts (Kenai Peninsula, Kodiak Island, Chugach, and Copper River). The Kenai Peninsula Census Area consists of the six communities of Homer, Kachemak, Kenai, Seldovia, Seward, and Soldotna, with an additional 31 census-designated places.<sup>1</sup> The Kodiak Island Census Area includes the communities of Akhiok, Kodiak, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions, with an additional six census-designated places. The Chugach Census Area consists of the communities of Valdez, Cordova, Whitter, Chenega, and Eyak. The Copper River Census Area includes the communities of Chisana, Christochina, Chitina, Copper Center, Gakona, Glennallen, Gulkana, Kenny Lake, McCarthy, Mendeltna, Mentasta Lake, Nabesna, Nelchina, Paxson, Silver Springs, Slana, Tazlina, Tolsona, Tonsina, and Willow Creek (20 census-designated places in total).



*Communities feel “overwhelmed by data” and there is a need to build local meaning and connection.*

The Kenai Peninsula has a particularly robust array of coalitions, with the Southern Kenai Peninsula (SKP) Resilience Coalition, a workgroup of Mobilizing for Action through Planning and

Partnerships of the SKP, playing an active role in substance misuse prevention for youth and families. The All Things Addiction on the SKP (formerly known as The SKP Opioid Task Force), has the mission of “fostering a connected community by empowering and engaging all individuals to create local solutions for opioid and substance misuse” and works with the aforementioned SKP Resilience Coalition on upstream prevention. Change 4 the Kenai focuses primarily on opioid misuse but is actively involved in promoting harm reduction programs and reducing stigma around substance misuse. The Kenai'tze tribe offers several inpatient and outpatient services, as well as family wellness programs, detoxification and treatment services, alcohol and drug screening, and telebehavioral health services. The South Peninsula Hospital System conducts an annual community health needs assessment, where broad, community-based prevention services in the area of substance misuse have been prioritized. School-based partnerships are strong, with the Kenai Peninsula School District playing an active role in coalition participation and embedding protective factors into school outcomes measures.

While the Kodiak area has not been an active partner within The Alliance to date, it is a recognized need and an opportunity to strengthen relationships across the region. However, Providence Kodiak Island Medical Center also conducts a community health needs assessment and collects data on alcohol and substance misuse prevention. The Kodiak Area Native Association (KANA) offers behavioral health and treatment services and the Behavioral Health Department and is available to all Kodiak residents. Both the Kenai Peninsula and Kodiak Island Borough School District participate in the School Climate and Connectedness Survey

<sup>1</sup> <https://live.laborstats.alaska.gov/pop/estimates/pub/chap2.pdf>

# GULF COAST

(SCCS) and support a variety of youth wellness programs across communities.

Opportunities for expansion of the Gulf Coast region are also possible through increased outreach and engagement with communities of the Chugach Census Area. Providence Valdez Medical Center offers substance misuse treatment and recovery services in addition to a variety of inpatient and outpatient therapeutic services. The Cordova Community Medical Center similarly offers a variety of mental and behavioral health services, including telepsychiatric services, family support, and crisis response. A community health needs assessment was completed for Cordova in 2019, and found that 22% of adults in the region reported “drinking excessively” compared to 19% for Alaska and 16.4% for the United States. While these are crude estimates, it suggests that more intentional targeted outreach to this region may be warranted. Currently, both Valdez and Cordova participate in the SCCS and YRBS. The Ilanka Community Health Center in the Native Village of Eyak offers a variety of community-based behavioral health services, including elder services and a variety of family support programs. They also house the “sobriety celebration elder hospitality room” and support a variety of youth and elder mentorship programs.

The Copper River Census Area, connected to Gulf Coast communities through the expansive Copper River drainage and delta, offers additional opportunities to expand Alliance networks and support statewide alcohol prevention efforts. Glennallen and Copper Center are the largest population centers, with Copper River Native Association providing mental and behavioral health services for the Ahtna communities of the region. Both inpatient and outpatient recovery services are offered and important outreach activities in the area

of prevention are occurring through participation in an annual sobriety walk, ongoing engagement with the youth and elders conference, and an array of individual and family wellness support groups. In addition, the Copper River School District participates in both the SCCS and YRBS.



*People want to share their thoughts and feelings.*

### SUMMARY OF REGIONAL CONVERSATION

One challenge for Gulf Coast regional prevention efforts is the lack of a shared regional identity. Prevention work is well established on both the Kenai Peninsula and Kodiak Island but there is a need to increase connection between the two areas. Sometimes communities feel “overwhelmed by data” and there is a need to build local meaning and connection to help communities see the relevance and implications for informing programs and practice. **Historically, communities “rely on other people to explain” what data mean, and this can reinforce a sense of separation from data collection activities and results altogether.** For formal, statewide datasets, by the time results are shared back with communities, data are “already old.” Some of this is due to the time it takes to collect, analyze, and report back but there is a need for more intermediate steps to show the value of these efforts. It was reported that “people want to share their thoughts and feelings,” so finding safe, accessible spaces to facilitate that (with technical assistance from The Alliance as needed),

# GULF COAST

would be a valuable first step. Community café-style events have worked well for several Kenai Peninsula communities and there is interest in conducting regional focus groups with community members to raise awareness about what is already out there. Sometimes there is a challenge of understanding and clearly articulating the value-add of Alliance membership to those working within the prevention landscape and the publics they serve. Many involved in prevention work are already recognized champions in their communities and within the region and serve on multiple coalitions. **“Conserving energy” of partners was expressed as a concern**, as well as identifying areas of overlap and shared interest to avoid a sense of uncoordinated redundancy and duplicative efforts for individuals and organizations that may already be stretched thin on time and resources.

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

Regional outreach and community awareness-building activities are an area The Alliance can support more explicitly. There is momentum around the need for translation-to-community work, which could take the form of facilitated discussions around what we mean by data, how we use them to show impact, and how they can support the sustainability of existing prevention programs and activities. The History and Hope training around Adverse Childhood Experiences (ACEs) was described as a format that could be an effective way to introduce and have conversations around the role of history, colonialism, and trauma in shaping patterns of alcohol use in Alaska. It would also be an opportunity for communities to push back on questions of data, voice, and representation that may lead to a new understanding of how we might “do data differently.” There are also opportunities to

market and promote The Alliance as a community of practice that is relevant for people across the prevention landscape.

In terms of more immediate action items, there may be a need to explain “what The Alliance is all about” in terms that communities can understand, as the language of The Alliance was described as sometimes confusing, abstract, and difficult to follow. Offering more opportunities for small group workshopping around action strategies can help, but this must be balanced against time constraints and the capacity of existing Alliance membership.

# THE DATA LANDSCAPE OF ALASKA BY REGION

## SOUTHEAST

### OVERVIEW OF PREVENTION LANDSCAPE

Southeast Alaska is the current and ancestral homeland of the Tlingit, Haida, Tsimshian, and Eyak tribes, and Sealaska is the Alaska Native regional corporation for the area. Southeast Alaska is comprised of seven boroughs (Haines, Juneau, Ketchikan Gateway, Petersburg, Sitka, Skagway, Wrangell, and Yakutat) and two census areas (Hoonah-Angoon and Prince of Wales-Hyder) and is home to approximately 70,000 Alaskans, or 10% of the state's population (2010 census). The three largest communities in the region are Juneau, Sitka, and Ketchikan, all of which have major medical centers and behavioral health services. The region is also served by the SouthEast Alaska Regional Health Consortium (SEARHC), an Alaska Native-run health organization that provides services, including behavioral health services, in 27 communities and runs the Sitka Mt. Edgecumbe Hospital.



*Make data collection a two-way street for raising awareness.*

### SUMMARY OF REGIONAL CONVERSATION

Southeast Alaska is also home to multiple prevention-related organizations and coalitions including Akeela Behavioral Health, Sitka Health Summit Coalition, Pathways Coalition, Community Connections, the newly established SEAK (South East Alaska) Coalition, and the Healing our People and Environment (HOPE) Coalition. Communities and organizations such as these utilize state- and local-level data to inform a wide array of prevention

services. The interview that we conducted in May 2021 revealed several gaps and assets to different data collection efforts and strategies in southeast Alaska. One major concern in particular is that decision making that impacts rural communities is occurring in urban areas, with limited input from leaders, providers, and community members living and working in rural communities. In line with this issue, the primary theme of the interview was **the importance of decentralizing data collection in order to build more detailed and holistic understandings of needs and patterns in local communities and to put decision making back into the hands of those living in rural Southeast Alaska.**

We highlight here the case study of the HOPE Coalition's annual survey on alcohol use- and behavior-related patterns in Sitka. Over five years, the HOPE Coalition developed strong relationships with Sitka schools, which led to an 80-85% return rate of surveys in 2020 using the Schoology Learning Management System (<https://www.schoology.com/>). Survey participation was incentivized directly by offering \$1,000 to every grade that had at least a 65% response rate. Grocery stores donated gift cards as well. More indirect benefits were that **the survey was designed as an educational tool by wording questions in such a way that the respondent was taught about additional risks** they may not have initially connected with excessive or unsafe alcohol/substance use. For example, the survey broke down different risk categories to include physical harm, risk of sexually transmitted infections, and unwanted sexual activity/assault. This was part of an overall effort to make data collection "A two-way street for raising awareness."

# THE DATA LANDSCAPE OF ALASKA BY REGION

## SOUTHEAST

The HOPE Coalition's close relationship with the school district also earned them a high level of credibility with respect to the data collection process and ultimately as a data source. Unlike many state-sponsored data collection efforts, the sample sizes represented were large enough to facilitate analyses of alcohol use patterns across different demographic categories. For example, the survey revealed previously unknown higher rates among female respondents compared to males, which is not in line with statewide or national trends. The organization was also able to analyze results between racial and ethnic groups, including Filipino, Alaska Native, White, and others. **The ability to differentiate between different demographic categories, as well as including place-specific questions, was deemed important in terms of identifying where to focus and mobilize resources and how to craft interventions, which allows the organization to respond to local-specific needs in an agile manner.**

The HOPE Coalition also collects data through interviews and focus groups to capture cross-sectoral representation in the community. The views about and understandings of prevention-related issues are explored among medical professionals including emergency room doctors, behavioral health professionals, public health nurses, and pharmacists. Perspectives are also gleaned from law enforcement, the chief of police, and other prevention-related organizations. These data have brought surprising trends to light, and inform intervention and planning efforts, as well as the content and interpretation of surveys.

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

Supporting access to usable data at the local and regional level is one area of potential opportunity

for The Alliance. Limited or absent direct benefit, whether real or perceived, of state-sponsored data collection efforts is an obstacle for maximal individual- and organization-level participation. For many issues, **local organizations see a greater benefit in collecting their own data for the purposes of data control and control of changes in methods over time, specificity of questions asked related to local characteristics and issues, and of efficiency of data collection.** These efforts can be seen as at odds with state-level data collection, because, "I believe in being a team player, but there are only so many hours and effort in a day." One specific example is that data can lean more heavily toward certain demographics that may have limited relevance for decision making and planning at a local level. In this case, participation in YRBS can be difficult to incentivize, because it is difficult to get information that is perceived as useful for local organizations. Changes in the wording of questions may also be problematic when applying for grants and/or tracking trends over time. This example demonstrates the need to support local-level data collection efforts. In addition, The Alliance could be a resource for translating results from larger datasets to maximize regional/local utility.

In addition to supporting greater local-statewide synergy on data collection efforts and usefulness, these efforts can serve as a recruitment platform for The Alliance, and as a way to mobilize the existing network within The Alliance. Supporting local/regional data collection efforts also has the potential to contribute to data dashboard development, and discussions of shared measures and values put forward by The Alliance.

## THE DATA LANDSCAPE OF ALASKA BY REGION

# SOUTHWEST

### OVERVIEW OF PREVENTION LANDSCAPE

Southwest Alaska is the home of Yup'ik and Cup'ik Alaska Native people, and the Aleutian and Pribilof islands are the current and ancestral homelands of the Alutiiq (Sugpiaq) and Unangax̂ people. The regional corporations include Calista, Bristol Bay Native Corporation, and Aleut Corporation. Southwest Alaska is home to approximately 53,000 inhabitants (US Census 2000) who reside in over 120 towns and villages. The majority (58%) of the population identifies as Alaska Native, and is served through the Yukon-Kuskokwim Health Corporation (YKHC) Tribal Corporation (Bethel, AK), Bristol Bay Area Health Corporation (Dillingham, AK), Iliuliuk Family and Health Services (Unalaska, AK), and many other health organizations and services providers in the region.

Bethel, Alaska is the largest community in the region, with a population of approximately 6,000, followed by Unalaska (pop. ~4,300), and Dillingham (pop. ~2,300). YKHC, which operates primarily from Bethel, provides mental health and substance misuse treatment services in both residential and outpatient settings. YKHC also runs the McCann treatment center, which focuses on substance misuse for children and adolescents. Bethel Family Clinic also provides drug and alcohol rehabilitation and behavioral health services.



*There is so much crisis here, it's tough to focus on prevention.*

### SUMMARY OF REGIONAL CONVERSATION

This summary reflects a conversation that focused on Bethel, Alaska, but discusses coalitions and data collection efforts across the Southwest region. There are a number of coalitions operating in the region, many of which do not address alcohol specifically but rather prevention more broadly defined. These include the YKHC Behavioral Health Coalition, which is directed toward working with and in villages and offering trainings, but does not address alcohol specifically. The Violence Prevention Coalition is action-oriented, focusing on youth activities and building wellness infrastructure. The Housing Coalition focuses on youth homelessness and supporting and creating other elements of infrastructure for individuals experiencing homelessness in the region, including permanent supportive housing and changing seasonal shelter to full-time shelter. The Tundra Women's Coalition (TWC) also provides housing (43-bed shelter) but focuses specifically on providing resources to battered women and sexual assault victims and their children, including a 24-hour crisis line, a youth violence prevention program, a children's program and advocacy center, and the Engaging Men and Boys Program. Emmonak Women's Shelter and Bay Haven Domestic Violence & Sexual Assault Shelter in Hooper Bay (funded by RurAL CAP) provide similar services to those in their respective communities. There are numerous Alcohol Anonymous meetings supported by local churches and other groups in Bethel, and the current mayor of Bethel is also recognized as an advocate for prevention. The Orutsararmiut Native Council (ONC) also provides housing/rental assistance, child welfare, senior services, and a Tribal Court, among other services.

# THE DATA LANDSCAPE OF ALASKA BY REGION

## SOUTHWEST

In addition, Facebook communication in Bethel was cited as an important platform supporting prevention through individuals sharing their journeys of health, wellness, and sobriety. Such stories have inspired others to seek help and advance their own efforts toward sobriety.

Many of the organizations listed above collect their own data for planning and grant-related purposes, including TWC, which collects demographics and tracks services utilized. Other organizations that collect prevention-related data are Search and Rescue, the Y-K Delta Regional Hospital, and the Bethel Police Department. A number of community needs assessments have also been conducted for the purposes of planning and grant making. One identified area of concern is that “there are no ‘data points’ in the villages – there is not OCS, PD, etc. to collect data and keep track of things.” This lack of data, in the strict Western science definition, is illustrative of issues of economic and social inequities which in turn contributes to less representation for decision-making purposes. The question of “Why is there a need for ‘data’ – can’t you just take their word for it?” arose during this conversation in this context. Said another way, **if there are limited resources, and therefore limited data collection efforts in small communities, what other types of representation (or ‘data’) can be used in order to support and advance homegrown prevention efforts in such communities?**

Beyond data collection itself, it was discussed that prevention-related work is limited in Bethel and much of the region due to limited resources and “there is so much crisis here, it’s tough to focus on prevention.” This strain within the community can put different organizations at odds with one another and has contributed to compassion

fatigue: **“There’s been so much attention on alcohol for so long, people are tired of it, and no one knows how to address it holistically.”**

Despite such challenges, the Qungasvik (Toolbox) was developed in the region in collaboration with the Center for Alaska Native Health Research (University of Alaska Fairbanks) as a strength-based Indigenous traditional cultural knowledge and practices intervention model to prevent alcohol used disorder and suicide among Yup’ik Alaska Native youth (<https://canhr.uaf.edu/research/past-canhr-projects/qungasvik-toolbox-indigenous-intervention-science-model-alaska-native-communities/>). This tool was developed using community-based participatory research methods, and is available for use by organizations and communities.

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

As mentioned above, organizations and communities are often balancing investment in prevention and contending with current immediate crises. As a statewide collaborative effort, The Alliance is well positioned in many respects to offer additional support for increasing the capacity for prevention. First, The Alliance may be able to provide infrastructure to avoid or decrease the burden of organizations having to be a part of multiple coalitions through grant-related requirements. Membership to multiple coalitions is time consuming, and often includes many of the “usual suspects,” indicating that greater streamlining of these efforts may be a worthy endeavor for The Alliance to pursue in support of its current and future members. Secondly, The Alliance can **“advocate for policies that move toward prevention; thus necessitating less response at**

# THE DATA LANDSCAPE OF ALASKA BY REGION

## SOUTHWEST

**the crisis level.”** This may range from advocating for more stable funding and support across multiple sectors, including victim services, housing, youth and adult homelessness, legal services, child care, and supporting single parent households experiencing poverty. “I’d like to get out of crisis management, and it’s hard to do that when funding isn’t guaranteed.” **Amplifying and supporting voices from smaller communities also emerged as an opportunity to support community-level prevention efforts that are often better positioned to respond to the unique combination of factors contributing to substance misuse, in a culturally appropriate and strengths-based manner.** Finally, providing resources, education, and advocacy at multiple levels regarding upstream factors such as ACEs, trauma, and equity was identified as a potential area that The Alliance could support communities, particularly those that are smaller and do not have large staff or infrastructure.

## INTERIOR

### OVERVIEW OF PREVENTION LANDSCAPE

The Interior region is one of the largest within The Alliance and includes Athabascan homelands of Gwich'in, Deg Xit'an, Han, Tanana, Koyukon, Holikachuk, Upper Kuskokwim, Upper Tanana and Tanacross peoples, and others. Doyon Limited is the Alaska Native regional corporation for the region. The Tanana Chiefs Conference is an Alaska Native nonprofit corporation that also provides prevention infrastructure and related programs.

There are three distinct census areas (Fairbanks/North Star, Denali, and Yukon-Koyukuk), with Yukon-Koyukuk being the largest in the state area-wise. Outside of the Fairbanks area, communities are separated by significant physical distance and often not connected by road, which is a challenge for building a shared regional identity around prevention work. There are also inequities in prevention service availability that favor urban centers. Key partners include the Fairbanks Wellness Coalition, Fairbanks Native Association, and the Fairbanks North Star Borough School District. The Goldstream Group works in an evaluation capacity with the Fairbanks Wellness Coalition and assists with data collection and reporting efforts.

The Fairbanks Native Association has deep connections with smaller communities that are not connected to the road system and are often not represented in statewide conversations. These partnerships need to be nurtured more explicitly, particularly in areas outside of major population centers. School districts are key partners due to connections with youth and ongoing administration of several formal data collection efforts, including the YRBS and the SCCS.



*If you are at a table, look around and if there is no one from the group you are trying to help, then you are not doing the work right.*

### SUMMARY OF REGIONAL CONVERSATION

Interior regional contacts emphasized cultural diversity within and across communities. Rural communities are not homogenous and each have unique sociocultural, political, and economic factors that reflect differences in colonial histories and subsequent responses. **This can be a challenge for prevention work, as terms such as “best practice” can be perceived as value judgments that reinforce differences.** Everyday forms of grassroots prevention work may be going largely unnoticed, as smaller, less-resourced organizations may lack capacity to attend larger statewide gatherings. There is a need to acknowledge the widespread pain, trauma, and loss many communities feel and find ways to “open the door” to healing. However, **ongoing legacies of racism and colonialism, which show up in public health, law enforcement, educational, and religious institutions, create circumstances of stress that are barriers to reconciliation and prevention work broadly.** As one Alliance member stated, “If you are at a table, look around and if there is no one from the group you are trying to help – then you are not doing the work right.” One regional contact described a feeling of constantly being in “survival mode,” making it difficult to have conversations around data and assessment, i.e. “we live it.”

# INTERIOR

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

It is critical to acknowledge differences in how people think about and reconcile history. This has important implications for The Alliance and the language being developed around prevention. **How we talk about issues such as race and racism, history and colonialism, and equity shape how we interact with people and communities.** Much of the feedback we have received has highlighted this tension as a barrier to Alliance participation, membership, and expansion. Specifically, the recommendation to “simplify the language” is an important insight with respect to outreach and communication and highlights the need for more translation work to invite broader participation. Sometimes language around marginalization itself can be marginalizing. Photovoice and other digital storytelling formats were described as a particularly powerful way to show the impact of alcohol prevention work, especially with youth. These alternative and often more accessible data collection practices should be expanded and supported across The Alliance.

# ANCHORAGE/MATANUSKA-SUSITNA

## OVERVIEW OF PREVENTION LANDSCAPE

Southcentral Alaska and the Anchorage/Matanuska-Susitna (Mat-Su) region are the current and ancestral homelands of the Knik and Eklutna tribes and Tyonek across Cook Inlet from Anchorage. The Municipality of Anchorage (MOA) and Mat-Su are two of the largest urban centers in Alaska and are located in southcentral Alaska. The MOA includes Anchorage (pop. ~288,000), Rainbow, Indian, Bird Creek, and Girdwood to the south, and Eagle River, Chugiak, and Eklutna communities to the north. The Mat-Su Valley (pop. ~107,000) is located 35 miles north of Anchorage and is the fastest-growing region of Alaska, and includes Palmer, Wasilla, Big Lake, Houston, Willow, Sutton, and Talkeetna communities. These areas are very diverse in terms of socioeconomic, demographic, cultural, and political factors.

Anchorage and Mat-Su are home to multiple national, state, and local prevention-related organizations including the Alaska Department of Health and Social Services (DHSS), Southcentral Foundation (eg., Pathway Home), Alaska Mental Health Trust Authority, Spirit of Youth, Covenant House, Anchorage Youth Development Coalition, Center for Safe Alaskans, Alaskan AIDS Assistance Association (4As), among many others. The Alaska Native Medical Center (ANMC), run jointly by Southcentral Foundation (SCF) and the Alaska Native Tribal Health Consortium (ANTHC), is located in Anchorage and serves Alaska Native and American Indian people who live locally and across the state. In addition to primary and emergency clinical care, it runs behavioral health programs including the Alaska Blanket Exercise, Critical Incident Stress Management (CISM), Domestic and Sexual Violence Prevention Resources, Substance Misuse Prevention, Suicide Prevention, and

Community Reinforcement Approach and Family Training (CRAFT), which helps families access substance misuse treatment. Providence Alaska Medical Center in Anchorage serves all Alaskans with mental and behavioral services, including multiple youth and adult inpatient and outpatient programs. Alaska Regional Hospital, also located in Anchorage, offers inpatient and outpatient services, including an inpatient program named One-Eighty that serves individuals contending with substance misuse. Mat-Su Regional Medical Center is the principal hospital for the Mat-Su Borough, and provides inpatient and outpatient behavioral health services as well.



*Everything we collect is unique to each program.*

## SUMMARY OF REGIONAL CONVERSATION

With many of the regional prevention-related organizations highlighted above, this section will provide a case study of one organization's data collection efforts, and identification of which data are missing in the region. The Volunteers of America (VOA) Alaska offers a program entitled PRIME for Life, which is an evidence-based prevention and intervention program that helps participants decrease their risk of alcohol and substance-related issues through education, self-evaluation, and self-efficacy. At the end of the program, VOA collects surveys from their teenage program participants to measure the successes and impacts of the program. In addition to more traditional

## THE DATA LANDSCAPE OF ALASKA BY REGION

# ANCHORAGE/MATANUSKA-SUSITNA

survey content, VOA also collects testimonials from individuals to capture a more holistic understanding of how the program was received by participants.

In addition to collecting data for PRIME for Life, VOA Alaska collects data for the purposes of grant reporting, providing prevention resources for engaging the community (e.g., videos), and uses data to make sure they are reaching their program objectives: “Everything we collect is unique to each program, so those data look a little different.” The broad definition of data was underlined by the organization taking note of how many Facebook likes, shares, and comments their online town halls and virtual videos inspired in order to gauge public response and engagement. Recent marketing campaigns have also been evaluated to assess name recognition and public knowledge of VOA Alaska.

In addition to the specific example of VOA Alaska’s PRIME for Life and other data-related efforts, a number of areas of missing data were identified. These include more detailed data on mental health, ethnicity, and economic status by neighborhoods or different areas of town. Relative lack of data with respect to faith-based organizations was also discussed, including ACTS 24/7 Recovery Church with locations in Anchorage, Wasilla, and Soldotna, and multiple recovery-related services. **Access to school and student data was identified as another potential area where access to additional data is needed**, especially with regard to grade point averages; whether students work; whether they engage in extracurricular activities or sports; their access to transportation; whether they have Individualized Education Plans (IEPs); and who is available for mentorship. This was deemed especially important for students at the Specialized Academic Vocational Education (SAVE) alternative

high school in Anchorage, which works with juniors and seniors who are significantly behind in academic credits.

### STRATEGIC OPPORTUNITIES FOR THE ALLIANCE

Expanding and increasing knowledge of The Alliance arose as a beneficial next step, with an emphasis on building awareness of The Alliance within the prevention community and with the general public. One suggestion for accomplishing this is to **identify The Alliance’s “elevator speech”** and explore additional ways to bring people in, especially by increasing accessibility for people who aren’t necessarily with prevention-related terms and language. **Using more “plain language” in Alliance meetings and programming** was suggested as one way to increase accessibility and retention for potential, new, and existing Alliance members and audiences. **Developing an efficient and clear-cut onboarding process** as part of this effort was also cited as a way to diversify and increase Alliance membership and engagement.

Within the existing structure of The Alliance, facilitating more cross-regional programmatic mentorship and providing easier access to data and methods for program evaluation in order to seek additional funding are other areas of possible growth. Interest was also enthusiastic for this final report and its appendices that demonstrate what type of data are collected and by whom.

# SUMMARY OF OPPORTUNITIES

This data scan is a living resource for The Alliance. In order to build on our efforts, we suggest the following areas of increased action and support. These suggestions were identified by Alliance members and the UAA team itself. This list is not exhaustive, and should serve as a starting point, not an end point, for conversation and planning.

## **INCREASE DATA COLLECTION AND AVAILABILITY IN CERTAIN AREAS**

- Seek more detailed data on mental health, ethnicity, and economic status by neighborhoods or different areas of town in urban areas.
- Seek more data related to faith-based organizations.
- Increase access to school and student-related data.
- Increase access to and collection of data at the local and regional levels.
- Increase capacity for useable data collection for rural communities and smaller, grant-funded organizations.

## **REDUCE THE BURDEN OF PREVENTION WORK FOR INDIVIDUALS AND ORGANIZATIONS**

- Aid in building shared regional identities/ efforts while avoiding uncoordinated duplication of efforts or redundancies.
- Promote cross-regional mentorship.
- Support policies and actions that move activities and services from crisis to prevention.

## **REDUCE EXISTING INEQUITIES IN DATA COLLECTION AND DECISION MAKING BASED ON INEQUITABLE DATA COLLECTION PRACTICES**

- Reduce urban/rural differences and inequities.
- Reduce disparities along racial/ethnic, and other demographic lines.
- Provide a platform for peer-to-peer support that focuses on demystifying data collection and use, building surveys, and conducting other data collection efforts.
- Center communities in prevention-related conversations to identify what they want and need for their own prevention efforts, and how to support those efforts.
- Support the use of alternative sources/ types of data in decision-making processes, and fulfillment of grant-related requirements.

# SUMMARY OF OPPORTUNITIES

## EXPAND ALLIANCE MEMBERSHIP AND PARTICIPATION

- Simplify language used within Alliance meetings and in outreach efforts.
- Create and utilize clear and welcoming onboarding procedures.
- Move toward incorporating more in-person meetings/activities for further relationship development.
- Utilize data-related activities as a pathway of recruitment for Alliance members and to encourage engagement with The Alliance.
- Expand the information included in this data scan by contacting individuals and organizations named by regional contacts, including 4As, Center for Safe Alaskans, ASAP, Youth 360, Change 4 the Kenai, Emmonak Women's Shelter, and Bay Haven.

# ACKNOWLEDGEMENTS

The wisdom and information included in this report originates from Alliance members across multiple meetings, conversations, and exercises conducted between July 2020 and June 2021. In particular, we would like to acknowledge individuals who were interviewed for this report and willingly gave their knowledge and deep understanding of their regions and communities to help advance our understanding of, and work in, prevention in Alaska. These individuals include Loyd Platson, Til Beetus, DeShaun Whiskey, Eileen Arnold, Stephanie Stillwell, and Lonnie Ridgeway. This report was written by the UAA team, consisting of Drs. Ruby Fried and Travis Hedwig and Mrs. Rebecca Van Wyck. The UAA team also conducted interviews and facilitated multiple conversations with Alliance members, the contents of which are represented in this report.

# APPENDICES

## APPENDIX A: DATA SOURCES BY REGION

Region	Program	Data collection method(s)	Population served	Consequences monitored	Intervening variables of concern	Demographics collected
NORTHERN	North Slope Borough - Prevention Crew	Surveys	Youth/Adults		Community Norms, Social availability/access, Perception of risk, Retail access, Promotion	Age, Ethnicity, Gender
GULF COAST	Mobilizing for Action through Planning and Partnerships (MAPP)	Surveys/Focus Groups	The general public or consumers, Community leaders	Treatment Admissions	Community Norms	Age, Ethnicity, Gender, Education, Income
SOUTHEAST	Alaska Crossings	Surveys	Youth aged 12 to 17			Age, Ethnicity
	Juneau Suicide Prevention Coalition	Surveys	The general public or consumers, Parents, Community leaders			Age, Ethnicity
	Leo's Hope	Focus Groups	Substance misuse prevention/treatment workers		Community Norms	Age, Ethnicity
	Sitka Counseling-HOPE Coalition	Surveys, Focus Groups, Interviews	Community organization workers or leaders, The general public or consumers, Young adults age 18 to 24	Treatment admissions, Underage alcohol-related citations, Adult alcohol-related arrests	Community Norms, Individual factors, Social availability/access, Perception of risk, Retail access, Promotion	Age, Ethnicity, Gender Identification, Grade level

# APPENDICES

## DATA SOURCES BY REGION CONTINUED

Region	Program	Data collection method(s)	Population served	Consequences monitored	Intervening variables of concern	Demographics collected
SOUTHWEST	<b>Bethel Housing and Homeless Coalition</b>	Surveys	Young adults age 18 to 24, Adults age 25 to 64		ACEs	Age, Ethnicity, Gender
	<b>Tundra Women's Coalition</b>	Operational Statistics	Children age 0 to 11, Youth age 12 to 17, Young adults age 18 to 24, Adults age 25 to 64	Treatment admissions		Age, Ethnicity
	<b>Yukon-Kuskokwim Health Corporation</b>	Surveys, Focus Groups, Interviews, Operational Statistics	Patients	Treatment admissions		Age, Ethnicity, Gender
INTERIOR	<b>Fairbanks Native Association - Family Wellness Program</b>	Surveys, Focus Groups, Interviews	Caregivers, Community organization workers or leaders, Children age 0 to 11			Age, Ethnicity
	<b>Tanana Chiefs Conference</b>	Surveys, Focus Groups	The general public or consumers, Youth age 12 to 17, Young adults age 18 to 24	Treatment admissions, DWI Crashes, Deaths, Underage alcohol-related citations, Adult alcohol-related arrests	Community Norms, Individual factors, Social availability/ access, Perception of risk, Level of enforcement	Age, Ethnicity
	<b>Therapeutic Court</b>	Surveys	People in recovery, Adults age 25 to 64, Substance misuse prevention/ treatment workers	Treatment admissions, Adult alcohol-related arrests		Age, Ethnicity, Education

# APPENDICES

## DATA SOURCES BY REGION CONTINUED

Region	Program	Data collection method(s)	Population served	Consequences monitored	Intervening variables of concern	Demographics collected
ANCHORAGE/ MATANUSKA- SUSITNA	Anchorage Alliance for Violence Prevention	Surveys	The general public or consumers, Youth age 12 to 17, Young adults age 18 to 24			
	Boys & Girls Clubs Alaska	Surveys	Children age 0 to 11, Youth age 12 to 17		Community Norms, Individual factors, Social availability/ access, Perception of risk	Age, Ethnicity, Income
	CITC Partnerships For Success Second Order Change project		Community organization workers or leaders, Educators: teachers, school staff and leadership		Youth serving adults' emotional intelligence skills	Ethnicity
	Healthy Voices Healthy Choices	Surveys, Focus Groups, Interviews	Youth age 12 to 17, Young adults age 18 to 24, Adults age 25 to 64	Treatment admissions, Underage alcohol-related citations	Community Norms, Social availability/ access, Perception of risk	Age, Ethnicity, Education
	Set Free Alaska	Focus Groups, Interviews	People in recovery, Adults age 25 to 64, Substance misuse prevention/ treatment workers			Age, Ethnicity, Income, Education

# APPENDICES

## DATA SOURCES BY REGION CONTINUED

Region	Program	Data collection method(s)	Population served	Consequences monitored	Intervening variables of concern	Demographics collected
ANCHORAGE/ MATANUSKA- SUSITNA	Spirit of Youth Anchorage Coalition	Surveys	Youth age 12 to 17, Substance misuse prevention/ treatment workers		Community Norms, Individual factors, Awareness of prevention and intervention strategies regarding the matter of bullying that are readily employed in the community	Age
	United Way - Youth360	Surveys	Youth and Parents		Community Norms	Grade, Gender
	University of Alaska Anchorage - Alcohol, Drug, and Wellness Education/ Health Promotion	Surveys	Young adults age 18 to 24, Adults age 25 to 64			
	Volunteers of America Alaska	Surveys, Interviews	Caregivers, Youth age 12 to 17, Substance misuse prevention/ treatment workers	Treatment admissions, Deaths, Adult alcohol-related arrests	Social availability/ access, Retail access, Price	Age, Ethnicity, Income

# APPENDICES

## APPENDIX B: STATEWIDE DATA SOURCES

Alaska Behavioral Risk Factor Surveillance System (BRFSS)

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

Alaska Childhood Understanding Behaviors Survey (CUBS)

<http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/cubs/default.aspx>

Alaska Department of Labor and Workforce Development

<http://laborstats.alaska.gov/>

Alaska Health Analytics and Vital Records

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

Alaska Indicator-Based Information System for Public Health (IBIS)

<http://ibis.dhss.alaska.gov/>

Alaska Injury Data Resource Guide

<http://anthctoday.org/epicenter/healthData/AlaskaInjuryDataResourceGuide.pdf>

Alaska Opioid Data Dashboard

<http://dhss.alaska.gov/dph/Director/Pages/opioids/dashboard.aspx>

Alaska Pregnancy Risk Assessment Monitoring System (PRAMS)

<http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/prams/default.aspx>

Alaska Public Health Data Sources - Data Dictionary

[https://safealaskans.org/wp-content/uploads/2018/07/2018-Data-Dictionary\\_-Alaska-Public-Health-Data-Sources.pdf](https://safealaskans.org/wp-content/uploads/2018/07/2018-Data-Dictionary_-Alaska-Public-Health-Data-Sources.pdf)

Alaska School Climate & Connectedness (SCCS)

<https://education.alaska.gov/schoolcounselbhlth/scc>

Alaska Section of Epidemiology

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

Alaska Youth Risk Behavior Survey (YRBS)

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

Healthy Alaskans 2020 Scorecard: Alaska Native Edition

<https://public.tableau.com/profile/alaska.health.sandbox#!/vizhome/HA2020AlaskaNativescorecard/Scorecard>

Indian Health Service Alaska Area Office

<https://www.ihs.gov/alaska/>

Informed Alaskans Initiative

<http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/default.aspx>