



# REGIONAL DATA SCAN: GULF COAST

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.

## THE DATA LANDSCAPE OF ALASKA BY REGION

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### 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).



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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>

## THE DATA LANDSCAPE OF ALASKA BY REGION

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(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. The Valdez school district participated in the 2019 YRBS, but Cordova did not (<https://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs19.aspx>). 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.



*People want to share their thoughts  
and feelings.*

In addition, the Copper River School District reportedly participates in both the School Climate and Connectedness Survey, but did not participate in YRBS in 2019.

### 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



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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), 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.

# 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.

# 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	Bethel Housing and Homeless Coalition	Surveys	Young adults age 18 to 24, Adults age 25 to 64		ACEs	Age, Ethnicity, Gender
	Tundra Women's Coalition	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
	Yukon-Kuskokwim Health Corporation	Surveys, Focus Groups, Interviews, Operational Statistics	Patients	Treatment admissions		Age, Ethnicity, Gender
INTERIOR	Fairbanks Native Association - Family Wellness Program	Surveys, Focus Groups, Interviews	Caregivers, Community organization workers or leaders, Children age 0 to 11			Age, Ethnicity
	Tanana Chiefs Conference	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
	Therapeutic Court	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/schoolcounselbhlhth/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>