



REGIONAL DATA SCAN: NORTHERN

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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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, Diomedes, 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



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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.

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

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>