



# REGIONAL DATA SCAN: SOUTHEAST

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

# 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.

# 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	<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/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>