



REGIONAL DATA SCAN: SOUTHWEST

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

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 Unangax^ 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.



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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**



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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.

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/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>