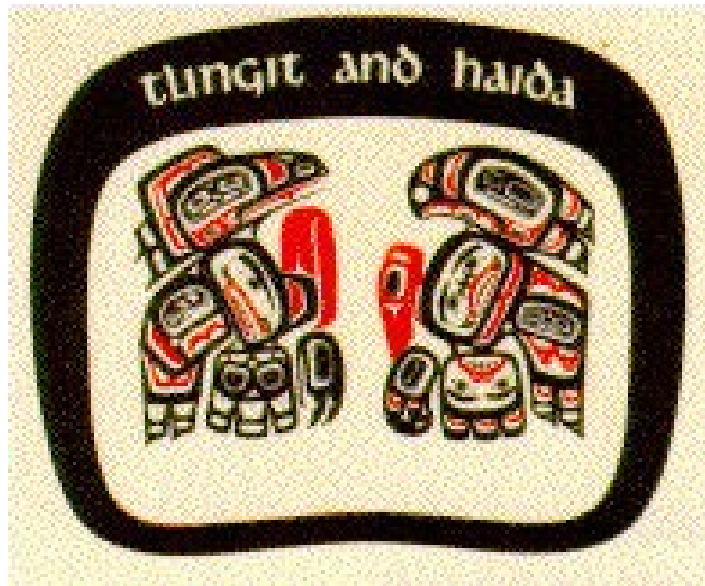


*Central Council of Tlingit and
Haida Indian Tribes of Alaska*

Juneau, Alaska



Healthy Nations Program

December 1993 – January 2000

“All connected in the Circle: From Regional to Local Ownership”

Central Council of Tlingit and Haida Indian Tribes of Alaska Narrative

Historical Context:

The Central Council of Tlingit and Haida Indian Tribes of Alaska are located within 43,000 square miles of the spectacular panhandle of Alaska, also known as Southeast Alaska. This region lies along a 550-mile strip of coastline and inland waterways and includes many island communities south of Anchorage. It is inhabited by three major indigenous peoples: the Tlingit, the Haida, and the Tsimshian. These groups are organized along clan membership lines, enjoy unique cultures, and have distinct language roots.

Juneau, Alaska, is the largest of the communities in Southeast Alaska. It is the headquarters of the Central Council of Tlingit and Haida Indian Tribes of Alaska. From this central location originate most services and resources, including services for the Tsimshian tribe. The Central Council was officially recognized by the federal government in 1965 by an amendment to the 1935 Jurisdictional Act. Some 25 years earlier, in 1939, the Tlingit and Haida Central Council was organized by resolution at the Alaska Native Brotherhood convention. Governmental action is executed by the General Assembly; a body of 21 community representatives that elects a nine-member Executive Board. The General Assembly elects the President who chairs the Executive Committee and is the Chief Executive Officer of the Central Council. This organization allows for representation and coordination with the diverse and distant communities. Southeast Alaska includes approximately 20 different communities and villages,

each having a local complex of governmental systems made up of city governments and Indian Reorganization Act Tribal Organizations as well as other federal and state agencies. The Alaska Natives Claims Act of 1981 permitted the creation of Sealaska, the for-profit corporation which manages resources and provides economic opportunity to the region. The Central Council formed the non-profit authority providing health and social services and partnering with the Southeast Alaska Regional Health Corporation (SEARHC). This organization provides most of the direct services throughout the region. Centralized medical and social services are managed under SEARHC. This organization provides general medical, dental, mental health, and substance abuse outreach and other social service supports to each of the different communities. SEARHC works with village health clinics and community prevention coordinators in those communities that have such facilities.

Service delivery is complicated in this region due to transportation difficulties. Because there are no roads between most of the communities and travel is complicated by distances and weather, face-to-face contact is difficult to schedule and conduct. Travel necessitates either using the Alaska Marine Highway, a ferry system navigating the inside passage of the North Pacific which is time consuming, or small aircraft travel which increases the cost and risk. This poses challenges in directly supervising each village. Although each village is currently connected by telephone and electronic conveyance, it is still necessary for program management and service providers to have direct access to the leaders and personnel in the communities. Geography creates a unique

dimension to program implementation and success. The ability to respond to the prevention and treatment needs as well as to negotiate each different subculture and government had continued to challenge any broad-based initiatives.

At the beginning of Healthy Nations, the enrollee population was approximately 21,000 tribal members, with 16,000 of those living within the service area. In addition to the vast geographical distances and community isolation, Southeast Alaska exhibited disproportionate-level personal and cultural effects of substance abuse. The problems surrounding alcohol and substance abuse are well-known and documented in the Alaskan Native populations. Particular to Southeast Alaska, as cited in the 1992 Central Council's Substance Abuse committee assessment, five of the top causes of death are substance-related. The statistics generated by regional treatment facilities indicate that on any given day over five percent of the catchment population is in treatment for substance abuse. This is twice the national average and generally regarded as severely insufficient to known treatment needs. The 1992 "Health and Social Service Needs in Southeast Alaska—A Household Survey" stated that, "Alcohol and drug abuse is by far the most pressing health and social service concern in Southeast Alaska . . ." In 1992, Hoonah, an island community but representative of the many other Southeast Alaska communities, reported that 44 percent of emergency medical service calls were directly alcohol-related. Other indicators that point to the significant difficulties caused by alcohol and substance abuse relate to the criminal justice statistics. The data reported in the proposal cite that the arrest rate for Native juveniles is nineteen-to-one non-Native in Juneau and

four-to-one in other outlying communities like Petersburg. Officials cite substance abuse as involved in a majority of these arrests. Other stark data cited indicate a suicide rate six times that of the national average, with the young Alaska Native males, ages 20-24, rising to twelve times the U.S. rate. Most of these avoidable deaths were alcohol-related. It is understood in the region that most Native families have been negatively impacted by substance abuse. The Central Council and concerned organizations and individuals have engaged in different programs to address this problem.

Phase I:

The Phase I proposal, "Circles of Support for a Healthy Nation," was produced by a coalition of providers and agency directors. Under the direction of delegate assembly and the executive committee underneath the office of president, this substance abuse committee was created. This committee sought to address substance abuse prevention utilizing previously organized activities as well as attempting to coordinate the diverse community and centralized responses to substance abuse within the region. This was the driving force behind the Phase I grant proposal. Upon grant award, the "Circle of Support" was strategically located within the office of president in the Central Council. This allowed for the program to maximize the authority and weight of the president's office to bring about a comprehensive initiative that would address the effects and damage caused by substance abuse. The favorable placement in the organizational chart also ensured access to otherwise disinterested or

removed programs and resources within the Central Council. The Council President was a strong advocate for the “Circle of Support” and helped to secure \$60,000 in direct local funds and authorized many in-kind contributions. This initial access to the office of the President proved important in maintaining the momentum throughout the Initiative.

Phase 1 began as a pilot demonstration program with the explicit hope of being able (1) to help increase local resources by supporting local substance abuse counselors in each of the communities, (2) to create a network of treatment and service providers through better communication, and (3) to increase public awareness through a concerted use of public service announcements, calendar coordination, and gatherings to teach about the ills of substance abuse within the context of tradition and culturally relevant activities.

Early in Phase I, the public awareness included a contest, open to the public, to suggest a slogan. The winning entry was “Together We Can” submitted by a person in Saxmon, Alaska. From this motto, a logo design was selected which depicts “Together We Can Do What We Cannot Do Alone.” This was placed on tee shirts and posters and used as part of the ongoing public awareness project during Phase I. Such giveaways and advertising media served to increase name awareness and send the message of wellness sponsored by the “Circle of Support.”

Two pilot communities were initially chosen because of the extensive leadership mobilization and adequate infrastructure development. One was Juneau, with the largest population and also the greatest infrastructure of

community agencies. The other was Hoonah, selected because the community had a planned approach to a health delivery model that was up and running. Members of the Hoonah community had already identified drugs and alcohol as the most important program concern. With these selections, following the receipt of the funding from Robert Wood Johnson, the Central Council hired a project director who remained throughout Phase I. Also, the community prevention coordinators at these two sites were recruited and employed as “Circle of Support” staff. At this time, numerous public awareness campaigns were also initiated. Early success followed the establishment of the “Circle of Support.” The first major public awareness campaign was a back-to-school readiness giveaway. Here anti-substance abuse and positive wellness and health messages were combined with giving away school supplies and backpacks to kids going into elementary school. This was a tremendous success involving an unanticipated 700 participants.

Consonant with the goals of Healthy Nations, “Circle of Support” began by organizing a regional circle from the agency directors and representatives from the different communities. They were charged with discussing the overarching philosophy and planning of activities. One result of these discussions was the creation of local circles, including the Juneau Circle; these local circles were to deal with local issues and mobilize local community leaders and volunteers. These local circles became the mechanism by which Phase II activities were to be advertised and managed.

Early coordination success within the Juneau Circle helped develop a kid's calendar and a handbook for youth counselors. This document gave basic activity descriptions and suggestions as well as information regarding an August Youth Conference that was held in Phase I. Other local circles worked within the regional circle of support and started to develop and identify areas of volunteer activities and areas of concern for each of the communities. The enthusiasm and vision of this project stretched the abilities of the director and resources. With so many items and projects in the developmental state, many good ideas were only partially supported. The administrative assistant depicted this period as a "rush to meet each one of the different components as outlined in the Robert Wood Johnson Grant Proposal." This rush consumed the emotional resources and obscured the needed focus of those associated. Such overwhelming demand and response unveiled the depth of the problem and hurt. The staff and leadership became aware that Healthy Nations carried such important implications and possibilities for all different communities. At times, actions preceded planning and integration, setting the program up to some frustration and staff struggles.

Transition:

The transition into Phase II was punctuated with concern about compliance to the reporting regulations and adequate addressing of the grant components. The NPO had convened two site visits in the first Phase. The focus of these meetings was to provide encouragement and technical support to the

director regarding more complete representation of the activities of the grant. Inconsistencies in describing the efforts of the staff and the responsiveness to the philosophy of Healthy Nations were identified areas of discussion. This pressure and intense production of activities as well as other employment opportunities led to the resignation of the first program director. Occurring at the junction between Phase I and Phase II, this disrupted the development of the Phase II proposal. The Substance Abuse Committee was forced to assume responsibility to respond to the call for the Phase II implementation proposal. They responded and submitted a proposal including goals and objectives that were based on the previous two year's work. The proposal underwent two iterations and finally met the approval of the NPO. Correspondingly, a new director was hired concurrently with receipt of notice of award for Phase II. The tenure of this director was just months. Reminiscent of the end of Phase I, the first year of Phase II implementation saw new projects disrupted by leadership changes and the re-interpretation of the grant.

Phase II:

Activities that had started early in Phase II bogged down or were lost with personnel changes, especially those in leadership positions. Projects such as more youth conferences, the expansion of prevention coordinators into six different villages, the release of greater public awareness effort, and the development of culturally sound treatment networks were interrupted. Such difficulties in maintaining direction and personnel caught the eye and concern of

the NPO. In the first two years of Phase II, conversations with the NPO centered on encouraging the Central Council to follow their grant plan as well as helping to bridge the leadership problems. A period of confusion, loss of momentum, and program stagnation defined the middle years of Phase II. Two more directors were hired, both of whom vacated their employment for varied reasons after short stints. The revolving personnel cycle increased challenges and barriers to the development and maturation of the “Circle of Support.” Finally, the leadership crisis was abated by hiring a proven leader who provided stability and longevity through the end of the grant cycle.

Early in year three of implementation, a conference on Native values for youth was held. This was a three-week youth conference focusing on cultural values and traditional understanding. This conference featured Elders, the Alaska Native Brotherhood and Sisterhood, and other local leaders from Juvenile Justice and Juvenile Court. Attended and supported by other agencies that provided inpatient, outpatient, and aftercare services as well as outreach, the conference was a success. Over 100 young people attended this conference, 24 percent of whom were court mandated. From this Native Values Youth Conference emerged the shining star of the “Circle of Support” program—the Drum Dancer Group. This group helped to solidify the philosophy and direction of the remaining grant period.

Highlights:

Comprised of court-mandated, at-risk youth, the Drum Dancers were taught by Elders about Native dances and drumming. Connecting the youth to the traditions and pride of their culture demonstrated protective and healing strength and became a privileged opportunity. This group functioned for almost three years and received numerous awards, including the peer leadership award. They were invited to the Alaska Federation of Natives meeting in Anchorage and were awarded the Spirit of Youth Award. These youth, through their participation, became leaders in their community, helping to delay their peers' entrance into gangs and substance abuse. Eight of the youth went to college; four went to vocational school; and none of them returned to their life of problems. This was a high point and a time for celebration for Healthy Nations. The program involved families, including grandparents, who would come to the performances; the greatest advocates and supporters were the Juvenile Justice Court officers, police officers, and especially, the Juvenile Court judge. This connected the community bridging the Native and non-Native sectors. The partnerships formed in Phase I found maturity and depth in supporting this group of youth. Drumming and dancing signaled a renaissance of cultural awareness and pride for these youth, mechanisms of social repayment through the courts, and recovery medicine for substance abuse.

Healthy Nations was also quite successful in producing two videos: one, entitled "Carved from the Heart," dealt with grief and healing in a Native community; another focused on youth parenting. These videos were high points in the public awareness campaign. Although there were political and production

squabbles, the finished products carried a strong cultural message and demonstrated important skills. The public awareness campaign created many announcements on radio and television. Added to the many printed media, this campaign was the invitation to each community to participate in “Circle of Support” activities. The campaign covered topics including fetal alcohol syndrome, inhalant abuse, positive parenting, culturally relevant issues, and healthy lifestyle messages. Coordination and publication of the community calendar was a central responsibility of the director and staff. Managing the scheduling of the multiple events helped avoid having overlapping meetings and diluting public attendance. The last two years witnessed a significantly smoother and more productive coordination of services as well as a strengthening of coalitions. Such coordination efforts brought together professionals, elders, youth, law enforcement, and city officials, all now sharing their willingness and expertise in prevention and treatment. One component of the public awareness campaign included stories in local papers, free advertising in corporation newsletters, and feature spots and articles in regional newspapers that highlighted the program’s successes and conveyed valuable cultural wisdom. Public recognition of the staff and participants served to reinforce positive behaviors and encouraged other organizations to undertake similar activities.

“Circle of Support” was quite successful in organizing conferences and training opportunities. One such successful conference was the Native Protocol Meeting. This gathering provided an opportunity to help non-Native and uninitiated Native youth and adults with understanding the different Native culture

protocols. The conference featured speakers and Native leaders who explained the spiritual and ceremonial systems within the different cultures, traditional living, and cultural understanding about health and wellness. This conference was unique and very effective. Drawing in over 500 participants, this conference reinforced the hope and effort to have Native traditions and values become the foundation for treatment and living throughout the region. Training professionals in the arts of traditional healing and understanding of cultural ways proved to be quite successful and consistent with the philosophy of “Circle of Support” and Healthy Nations.

This period of grant success was not without its struggles. Different communities clamored for a greater portion of resources without demonstrating sufficient mobilization or infrastructure to execute their ideas. Complaints were issued about centralization being in Juneau and the problems in gaining access to resources and staff. Travel became burdensome for the director, coordinator, and activities outreach individuals. The sheer number of programs that were sponsored or co-sponsored by Healthy Nations began to blossom. Burnout and overwork were constantly haunting the staff; internal politics continued to arise. Different political and program sectors proposed alternative activities and uses of Healthy Nations funds. These were agency driven and different from those that had been developed from the community and from the different local circles, increasing stress in the final stages.

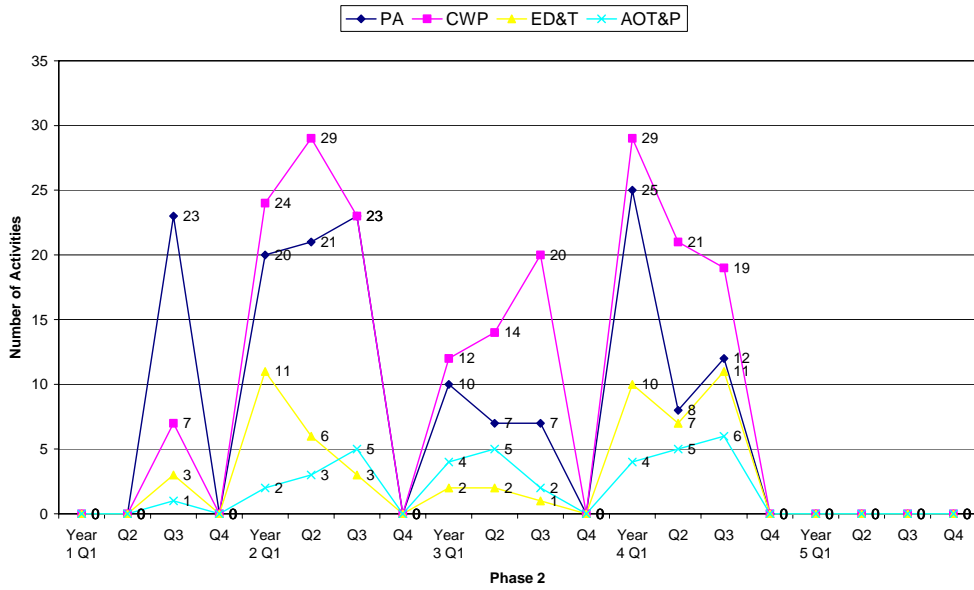
Adding to the pressure was the failure of a highly touted gathering. The staff had planned a Spirituality Conference as the final gathering, hoping to

crown their experience with Healthy Nations. They anticipated this would launch the foundational ideas and good works into the future. After great labor, much anticipation and organization of bringing in Elders from across the region, and having many positive activities ready, only 50 people attended. This was quite a disappointment and seen by the staff as a letdown.

Many of the philosophies and ideas central to the “Circle of Support,” such as networking, community calendaring, provider coordination, and the community-based local circles which included volunteers and coordinators, have been taken into the future. Federal funding administered by the Alaska Federation of Natives, called “The Tribal Wellness Program,” has sustained the Healthy Nations philosophy and many of its programs for over two years. The last director of “Circle of Support” is the director of the Tribal Wellness Program and continues implementing the Healthy Nations ideas and spirit. This new program is described by the ex-director as Phase III of Healthy Nations. It, too, is supported by the current Central Council President and tribal committees, partly because of the successes of Healthy Nations. Activities and programs that had been sustained by the “Circle of Support” such as the annual Sobriety Walk, at-risk youth diversion programs, and cultural awareness symposiums remain institutionalized through other funding sources and administered by different organizations. As the ex-director said, she wishes to thank Robert Wood Johnson for learning to grow in flexibility over the first few years. It allowed them to respond to the communities in such a way to initiate long-term changes. She anticipates such changes and successes will continue as this new generation,

touched by Circle of Support, grows into maturity and gives back to the community.

Tlingit and Haida Activities



Key: PA = public awareness
 CWP = community-wide prevention
 ED&T = early identification and treatment
 AOT&P = accessible options for treatment and relapse prevention