Overview: Alcohol use disorders and alcohol-related suicide are among the greatest sources of health disparity in American Indian and Alaska Native communities. The University of Alaska–Fairbanks, in collaboration with the Yukon Kuskokwim Health Corporation, works with communities and individuals in the Yukon Kuskokwim (YK) region of Southwest Alaska to address these two health disparities among rural Alaska Natives. For the past 15 years the Center for Alaska Native Health Research (CANHR) has employed community-based participatory research methods to discover what protects tribal members in Alaska from ever developing problems with alcohol, or how they recovered and stayed sober and healthy. The People Awakening Project, a qualitative study funded by NIAAA and the National Center for Minority Health Disparities (NCMHD), identified strengths that contributed to sobriety and health. These consisted of individual-, family-, and community-level protective factors that led youth to believe they could solve problems and meet challenges, develop strengths to resist drinking, and lead healthy lives in communities that provided safety, support, opportunities, and role models. Because these protective factors were reported to first emerge in youth, tribal communities wanted to develop alcohol and suicide prevention programs for that age-group.

Design/Methods: For 3 years, CANHR has worked with two YK communities to plan culturally based activities to build these individual, family, and community protective factors. In Yupiucimta Asvairtuumallerkaa and a companion project, Ellangneq “Awareness,” CANHR staff developed and pilot tested an intervention based on the People Awakening Protective Model. In Cuqyun the research team developed and refined the outcome measures for both these projects and provided an empirical test of the protective factors model developed from the earlier qualitative work.

Outcomes/Significance: The findings from this combined research has yielded a theoretical model for prevention, validated outcome measures, tested a theoretical model, and provided pilot data that demonstrates the feasibility of the intervention and assessment models. Protected youth believe in themselves and realize that they can handle challenges on their own or by working with others, especially their families and communities. Protective families provide emotional warmth and support, cohesion, and they manage conflict successfully and in a nonpunitive way. Protective communities provide opportunities, things to do, and support for the youth. Rural Alaskan communities can develop, deliver, and evaluate programs that make the lives of their youth grow toward wellness. The CANHR, in conjunction with the tribal communities, will seek funding of a larger-scale prevention project based on this series of pilot studies.

Principal Investigators: Drs. Gerald V. Mohatt and James Allen
NIAAA Program Official: Dr. Judith A. Arroyo, jarroyo@mail.nih.gov