

Alaska Native Health Programs

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Change, quality assurance and the development of more effective and efficient health programs for Alaska Natives are the basic concepts of the Alaska Native Health Board's (ANHB) Health Project. With a contract from the Indian Health Service Office of Tribal Evaluation Organization, the ANHB began the Mental Health Project in October, 1972.

Rather than look at the many mental health problems facing Alaskan Natives, the Health Board decided to concentrate on one high priority problem. Since 1960, the death rate from alcoholism has risen from 4.6 per 100,000 to 41.1. During the same period, the United States death rate was 6.3.

The Mental Health Project has been divided into Phase I, Phase II and Phase III. Phase I analyzed the services relating to persons with alcohol problems. This Phase identified 75 agencies, utilizing \$6,154,737, and 194 full-time employees. Also analyzed were their stated policies, objectives and strategies.

Phase II was a comprehensive evaluation of the delivery system, or how 12 medical fac-

ilities and 20 alcoholism programs operate. The purpose of the evaluation was to see if these agencies were following logical methods of problem solving in the treatment of alcohol abuse.

As we know, the problem solving method involves information gathering, assessment of the problem, treatment planning, treatment and follow-up. These standards were felt to be the least requirements for any care system, regardless of the treatment methodology being used.

Incorporated in this segment of the evaluation, as a part of information gathering, was a new concept developed by the ANHB where alcohol problems were staged along a continuum.

The staging takes into consideration the physical, economic and social status of the individual. Movement from one stage to another in cases, reflects a change in physical status and in others, a change in social or economic status. Change from one stage to another can occur in either direction.

This evaluation methodology was utilized in reviewing 5,072 charts from the alcoholism agencies and medical facilities in a year-long study. In addition to the chart review procedure, the importance of assessing staff attitudes were recognized.

The care of a patient or a client, is directly related to the attitudes and values of those providing care. In order to provide a comprehensive evaluation of alcoholism services, an attitude assessment was conducted as part of this Phase of the Project.

The conclusions of the evaluation segment of Phase II were that each agency tends to operate relatively independent from one another, there is poor evaluation of individual cases, little follow-up of initiated treatment and no flexibility upon finding negative results to treatment.

In order to correct the weaknesses identified in Phase I and II, a Phase III project was developed. General standards of problem solving were designed into a data base format to become part of the client's permanent record.

This data base format is designed to be used by a variety of medical, social service and alcoholism programs and serves as a reminder as to the elements of the problem solving process.

The minimum amount of information that is needed for treatment planning and follow-up is summarized in a standardized manner. Compliance to the use of the data base format constitutes a first step in assessing the continuity of the problem solving process of information gathering for both alcohol and alcohol related problems.

The data base also makes it possible to relate process to outcome, something that, before

now, has not been feasible.

The data base has been implemented at 12 demonstration agencies and has been extremely well received. Several agencies outside the demonstration sites have requested use of the data base format and the State of Alaska is planning to use it as a statewide monitoring and evaluation form in July, 1974.

Several reports and articles have been generated by Phase I and II. Two comprehensive reports entitled "Health Worker's Opinions About Mental Illness in Alaska" have been published and well received.

In February, 1974, the American Journal of Psychiatry published a paper entitled, "Alcoholism: A Statewide Program Evaluation." Papers were also read at the National Conference on Evaluation in Alcoholism, Drug Abuse and Mental Health Programs, April 1-4 in Washington, D.C. and at the Ninth Annual Meeting of the Public Health Service Professional Association.

Partly as a result of the success of Phase I and II, the ANHB received a contract from the Alaska Area Native Health Service, Mental Health Branch to expand the Mental Health Evaluation Project and compliment the work of Phase III. At the present time, funding for the next year is being sought from state and federal agencies.

Subsequent articles will explain in more depth, the concepts of the staging and the risk of progression, the main aspects of Phase III. If any Tundra Times readers would like more information from the Alaska Native Health Board, Mental Health Evaluation Project, our address is Box 4-1808, Anchorage, Alaska 99509.