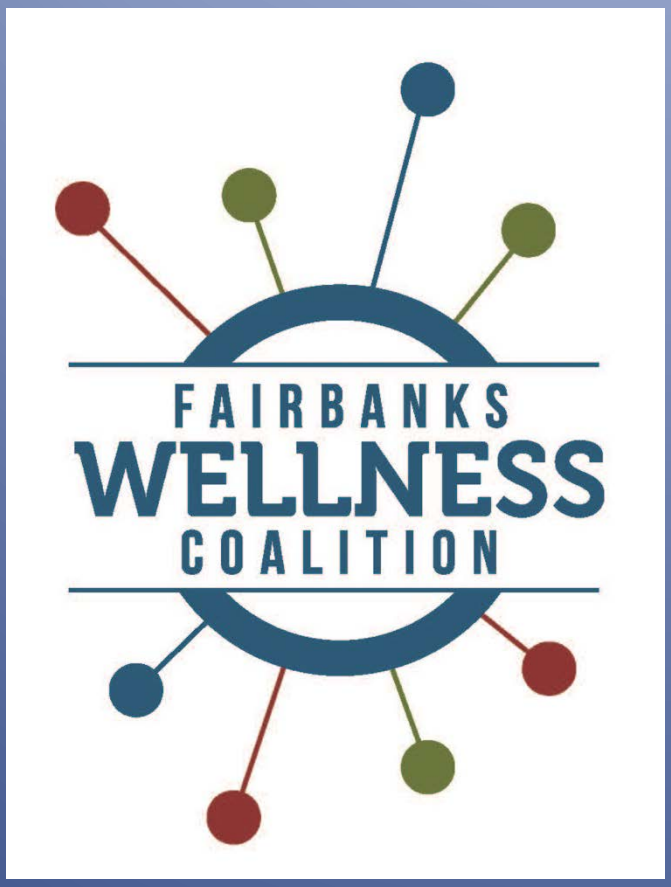

Prescription Opioid Misuse & Heroin Prevention Strategic Plan

Fairbanks Wellness Coalition

September 2017

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The Fairbanks Wellness Coalition strategic plan was written by Karen Taber, Fairbanks Wellness Coalition Coordinator and Angela Larson, Goldstream Group Principal Consultant. The Fairbanks Wellness Coalition Strategic Plan Task Group provided significant and essential input and feedback. They diligently used the findings of the needs assessment and their considerable experiences to develop strategies. Task Group members:

- Bill Wright, Executive Director, United Way Tanana Valley & Chair, Fairbanks Wellness Coalition
- Chris McLain, Coordinator, Fairbanks Re-entry Coalition & FWC Steering Committee member
- Vince Holton, Director, Alaska Monitoring Inc.
- Elizabeth Borgmeyer, Clinical Pharmacist, Bassett Army Community Hospital
- Pollyanna Stewart, Public Health Nurse, Fairbanks Public Health and Fairbanks Opioid Workgroup member
- Linda Thai, Meditation and Yoga Instructor, Turning Point Counseling & Fairbanks Native Association and Fairbanks Opioid Workgroup member
- Samantha Savage, Assistant Coordinator, Fairbanks Wellness Coalition

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Introduction

The Fairbanks Wellness Coalition is a non-profit coalition formed in 2014 that operates under the umbrella of a 501(c)(3) fiscal agent and is comprised of individuals who represent or are a part of various coalitions, organizations and/or sectors in the Fairbanks North Star Borough. The coalition's purpose is to foster wellness through primary prevention and advocacy. It strives to always have representation from youth or youth serving sectors of the community; parents; business; media; schools; law enforcement; religious or fraternal organizations; civic or volunteer groups; healthcare professionals; state local or tribal agencies; and the military.

In 2016 the Fairbanks Wellness Coalition received funding from the State of Alaska through the Strategic Prevention Framework Partnerships for Success (PFS) grant program to prevent the non-medical use of prescription opioids among 12-17 year olds and the non-medical use of prescription opioids and heroin use among 18-25 year olds in FNSB. This grant program uses the Strategic Prevention Framework (SPF), a planning model developed by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) intended to help guide states, tribes, jurisdictions and communities in the selection, implementation and evaluation of effective, culturally appropriate, and sustainable prevention activities. The five steps of the Strategic Prevention Framework are 1) Needs Assessment; 2) Capacity Building; 3) Strategic Planning; 4) Implementation; and 5) Evaluation.

This strategic plan represents the third step of the Strategic Prevention Framework process. In using this process, the Fairbanks Wellness Coalition will be able to implement data-driven prevention programming that is dynamic and addresses the constellation of risk and protective factors of substance use in the Fairbanks community to create an environment that supports population-level change and supports community members in healthy decision-making (SAMHSA 2016d).

The overall purpose of the strategic plan is to guide the implementation of prescription opioid misuse and heroin prevention activities in the Fairbanks North Star Borough. It includes an explanation of the process the coalition used to choose prevention strategies, the infrastructure needs of the coalition to implement the strategies, a detailed description of the strategies selected, and the evaluation methods to document the impact of the strategies on the social and retail availability of prescription opioids in the community as well as the community's perceived risk of harm.

Step 1. Assessment

1.1. Assessment Data on Priority Areas

a. Data Sources

The Fairbanks Wellness Coalition used secondary data (Youth Risk Behavior Survey, Young Adult Substance Use Survey, Alaska Health Facilities Data Reporting Program, program records from local social service agencies and treatment providers, Alaska State Troopers, Alaska Uniform Response Online Reporting Access Data), community readiness interviews (primary data collected through a purposive sample of knowledgeable community informants), community perception survey (primary data collected through a random survey of FNSB addresses), interviews with people in recovery (primary data collected with convenience sample of volunteers), and youth focus groups (convenience sample of youth volunteers) to understand the nature and extent of the prescription opioid misuse and heroin use problems in the FNSB.

b. Nature and Extent of Use

The exact number of individuals in the target age group who have ever misused prescription opioids and/or used heroin in the FNSB is difficult to determine exactly, but the available data indicate that as many as 1,019 high school students have ever used prescription drugs without a prescription and 82 have ever used heroin and as many as 1,400 individuals ages 18 to 27 years olds have ever misused prescription opioids and 270 have ever used heroin.

- Data indicate that 9.6% of 18-27 year olds have misused prescription opioids (2.4% within the past 30 days), and just 1.8% have used heroin in their lifetimes. (Hanson and Barnett, 2016).
- Youth Risk Behavior Survey data indicate that 13.6% of high school students in FNSB have misused prescription drugs (not necessarily opioids) in their lifetimes (5.8% in the past 30 days), and just 1.1% have used heroin in their lifetime (Youth Risk Behavior Survey, 2015).

The interrelated nature of opioid and heroin use should not be overlooked in addressing the issues:

- Statewide data indicate that 96% of the 18-27 year olds who reported using heroin, also reported misusing prescription opioids (Hanson and Barnett, 2016).
- Seven of the ten individuals who are in recovery from prescription opioid and/or heroin addiction who were interviewed for the needs assessment reported nonmedical use of prescription opioids prior to using heroin in much the same trajectory described in research (Compton et al 2016).
- More than half of the 15 key informants interviewed for the community readiness assessment specifically discussed the intertwined nature of heroin and prescription opioid abuse, stating that it is difficult to discuss them independently of each other,

as well as that heroin is cheaper and/or easier to get than prescription opioids, contributing to a shift from opioids to heroin use in the community.

c. Health Disparities Statement

Our data indicate three disparity areas. First our data indicate that women are disproportionately affected by prescription opioid misuse or heroin use; women represented more than 60% of the individuals using the Northern Exchange Syringe Program and of the individuals receiving treatment for prescription or opioid addiction. However, high school boys were more likely to report use of prescription drugs without a prescription and use of heroin than were high school girls. Second, our data indicate that the vast majority of prescription opioid misusers and heroin users in FNSB are white. For instance, 89% of Needle Exchange Program participants were white. Finally, runaway and homeless youth, a subset of high school age youth, were more likely to report having used heroin and/or prescription opioids than either high school age youth or young adults.

d. Gaps in the Available Data

The extent to which prescription opioid misuse and heroin use are increasing or decreasing in FNSB is unclear. Although statewide data indicate that both prescription opioid misuse and heroin use are increasing, FNSB data does not paint a clear pattern. For example, self-reported use among high school students has slightly decreased (Youth Risk Behavior Survey 2013 and 2015). In addition, the actual number of individuals accessing treatment for prescription opioid or heroin addiction at Fairbanks Native Association has decreased. This is not to say however that treatment by private providers has increased or decreased - the needs assessment did not include data from private treatment providers. Similarly data from the Alaska Statewide troopers is unreliable for the FNSB; property crime filings have not statistically increased, although anecdotal data indicates property crimes have increased as more people are misusing prescription opioids and heroin. Similarly, prescription opioid overdose deaths have decreased since 2011, although heroin overdose deaths have increased slightly. The overall number of heroin deaths however, has been too small to calculate a population rate, so trends are not reliable.

e. Sustainability

The Coalition has established several baselines, including self-reported use of prescription drugs without a prescription and heroin use for high school age students, use of prescription opioids without a prescription and heroin use for young adults, overdose deaths, and number of individuals in treatment. We will continue to monitor these baselines for trends. In addition, the Coalition will continue to work with partners, including the Alaska State Troopers and the Fairbanks Correctional Center to collect data related to property crimes and arrests for illegal possession of prescription opioids and heroin; both important data gaps.

1.2. Vision Statement Related to Priority Areas

The Fairbanks Wellness Coalition's overall vision is a community where all generations experience wellness in mind, body and spirit.

Our primary goal for this grant is to prevent the first misuse of a prescription opioid among youth and young adults between the ages of 12 and 25. Our secondary goal for this grant is to prevent the first use of heroin among young adults between the ages of 18 and 25. Due to the fact that prescription opioids are a precursor drug to heroin, we believe that if we can prevent the first misuse of prescription opioids, we will also reduce the use of heroin. We'll know if we are successful in reaching our goal if we see a decrease in prescription opioid misuse among 12-25 year olds and a decrease in heroin use among 18-25 year olds by 2020. We define misuse (also known as the non-medical use) as using prescription opioids without a personal prescription or using prescription opioids outside personal prescription instructions.

1.3. Assessing Intervening Variables/Community Factors Linked to Priorities

a. Data Sources

The Fairbanks Wellness Coalition used secondary data (Youth Risk Behavior Survey, Young Adult Substance Use Survey, Alaska Health Facilities Data Reporting Program, program records from local social service agencies and treatment providers, Alaska State Troopers, Alaska Uniform Response Online Reporting Access Data), community readiness interviews (primary data collected through a purposive sample of knowledgeable community informants), community perception survey (primary data collected through a random survey of FNSB addresses), interviews with people in recovery (primary data collected with convenience sample of volunteers), youth focus groups (convenience sample of youth volunteers), and a retail availability survey (primary data collected through a survey of prescription opioid prescribers and dispensers) to understand the nature and extent of the prescription opioid misuse and heroin use problems in the FNSB.

b. Intervening Variables and Community Factors Investigated

Social Availability

There is strong evidence of broad social availability of prescription opioids in FNSB. Among those who reported misusing prescription opioids, most obtained them from friends or family or bought them "easily" on the streets. In particular the following community factors were identified as contributing to broad social availability:

1. 46% of adults and 55.1% of young adults store/keep their unused prescription opioids.
2. Most young adults (80.8%) have not seen messaging about safe and secure storage of prescription opioids.
3. Most adults do not appropriately dispose of their unused prescription opioids.

Retail Availability

There is evidence of easy retail availability of prescription opioids in FNSB. One of the state's primary tools to control the retail availability of prescription opioids is the Alaska Prescription Drug Monitoring Program (AK PDMP). While statewide the number of registered prescribers and dispensers has increased 24%, the Fairbanks Wellness Coalition retail availability survey data indicates the AK PDMP is not widely used by physicians or pharmacists, and very infrequently used by dentists in FNSB. In particular the following community factors were identified as contributing to easy retail availability:

1. Most physicians and dentists are not using the AK PDMP to monitor their own prescribing practices; 25% of physicians reported monitoring their own prescribing practices using the AK PDMP and 33% of pharmacists reported using the AK PDMP to monitor opioid dispensing at their pharmacy.
2. Most physicians are not ALWAYS using AK PDMP when filling opioid prescriptions either for new prescriptions or refilling a prescription; 15% reported always requesting an AK PDMP report when writing a new opioid prescription and 21% reported always requesting an AK PDMP report when refilling an opioid prescription.
3. Physicians are not consistently applying best practices as defined by the CDC for prescribing/dispensing prescription opioids. For example, less than one-quarter (24.5%) of young adults surveyed who had been prescribed opioids in the past 3 years indicated their doctor or pharmacist had talked to them about the risks of developing an opioid use disorder or addiction, and fewer than one-third (30.6%) indicated their doctor or pharmacist had talked to them about not sharing pills with others.

Perception of Risk for Harm from Prescription Opioid Misuse

The needs assessment also indicated that the community has a low level of perceived risk of harm from prescription opioid misuse or abuse. In particular the following community factors were identified as evidence:

1. 50% of adults perceive that occasional misuse of prescription opioids by young people is significantly harmful.
2. 32.9% of young adults perceive only once or twice misuse of prescription opioid a great risk.
3. 56.3% of young adults have not seen any messaging about prescription opioids.
4. 57.7%% of FNSB high school students perceive a great risk of harm from prescription drug misuse.

Perception of Risk of Harm from Heroin Use

The needs assessment indicates that the community has a higher level of perceived risk of harm from heroin when compared to prescription opioid misuse. In particular, the following is identified as evidence:

1. 62.9% of 18-27 year olds feel there is great risk from using heroin once or twice.
2. 63.3% of adults feel young adults risk significant harm if they use heroin only

occasionally to get high.

c. Community Readiness and Resources

Community readiness to address the non-medical use of prescription opioids and heroin use in the community was evaluated using key informant interviews following the Tri-Ethnic Model of Community Readiness (Colorado State University, 2014). The overall community readiness score for prescription opioid misuse prevention was 2.8, and the overall community readiness score for heroin use prevention was 2.6 (on a scale of 1 to 9). These scores indicate a level of community readiness that is above Stage 2: Denial and Resistance (belief that this issue is not a concern in the community, misperceptions about the issue, and lack of support to address the issues), but still somewhat below Stage 3: Vague Awareness (only vague knowledge about the issue, belief that the issue may be a concern but no immediate motivation to act, and only limited resources to address the issue).

d. Gaps in Available Data

There are several gaps in available data. One is that we don't specifically know the misuse rate of prescription opioids among high school students because the 2015 (and earlier years) YRBS only asks about prescription drugs in general. However, starting with the 2017 YRBS, we will have misuse data specific to prescription opioids because new questions were added. Once we know the 2017 YRBS results in early 2018, we will review and if needed, modify our strategies.

The second gap in data is that we know that drug addicts often resort to crime to support their addiction and that anecdotal reports indicate a rise in local property crime. However, local statistics don't show a rising trend in property crime filings. The way data is reported may explain this disconnect. The coalition will explore the possibility of advocating for a change in the way crime data is reported and/or collected.

Additionally, throughout the strategic planning process, input was received from multiple local experts that Adverse Childhood Experiences (ACEs) plays a large role in addiction. Attempting to stay within grant confinements, specifically within the Intervening Variables provided by the state, we included little ACEs data in our needs assessment and weren't able to address this fully in our strategies beyond combining resiliency-building activities with the education of youth on the risks of harm. However, we know prevention of ACEs would prevent numerous wellness problems and should always be addressed across multiple prevention efforts.

1.4 Technical Assistance Needs Related to Assessment

We may need assistance from the state in helping determine if the way crime is reported and/or collected in the state needs to be changed. Request the state look at all prevention efforts and consider going as far upstream as possible to prevent ACEs and build resiliency in our children. Other technical assistance needs may be identified at a later time.

Step 2. Capacity Building

2.1. Community and Key Stakeholder Involvement

a. Please list the key sectors actively engaged in your PFS project

The following sectors have engaged in the coalition's PFS work in various roles:

- Government- local public health office & Ft Wainwright (Army) personnel
- Tribal Agencies- Tanana Chiefs Conference prevention representative & Fairbanks Native Association behavioral health representative
- Law Enforcement- local DEA office; local Alaska State Troopers; Fairbanks Police Department; North Pole Police Department
- Youth Serving Organizations- Boys & Girls Club, Fairbanks Youth Advocates (The Door)
- Schools- Fairbanks North Star Borough School District; University Alaska Fairbanks
- Parents- several sector representatives are also parents
- Focus population- individuals between the ages of 18-25 serve in various coalition roles
- Healthcare Professionals- Ft Wainwright Clinical Pharmacist; Public Health Nurse; local physicians; medical administrator
- Business community- CFO from local business
- Faith- Pastor who serves as the faith community representative
- Civic- United Way of Tanana Valley Executive Director chairs our coalition
- Other behavioral health representatives- Fairbanks Community Mental Health Services Chief Operating Officer
- Multiple coalition representatives- Fairbanks Prevention Alliance; Fairbanks Housing & Homeless Coalition; Fairbanks Reentry Coalition.

b. Describe how you intend to collaborate with local schools located in your community

We currently have a FNSBSD representative on our coalition steering committee. However, we need to better collaborate with our local school district as engagement in the work of this grant has been low. One way we will do this is propose to the school district a MOA to work jointly on prevention efforts to take effect in the 2017/2018 school year.

c. Please explain how members of the general community will be engaged in your PFS project

We will engage general community members in a variety of ways. We'll start with small group conversations; conduct outreach at various events like the Tanana Valley Fair; and increase social media engagements, primarily Facebook but also Twitter, Instagram, Snapchat, YouTube, and our website. We will also hold periodic public events open to all in the borough. We will seek to increase those who receive our monthly emailed newsletter (currently over 300) and continue to encourage individuals to volunteer with us.

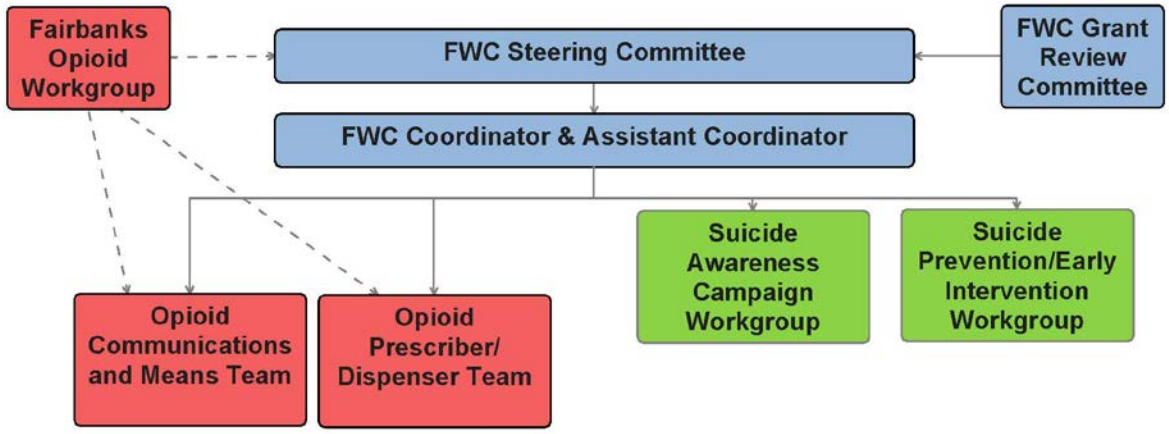
d. Please describe how you will engage key stakeholders and other individuals from sectors not yet represented

We will engage with key stakeholders and missing sector representatives by contacting them individually to schedule one-on-one discussions or by inviting them to group meetings.

2.2 Structure and Functioning

Below is an organizational chart of the governing structure of the PFS project within our community.

Fairbanks Wellness Coalition
Organizational Chart
June 2017



Notes:

1. The FWC Steering Committee consists of up to 20 representatives of community sectors, coalitions, and organizations.
2. The FWC Grant Review Committee consists of mostly steering committee members who provide oversight to any sub-grants that may be awarded by the coalition. There is currently one sub-grant under FWC suicide prevention efforts.
3. The Fairbanks Opioid Workgroup (FOW) is an independent networking group that doesn't fall under the FWC but the FOW Chair does sit on the FWC steering committee. For our opioid prevention efforts, outputs from the two opioid prevention teams will be reported to the Fairbanks Opioid Workgroup for feedback. The FOW Chair will then report team output and results to the Steering Committee.
4. The Opioid Communications & Means Team will be responsible for planning and implementing Strategy 1, Prescription Opioid Communication Campaign, Strategy 2, Safe Storage/Disposal Means, and Strategy 4. Heroin Communication Campaign.
5. The Opioid Prescriber/Dispenser Team led by a prescriber will be responsible for planning and implementing Strategy 3, Prescriber/Dispenser Training/Outreach.
6. The two workgroups on the right side of the chart are specific to our suicide prevention grant. There will be some synergies between the two grants. Staff and steering committee members will identify and maximize these synergies.

a. How are the representatives of each key sector functioning as a team? What is the decision-making process in your group

The steering committee consists of officers and key sector representatives. Officers serve one-year renewable terms and include a Chair, Vice Chair, Secretary, and Treasurer. The steering committee meets once a month and major decisions needed are discussed and voted on. The work groups are chaired by steering committee members and consist of key community stakeholders and experts. The staff, work groups, committees and teams do the detailed work and the chairs report progress and make appropriate recommendations to the steering committee.

b. What challenges have you encountered so far related to the functioning of your team, and what are you doing to overcome these challenges

Effective July 2016, the coalition's biggest challenge has been that we have two major grants. The other grant is for suicide prevention among 15-24 year olds. The increased workload resulted in some growth challenges. We responded by hiring an additional staff member. We are also overcoming these challenges by reviewing and modifying our structure, as needed. We made some changes at an August retreat, March mini-retreat, and will continue to make changes as needed. The majority of work we have done in this area has been covered by funding under our first grant. However, that grant ends in June 2019 so continued infrastructure maintenance will need to be covered under this grant. To ensure our infrastructure is reviewed at least once a year, the coalition will hold an annual steering committee retreat to review and modify our overall coalition strategic plan and operating principles. This annual retreat will be guided by an outside facilitator.

2.3. Core Planning Committee

a. Please list the membership of the core planning committee responsible for guiding your PFS strategic planning process.

The strategic planning process was completed by a task group, which included the following members:

- Bill Wright, Executive Director, United Way Tanana Valley & Chair, Fairbanks Wellness Coalition
- Chris McLain, Coordinator, Fairbanks Re-entry Coalition & FWC Steering Committee member
- Vince Holton, Director, Alaska Monitoring Inc.
- Elizabeth Borgmeyer, Clinical Pharmacist, Bassett Army Community Hospital
- Pollyanna Stewart, Public Health Nurse, Fairbanks Public Health and Fairbanks Opioid Workgroup member
- Linda Thai, Meditation and Yoga Instructor, Turning Point Counseling & Fairbanks Native Association and Fairbanks Opioid Workgroup member
- Karen Taber, Coordinator, Fairbanks Wellness Coalition
- Samantha Savage, Assistant Coordinator, Fairbanks Wellness Coalition

- Angela Larson, Strategic Planning Facilitator, Goldstream Group

b. What challenges have you encountered so far related to the functioning of your core planning committee, and what are you doing to overcome those challenges?

Not all members were able to make all of our sessions but that isn't unusual given the roles participants play in our community. We were able to work around this by updating one document showing our progress from meeting to meeting. This helped keep those who missed a meeting informed of what was going on. This workgroup was an ad hoc team but members will either continue as steering committee members or will be invited to continue in other roles as we move forward in our work.

2.4. Capacity-Building Needs Related to Priority Area(s)

a. Describe the existing strengths within your community to address the priority area.

Very little prevention efforts currently exist in the community that are focused on heroin or prescription opioid use – 80% of key informants interviewed for the Coalition's prescription opioid misuse and heroin use prevention needs assessment were able to describe little to no prevention efforts in the community. However, all key informants felt that the leadership in the community would be supportive of prevention efforts in the community if they understood the problem, and 87% of those interviewed felt that the community would be supportive of efforts if they understood the problem.

Specific efforts that were described in the community were Red Ribbon Week in the Fairbanks North Star Borough School District, and viewings of the film "Chasing the Dragon." Key informants did not describe any prescription drug disposal programs in the community unless prompted, and when prompted those that did described them as very limited. These individuals were also uncertain how much of a deterrent these programs actually provide, noting that drug seekers may steal from elderly or very ill relatives who have known medications at home, or by going to such events as yard sales or open houses.

Several key informants alluded to varying levels of prevention when asked specifically about prevention and prevention resources in the community – in that they noted while not primary prevention, such programs in the community as the methadone treatment program can be seen as prevention in that these programs both prevent overdose as well as drug seeking behavior that correlates with the high rate of property crimes in Fairbanks. Please note this is a perception. According to the Alaska State Troopers, data is unreliable for the FNSB; property crime filings have not statistically increased. Furthermore, correlating with the highly addictive properties of heroin and prescription opioids, many spoke to the need for increased treatment services for those who already experience addiction in addition to prevention programs.

In addition, the Fairbanks Wellness Coalition identified several prevention efforts occurring in the community:

- The State Drug Enforcement Unit conducts periodic drug awareness classes for law enforcement, social workers, school teachers, and students in the area.
- FNSB School District Alcohol, Tobacco, & Other Drugs (ATOD) Program- substance use, misuse and abuse education in secondary schools in health classes and through the Office of Safe & Healthy Students.
- National Drug Take Back Days led by the DEA are held in April and October of each year. Local state troopers, North Pole and Fairbanks Police Departments as well as Ft Wainwright have taken part to varying degrees. However, no local agency has coordinated efforts and there has been little advertising across the borough for these events.
- There are currently five locations that take back drugs year around but advertising has been limited.
- The Fairbanks Native Association (FNA) has a Future Foundations grant that focuses on multiple substance abuse issues among Alaska Native teens and young adults and includes prevention activities. FNA facilitates two councils (age groups 14-18 & 19-25) who develop and carry out the activities.

Needs assessment key informants were asked in interviews to describe strengths and cultural norms in the community that may support prevention efforts. Many of these strengths centered on the size and characteristics of the community. Key informants described Fairbanks as a close-knit community with a hometown feel where neighbors care about each other, that the community has the ability to come together, that people in the community rally for each other, and that people are friendly and have a help your neighbor attitude. Key informants also described Fairbanks as a community that is small and contained enough to have the potential for an impact when the right mechanism is found to get the message out, support is available, there are ways to access the entire community and it is easy to get the word out.

Other community strengths cited by key informants included law enforcement is doing increased outreach, the community has a strong spirit, and the community has many resources that can be utilized.

Key informants also cited several community factors that may be viewed as opportunities in that they can provide catalysts for addressing the problem. For example, one key informant stated that the timing is right to address these problems in that they are regularly in the media. Other key informants described that the problem of theft and property crimes in Fairbanks affects everyone and while this is a problem, it also will help raise awareness in the community of the drug problem and the need for efforts to address it. Finally, key informants described that although people are generally unaware of the problem unless it has affected them personally; there are not too many degrees of separation in the community.

Key informants also felt that there are some engaged leaders in the community and with

proper education the leadership would be very supportive of prevention efforts. One key informant also described that people in the community see the value in access to prescription pain medications for those who need it, and would therefore be very inclined to support abuse prevention efforts to protect their own access to these medications.

b. Describe areas of growth that will need to be addressed in order for you to more effectively address the priority area.

Key informants were asked in interviews to describe challenges or barriers to the prevention of heroin and prescription opioid abuse in the community. Challenges and barriers cited fell roughly into several categories including a sense of independence, denial and/or lack of awareness of the problem and the issues that surround it in the community, stigma and misperceptions about drug use and addiction, economics and funding, and issues related to treatment services for those who experience drug addiction.

Several key informants described a general sense of independence and desire for privacy as a characteristic of people in Fairbanks as well as Alaska that could negatively impact prevention. These key informants also described a sector of the population that does not like rules or regulations. Key informants also described Fairbanks as community that has a high tolerance for self-medicating behavior.

Many key informants discussed stigmas related to drug use as well as misperceptions of addiction. These misperceptions include that drug abuse is a choice (along with a lack of understanding of addiction).

Many key informants indicated that the community is unaware of the problem unless it has personally affected someone close to them, with several key informants noting a "head in the sand" attitude and that a crisis will have to occur to gain people's attention.

Many noted that people don't believe this issue is happening in Fairbanks. Some also noted denial on the part of parents that this could happen to their own child – especially at the younger ages, as well as misperceptions of drug users as junkies, prostitutes, or street people and/or that this is only an inner-city problem. Several noted that what people know about heroin use is related to what they've seen in the movies or on television, also noting that while there are PSA's on a national level, there is very little if any information available about heroin and prescription opioid abuse at the local level.

Key informants described numerous aspects of the economy and funding as a challenge to overcome when implementing prevention programming, with several speaking to the current economic climate in Alaska as well as in Fairbanks North Star Borough, indicating that people at the current time are more focused on jobs and other economic issues. In addition, many noted that while the leadership would be supportive of prevention efforts, securing funding to support prevention efforts could pose a significant challenge, especially in uncertain economic times.

Several key informants noted that a challenge in preventing the misuse of prescription opioids lies in the fact that people don't readily see abuse as a problem because these drugs are legally prescribed by doctors and therefore presumed to be safe.

Key informants also discussed that while school and school district involvement as well as the structure provided are important to prevention efforts, school resources are limited, especially in regards to the many demands of time on students. Several felt that the school district was not as involved as it could be, and that schools could be doing more.

Key informants also discussed several underlying issues that may affect the success of prevention efforts, noting that it is important to take these into consideration when addressing the prevention of heroin and opioid abuse. These included such things as a need to deal with addiction and not just the drugs themselves (i.e. people will just move to another drug if the addiction issue is not dealt with), that drug use is a symptom of other problems, that childhood trauma needs to be addressed, and that as drug supply becomes limited, other toxic knock-off drugs are developed that pose other dangers to users. In addition, many key informants discussed the need for more treatment services in the community for those people who already experience addiction, and that the community must have the resources and solutions ready to address treatment is primary prevention is to be effective. Within this theme, key informants also discussed that silos make it difficult for efforts to be sustainable, and that the problem needs to be addressed as a community problem in order to blanket the whole community and be successful rather than addressing the problem in isolation.

c. Capacity-Building Plan

The coalition began to build capacity and improve infrastructure during the needs assessment stage and with other grants. We will continue to build additional capacity and infrastructure to reach our goals. Specific needs are described below with activities to fill each need. Quarterly reviews of these activities will be conducted to measure capacity-building progress. A measure of success will be an increase and/or effective use of human and financial/in-kind resources, number of training/planning events, and an increase in informal and formal partnerships.

Human Resources

The Fairbanks Wellness Coalition will address human resource needs for building capacity, implementing strategies, and evaluating impacts in two ways. First we will recruit individuals and organization representatives for two teams that will work through the Fairbanks Opioid Workgroup. Staff members with the help of others in the coalition will recruit individuals and organization representatives. Some of those who took part in SPF Step 1 and Step 3 will be invited to join these teams. Teams will be responsible for planning and carrying out each strategy. These teams will meet periodically (likely once a month). Each of these teams will be chaired by a Fairbanks Opioid Workgroup member and facilitated by a staff member. The Fairbanks Opioid Workgroup Chair will report

progress and submit recommendations for major decisions to the FWC Steering Committee. These two teams will be facilitated by a staff member.

The first team will be called the Opioid Communications & Means Team and they will focus on Strategies 1, Prescription Opioid Communications Campaign, Strategy 2, Safe Storage and Disposal Means and Strategy 4, Heroin Communications Campaign. This team will be comprised of members with marketing knowledge/experience, law enforcement, an addict in long-term recovery and/or a family member of an addict in long-term recovery, and UAF and/or FNSBSD personnel. Once key team members are recruited, the team members will decide who is missing at the table and invite them.

The second team will focus on Strategy 3, Prescriber and Dispenser Training/Outreach. This team will be comprised of prescribers and dispensers, specifically physicians, dentists and pharmacists. It will be chaired by a physician. This team will meet periodically (likely once a month).

Smaller teams may need to be created under each of these workgroups. For example, an ad-hoc team for the biannual National Drug Take Back event may need to be formed under the Opioid Communications & Means Team. Whether ad-hoc teams are needed will be assessed and determined by each team throughout implementation and evaluation.

Second, the Coalition will contract with service providers as needed. In some cases, contracted human resources will be necessary to augment the work necessary to fulfill this grant. For example, contracted trainers, outside facilitators, social media and website services have been utilized for past coalition work and will likely be utilized in the future.

Training and Strategic Planning Events

To build the capacity of the Coalition, we will also provide training for those who serve on the coalition steering committee, who are participants in either standing or ad-hoc workgroups or teams, volunteers for events and staff members. Some of this training will be specific to drug prevention such as sending coalition representatives to the annual National Prevention Network Conference held by the National Association of State Alcohol and Drug Abuse Directors. Other training may be Substance Abuse Prevention Skills Training, advocacy training, and general prevention training such as periodically sending people to Positive Culture Framework (PCF) developed by Montana State University's Center for Health & Safety Culture. PCF trainees learn how to find and grow positive community norms using a complementary framework to the Strategic Prevention Framework. Another example is that an annual retreat will be held for the FWC Steering Committee. This retreat will provide training and facilitated strategic planning for each upcoming year.

In some cases, local training provided to those involved in the coalition's work can also be utilized by local and statewide coalitions and organizations. In this case, fees will be

charged to obtain cash match.

Partnerships/Memberships

The coalition will continue to forge new and maintain existing informal and formal partnerships with various coalitions, organizations and businesses, both statewide and locally.

Examples of existing formal partnerships are a Careline MOU, memberships in Foraker Group, the local Arctic Alliance for People, and the Alaska Wellness Coalition. In the coming months, we will also obtain a membership in Community Anti-Drug Coalitions of America (CADCA). More formal partnership agreements are needed such as an agreement between the local school district and the coalition to better collaborate on prevention efforts. The coalition will seek a formal agreement with the school district for the 2018/2018 school year.

There are several informal partnerships that the coalition has developed in the past. The most important has been the partnership between the Fairbanks Wellness Coalition and the Fairbanks Opioid Workgroup (FOW). The Fairbanks Opioid Workgroup was created in August 2016 and has been instrumental in providing a door to the right people who understand the opioid problem in our community. This group is a stand-alone unfunded networking group who wish to address addiction treatment, harm reduction as well as prevention. The FOW Chair sits on the FWC Steering Committee and the FOW will serve as the liaison between the two opioid teams and the Steering Committee.

Another example of an informal partnership that developed is one between local law enforcement agencies and the coalition for the April 2017 Drug Take Back Day. This was a successful partnership that yielded twice the amount of drugs collected during the October 2016 Drug Take Back Day. This partnership will likely continue and may warrant a formal partnership agreement.

We need to collaborate better on existing prevention efforts listed on pages 12 and 13, and form either informal or more formal partnerships or at the very least keep each other periodically informed of our progress to ensure we aren't missing opportunities for collaboration. We will also share any educational materials that we develop with those involved in these prevention efforts.

Financial and In-kind Resources

Each year's budget will be developed based on what is needed to implement the strategies, meet capacity and infrastructure needs, and effectively evaluate strategies. In-kind matches will include tracking time that various people contribute to the coalition's work and resources other than cash they give to the cause. For example, in Strategy 1, in-kind match will be provided when we advertise our messages via local television and radio. Cash matches each year will be obtained from partners who are working with us on our

strategies. Cash matches will also be obtained by charging fees to those who want to participate in training we will periodically offer.

d. How are you integrating cultural competence and sustainability into this step of the SPF process?

Rather than striving for cultural competence, we will strive for cultural humility, a humble and respectful attitude toward individuals from other cultures, understanding we can't possibly know everything about other cultures but will continuously seek to listen, learn and understand by ensuring diversity among our steering committee, workgroups, teams, and volunteers. We currently aren't collecting demographic data about those who contribute to coalition work other than our steering committee members. However, we will start a process to collect and analyze demographics of others involved in our work to ensure it's reflective of our community. For sustainability, we will review our demographics quarterly and reach out as necessary to ensure diversity.

Further, community input to this strategic plan was obtained in several ways to ensure cultural responsiveness. First, community perception and community readiness data from the needs assessment was used in developing strategies. Furthermore, during the past three months, approximately 20 diverse community members of various ethnicities, gender and age groups outside of the FWC Steering Committee provided feedback. This feedback was requested and/or obtained through in-person meetings, emails, and phone calls. Individuals were asked for their feedback on various working documents which included the list of possible strategies, input to the resources list, draft logic models and/or drafts of this plan. Those who were asked to provide feedback were identified as having insight into or expertise in substance abuse prevention, a major risk factor, or a particular strategy or strategy activity.

By including community members in the development of this plan, the coalition has set the stage to implement strategies that are responsive to the cultures of Fairbanks. Continued interaction with the community to ensure cultural responsiveness will continue through the following methods:

(1) Openly sharing our needs assessment and strategic plan on the coalition's website and through social media platforms.
(2) Being open to amending the plan if something isn't working. A plan is meant to serve as a guide and be amended as needed and this plan will be treated as such.
(3) Welcoming and responding to public comments.
(4) Sharing our plan with local government bodies, large employers, and other organizations from various community sectors.

2.5. Technical Assistance Needs Related to Capacity

Assistance is requested to offer continued capacity building opportunities in the state. In 2016, Substance Abuse Prevention Skills training was offered. We were unable to send anyone. We would like to see this training offered again in 2017. Please continue to

facilitate collaboration between state-wide PFS grantees. An example of a possible collaboration grantees already discussed is a statewide campaign message.

Step 3. Strategic Planning

3.1. Planning Process

A systematic process was used to develop this plan. The coalition hired a consultant to facilitate two teams through the process. The first team was the Assessment & Evaluation Workgroup who prioritized community factors during the Needs Assessment Phase. The second team was the Strategic Planning Task Group who took the prioritized community factors and developed the basic strategies in this plan.

3.2. Planning to Address Priority Areas

a. Prioritization of Community Factors

In February 2017 the Fairbanks Wellness Coalition brought together the Assessment & Evaluation Workgroup comprised of six coalition or community members familiar with the coalition's processes or with local opioid problems and two staff members, as well as a Goldstream Group project team member for a three-meeting process to discuss data collected and prioritize community factors identified in the initial draft of the needs assessment. The first meeting focused on reviewing and discussing the data collected. During the second meeting the team reviewed the three intervening variables (social availability, retail availability, and perceptions of risk for harm), and related community factors identified through the needs assessment including data confirming the focus population identified by the State of Alaska for this project. After the second meeting, workgroup members individually reviewed objective and subjective factors related to each community factor, and then reconvened for a final meeting to discuss their findings and conduct a process to prioritize these community factors. The final prioritization was then approved by the coalition steering committee

Community factors identified for prioritization based on themes identified from the initial draft of the needs assessment included: improper storage of prescription opioids (social availability), improper disposal of prescription opioids (social availability), low utilization of Alaska Prescription Drug Monitoring Program (retail availability), low use of best practices for prescribing/dispensing opioids among retail providers (retail availability), and lack of community awareness about risks associated with misuse of prescription opioids (perceptions of risk for harm). Please note that based on local data, the perception of risk for harm of heroin use was not included in this initial prioritization. Rather, the group believed that focusing on community factors around prescription opioid misuse was the best use of resources.

Objective factors considered in the prioritization process included reliability of the data, validity of the data, completeness of the data, and trends shown by the data. Subjective factors considered include magnitude and severity of the problem, coalition and community

capacity to address each community factor, preventability of each community factor, relevant cultural factors, existing community services related to each community factor, other efforts in the community, political will to address each community factor, and whether an impact can be made in the community during the project period for each community factor.

Discussion of these factors included the following:

- Changing attitudes and beliefs based on values first will result in effectively changing behavior under the Positive Culture Framework.
- Best practices of retail professionals (physicians, dentists, and pharmacists) of prescription opioids vary by type of professional and may not be well-defined.
- People who use prescription opioids for medical reasons need to be able to store them properly.
- Due to the independent nature of the community, convincing people to properly store prescription opioids may be easier than convincing people to properly dispose of unneeded prescription opioids.
- AK PDMP reporting requirements have recently changed and may evolve in the future.
- Prevention strategies of adopting best practices and increasing AK PDMP use for prescription opioids will need to involve local retail availability professionals in the planning and implementation.
- Prioritization may mean that strategies aren't developed for all five of the community factors during strategic planning.
- Prioritization doesn't preclude strategies from being developed for all five community factors during strategic planning but may mean strategies for one is started before strategies of other factors.

Following satisfactory discussion of community factors, the prioritization team members scored each community factor identified on a scale of 1-5 as follows: 1 = not a priority at this time; 2 = low priority; 3 = moderate priority; 4 = high priority; and 5 = highest priority. To weight prioritization scores, each member was allowed to give only one score of 5 (highest priority). A summary of scores for each community factor and the average score received for each community factor is in the prioritization chart on the next page.

Prioritization Chart

		Individual Prioritization Scores of Subcommittee Members					Average Score
Intervening Variable	Community Factor	1	2	3	4	5	
Perception of Risk for Harm	Lack of community awareness about risks associated with use				√√	√√√√√	4.7
Social Availability	Improper storage of prescription opioids			√	√√√√√	√	4.0
Social Availability	Improper disposal of prescription opioids			√√√	√√√	√	3.7
Retail Availability	Low utilization of Alaska Prescription Drug Monitoring Program (AK PDMP)		√	√√	√√√√		3.4
Retail Availability	Low use of best practices for prescribing or dispensing opioids among retail providers		√√√	√√√√			2.6

b. Planning Process

The Strategic Plan Task Group met three times to develop the strategic plan. During the first meeting held March 30, 2017, the team reviewed data that led to the prioritization of these identified community factors during the needs assessment step:

1. Lack of community awareness about risks associated with use (perception of risk)
2. Improper storage of prescription opioids (social availability)
3. Improper disposal of prescription opioids (social availability)
4. Low utilization of Alaska Prescription Drug Monitoring Program (retail availability)
5. Low use of best practices for prescribing/dispensing opioids among retail providers (retail availability)

After reviewing this data, the strategic planning task group preliminarily selected the most compelling data points that they felt 1) if changed, would lead to the long-term goal of preventing young people ages 12 to 25 from ever misusing prescription opioids or heroin and 2) could be changed during the project period. Then the group drafted preliminary outcomes.

During the second meeting held April 6, 2017, the planning group reviewed and revised the preliminary outcomes selected during the first planning meeting. In addition, the group defined what the target population (e.g., adults, physicians) needs to understand or know in order to achieve the outcomes. This task helped to develop a shared understanding of the following preliminary outcomes:

1. In order for adults to perceive even occasional prescription opioid misuse as risky, what do they need to know?

- The group preferred the word "recreational" use to the word misuse to describe problem use of prescription opioids (NOTE: this changed at a later meeting to a preference for "misuse).
- How prescription opioids affect the individual -- for some people it might only take that 1 pill to become addicted; they might "like it too much"
- For some people prescription opioids are extremely addictive
- How addictive opioids are
- Prescription opioids are a precursor to heroin
- What are the personal consequences of prescription opioid misuse
- What prescription opioid misuse means: taking prescription opioids without a prescription; or taking in ways that are not prescribed.

2. In order for adults to perceive that misusing prescription opioids is NOT safer than using street drugs, what do they need to know?

- Just because a doctor prescribed it does not make it safe to misuse
- Only difference between prescription opioids and heroin is the manufacturer
- Prescribers need to know that misuse of prescription opioids is not safer than using street drugs -- more prescription opioid overdose deaths in the state
- Overdose death statistics
- Prescription opioids and heroin have the same potential for addiction

3. In order for adults to report that they appropriately store their unused prescription opioids, what do they need to know? And/or what needs to occur?

- Risks to individuals described under 1 and 2 above
- Adult need to understand when their prescription drugs disappear, where they go and who is taking them.
- They need to know that when their drugs disappear they are adding to the misuse and lead up to street drugs
- Need to know that most young people who misuse prescription opioids get them from friends or family
- Need to know how easy it is to store the drugs appropriately
- Access, availability, and affordability of appropriate storage is key

4. In order for adults to appropriately dispose of their unused prescription opioids, what do they need to know? And/or what needs to occur?

- Need to know that it is free and easy to do
- There are no forms, inconvenience
- Need to be motivated to do so -- interest and desire lead to action
- Need to know why they should get rid of them. goes back to the risk and understanding of the risks of having them in the house
- Need to know when and where to safely dispose of unused prescription opioids

5. In order for physicians and dentists to use AK PDMP to monitor their own prescribing practices, what do they need to know? Or what needs to occur?

- Why is it important to monitor opioid prescriptions of individual patients
- Why is it important to monitor physicians own prescribing practices
- What are the benefits of monitoring
- What are the risks of over prescribing
- Ease of use of AK PDMP system?
- If caught over prescribing they could lose their license; be accountable for their prescribing practices
- Need to be motivated by their peers

6. In order for more physicians and dentists to use or more regularly use AK PDMP when filling/refilling opioid prescriptions, what do they need to know? Or what needs to occur?

- Why is it important to monitor opioid prescriptions of individual patients
- Why is it important to monitor physicians own prescribing practices
- What are the benefits of monitoring
- What are the risks of over prescribing
- Ease of use of AK PDMP system?

- If caught over prescribing they could lose their license; be accountable for their prescribing practices
- Need to be motivated by their peers

7. In order for more physicians and dentists to use or regularly use best practices for prescribing/dispensing prescription opioids, what do they need to know? Or what needs to occur?

- Need to know what the best practices are
- Need to understand addiction and the nature of addiction
- Need to know the risks of opioids

During session three, April 13, 2017, the group started developing a logic model to reach each of the outcome statements using if-then statements. In selecting strategies, the group focused on the following grant requirements and Fairbanks Wellness Coalition principles:

- Our results/efforts must be sustainable past June 2020.
- We will follow the tenets of the Positive Culture Framework which calls for finding and growing positive community norms and avoiding fear-based communications.
- We don't want to duplicate or conflict with prevention efforts already happening but rather contribute to them in some way.
- The work required under this grant can't be done by the few already involved in the coalition's work. Rather, we seek to grow our capacity and have more community organizations and individuals contribute to the work.
- Our strategies need to be doable under our annual budget which includes community cash match and in-kind match.
- All of our strategies need to be evidence-based, based on reliable data, and we should try to test when appropriate before fully launching.
- We must be able to evaluate and show progress so these have to be measurable.

Two primary activities were decided upon:

1. Design and implement a communication campaign that:

- Reflects readiness level of 2.6
- Focuses on adult influencers of teens
- Uses the Positive Culture Framework
- Focuses on the problem as something that affects everyone in the community
- Includes a call to action – related to proper storage, proper disposal, share information with teens, talk to physicians, pharmacists

Outputs of these activities will include the following:

- Communication 1x1 with community members to include key stakeholders

- Presentations to small groups
- Peer-to-peer outreach
- Messages by advocates as well as staff
- Educational materials
- Eventually broad public awareness messages

2. Provide means for disposal and/or storage of prescription opioids, including the following types of activities:

- Partner with local law enforcement on semi-annual DEA National Drug Take Back days
- Dissemination and promotion of personal storage devices
- Year-around take back sites
- Possibility of using/obtaining a local incinerator
- Home disposal kits dissemination
- Promotion of safe storage and disposal

The group then defined expected outcomes of these activities around attitudes and beliefs, willingness and intention and expected behavior. These expected outcomes guided the development of the strategies. After the meeting, the facilitator and coordinator developed a logic model for review by the group.

Finally, because it was important that community behavioral changes among prescribers and dispensers come from within, a fourth meeting was held with four representatives of three major healthcare organizations from Fairbanks Memorial Hospital, Chief Andrew Isaac Health Center, and Tanana Valley Clinic Family Practice and First Care to discuss strategies related to 1) low utilization of Alaska Prescription Drug Monitoring Program (AK PDMP) (retail availability), and 2) low use of best practices for prescribing/dispensing opioids among retail providers (retail availability). Two primary activities were selected.

1. Design and implement shared community standards for prescribing and monitoring prescription opioids.
2. Design and implement a communication campaign that:
    - Is focused on prescribers and dispensers, including physicians, dentists, and pharmacists
    - Encourages prescribers and dispensers to use best practices and follow the shared community standards for prescribing and monitoring prescription opioids.

After the meetings, the Fairbanks Wellness Coalition coordinator and strategic planning facilitator developed a draft logic model that illustrated the impacts of the proposed strategies on the community factors, intervening variables, consumption patterns and consequences.

Information about the prioritized community factors and the selected strategies was presented at a community meeting on April 26, 2017. More than 20 people attended the meeting in person and three watched the meeting on Facebook live streaming. Overall, those who attended the community meeting supported the direction of the strategic plan, and provided specific feedback focused on several areas: 1) focus prevention efforts on youth as well as adults; 2) address the health care culture that is focused on "quick fixes" and patient satisfaction; 3) build resiliency among youth; and 4) change the laws around health insurance coverage for prescription opioids versus other non-drug therapies, like massage and physical therapy.

c. Subgroups that are being targeted in your PFS project, based on your health disparity analysis

No further subgroups were targeted based on our health disparity analysis. However, within Strategy 1, Prescription Opioid Communications Campaign, the following populations were prioritized as focus populations of our intended messages:

1. Adult influencers of teens and young adults; parents, educators, youth organizations
2. Rest of the adult population
3. Youth (ages 12-17)

d. The list of strategies you propose to implement to address the priority area and the rationale for each selected strategy

We selected four strategies (1) Prescription Opioid Communication Campaign; (2) Safe Disposal/Storage Means; (3) Prescriber/Dispenser Training/Outreach; (4) Heroin Communication Campaign. The first three strategies are based on the prioritized list of community factors and discussions within the strategic planning meetings and our community feedback event. The fourth strategy was added to meet grant requirements. These four strategies are prioritized in the order they are presented.

It's important to note that the three activities required to take place in the 4th quarter of FY17 provided valuable input into selecting the strategies, built momentum, increased capacity, and provided lessons learned. This is especially true for Strategy 1 and 2. These three activities included (1) Prescription drug take back event (2) Prescription drug disposal site, and (3) Public awareness campaign to address the consequences of keeping unused prescription opioids.

3.3. Description of Selected Strategies

Strategy 1. Prescription Opioid Communication Campaign

The coalition's number one strategy is to develop a communication campaign that seeks to educate both youth (ages 12-17) and adults (over the age of 18) on the risks of prescription opioid misuse especially among the focus population (ages 12-25), how to properly store prescription drugs in households, and how to properly dispose of them. This campaign will be planned and implemented by a diverse team called the Opioid Communications & Means

Team.

Strategy 1 addresses the top 3 of the 5 community factors prioritized by the Fairbanks Wellness Coalition and falls under the Intermediate Variables of Perception of Risk and Social Availability. These are: (1) Lack of community awareness about risks associated with use (perception of risk); (2) Improper storage of prescription opioids (social availability); and (3) Improper disposal of prescription opioids (social availability).

There are three expected outcomes from this strategy:

Outcome 1: By 2020, FNSB youth and adults will increase their knowledge of the risks associated with even occasional Rx opioid misuse, especially for youth and young adults.

Outcome 2: By 2020, more FNSB adults will know the reasons why they should safely store or properly dispose of their Rx opioids.

Outcome 3: By 2020, more FNSB adults will know how to appropriately and safely store or dispose of their Rx opioids.

This communication campaign will be carried out whenever possible using The Center for Health & Safety Culture's Positive Culture Framework principles in which already existing positive cultural norms will be promoted. Currently in the Fairbanks North Star Borough, most teens and young adults have never misused prescription opioids as identified in our needs assessment. Promoting already positive community norms is a proven method to prevent health and safety problems.

The priority audience for this communications campaign will be adults because the percentage of adults (50%) and young adults (32.9%) is lower than the percentage of teens (57.7%) who understand that even occasional misuse of prescription opioids is very risky. Within the adult population, there will be a further prioritization on those adults who are most likely to influence and be around teens and young adults like parents, youth organization mentors, and educators.

Communications with youth (ages 12-17) on the risks of prescription opioid misuse will be combined whenever possible with activities or events that promote overall wellness or provide or promote healthy alternative activities that will also serve as protective factors against not only drug misuse but other unhealthy behaviors.

One way that education of the risks can be combined is when teens are learning about or engaging in healthy activities like the arts, volunteering, sports, and hobbies. For example, the coalition may sponsor an art class at a youth organization or through an after-school program in which attendees are educated about the risks of prescription opioid misuse and asked to draw or paint how they can avoid situations that could lead to misuse. The

resulting artwork would then be utilized to increase overall awareness. Additionally, media messages will promote healthy activities as an alternative to experimenting with prescription opioids in a positive, uplifting way, similar to the Be[You] campaign. Healthy activities will help build resiliency.

To avoid duplication, attempts will be made to partner with local and statewide organizations and coalitions on communication efforts and already existing prevention programs/alternative healthy activities in the community.

Because of the low community readiness levels, communications will start with informal conversations and presentations to smaller groups inviting them to participate in spreading the word. Our initial goal will be to have communicated with 20 key community groups by June 2018. These groups include, but are not limited to, the following:

- Those involved in the coalition's work will share information within their social and work networks
- Borough & city councils
- Rotary Clubs
- School district personnel
- PTAs
- Business groups
- Retirement Centers
- Youth organizations like the Boys & Girls Club and the Fairbanks Native Association Youth Council
- School district teen councils and groups

Communication materials developed will include, but are not limited to, brochures, rack cards, parent guides on how to talk to their teens. These communication materials will be shared during presentations but also at the coalition's table at outreach events like the Tanana Valley Fair.

One or more messages will be developed and advertised through media channels like radio, television, newspapers and through social media platforms. However, these messages will not be launched until enough small groups have been reached to increase readiness levels. What method/platform used will depend on the audience. Examples include Snapchat for teens and young adults; Facebook and newspapers for older adults.

Strategy 2. Provide Means for Safe Disposal/Storage of Prescription Opioids

Strategy 2 (the coalition's second prioritized strategy) is to provide the community the means for appropriate and safe disposal of unused prescription opioids and/or storage of prescription opioids. This strategy will improve upon already existing means of disposal and storage in the community.

Because this strategy and Strategy 1, the Prescription Opioid Communications Campaign are closely tied together, the same team, the Opioid Communications & Means Team, will plan and implement both strategies. It is acknowledged that smaller ad-hoc groups will likely need to form under this team to focus on an upcoming event, project or particular issue.

Strategy 2 addresses #2 and #3 of the 5 community factors prioritized by the Fairbanks Wellness Coalition and falls under the Intermediate Variable of Social Availability. These are: (2) Improper storage of prescription opioids (social availability); and (3) Improper disposal of prescription opioids (social availability).

This strategy has one major outcome:

Outcome 4: By 2020, more FNSB adults will properly store/dispose of prescription opioids.

Activities will include the following:

Continue to partner with local law enforcement on semi-annual DEA National Drug Take Back Days in October and April.

We have already started a strong informal partnership with local law enforcement on Drug Take Back Day. We will continue this partnership with the FWC focusing on facilitating the planning, advertising the semi-annual event and providing a table of educational materials at one or more take back day locations.

Research, dissemination and promotion of personal storage devices

More research is needed on personal storage devices. There is a pill pod option that provides a way for people to lock up their prescription drugs. It has been used by other coalitions and is being used by an Alaskan coalition. However, there are other ways, likely less expensive, to lock up prescription opioids that need to be explored and tested before the coalition decides what device to promote. It is important to note that free dissemination of whatever device is selected can't continue indefinitely. For sustainability, selected devices need to be widely available and inexpensive enough to prompt consumers to continue to use them.

Promotion of year-round take back sites

We have begun promotion of year-round take back sites. However, we need to involve all of the take-back sites and make sure we understand limitations/max capacity of each site as we start to fully implement this strategy. Setting a goal of increasing the number of year-round take back sites may be a worthy goal but can't be determined until implementation.

Home disposal kit dissemination

The local public health office currently disseminates home disposal kits, obtained through Project Hope. We worked with them in March and April on advertising and handing out these kits. We will obtain customized kits with our name/logo, educational information, and a link to a survey to obtain usage information and continue to work with the local public health office for a coordinated effort. It is important to note that free dissemination of home disposal kits can't continue indefinitely. For sustainability, home disposal kits need to be widely available in pharmacies and other retail locations and inexpensive enough to prompt consumers to continue to use them.

Research the feasibility of using/obtaining a local incinerator

Explore the feasibility of obtaining a local incinerator that will likely dispose of collected prescription opioids at a higher rate. There are too many unknowns and more research is required.

Here is what we know:

- We know that the Juneau and Homer Police Departments use mobile incinerators to dispose of drugs.
- We understand that most local take-back sites ship collected drugs to Anchorage and the DEA pays for it.
- We know there are large incinerators in the community that are not currently used to dispose of drugs.
- We know there are large incinerators on the market that require significant investment and mobile incinerators that would take less drugs at one time but require significantly less investment.
- We know we need an organization or agency to own and maintain any incinerators we plan on investing in.
- We know we need one or more partners to provide cash match for this incinerator.
- If we purchase an incinerator for the community, ideally all collection sites should be able to use it for drug disposal, both unused/expired drugs and illegal drugs such as heroin seized by law enforcement.
- In a related issue, there is a lack of disposal or sterilization sites for used syringes and epi-pens. Although outside the scope of this grant, we believe this presents a possible side benefit that may yield additional partners for this project.

Here is what we don't know:

- We don't know if an incinerator will result in more drugs being turned in and disposed of.
- We don't know yet if an investment in a local incinerator will save handling and shipping costs in the long-term.
- We don't yet know if there is an agency/organization that will be willing to own and maintain incinerator/s for the community.
- We haven't identified partners willing to provide community match.
- We don't know why all existing community incinerators can't dispose of drugs.
- We don't know how all local year-round take back sites dispose of their drugs.

Strategy 3. Training/Outreach to Prescribers and Dispensers

Strategy 3, the coalition's third prioritized strategy, is to work with physicians, dentists and pharmacists to share and encourage the use of standardized best practices for prescribing and monitoring prescription opioids. This will likely include sharing the relationship between the medical use of opioids and opioid misuse/heroin use; increasing the understanding of Alaska State Law HB159; and developing discussion tools for prescribers to use with patients around the misuse of prescription opioids.

A group of physicians and medical administrators from three of the largest local medical providers first met in April and discussed the possibilities of this strategy. This group will be called the Opioid Prescriber/Dispenser Team and has agreed to champion Strategy 3. The team will include physicians, dentists and pharmacists. This team will choose what best practices to share and encourage based on known data and specific expertise.

Strategy 3 addresses #4 and #5 community factors prioritized by the Fairbanks Wellness Coalition and falls under the Intermediate Variable of Retail Availability. These are: (4) Low utilization of Alaska Prescription Drug Monitoring Program (AK PDMP), and (5) Low use of best practices for prescribing/dispensing opioids among retail providers.

This strategy has two major outcomes:

Outcome 5: By 2020, more FNSB prescribers will use AK PDMP to monitor their own prescribing practices.

Outcome 6: By 2020, more FNSB prescribers and dispensers will use standardized best practices to prevent misuse of prescription opioids.

Strategy 4. Heroin Communication Campaign

The coalition's number four prioritized strategy is to develop a communication campaign that seeks to communicate to 18-25 year olds that the use of heroin, even once or twice, is of great risk. This campaign will be planned and implemented by the Opioid Communications

& Means Team, the same team responsible for Strategy 1, the Prescription Opioid Communications Campaign since prescription opioid misuse is a risk factor for heroin use and messages should be combined whenever possible.

There is one expected outcome from this strategy:

Outcome 1: By 2020, more young adults (ages 18-25) will perceive a great risk of harm from using heroin, even once or twice.

This communication campaign will be based on the Center for Health & Safety Culture's Positive Culture Framework principles in which already existing positive cultural norms will be promoted. Currently in the Fairbanks North Star Borough, most young adults have never used heroin as identified in our needs assessment. Promoting already positive community norms is a proven method to prevent health and safety problems.

To avoid duplication, attempts will be made to partner with local and statewide organizations and coalitions on communication efforts and already existing prevention programs/alternative healthy activities in the community, state-wide and/or nation-wide.

Because of the low community readiness level of 2.6, Stage 2, Denial and Resistance (belief that this issue is not a concern in the community, misperceptions about the issue, and lack of support to address the issues), communications will start with informal conversations and presentations to smaller groups inviting them to participate in spreading the word. Our initial goal will be to have communicated with 20 key community groups by June 2018. These groups include, but are not limited to, the following:

- Those involved in the coalition's work will share information within their social and work networks
- Borough & city councils
- Rotary clubs
- Business groups
- Young adult organizations like the Fairbanks Native Association Youth Council and the University of Alaska, Fairbanks.

Communication materials developed will include, but are not limited to, brochures and rack cards. These communication materials will be shared during presentations but also at the coalition's table at outreach events like the Tanana Valley Fair.

One or more messages will be developed and advertised through media channels like radio, television, newspapers and through social media platforms. However, these messages will not be launched until enough small groups have been reached to increase readiness levels. What method/platform used will depend on the audience. Examples include Snapchat for teens and young adults; Facebook and newspapers for older adults.

e. The cultural competence of the selected strategy or strategies

The coalition strives for cultural humility rather than cultural competence, which is obtainable with all of these strategies. Currently, the FWC Steering Committee, working groups, and teams are diverse. Demographics will be reviewed and analyzed quarterly to ensure inclusion.

f. The sustainability of the selected strategy or strategies

Each of these strategies is sustainable in the long term if the following positive community norms (like wearing seatbelts) are adopted over time:

- More community members understand that prescription opioid misuse and heroin use is significantly risky.
- It becomes the norm to lock prescription opioids up.
- It becomes the norm to dispose of unused prescription opioids.
- The means for proper storage and disposal is accessible and known.
- It becomes the norm that prescribers and dispensers use best practices.

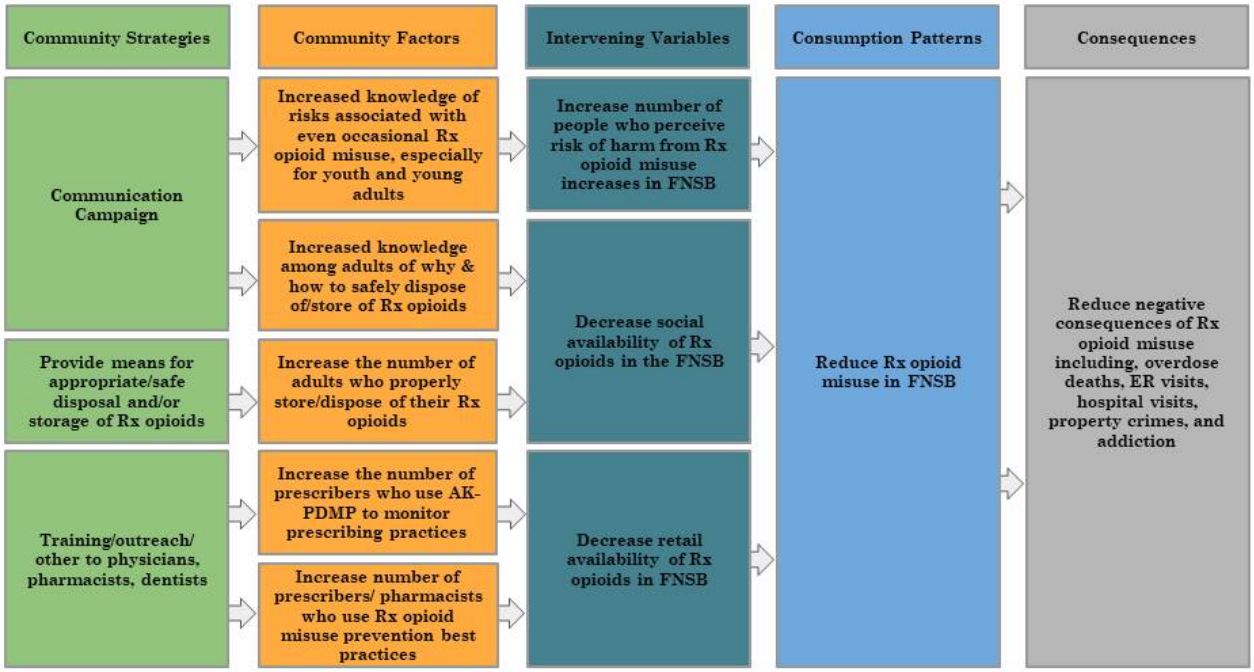
It is important to note that it may not be possible for all of these to become a norm by the end of this grant. However, if the community is able to move the needle in the right direction by the end of this grant, then it is more likely these will eventually become positive community norms.

g. Action plans

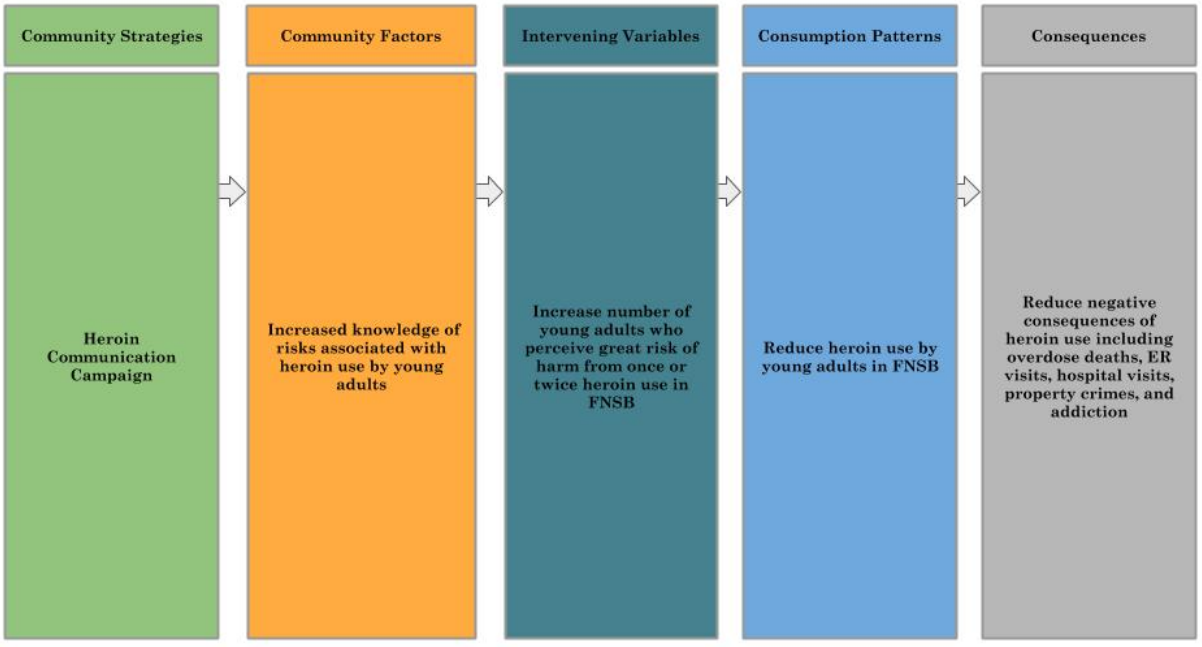
See paragraph 4.1.

3.4 Logic Models

Prescription Opioid Misuse:



Heroin Use:



3.5. Technical Assistance Needs Related to Strategic Planning and Logic Models

Provide feedback on the logic models and strategic plan in a timely manner to ensure no delays.

Step 4. Implementation

4.1. Action Plans

This section describes action plans for each strategy. These will be modified as needed.

Strategy 1: Prescription Opioid Communication Campaign			
Action Steps	Who is Responsible	Timeline	Measure of Success
Establish Opioid Communications & Means Team to plan & implement.	FWC Staff & Steering Committee with help of the Fairbanks Opioid Workgroup.	By July 30, 2017	Responsibilities determined; 5-6 diverse people recruited to include a chair; at least 1 meeting held.
Continue work started in FY17 on communicating the consequences of NMUPO starting with small groups.	Staff & established team	Start July 1, 2017	Incorporation of efforts into annual communications/means plan/s.
Draft FY18 communications plan/s that contains the main campaign theme and individual messages	Team	By Dec 1, 2017	FWC Steering Committee approves plan/s.
Begin implementing full plan/s.	Team	Jan 1, 2018	Various measures dependent on activities; tracked through evaluation.
Break into smaller ad-hoc teams as needed.	Team	ongoing	Teams meet and begin necessary work.
Review communication and means plan/s and modify as needed.	Team	in May 2018 (annually)	Known factors and lessons learned are incorporated. FWC steering committee approves changes.

Strategy 2: Provide Means for Appropriate/Safe Disposal and/or Storage of Prescription Opioids			
Action Steps	Who is Responsible	Timeline	Measure of Success
Establish Opioid Communications & Means Team to plan & implement.	FWC Staff & Steering Committee with the help of the Fairbanks Opioid Workgroup.	By July 30, 2017	Responsibilities determined; 5-6 diverse people recruited to include a chair; at least 1 meeting has been held.
Continue to promote year-round take back sites and disposal bags.	Staff & Team	By Sep 30, 2017	Incorporate into communication & means plan/s.
Research means that still require research	Staff & Team	By Sep 15, 2017	Incorporate into communication & means plan/s; Steering Committee approves.
Plan October drug take back day.	Team, possibly smaller ad-hoc group to include law enforcement partners	Start on Sep 1, 2017	# of pounds of drug; tracking of the # of individuals who turn in drugs at selected locations.
Begin implementation of communication & means plan/s.	Team, possibly smaller ad-hoc group.	Begin Nov 1, 2017	Various measures dependent on activities; tracked through evaluation.
Review communication and means plan/s and modify as needed.	Team	Annually	Known factors and lessons learned are incorporated. FWC steering committee approves changes.

Strategy 3: Training/Outreach to Prescribers and Dispensers			
Action Steps	Who is Responsible	Timeline	Measure of Success
Recruit Opioid Prescriber & Dispenser Team	Team Chair & Staff	July 30, 2017	At least 3 meetings are held; the right prescribers and dispensers attend. Team approves their piece of the strategic plan.
Have conversations with peers, both individuals and small groups to include at staff meetings.	Team members	Begin Aug 1, 2017	Attend a minimum of 3 meetings and speak about opioids.
Compare individual best practices and develop community best practices.	Team	By Jan 31, 2018	Community best practices agreed upon by largest medical providers in the area.
Encourage best practices among peers, first inside organizations and then outside.	Team	End March 2020	Evaluate with surveys duplicating needs assessment surveys

Strategy 4: Heroin Communication Campaign			
Action Steps	Who is Responsible	Timeline	Measure of Success
Draft main campaign message.	Opioid Communications & Means Team	By Dec 1, 2017	Incorporated into approved overall grant communications plan.
Begin implementing message as part of the overall communications plan.	Team	Jan 1, 2018	Various measures dependent on activities; tracked through evaluation.
Review message, modify as needed, incorporate into communication plan and modify as needed.	Team	Annually	Known factors and lessons learned are incorporated. FWC steering committee approves changes. Evaluation instruments are administered.

4.2. Technical Assistance Needs Related to Implementation

What assistance, if any, do you anticipate needing in the area of implementation once your strategic plan has been approved and moves into the implementation stage.

The state provides feedback and approval on the final strategic plan in a timely manner, is responsive to questions and concerns of the coalition, continues to facilitate periodic grantee meetings and encourages collaboration and sharing of ideas.

Step 5. Evaluation

5.1. Evaluation of Strategies

The purpose of the evaluation is twofold. First, the evaluation will assess the implementation of the Fairbanks Wellness Coalition's strategies to identify ways of improving the implementation process as well as assess the extent to which the Coalition's planned attitude and behavior outcomes are met. Second, the evaluation will assess the readiness of the community to address prescription opioid misuse. The three evaluation questions reflect these purposes:

1. For each of the strategies, was the intended target audience reached? Were they aware of and could they recall the messages of the strategies? If not, were the media

vehicles effective? Were the messages memorable, understandable and consistent with the Coalition's objectives?

2. If the intended audience(s) were reached, did they change their attitude and/or behaviors consistent with the Coalition's objectives?
3. To what extent has community readiness to provide prescription opioid misuse prevention improved?

Evaluation Question 1

To assess the implementation of the Coalition's strategies (evaluation question 1), we developed several implementation indicators for each outcome. These are listed in Figure 1 below. Four data sources will be used to assess implementation indicators:

1) Tracking of broadcast data, Facebook counts, information requests, and community activities will document the dissemination of marketing and communication information to determine if the messages are reaching the target audiences. Tracking will be completed by program staff and recorded in the MIS monthly.
2) Intercept surveys will be used to assess whether the messages were memorable and understandable and consistent with the Coalition's objectives. Intercept surveys will use convenience samples and surveys will be disseminated electronically through FWC informational sites as well as disseminated at public locations, such as Fred Meyer and Walmart. We will attempt to survey at least 50 adults for each intercept survey date. Survey results will be summarized and recorded in the MIS at 6, 12, and 18 months.
3) Counts of individuals who dispose of prescription opioids at take-back locations and other events and the amount of prescription opioids collected will be used to assess the implementation of strategy 2. Counts will be recorded by program staff and recorded in the MIS monthly.
4) Intercept surveys of prescribers and dispensers disseminated after training or outreach events will be used to assess whether the trainings/outreach to prescribers are understandable and consistent with the Coalition's objectives. We will attempt to survey at least 15 prescribers/dispensers for each intercept date. These surveys will be disseminated to prescribers and dispensers in the Fairbanks North Star Borough electronically. We have already established a preliminary email list of providers and will work with the Opioid Prescriber/Dispenser Team to expand the list and solicit responses at their respective clinics or pharmacies.

Evaluation Question 2

To assess the impact of the Coalition's strategies, we developed several <u>impact</u> indicators for each outcome. These are described below. Three data sources will be used to assess impact indicators:

<u>1. Community Perception Survey</u>: The Goldstream Group developed a community perceptions survey to gather adult opinions and perceptions around five main topics 1) perceptions of the extent of prescription opioid misuse and heroin use in FNSB, 2)

perceptions of the social availability of prescription opioids and heroin, 3) self-reported behavior related to social availability of prescription opioids, 4) perceptions of the retail availability of prescription opioids, and 5) the risk of harm from prescription opioid misuse and heroin use. In developing the survey, Goldstream Group used and/or modified questions from several published opinion surveys (see Denisco et al 2011; Kahan et al, 2011; Admassu et al 2015). Data will be analyzed using descriptive statistics.

The evaluation will duplicate the needs assessment methods. A random sample will be used to select adults to survey as the strategies primarily target adults. The Coalition will purchase from Experian a randomly selected list of 4,000 residential addresses in FNSB (out of a possible 29,000 addresses). A postcard will be mailed to 4,000 addresses directing adults in the household to complete an online Survey Monkey survey (https://www.surveymonkey.com/). The survey will be advertised on Facebook, in the local newspaper (both in print and online) and with paper fliers on public bulletin boards to encourage those who received a postcard to respond. Respondents will be entered into a drawing to win either a $500 Amazon gift card, $500 worth of heating fuel, $50 Visa gift card and $25 Visa gift card.

2. Retail Availability Survey: The Goldstream Group developed a survey for prescription opioid prescribers, including physicians and dentists, as well as pharmacists. This retail availability survey focuses on the key areas where prescribers and pharmacists can limit retail availability of prescription opioids (e.g., completing courses on safe prescribing for pain medication; screening patients to identify signs of prescription drug abuse or dependence; and talking to patients about the negative effects of misusing prescription drugs, and using the Alaska Prescription Drug Monitoring Program). In developing the survey, Goldstream Group used and/or modified questions from several published opinion surveys (see Denisco et al 2011; Kahan et al, 2011). The survey will be uploaded into Survey Monkey, an online survey tool for dissemination (https://www.surveymonkey.com/).

Non-random methods will be used to survey dentists, pharmacists, and physicians and may not be representative of the population of dentists, pharmacists, and physicians. A list of 56 dentists in the FNSB was compiled from an internet search of dentists in the FNSB. A list of 14 pharmacies in the FNSB was compiled from an internet search of pharmacies in the FNSB; based on the Alaska Occupational Forecast (http://live.laborstats.alaska.gov/occfcst/index.cfm) approximately 56 pharmacists are currently employed in FNSB. A list of 192 physicians was compiled from the FMH website list of physicians with hospital privileges compared to the Alaska State Medical Association directory which was not as complete. The survey will be disseminated to these groups using an introductory letter and presentations to various clinic staffs.

3. Secondary Data: The evaluation will use two secondary data sources. Data will be analyzed to illustrate trends over years and differences between demographic factors (gender, age, and race) and as appropriate between indicators. Following is a summary of

data sources and the types of data that will be used.

Young Adult Substance Use Survey (YASUS): Self-report survey conducted by the Center for Behavioral Health Research and Services at the University of Alaska Anchorage will be administered in 2018 (Hanson & Barnett, 2016). This data source will provide data for the following impact indicators?

- Percent of survey respondents age 18-27 ever misusing prescription opioids (FNSB and Alaska).
- Percent of survey respondents age 18-27 ever using heroin (FNSB and Alaska)
- Percent of survey respondents age 18-27 in Alaska ever misusing prescription opioids and ever using heroin by gender and race

Youth Risk Behavior Survey: Conducted every other year by the State of Alaska in high schools statewide. Data for high school students in Fairbanks North Star Borough School District and the State of Alaska is available from 2011, 2013, and 2015. Data for the impact indicators will be collected from the 2017 and 2019 dissemination of the YRBS.

- High school student use of prescription drugs and heroin by gender (FNSB)
- High school student use of prescription drugs without a prescription in the past 30 days (FNSB and Alaska)
- High school student use of prescription drugs without a prescription, lifetime (FNSB and Alaska)
- High school student use of heroin, lifetime (FNSB and Alaska)
- High school student perception of risk related to using prescription drugs without a prescription; risk related to binge drinking, and risk related to marijuana use (FNSB)

Evaluation Question 3

The coalition will conduct a readiness assessment in January 2019 and then in March 2020 to assess if the overall and individual readiness rate for prescription opioid and heroin prevention has improved.

A selective sample will be used to select community representatives to interview. Coalition members will identify key informants to be interviewed who represented a broad cross-section of stakeholders in the community knowledgeable about the issues. A total of 15 key informants will be interviewed representing the following sectors of the community: schools, law enforcement, university, legal system, social services, medical services, veterans' services, local businesses, city leadership, faith community, state behavioral health services, and persons in recovery.

Interviews will be conducted, transcribed, scored, and analyzed by the Coalition or a selected contractor. All interviews will be individually scored using the Tri-Ethnic Center Community Readiness Model (Colorado State University, 2014) stages of community readiness scale.

Stages of Community Readiness Scale (Colorado State University, 2014)

Stage of Readiness	Score
No Awareness	1
Denial/Resistance	2
Vague Awareness	3
Preplanning	4
Preparation	5
Initiation	6
Stabilization	7
Confirmation/Expansion	8
High Level of Community Ownership	9

Separate scores will be given to each interview for prescription opioid misuse and for heroin use. Once scored, the scores for all interviews will be averaged for each dimension of readiness for each of the two issues (prescription opioid misuse and heroin use). These scores will then be averaged to arrive at an "overall" community readiness score for each issue.

Reporting: Summaries of implementation indicator data will be provided to the FWC Steering Committee quarterly; implementation teams and FOW will review data and offer suggestions for program improvements or changes. Data will be recorded in the Management Information System (MIS) and sent to the State of Alaska PFS program when required.

A screen shot of the draft MIS is below.

MIS Example

Last Updated:

Strategy 1: Communication Campaign

LEGEND
Outcome
Intermediate Variable
Strategy
Indicator
Action Step

	2017 Jan	Feb	Mar	Apr	May	Jun	Jul
Outcome 1: By 2020, FNSB youth and adults will increase their knowledge of the risks associated with even occasional Rx opioid misuse, especially for youth and young adults.							
Impact Indicator 1.1. % of FNSB adults who identify addiction or dependence (baseline 38%), overdose (baseline 0%), and death (baseline 18%) as consequences from Rx opioid misuse.	38%						
Impact Indicator 1.2. % of FNSB adults who agree that young people would significantly harm themselves if they take prescription opioids occasionally to get high (increase from baseline of 50%).	50%						
Impact Indicator 1.3. % of FNSB high school students who report that using Rx drugs without a doctor's prescription poses a great risk (increase from baseline of 58%).	58%						
Impact Indicator 1.4. % of FNSB young adults who report that using Rx opioids without a prescription once or twice poses a great risk (increase from baseline of 33%).	33%						
1.A. There is a lack of understanding of the risks of harm from Rx opioid misuse in the FNSB.							
Awareness Campaign							
# of campaign materials developed/aired							
Indicator 1.1. % of FNSB adults and youth who have seen/heard communication messages related to the risks associated with even occasional Rx opioid misuse (no baseline).							
Indicator 1.2. % of FNSB adults and youth who have seen/heard communication messages and correctly identify risks associated with even occasional Rx opioid misuse (no baseline).							

Evaluation Plan for Strategy 1: Prescription Opioid Communication Campaign			
Community Factor: Lack of community knowledge among adults about the risks of misusing Rx opioids.	**Intervening variable:** Perception of Risk & Social Availability	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Adults 18+ & Teens (12-17)
KEY STRATEGY OUTCOMES	**INDICATORS**	**METHOD/MEASURE**	
Outcome 1: By 2020, FNSB youth and adults will increase their knowledge of the risks associated with even occasional Rx opioid misuse, especially for youth and young adults. Outcome 2: By 2020, more FNSB adults will know the reasons why they should safely store or properly dispose of their Rx opioids. Outcome 3: By 2020, more FNSB adults will know how to appropriately and safely store their Rx opioids.	**1**. % of FNSB adults and youth who have seen/heard communication messages related to the risks associated with even occasional Rx opioid misuse (baseline = 0) (process)	Tracking of broadcast data; Facebook counts; information requests, and documenting community activities conducted 6, 12, and 18 months after start.	
	2. % of FNSB adults and youth who correctly identify risks associated with even occasional Rx opioid misuse (baseline = 0) (outcome)	Intercept survey (adults and youth) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	3. % of FNSB adults who have seen/heard communication messages related to proper storage and disposal of Rx opioid misuse (baseline = 0) (outcome)	Tracking of the number of media "hits," or responses to pitches conducted 6, 12, and 18 months after start of communication campaign (radio and TV ads, PSAs, news and consumer affairs coverage)	
	4. % of FNSB adults who correctly identify reasons for proper storage of Rx opioid misuse (baseline = 0) (outcome)	Intercept survey (adults) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	5. % of FNSB adults who correctly identify proper storage/disposal methods/locations for Rx opioids (no baselines). (outcome)	Intercept survey (adults) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	

Evaluation Plan for Strategy 1: Prescription Opioid Communication Campaign			
Community Factor: Lack of community knowledge among adults about the risks of misusing Rx opioids.	**Intervening variable:** Perception of Risk & Social Availability	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Adults 18+ & Teens (12-17)
	6. % of FNSB adults who agree it is important to properly store/dispose of Rx opioids (baseline = 0) (outcome)	Intercept survey (adults) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	7. % of FNSB adults who identify addiction or dependence (baseline 38%), overdose (baseline 0%), or death (baseline 18%) as consequences from Rx opioid misuse (outcome)	Community Perception Survey disseminated to a random sample of addresses in the FNSB (2020); data collected by Coalition following procedures outlined in Needs Assessment. Baselines set in 2016 survey; baseline data in Needs Assessment, page 62.	
	8. % of FNSB adults who agree that young people would <u>significantly</u> harm themselves if they take prescription opioids occasionally to get high (increase from adult baseline of 50%; increase from young adult baseline of 32.9% (outcome)	Community Perception Survey disseminated to a random sample of addresses in the FNSB (2020); data collected by Coalition following procedures outlined in Needs Assessment and Young Adult Substance Abuse Survey (Hanson & Barnett). Baselines set in 2016 survey; baseline data for adults in Needs Assessment, page 81; baseline data for young adults in Needs Assessment, page 76.	
	9. % of FNSB high school students who report that using Rx drugs without a doctor's prescription poses a <u>great risk</u> (increase from baseline of 57.7%). (outcome)	Youth Risk Behavior Survey; data collated by CBHRS evaluators and reported to Coalition (2017 and 2019 administrations); baseline data in Needs Assessment, page 80.	

Evaluation Plan for Strategy 1: Prescription Opioid Communication Campaign			
Community Factor: Lack of community knowledge among adults about the risks of misusing Rx opioids.	**Intervening variable:** Perception of Risk & Social Availability	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Adults 18+ & Teens (12-17)
	10. % of FNSB adults who indicate that it is very likely youth access Rx opioids for misuse through their family members (increase from baseline of 53%) (outcome)	Community Perception Survey disseminated to a random sample of addresses in the FNSB (2020); data collected by Coalition following procedures outlined in Needs Assessment. Baselines set in 2016 survey; data in Needs Assessment, page 66.	

Evaluation Plan for Strategy 2: Provide Means for Safe Disposal/Storage of Prescription Opioids			
Community Factor: Lack of appropriate/safe disposal and/or storage for prescription opioids	**Intervening variable:** Social Availability	**CSAP Category:** Other; Environmental	**Strategy Target Population:** Adults 18+
KEY STRATEGY OUTCOMES	**INDICATORS**	**METHOD/MEASURE**	
Outcome 3: By 2020, more FNSB adults will know how to appropriately and safely store their Rx opioids. Outcome 4: By 2020, more FNSB adults will properly store/dispose of prescription opioids.	**11**. # of FNSB adults who dispose of unused Rx opioids through Coalition sponsored events, locations, and methods (process) (baseline = 0)	Staff/volunteers will document the number of unique individuals who dispose of Rx drugs at one or more of the drug take back day sites. The coalition will track through convenience surveys usage of dispersed home disposal kits and storage tools.	
	12. amount/pounds of Rx opioids (or prescription drugs) disposed of through Coalition sponsored events, locations, and methods (process) (baseline = 0)	Staff/volunteers will document the amount of prescription drugs disposed of through events such as drug take back days and year-around locations.	
	13. % of FNSB adults who report appropriate disposal methods for unused Rx opioids (increase from baseline of 12% for drug disposal site, 10% for take-back event, 5% for returning to a health care provider, and 11% for returning to a pharmacy) (outcome)	Community Perception Survey disseminated to a random sample of addresses in the FNSB (2020); data collected by Coalition following procedures outlined in Needs Assessment. Baselines set in 2016 survey; baseline data in Needs Assessment, page 70).	
	14. % of FNSB adults who report appropriate storage of unused Rx opioids (outcome)	Community Perception Survey disseminated to a random sample of addresses in the FNSB (2020); data collected by Coalition following procedures outlined in Needs Assessment.	

Evaluation Plan for Strategy 3: Training/Outreach to Prescribers and Dispensers			
Community Factor: Prescribers and dispensers are not using AK PDMP to monitor their own prescribing practices; not using best practices to prevent retail availability of prescription opioids	**Intervening variable:** Retail Availability	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Adults 18+
KEY STRATEGY OUTCOMES	**INDICATORS**	**METHOD/MEASURE**	
Outcome 5: By 2020, more FNSB prescribers will use AK PDMP to monitor their own prescribing practices.* Outcome 6: By 2020, more FNSB prescribers and dispensers (physicians, pharmacists, and dentists) will use standardized best practices to prevent misuse of prescription opioids. * In June 2016 and July 2017, Alaska passed stricter prescribing and reporting of drugs in AK PDMP.	**1**. % of FNSB prescribers and dispensers (physicians, dentists, pharmacists) who have seen/heard messages about using AK PDMP to monitor their own prescribing practices (baseline = 0) (process)	Intercept survey conducted 6, 12, and 18 months after start of communications. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	2. % of FNSB physicians, dentists, pharmacists who agree it is important to monitor their own prescribing practices using AK PDMP (baseline = 0) (process)	Intercept survey conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	3. % of FNSB physicians, dentists, pharmacists who have seen/heard messages about using standardized best practices for prescribing Rx opioids (baseline =0) (process)	Intercept survey conducted 6, 12, and 18 months after communications start. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	4. % of FNSB physicians, dentists, pharmacists who agree it is important to use standardized best practices for prescribing Rx opioids (baseline = 0) (process)	Intercept survey conducted 6, 12, and 18 months after communications begin. Convenience sample. Data will be used to measure changes over time and revise messages as needed.	

Evaluation Plan for **Strategy 3: Training/Outreach to Prescribers and Dispensers**			
Community Factor: Prescribers and dispensers are not using AK PDMP to monitor their own prescribing practices; not using best practices to prevent retail availability of prescription opioids	**Intervening variable:** Retail Availability	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Adults 18+
	5. % of physicians, dentists, pharmacists who report using AK PDMP to monitor their Rx opioid prescribing (baseline for physicians and dentists is 25% and for pharmacists is 33%) (outcome)	Retail Availability Survey disseminated to local physicians, dentists and pharmacists in the FNSB (2020); data collected using procedures and 2016 baseline data on page 77 of Needs Assessment.	
	6. % of prescribers and dispensers (physicians, dentists, pharmacists) who report using standardized best practices for prescribing Rx opioids (outcome)	Retail Availability Survey disseminated to local physicians, dentists and pharmacists in the FNSB (2020); data collected using procedures and 2016 baseline data on page 77 of Needs Assessment.	

Evaluation Plan for Strategy 4: Heroin Communication Campaign			
Community Factor: Lack of community knowledge among adults about the risks of heroin use.	**Intervening variable:** Perception of Risk	**CSAP Category:** Information Dissemination	**Strategy Target Population:** Young Adults (18-25)
KEY STRATEGY OUTCOMES	**INDICATORS**	**METHOD/MEASURE**	
Outcome 1: By 2020, More young adults (ages 18-25) will perceive a great risk of harm from only using heroin once or twice.	**1.** % of FNSB young adults who have seen/heard communication messages related to the risks associated with heroin (baseline = 0) (process)	Tracking of broadcast data; Facebook counts; information requests, and documenting community activities conducted 6, 12, and 18 months after start of communication campaign.	
	2. % of FNSB young adults correctly identify risks associated with heroin use (baseline = 0) (outcome)	Intercept survey (adults) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	
	3. % of FNSB young adults who report that trying heroin once or twice is a great risk (increase from baseline of 62.9%) (outcome)	Young Adult Substance Use Survey; data collected by CBHRS evaluators and reported to Coalition (2019); baseline data in Needs Assessment, page 79). Intercept survey (adults) conducted 6, 12, and 18 months after start of communication campaign. Convenience sample. Data will be used to measure changes over time and revise communication messages as needed.	

5.2. Technical Assistance Needs Related to Evaluation.

What assistance, if any, do you anticipate needing in the area of evaluation once your strategic plan has been approved and you move into the implementation and evaluation phases.

We would like additional evaluation training but believe this can be provided locally by a contractor. We will add this to our training plans for Capacity Building.