

## **Stephanie Stillwell**

### **Video Transcript**

Intro by Joe Gunderson:

Today I get to present somebody very close to me, Stephanie Stillwell.

I've known her for twenty years roughly, maybe a little bit under. In the last few years it's been really interesting to see her transition to Alaska and see how she integrated within a community.

Stephanie was born right here in Duluth, Minnesota. She moved to Homer, Alaska in 2015 to pursue her passion for promoting wellness and community health in rural Alaska.

While in Homer she has worked as a public health nurse for the state of Alaska in Ninilchik Traditional Council and currently serves as a community outreach director for GSquared. As a facilitator for the Southern Kenai Peninsula Opioid Task Force and as co-coordinator of the local health and wellness coalition.

Please welcome Stephanie Stillwell.

*Stephanie Stillwell:*

Hello.

It's incredible to be here actually, in my hometown, in Duluth, and to be at this event. I have been really just excited to hear all the different presentations and to have such amazing discussions that I really didn't expect. And what's been interesting is listening to every presentation. I actually feel like I can connect to every presentation so far and I actually might hit on some of the same topics. So I'm really excited.

Like I said, Duluth, Minnesota, my home sweet home. I am super excited to share my story about the work I'm doing in Alaska and how it's affecting my community. And my hope is that the message can also be brought back here to my home state where my family lives and where my story begins.

And, I wasn't going to point out this map initially, but there's been a lot of interest because it shows just how far away Alaska really is from everywhere down here. Much closer to Russia than Minnesota. So from here it would be closer to go to Costa Rica than it would be to go back home. You know, I'm getting on my flight to Alaska tomorrow but just know that I can go somewhere warmer.

My family belongs to a First Nation community up in Southern Ontario. The community is located about a hundred miles to the nearest city. 40 miles of that is actually on a dirt road. And up until the mid-90s when a bridge was constructed, the only access to the community was by boat, float plane or ice road in the winter. So access to that community was very limited. And so getting fresh food was extremely scarce and jobs were limited and the community was just growing sick.

I grew up engulfed in my culture. I'm Ojibwe and my summers were spent filled with powwows, family and fry bread. And I remember my great-grandfather, who is in this photo right there, speaking Ojibwe and telling stories about creation and connection to the Creator and spirit and earth and to each other. And this was a part of my life that I deeply connected with. And growing up, I didn't live on the reservation like my family, I actually grew up right here in Duluth. And my family's house became the unofficial bed and breakfast for my family that was in town attending any medical appointments or visiting others in the hospital.

And I started to notice how many people in my family had diabetes and heart disease and cancer and of course addictions to drugs and alcohol. And it was really, it really hit me. And I noticed the younger generations in my family were speaking less Ojibwe. They were following less traditional ways of life and they were just so much more consumed by drugs and alcohol. And when I realized that a lot of the diseases and illnesses that my family was suffering from were preventable, I knew that my mission, my passion, was going to be to find a way to bring health and wellness back to my community.

So that's what I did, I tried to do anyway. Initially my plan was to be a teacher. I was studying elementary education and the Ojibwe language and culture. And I wanted to provide native kids the solid education and connection to their culture so that they could just have that connection. And I figured that somehow, some way, that that would be something that would be really impactful in their life.

But along that journey, I kind of lost myself and found myself struggling with addiction and my own challenges with substance use and alcohol. And so I kinda lost my way for a minute. But thankfully, that didn't last too long.

I moved to Ohio and was ready to find my passion again. So I did some research and I stumbled upon the community and public health nursing. And that really resonated with me because I wanted to heal people. I wanted to heal families. I wanted to really work to change the outcome for future generations. And I felt such passion about sharing my knowledge and I wanted to just really make a bigger impact on a greater population of people. So that our children and our children's children didn't need to be sick. So, that's what I did. And eventually I moved to Homer, Alaska, the halibut fishing capital of the world.

It is a cosmic hamlet by the sea. It's nestled between mountains and four active volcanoes. It is located about 220 miles south of Anchorage. It's on the southern tip of the Kenai Peninsula. And so those 220 miles from Anchorage are on a single lane highway that winds through mountain passes, alongside amazing turquoise rivers, and fairytale views. We have chance encounters with brown bears and moose and beluga whales and dall sheep. So there come those spirit animals.

The magical highway that leads to what some people call the end of the road, I know I had this discussion yesterday, we like to call it the beginning. But this highway is our only way in and out of the peninsula. So access to our major city is dependent on weather, earthquakes, avalanches, rockslides, volcanoes—quite a bit of a challenge sometimes to plan your trips. And also, we do have a daily flight to Anchorage from Homer, depending on the weather.

So this is a map of our area. Homer is about 5,000 people and our surrounding area is about 15,000 people. Our area stretches north to an Alaskan native village about forty miles and heads south to the head of the Kachemak Bay where you'll find three Russian Old Believer villages. And across the Kachemak Bay is where multiple remote Alaska native villages call home. And those are only accessible by plane and a tiny little runway. But this geographically, culturally and spiritually diverse area is what we call the southern Kenai Peninsula. So this is where my work takes place.

I moved to Homer in 2015 as Joe said and I started my career there as working as a public health nurse for the state of Alaska. I was super excited because my patient was the population and that was exactly what I wanted to do. And I was just ready to dig in and do the work that I knew I was meant to do. So it was just so exciting to be finally working in true upstream prevention and health promotion and health education. And I got to work in multiple diverse communities and I was doing community assessments and using systems thinking and it was just really, really exciting. I was, I was ready. I was excited. If you can't tell, I was excited!

But conversations in the community also started to rise regarding the increased rates of hepatitis C and the opioid epidemic. And then we found some local data that showed that our borough had a higher drug overdose mortality rate due to opioids than the national statistics. And this didn't set well. And I also heard a national statistic about opioid overdose deaths outnumbering the number of people who died in motor vehicle collisions. And I figured there was no way that this statistic could potentially be correct in Alaska because our roads are dark and icy and moosey and just dangerous. So I did some research and what I found was there were 79 people that died in motor vehicle collisions last year in Alaska and 100 people died of opioid overdose. So that really kind of struck me.

I was asked to attend a meeting at our local hospital about the increased number of babies born addicted and the number of families that were at risk and who were affected by substance use.

A little backstory: the state of Alaska had been going through multiple budget cuts over the years. And the section of public health nursing had a lot of our services cut including home visiting services to newborns in the area. And so I had no idea that the group was going to ask me about this, you know. And so when they actually did, when the question came up, what can the state do for us, I looked at them and said you know, I don't even know if I'm going to have a job in the next 2 months. So looking to the state is not a sustainable solution for us. We have an amazing community filled with passionate people and amazing resources. And a lot of those resources are probably just untapped. So we need to figure out what we have in our own community and how we can help ourselves. And that all starts with the conversation. So this meeting empowered the group to start those conversations.

And what we found was that everybody in our community was affected by opioid and substance misuse. We found that when we analyzed our past three community health needs assessments that substance abuse was ranked as the number one factor that negatively affected our community. We also found that everybody, multiple people, were working on many layers of this issue already. Focusing on the lack of available treatment services in our area or accessing harm reduction programs. Working in prevention and education around ACEs—Adverse Childhood Events and resiliency. Or trauma-informed care. Or the major deficits that we have in affordable housing and transportation on the peninsula. But what we also found was that much of this work was being done in silos and that it was time to break down those silos so we could harness the collective energy to perform.

You know, one of the most rewarding pieces of working as a public health nurse to me was getting involved in MAPP—Mobilizing for Action through Planning and Partnerships. This is our local wellness coalition. Mapp acts as the backbone support for many of our community health initiatives. And I like to think of MAPP as the group that holds the space and brings the people so that action can take place. I attribute a lot of the successes to the community efforts in our community due to the amazing people that we have and this organization.

I had been involved in coalition work in the past and it was much different then MAPP. One of the things that I think makes MAPP awesome, is that MAPP is run by a steering committee and that committee isn't made up of just people with the most impressive titles or work for the most powerful organizations. The steering committee is actually specifically selected to represent the Eight Dimensions of Wellness.

And so, our community has chosen to define wellness as an approach that includes cultural, economic, educational, emotional, environmental, physical, social and spiritual wellness. And incorporating the Eight Dimensions of Wellness into everything that we do and all the work that's supported by MAPP has been amazing and it's overflowed into many of our community health efforts including our opioid task force.

So using the Eight Dimensions of Wellness from a community perspective, really helps us. One, to ensure that we're sourcing the entire community so we can really reach all the different sources of resilience and solutions. And it also helps us to continuously

engage in questions and identify the people that we need to have around the table and be engaged in the conversations.

So from a community perspective we're also asking ourselves all the time, who are we missing? And who do we need to invite? And so we're inviting everybody to be a part of this.

So we invite moms, tattoo artists and taxi cab drivers and just everybody, you name it. So our task force is not limited to doctors, treatment providers and health care agencies. And by inviting everybody and explaining to people the Dimensions of Wellness, really helps people understand why they are so important and how they can be a part of the conversation and the solutions. And it also helps to get people engaged and mobilized to take action.

And in front of all of you, right now, you should have this worksheet. We also really want to make sure that those of us that are engaged in this work are taking the time to care for ourselves. Because obviously, we all know that it's important for us to take care of ourselves. Because for us to help anybody else, we need help ourselves. So we administer this Dimensions of Wellness worksheet and have people in the Coalition and Task Force fill it out and rate themselves and their Dimensions of Wellness. And we have them continue to do this so that we can see where we might need to spend a little extra attention or inflate their flat tires little bit.

Okay, so we're going to dig in a little bit more to this eight dimension stuff here.

So again, our community defines wellness as an approach that includes cultural, economic, educational, environmental, physical, emotional, social and spiritual wellness. So if I just put these words out there, but didn't really attached any definitions to them, you know it's easy for us to bring our preconceived thoughts and existing framework to these topics.

So for example, if I were to say to all of you right now, rate your spiritual wellness. Some people might think, man, I haven't been to church in quite some time or I don't belong or I can't connect with organized religion. So what does that mean? And they might rate themselves kind of low. But if you take a look at how our community has chosen to define spiritual wellness, it's a sense of purpose or meaning in life. So that really could

potentially change the context, you know, if that person then drops their negative framework about not being able to attend church regularly or connect to organized

religion, it could potentially change how they would rate themselves in spiritual wellness.

Environmental. A harmonious and sustainable relationship with immediate surroundings that expand to the natural world. Okay. So again, this is just about your relationship to nature. So if we remove any negative framework that we might think, man, I should recycle more or I should really get a more eco-friendly car, this potentially changes everything.

For example, in Alaska, environmental impacts are huge. We have intense weather changes, a diverse climate, important salmon population and outdoor recreation is a way of life for many people. But how can we relate all of that into the work we're doing in opioids?

Well, if we take a look at the people who are suffering from addiction, that are homeless, where are they sleeping in those long cold dark nights of winter? Or families when they're out fishing on the rivers and find dirty needles? Or how about the influx of seasonal commercial fisherman in the summer and the increased number of opioid overdoses we've seen within that community? How can we connect people to the environment as a way to find recovery, as to be part of the solution? How about integrating the concepts of subsistence fishing and homesteading into a recovery program?

You know, it's all connected. The integration of that recovery program could potentially increase the community's environmental wellness. But also, the individual could have an increase in their physical wellness, emotional and spiritual wellness and reconnect them to their culture. So it's all connected.

And so this is what I'm passionate about—this is why I do the work that I'm doing. Because it's really hard sometimes to keep moving forward especially when you don't see that needle moving. You know this work is difficult. But you know, using the Eight Dimensions of Wellness, for me, has provided an avenue for me to really connect with a lot of the work that I'm doing and engage in a lot more different exciting pieces of it. And it's giving me hope and multiple different perspectives. And what I've also found is that it

really helps people connect as well. So it engages more people in the conversations so that we can have more energy and more work from people throughout the community.

You know, our community has done a whole lot but we have definitely not figured it all out yet. We are still working on some pretty significant challenges. But what we have found was that we've got a concept, a framework, that really works for us and our community has embraced it.

For example, our Task Force. We started just one year ago and it's grown from just a handful of people to over 200 members. People always ask me, why do you want so many people on your task force? Isn't that unmanageable? How can you do that?

Well, one example of why this is amazing, is there's an army of people ready to engage. Not everybody wants to be up here at the thirty thousand foot level talking about things. There's a lot of people that want to be boots-on-the-ground, ready to go when there's something to do.

Last weekend, I went to the local bar and I walked into the bathroom and I found a woman in there and she was injecting IV drugs. And my heart sank. I'm like, I know this happens—this is the work I do—but you know, seeing it is a whole different story. So obviously my mind was like, how can I save her, what can I do? I thought about it all weekend.

Come Monday morning, I contacted some members of our Task Force, and our Harm Reduction Work Group, and I said, we've got to do something. And so very quickly we mobilized. And we were able to schedule a training for all service industry staff. So that's including bartenders, servers, kitchen workers and taxi cab drivers to be trained in Narcan opioid overdose response. And this was so easily done because I have bartenders and cab drivers and business owners engaged in the conversation already.

So it took no effort. And the business owner, one of the bartenders, one of the bar owners said, hey let's host the training here. Let's get it done. It's just so nice to have an army of people ready to go when we need them.

We've had a lot of other successes along the way as well. And that includes, we've made some significant progress in getting more accessible treatment services for people in our area.

We support our local syringe exchange program that in just two years has provided over 20,000 free sterile syringes and a hundred Narcan kits to folks that are using—right in the hands of people that need to have them. That program also offers free hep C and HIV testing and of course referrals to treatment anytime.

We've also fostered the creation of a parent to parent support group that started with just one active Task Force member with a passion and has since provided a network of support for parents of children who are in active addiction or recovery. And those people have then gotten engaged and are sharing their stories and empowering other people to get involved. We also support our community efforts in implementing substance misuse education program center at middle and high schools.

So you know, there's multiple different frameworks and models that people can use to approach the opioid epidemic or to approach any complex social issue. And no one specific framework or model will work for every community. But embracing the Eight Dimensions of Wellness into our own lives and to our families and our organizations and our employees, just so that we can see where we might need to spend a little bit of extra attention, that's definitely something that we can all do. And I really encourage all of you to do that.

And my hope is that—although my work in Alaska is not done—my hope is that the message and the energy of what I have to say, and what everybody's saying, is that it can be brought back here to my home state. And that together, we can continue to spread the messages of wellness and hope through all the communities here and beyond. Because wellness is attainable.

I'm going to leave you with my favorite quote:  
In the words of Gandhi, be the change you wish to see in the world.

Thanks.