Alaska Blanket Exercise
Truth, understanding, respect, and reconciliation

Alaska Blanket Exercise

Program Evaluation Summary Report

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Alaska Native Tribal Health Consortium
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1. Overview

Alaska Native (AN) Peoples and Tribal communities exemplify strength, resilience, and cultural beauty; despite disparate health and economic hardships that have been linked to historical loss and colonization.[1,2,3] AN Peoples are at increased vulnerability for complex layers of victimization over time (i.e., poly-victimization), which includes historical and intergenerational trauma.[4,5,6] Intergenerational and historical trauma are terms that describe the symptoms of trauma (i.e., depression, anxiety, grief, loneliness, anger) that have been linked with losses (i.e., Elders, communities, children, land, sovereignty) and violence directly connected to colonization and passed down through generations of AN Peoples.[7,8,9] Intergenerational trauma and historical trauma have been linked to a myriad of physical,[10] mental,[11] and emotional[12] difficulties for AN Peoples.

Compounding the myriad of threats to wellbeing, AN Peoples often endure prejudice by health care providers, ultimately interfering with help seeking behaviors; when receiving care by non-Indigenous providers, AN Peoples navigate values conflicts.[13] Studies have confirmed racism as a social determinant of health associated with poorer physical and mental health outcomes (e.g., depression, anxiety, psychological stress).[14] Inequalities in socioeconomic status, lack of access to health insurance, and a shortage of medical providers are health barriers for People of Color (POC) populations. Moreover, there is evidence suggesting healthcare systems and medical providers may perpetuate racism through stereotypes and biases that contribute to misdiagnoses and inappropriate treatment plans that increase risk for health complications and death.[15] Colonization and its violent legacy continue to affect Indigenous Peoples.

The Alaska Native Tribal Health Consortium (ANTHC) continues to make efforts to combat racism as a public health crisis to improve the experiences of AN Peoples served within its system. National consciousness regarding systemic racism, health disparities among POC, and the deleterious effects of

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[1] Walls, M. L., & Whitbeck, L. B. (2011). Distress among Indigenous North Americans: Generalized and Culturally Relevant Stressors. Society and mental health, 1(2), 124-136. https://doi.org/10.1177/2156869311414919

[2] Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing Native Women's Health: An "Indigenist" Stress-Coping Model. American journal of public health (1971), 92(4), 520-524. https://doi.org/10.2105/AJPH.92.4.520

[3] Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance Use Among American Indians and Alaska Natives: Incorporating Culture in an "Indigenist" Stress-Coping Paradigm. Public health reports (1974),117(Suppl 1), S104-S117. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913706/

[4] Hamby, S., Grych, J., & Banyard, V. (2018). Resilience Portfolios and Poly-Strengths: Identifying Protective Factors Associated with Thriving After Adversity. Psychology of violence, 8(2), 172-183. https://doi.org/10.1037/vio0000135

[5] Hamby, S., & Grych, J. H. (2013). The web of violence: Exploring connections among different forms of interpersonal violence and abuse. Springer.

[6] Hamby, S., Schultz, K., & Elm, J. (2020). Understanding the burden of trauma and victimization among American Indian and Alaska native elders: historical trauma as an element of poly-victimization. Journal of trauma & dissociation,21(2), 172-186.

[7] Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention, Smith College Studies in Social Work, 68(3), 287-305, DOI:10.1080-00377319809517532

[8] Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*(3), 316-338.

[9] Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systemic review. *American Psychologist, 74*(1), 20-35. https://doi-org.proxy.consortiumlibrary.org/10-1037-amp0000338

[10] Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology, 33*(3/4), 119-130.

[11] Armenta, B. E., Whitbeck, L. B. & Habecker, P. N. (2016). The Historical Loss Scale: Longitudinal measurement equivalence and prospective links to anxiety among North American indigenous adolescents. Cultural Diversity and Ethnic Minority Psychology, 22(1), 1-10. https://doi-org.proxy.consortiumlibrary.org/10.1037/cdp000049.supp

[12] Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systemic review. *American Psychologist, 74*(1), 20-35. https://doi-org.proxy.consortiumlibrary.org/10-1037-amp0000338

[13] Hamby, S. L. (2004). Sexual victimization in Indian country: Barriers and resources for Native women seeking help. Applied research forum, 1-10. Retrieved September 30. 2021, from https://www.niwrc.org/sites/default/files/images/resource/Sexual-Victimization-in-Indian-Country.pdf

[14] Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLOS ONE, 10(9), e0138511. https://doi.org/10.1371/journal.pone.0138511

[15] Medical News Today. (2020). "Racism in Healthcare: What you need to know." https://www.medicalnewstoday.com/articles/racism-in-healthcare#Chronic-illness

colonization manifested through the silence and neglect across the country has been growing.[16] The Alaska Blanket Exercise (ABE) is part of these efforts by raising up AN history and promoting reconciliation among all Peoples. The ABE promotes healing centered engagement[17] that fosters reconciliation through awareness and understanding of painful historical events across AN communities. Over the past three years, ANTHC has demonstrated their commitment to the AN community and Tribal organization by ensuring excellence in the ABE program through constant appraisal of feedback and evaluation.

1.1. About the Alaska Native Tribal Health Consortium

ANTHC is the largest and most comprehensive Tribal health organization in the United States, and Alaska's second-largest healthcare employer. ANTHC has more than 3,000 employees offering an array of health services, which include comprehensive medical services at the Alaska Native Medical Center (ANMC), wellness programs, disease research and prevention, rural provider training, and rural water and sanitation systems. ANTHC's vision is "*Alaska Native people are the healthiest people in the world*," with the mission of "*Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System*." To achieve this vision and mission, ANTHC has five guiding values: (1) achieving excellence, (2) native self-determination, (3) treat with respect and dignity, (4) health and wellness, and (5) compassion. These guiding principles, offer inspiration and are the foundation for care, which is based on the strength of AN Peoples and their culture.[18]

1.2. Alaska Blanket Exercise

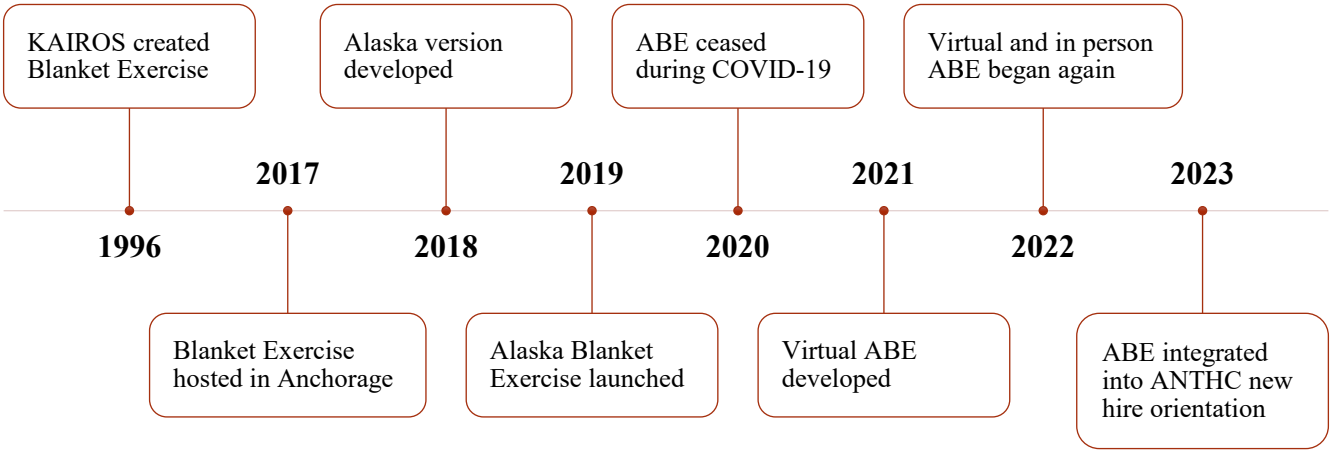
The ANTHC Behavioral Health Department ABE team oversees the implementation and facilitation of the Alaska Blanket Exercise (ABE). The ABE program is an experiential history lesson that fosters truth, understanding, respect, and reconciliation among Indigenous and non-Indigenous Peoples. AN Elders developed the ABE in collaboration with knowledge keepers and educators. Through an experiential learning activity, attendees walk on blankets representing the land and into the role of AN Peoples by reading scrolls and carrying cards, which ultimately determine their outcome as they literally 'walk' through historical situations that include pre-contact, colonization and resistance.[19]

ANTHC adapted this exercise from a best practice exercise used by Indigenous Peoples in Canada. An organization in Canada called KAIROS developed the blanket exercise in 1996. It is intended to recognize and reconcile the impacts of historical trauma faced by Indigenous Peoples. KAIROS implements the Blanket Exercise with anyone who works with Indigenous Peoples in Canada, including doctors, judges, and teachers. ANTHC invited KAIROS to Anchorage in 2018 to discuss the development of a version of the exercise. ANTHC created the ABE with input from each region in Alaska over a year long process.[20] The ABE developers completed the first script in 2018 through collaboration with KAIROS and research[21] on significant events from regions across Alaska. A committee of AN Peoples and culture bearers from

[16] Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLOS ONE, 10(9), e0138511. https://doi.org/10.1371/journal.pone.0138511
[17] Ginwright, S. (2018, May). "The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement." https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c
[18] Alaska Native Tribal Health Consortium (n.d.). Overview. https://www.anthc.org/who-we-are/overview/
[19] Alaska Native Tribal Health Consortium (n.d.). Alaska Blanket Exercise. https://www.anthc.org/what-we-do/behavioral-health/alaska-blanket-exercise/
[20] Alaska Native Tribal Health Consortium (2020). Development of Alaska Blanket Exercise. Internal document.
[21] Research included reviewing timelines from the UAF Project Jukebox, State of Alaska Traditional Health and Wellness Guide, and the UAF Tribal Management Program. The Review Committee (*N*=24) consisted of female (*N*=15) and male (*N*=9) representatives and Elders/Culture bearers (*N*=5) representing the following Peoples: Athabascan (*N*=8), Iñupiaq (*N*=6), Tlingit (*N*=2), Cupik (*N*=2), Navajo (*N*=2), Unangax̂ (*N*=1), Yupik (*N*=1), and Caucasian (*N*=3).

across the state then reviewed the draft. Following two cycles of feedback and edits, the review committee approved the final ABE script and the first ABE was hosted in Anchorage in August 2019. [22]

ABE events stopped in 2020 due to the COVID-19 pandemic. In response, the virtual adaptation of the ABE was developed in partnership with KAIROS and piloted in January 2022. By April 2022, in person and virtual ABEs were hosted across the state again. Aligned with ANTHC's trauma-informed initiatives, in Fall 2022 the Consortium Executive Team approved ANTHC's Employee Orientation Policy that required new hires to attend the ABE as part of onboarding procedures. The ABE was implemented into new hire orientation in January 2023.



1.2.1. ABE Purpose

The justification for the development and implementation of ABE are: "*Reconciliation Through Education and Understanding*". The ABE provides truthful education about the experiences of AN Peoples. The ABE harnesses AN ways of knowing by integrating storytelling and experiential learning into an activity that allows attendees to not only learn facts from history but also experience the death and cultural stripping of AN Peoples since time immemorial. This program seeks to be grounded in healing centered engagement of historical and intergenerational trauma by promoting provider sensitivity, healing for Indigenous Peoples, and reconciliation between Indigenous and non-Indigenous Peoples.[23]

The learning objectives for the ABE are:

1. Gain knowledge and understanding of Alaska Native history, since time immemorial.
2. Build an understanding of the impacts of intergenerational trauma on Alaska Native Peoples.
3. Develop an awareness of and gain an understanding of what attendees can do in their own lives and communities to break cycles of intergenerational trauma.

[22] Alaska Native Tribal Health Consortium (2020). Development of Alaska Blanket Exercise. Internal document.
[23] Alaska Native Tribal Health Consortium (n.d.). Alaska Blanket Exercise. https://www.anthc.org/what-we-do/behavioral-health/alaska-blanket-exercise/

1.3. Program Evaluation

The learning organization evaluation model was utilized to analyze and synthesize quantitative and qualitative data. The learning organization model integrates pragmatic elements focused on the usefulness of results and ways to improve the program and emphasize strengths. A transformative approach was integrated to elucidate on problems surrounding power and address inequalities for the purpose of furthering human rights and social justice, [24] by developing respectful and collaborative relationships that are culturally responsive to the needs of the various stakeholder groups in order to establish conditions conducive to revealing knowledge from different positions.

The goal of this evaluation is to understand the experiences of ABE attendees and to determine if learning objectives of the ABE are being met. The evaluation questions: *Does the ABE effectively increase knowledge, cultural humility and create a healing centered activity?* The goal of the ABE is to increase knowledge about the experiences of Alaska Native Peoples since time immemorial (i.e., the learning objectives listed above), create an environment of healing-centered engagement, and promote cultural humility.

The evaluation question will be answered through mixed methods analysis of post-ABE survey responses. After participating in the ABE, all attendees were invited to complete a survey about their experiences. The survey is 15-items including both Likert and open responses for attendees to share about their experiences; see *Appendix A*. Descriptive statistics from the survey responses and thematic analysis of qualitative open response items were reported on. Questions that guided the qualitative thematic analysis focused on how attendees experienced the ABE, key takeaways, and ways the ABE program can continue to improve.

2. Overview of ABE Program

The following section provides an overview of the ABE program since it started in late 2019 through the end of 2023. The overview will provide the number of events hosted, attendees, location of attendees, and community facilitators. Plus, a description of supportive learning and healing communities open to ABE attendees and facilitators. Finally, the post-survey will be described including the results collected January 2022 to December 2023. Due to the COVID-19 pandemic, ABEs ceased in 2020 and did not begin again until 2022; the virtual adaptation of the ABE began in 2022 and in person ABEs began in April 2022.

2.1 ABE Events

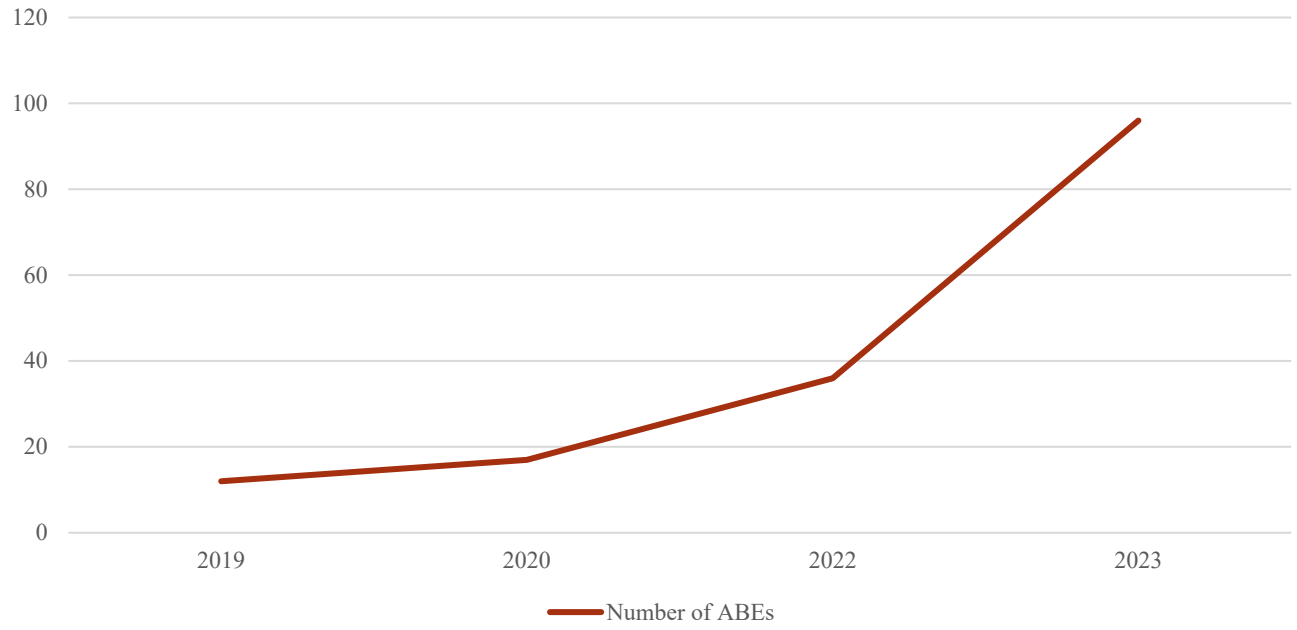
The first ABE was hosted in August 2019. In 2019 there were a total of 11 ABEs and 17 the subsequent year before the COVID-19 pandemic disrupted in person facilitation. From 2022 to 2023, a total of 127 ABEs (i.e., in person and virtual) were facilitated. There were 36 (23.2%) ABEs hosted in 2022, and 91 (58.7%) in 2023. Most ABEs have been conducted in person (62.2%) while about a third (38.80%) were virtual. Figure 1 showcases the increase in the number of ABEs facilitated since 2019; for more detailed numbers see *Appendix B*.

From 2019 to 2023, there was a 700% increase in the number of ABEs conducted.

In the last two years, 2022 to 2023, there was a 152.7% increase in the number of ABEs conducted.

[24] Mertens, D. M., & Wilson, A. T. (2019). Program evaluation theory and practice: A comprehensive guide. Guilford Press.

Figure 1. Yearly Number of ABEs Hosted



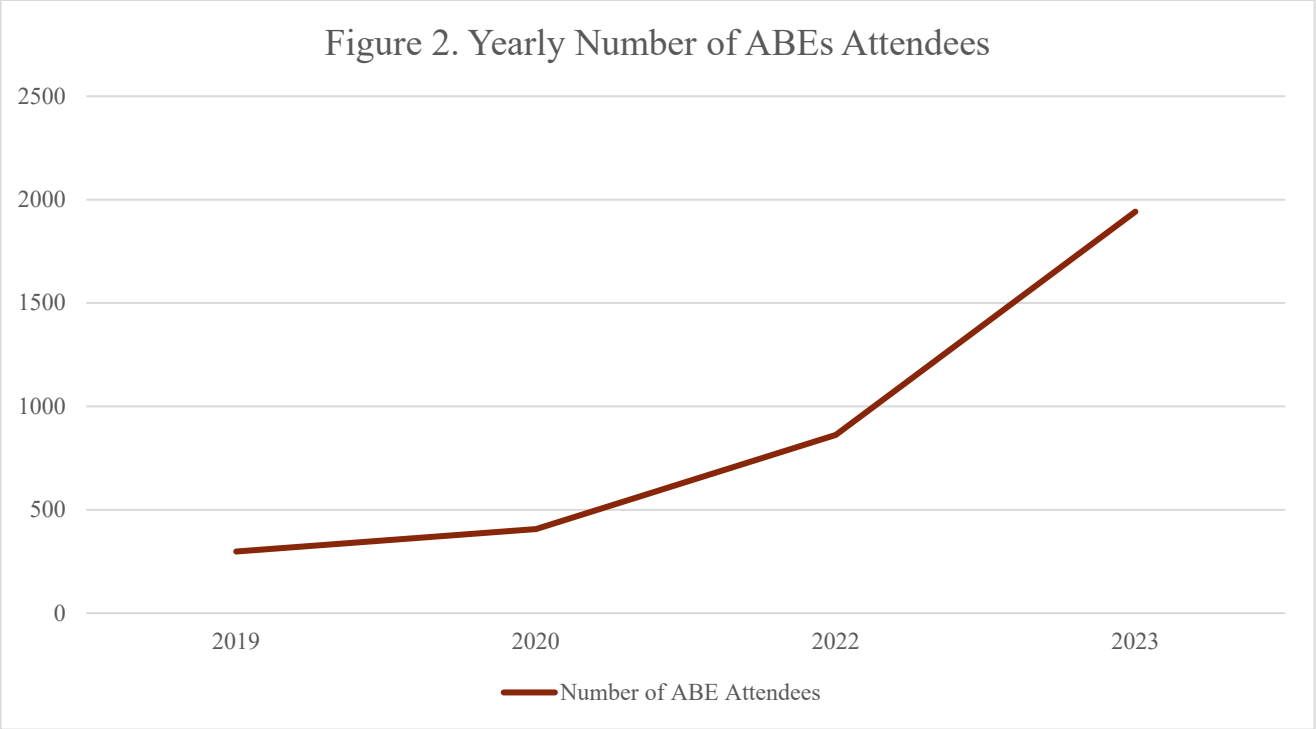
In January 2023, the ABE was integrated into ANTHC new hire orientation and hosted a total of 49 ABEs in 2023 alone which accounted for just under half (44.09%) of all the ABEs hosted that year. Outside of ANTHC new hire orientation, 5.5% of ABEs were hosted within the ANTHC system (i.e., within a specific department). For the past two years, host of ABEs included 15.8% public workshops (i.e., hosted by ANTHC with public registration), 11.8% healthcare organization, 11.0% educational setting (i.e., Alaska Pacific University, etc.), 11.0% social program, and 6.3% conference.

2.2. ABE Attendees

The total number of people that participated in an ABE in 2022 and 2023 is 2,804 people. Most attendees participated in ABEs in-person (67.4%). Table 2 lists the number of ABE attendees over the past two years. This data does include people that may have attended multiple events. About half (49.47%) of ABE attendees were an employee of the Alaska Native Tribal Health Consortium system. Similar to trends seen in the number of ABE's hosted, there was substantial growth from 2019 to 2023 highlighted by figure 2 below; for more detailed numbers see *Appendix C*.

From 2019 to 2023, there was a 552% increase in the number of people who attended the ABE.

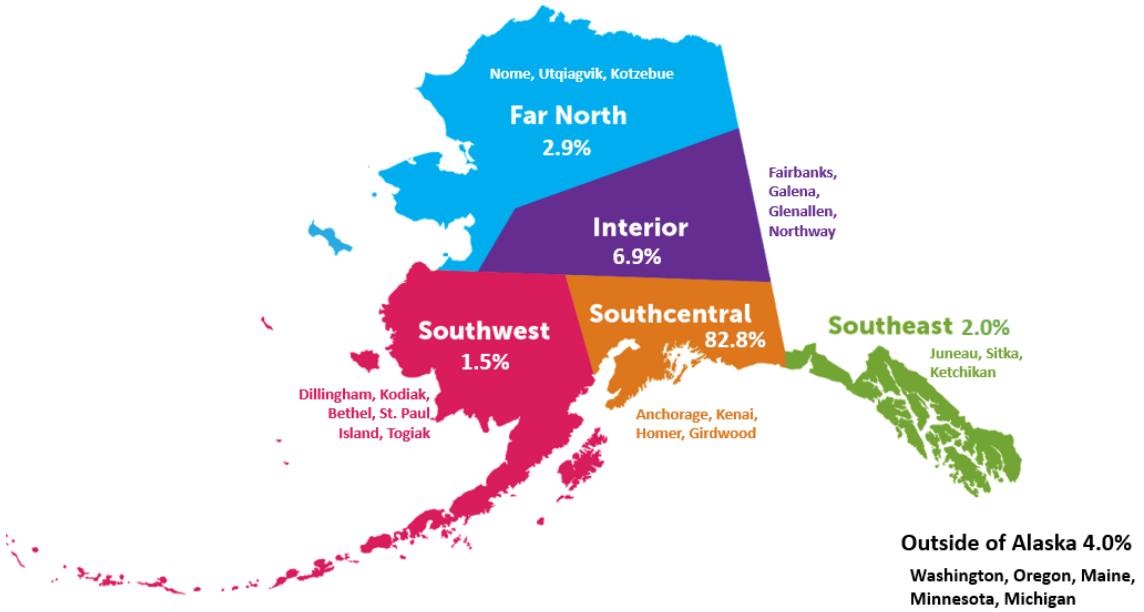
In the last two year, 2022 to 2023, there was a 125.3% increase in the number of ABE attendees.



2.3. Reach Across Alaska

For in person events, the locations are based on where the ABE is hosted. Attendees of virtual ABEs come from across Alaska and even other areas in the United States. The image below outlines the location of ABE attendees across Alaska and beyond.

Image 1. *Percentage of ABE Attendees by Region in Alaska*



The majority of ABE attendees participated in the southcentral region (82.75%). Almost 3% of ABE attendees were in the far north region and 6.92% from the interior region. About 2% of attendees were from the southeast region and the least number of attendees were in the southwest region (1.49%). Finally, 4% of attendees were from outside Alaska. In 2022, we saw less attendees from outside Alaska and more rural attendees. This is likely due to more virtual events in 2022 which reach more rural areas, as well as, in 2023 there were larger scale conference events in Anchorage and the lower-48.

2.4. Engagement of Tribal Health Systems

The ABE aims to serve AN Peoples by focusing on providing the exercise to organizations and attendees within Tribal healthcare systems. Since the start of the program, 103 (66.45%) were hosted by a Tribal Health Organization (THO). Of those, 52.13% were hosted by ANTHC. Furthermore, employees of THO may attend other ABEs, such as public events. Over half (63.87%) of all attendees work for a THO. Similar to all attendees, THO employees attended more in person ABEs than virtual. See Appendix E for more details on THO attendees by type of ABE and year.

Over half of hosted events and attendees are part of a Tribal health organizations.

2.5. Community Facilitators

While ANTHC and the ABE team organize the majority of ABEs, anyone in the community can become a trained ABE facilitator. Becoming a trained facilitator involves a two-part training workshop hosted by the ANTHC ABE team, after which attendees become a part of the facilitator network. Prior to 2022, the were 44 trained facilitators. In 2022, a total of 51 facilitators were trained with 4 training events hosted in the year. In 2023, a total of 102 facilitators were trained with 9 training events hosted that year. For more details, see Appendix F.

The number of ABE facilitators doubled from 2022 to 2023.

2.6. Learning & Healing Community

To support ABE facilitators and community stakeholders, the ABE team started the Learning Community in 2019 and the Healing Community in 2022. These virtual gatherings invite Indigenous scholars and Elders to speak on topics related to Alaska Native culture and cultural healing. The gathering are open to ABE facilitators and previous ABE attendees. The Learning Community occurs monthly aims to continue the learning and sharing about AN history and cultures. Since 2022 20 events have been held and attended by 633 people total. The Healing Community is focused on healing from historical trauma and on the health and wellbeing of Indigenous Peoples. The Healing Community has hosted 13 events in the past two years with 184 attendees. See Appendix F for more details. The Healing Community continues to grow while the Learning Community has established consistent events and number of attendees.

2.7. Post-ABE Survey Completion

After attending an ABE, attendees are invited to complete a survey about their experiences. The post-ABE survey has five Likert scale (i.e., strongly agree to strongly disagree) items and an additional item for

virtual attendees. Appendix A provides the post-ABE survey form. Ranking items are followed by four open responses which ask about key takeaways, and areas for improvement (see the full survey in Appendix A). Since the start of 2022, a third of attendees completed a post-survey to provide feedback about their experiences from the ABE. After attending the Alaska Blanket Exercise, a total of 882 attendees (31.5%) completed an evaluation form; of which 40.9% attendees had attended the virtual ABE and 26.9% attended the in person ABE.

Table 3. *Rates of Post-ABE Survey Completion*

	VIRTUAL	IN PERSON	TOTAL
TOTAL ATTENDEES	913	1,891	2,804
TOTAL SURVEY RESPONSES	373	509	882
PERCENT COMPLETED SURVEY	40.85%	26.92%	**31.46%**

The data presented in the rest of this report was collected from the post-ABE surveys completed by attendees from 2022 to the end of 2023.

3. Increasing Knowledge

One goal of the evaluation is to understand if the ABE is meeting learning objectives to increase knowledge of the history of AN Peoples and awareness of historical and intergenerational trauma. The figure below indicates the percentage of attendees that rated strongly agree and agree to the following statements. For more details, *Appendix G* breaks down ratings by years and type of ABE.

Majority of attendees (97.7%) agreed information from the ABE improved their understanding of the history of Alaska Native Peoples and 97.5% of attendees found the ABE increased their awareness of the impacts of historical and intergenerational trauma of Alaska Native Peoples. A total of 96.2% of attendees agreed the ABE encourages respect between people. For virtual attendees, 92.5% found the technology easy to navigate during the exercise. A majority (95.9%) of attendees rated the quality of the ABE as "very good" or "good" and about 3.2% rated the ABE as acceptable. About half of attendees indicated interest in being involved with the ABE program in the future, including attending other ABEs, telling others about the exercise, and/or becoming a trained facilitator.

Figure 1. *Percentage of Attendees Agreement*

97.7%	97.5%	96.2%	92.5%	96.6%
•Improved understanding of the history of Alaska Native Peoples.	•Increased awareness of the impacts of generational trauma of Alaska Native Peoples.	•Encouraged respect between Peoples.	•Navigating technology during the virtual ABE was easy.	•The quality of the ABE was *good* or *very good*.

On the open response items attendees discussed learning about the history of Alaska Native Peoples through their participation in the ABE. One attendee said they learned: "*I have a better understanding of the historical grief and trauma that affects health and wellness across the state*." The ABE affirmed the history of trauma but also the strength of Alaska Native Peoples: "*Understand how far back and how it effects not just the people who endured it, but all generations. How strong and resilient Alaska Native Peoples are, but that with awareness people were open to understanding and being more accepting of what happened, and work with or work through these experiences together*." One attendee noted even if a person is familiar with the history, the ABE brings home the relation to the present: "*It's easy to forget how recent and how ongoing these impacts to Alaska Native peoples are."* Attendees described the ABE inspired learning more about the content area: "*The exercise only excited my need for more knowledge about the content presented*." The ABE led to learning the atrocities and resilience of Alaska Native Peoples across time but also inspired people new to this information to continue learning more.

The ABE has been conceptualized as Indigenous storytelling; while the history lesson tells the story of Alaska the talking circle brings together storytelling and story listening to promote connection to ABE material and each attendees lived experiences. The ABE invites experiential learning by placing attendees into the role of Alaska Natives while the talking circle invites reflection on the interactive history lesson. One attendee highlighted the power of participation: "*Very thought provoking exercise - enjoyed the interactive nature and audience participation. I think it helps reinforce the message when the audience is involved*." One attendee said it simply: "*Powerful, Profound, and I learned!*" Finally, an attendee highlighted the ABE evokes an emotional response while aiming to end with safety and hope: "*It was a great visual participation activity that helped me feel what the first nations people felt. I felt closed in and angry at how they took over what was not theirs. The talking circle, at the end, helped me to close that feeling with peace*." Overall, the ABE is being experienced as intended. Other extraneous strengths were noted including offering continuing education credits, including pronunciation on scrolls to reduce anxiety, and availability of current resources, like maps and timeline handouts.

4. Experiences of the ABE

Attendees described a number of ways they experienced the ABE. First, attendees describe the ABE as eye opening and moving which promoted empathy towards Alaska Native Peoples. The information presented often inspired action from attendees to learn more, promoted cultural humility and allyship, and inspired reconciliation. Attendees described key elements that make the ABE excellent including the inclusion of Elder or culture bearers, and the creation of safe spaces for reflection. Finally, Indigenous attendees described how the ABE fostered pride in Indigenous identity and culture, and was grounded in elements of cultural healing and strength. The following sections describe these key themes in more detail with descriptive responses related to attendee experiences with the ABE.

4.1. Eye Opening & Moving

Attendees described the Alaska Blanket Exercise as *moving*, in which the experiential history lesson and talking circle elicited strong emotions or a profound impact. Some words attendees used to describe the *moving* experience included powerful, challenging, impactful, emotional, heavy, humbling, and inspirational. In describing the emotional experiences of the ABE, an attendee wrote, "[The ABE was] *read clearly and with emotion. The exercise was beautiful, it touched me deeply."* The strong emotions elicited during the ABE were described by attendees as "uncomfortable" and also "necessary" to fully understand the painful experiences of AN Peoples. This was highlighted by one attendee describing the effectiveness of the ABE: *"This* [ABE] *was incredible and uncomfortable, which was highly necessary to grasp how*

hard the history is." Finally, attendees expressed how they dealt with strong emotions and the value of attending the ABE: "*I absolutely loved the experience. It was difficult material emotionally, but well worth experiencing. As a non-Indigenous person it brought up feelings of shame and guilt, but I believe those are valid feelings for this type of exercise and that it is good to acknowledge them."* Overall, the experiential components of the ABE were effective in helping attendees understand the experiences of AN Peoples in a deep emotional way. Overall, the ABE appears to be meeting the learning objective of engaging attendees in the activity to make personal connections between the material and their own lived experiences.

4.1.1. Empathy

After participating in the ABE, attendees described increased compassion and emotional understanding, which was labeled *empathy.* The experiential history lesson and talking circle helped attendees connect how historical and contemporary traumas impact health outcomes. The increase in knowledge led to increased feelings of understanding and empathy for Alaska Native Peoples: "[The ABE] *increased my awareness of historical trauma which hopefully will lead me to be more patient and understanding when listening to patients. Take the time to listen and hear their stories*." Attendees described how the ABE helped them better understand the deep impacts of violence and trauma Alaska Native Peoples experienced over generations. One attendee highlights the increased compassion and empathy they gained from the exercise, "*I think I'll approach my patients and their families with so much more empathy and softness. After learning more about historical trauma and connecting that to present day passed down disparities in all aspects of life (health, finances, housing, etc.) - it's easier to have compassion for Alaska Native people, and really all people in general."* In another example of empathy, a provider attendee expressed how the ABE helped them better understand the anger that they have experienced from some customer-owners sharing, *"Realize anger at me might not be from something I have done, but rather my ancestors as I am white and not Native Alaskan. To take a minute if faced with anger or judgement."* The ABE increased empathy and compassion for AN Peoples.

4.2. Inspired Action

Inspired action is another theme that emerged in the analysis. *Inspired action* refers to attendees' inspirations to continue learning about the history of Alaska and their intentions to apply what they learned from the ABE to empower AN Peoples. One attendee highlighted the ABE provided learning and empathy but was not the end: "*This is one of the most powerful cultural exercises I've ever gone through in a work setting. I am very humbled for the opportunity. The structure of this exercise was designed in a way that allowed attendees to learn, feel and navigate the true history of these lands. Empathy is definitely a start to this long necessary ongoing conversation but should NOT be the end*." The following quote by an attendee highlights the sense of inspiration to learn more about AN history: "*As a result of this exercise, I feel motivated to further my knowledge of the histories of Alaska's Indigenous populations, as well as to strengthen my understanding of Alaska Native cultures in order to be a better educator and person."* Attendees shared about how they would incorporate what they learned in the ABE into their work. For example, an educator shared, *"I will try to be more intentional on keeping the cultural values and traditions in the assignments and activities that I do with students."* The inspiration to learn more and better serve Alaska Native communities was linked to other codes including allyship, cultural humility, improving care delivery, and reconciliation discussed further in the next sections.

4.2.1. Allyship

Allyship refers to attendees' expressed commitment to advocate for the rights and increased wellbeing of AN Peoples. Allyship was expressed in various ways. Attendees highlighted how the ABE provided information they needed to champion Alaska Native rights at a systems level. One attendee stated, "*Having a better understanding of the repetitive nature of major events impacting generational trauma for Alaskan Natives has given me tools and talking points to be able to talk and advocate for equality and sensitivity to federal, state, and community partners."* Another attendee described how they would advocate for AN rights in their work, *"I feel like I have better knowledge and facts to share with others about Alaska Native history and the sources of the historical trauma. I will readily share this information. I also plan to honor Katie John Day and Elizabeth Peratrovich Day as part of our work team celebrations."* While allyship shares similar features of *inspired action*, becoming an ally is distinct as it is a step further; a commitment to learn more about the history of AN Peoples and to be an agent of change for the rights and wellbeing of AN Peoples.

4.2.2. Cultural Humility

Traditional healthcare settings have persistent challenges with cultural competency; "*cultural competence* is the ability to collaborate effectively with individuals from different cultures… [which] improves health care experiences and outcomes."[25] Research highlights cultural humility is a critical component of building cultural competency. *Cultural humility* is defined as incorporating "a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations."[26] Cultural humility helps alleviate health disparities[27], improve health care outcomes[28], and makes for better providers who are partners with the people they serve rather than directors of their care. Cultural competency and humility are two separate, intricately tied together concepts associated with improved outcomes.[29,30]

Attendees of the ABE have stated that participation in the ABE inspires action and empathy of Alaska Native Peoples. One attendee said that the ABE has inspired them: "*[I will] continue to explore details of people's experiences of historical or inter-generational trauma. [And] encourage more organizations to hold ABE's and increase non-Native people's ability to tolerate the discomfort.*" Not only does the ABE provide education on the history of colonization of Alaska, but the attendee highlighted how participation inspired them to consider relevant cultural experiences in their own work and organization. For one attendee the ABE has inspired cultural competency and humility for one direct care provider: "*I will always remember that there is a history between Alaska Native people and colonizers which continues to affect relationships today. As a white woman about to care for Alaska Native people, I understand that I need to remember history and cultural differences in my care to ensure that they feel safe, comfortable, and included in their own health*." In the healthcare setting, cultural humility involves educating self in the

[25] Nair, L. & Adetayo, O.A. (2019). Cultural competence and ethnic diversity in healthcare. Plastic and Reconstructive Surgery Global Open, 7(5), 2219. https://doi.org/10.1097/GOX.0000000000002219
[26] Great Valley Publishing Company, Inc. (n.d.). Cultural humility and empathy: Steps on the journey of cultural competence. Cultural Humility and Empathy - Steps on the Journey of Cultural Competence. Social Work Today Magazine. https://www.socialworktoday.com/news/pp_031519.shtml
[27] Nair, L. & Adetayo, O.A. (2019). Cultural competence and ethnic diversity in healthcare. Plastic and Reconstructive Surgery Global Open, 7(5), 2219. https://doi.org/10.1097/GOX.0000000000002219
[28] Betancourt, J.R. & Green, A.R. (2010). Commentary: Linking cultural competence training to improved health outcomes: perspectives from the field. Academic Medicine, 85(4), 583-5. https://doi.org/10.1097/ACM.0b013e3181d2b2f3
[6]Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. Journal of health care for the poor and underserved, 9(2), 117–125. https://doi.org/10.1353/hpu.2010.0233
[29] Abe, J. (2020). Beyond cultural competence, toward social transformation: Liberation psychologies and the practice of cultural humility. Journal of Social Work Education, 56(4), 696-707. https://doi.org/10.1080/10437797.2019.1661911
[30] Great Valley Publishing Company, Inc. (n.d.). Cultural humility and empathy: Steps on the journey of cultural competence. Cultural Humility and Empathy - Steps on the Journey of Cultural Competence. Social Work Today Magazine. https://www.socialworktoday.com/news/pp_031519.shtml

cultures of the people you serve, laying aside preconceived notions, and reflecting on how your own culture and culture of the people you serve impacts care delivery. This is a lifelong commitment to humility and empathy in the service of AN Peoples.

4.2.3. Improving Care Delivery

In the spirit of inspired action and cultural humility, attendees involved in direct care delivery described how they were inspired to improve cultural sensitivity in the services they provide and traditional ways of healing, which we refer to as *improving care delivery.* The following quote describes a provider's plan to promote cultural connection and healing within their work: "*I will integrate more cultural healing into my professional interventions and find more events and activities clients could engage in. Seeing a participant engage so deeply with the healing video, dancing along, and sharing additional cultural knowledge was incredibly moving. That same woman gifted us an uplifting song at the end of the exercise, which really helped me truly understand the power of cultural practices and connection."* In short, the ABE inspired attendees to identify ways they could apply the historical and cultural knowledge gained from the ABE to improve how they provide care for the people they serve.

4.2.4. Reconciliation

Reconciliation is a theme that emerged in which attendees acknowledged the painful history of colonization and expressed intentions to develop positive relationships between Indigenous and non-Indigenous Peoples. Attendees who identified as Alaska Native shared how the ABE effectively and accurately told the true history of AN Peoples: "*I think the exercise is very well put together and being Alaska Native I think that you really hit on what hurts and what happened and the results of that trauma in today's environment.*" Hearing the history of AN Peoples through the ABE inspired non-Alaska Native attendees to meaningfully acknowledge the painful experiences of AN Peoples, express the desire to redress past wrongs, and build positive relationships with Indigenous communities. One attendee stated, "*I was unaware as a white person how far back the cultural genocide went. I think it's important for me to encourage cultural connection and other protective factors for Indigenous people that I work with and it is important for me to acknowledge the historical trauma that colonization has caused within the individuals I serve."* In summary, the ABE promoted reconciliation by being a true voice of the painful experiences of AN Peoples as well as creating opportunities for non-Indigenous Peoples to learn, acknowledge, and seek ways to address wrongs and build positive relationships.

Further, the ABE attendees highlighted how they will take reconciliation into communities. One attendee highlighted the role of the ABE in promoting awareness which is key in reconciliation: *"I am going to be more understanding that grief carries through generations. This helps with contextualizing why problems keep happening to Native community members."* This knowledge will promote deeper relationships: *"Deeper appreciation of the impacts of colonialism and oppression as I build relationships with Alaska Native communities and individuals."* Community reconciliation involves sharing the history but also the cultural strength and healing to ultimately lead to systemic change across Alaska to serve Indigenous communities.

4.2.5.1. Creation of Safe Reflective Spaces

Creation of safe reflective spaces start during the history lesson, but are especially important to inviting reflection in the talking circle. The talking circles were described as critical for exploring the material in a safe space: "*I appreciated the talking circles, as they provided the opportunity for honest, heart-felt sharing about each attendee's unique experience with the training in a safe setting.*" The talking circle was

described as fostering a sense of triumph: "*Ending the exercise with triumphs and the current work of the people was great. It left me feeling hopeful for the future of the Native people, and proud that I get to play a part in it. The talking circle at the end might be the very best part because it allowed us to release some of the intense emotional energy and connect with the other attendees.*" Finally, attendees noted the experience highlighted the importance of Indigenous culture and aim to integrate the knowledge in their work: "*[I will] continue my learning to be culturally sensitive and aware when interacting with families and training staff on their approach to supporting families."* The talking circle promoted safety and reflection while emphasizing key take home messages of reconciliation.

In summary, the ABE was quite effective in inspiring attendees to apply what they learned in their lives. For some, the ABE inspired them to continue learning more about AN Peoples and histories. Others expressed specific ways of applying the ABE in their work to improve care for patients. Some expressed reconciliation and building positive relationships between AN Peoples and non-Indigenous Peoples. And finally, the ABE inspired allyship as attendees described their commitments to champion the rights and wellbeing for AN Peoples within their own communities and workplaces.

4.3. Indigenous Identity and Cultural Pride

Cultural connectedness and pride are associated with positive wellbeing and mental health[31] and enhances collective self-esteem.[32] Pride in Indigenous culture has been found to be protective from negative mental health effects of stressors, historical trauma, racism, and discrimination. [33] Alaska Native attendees highlighted how the ABE promotes healing but also pride in Indigenous identity. For one attendee, it opened their eyes to the history of their own people: "*I'll be more sensitive to my Elders that went through it and more understanding*." One attendee highlighted how the ABE inspired action to further connect with their culture: "*I think I will work on reclaiming my culture that was not passed down to me from my parents and grandparents*." Similarly, another attendee shared: "*I am more determined to strengthen our cultural activities & have no shame in defending Our population*." Another attendee was inspired to honor her heritage: "*I am more open to others' experiences and am more aware of how culture impacts one's life. As an Alaska Native woman, I am inspired to honor our past while encouraging healing and growth in the present*." Attendees described how the ABE inspired pride in their own culture and Indigenous identity.

4.3.1. Cultural Healing & Strength

One attendee advocated the ABE be part of community healing: "*I also wondered if this could be offered back in villages and communities that are struggling to re-establish their traditions, after the devastation of outsiders coming in and destroying the Alaska Native way of life. Have the [Alaska] Blanket Exercise that offers the opportunity for the devastation of the past to be spoken of aloud, followed by reminders of what past generations have relied upon to survive the worst of times*." Attendees acknowledged the history of atrocities within cultural strengths was critical: "*This was an excellent activity to highlight how Alaska Native traditions and way of life was completely disrupted and destroyed and how these root causes directly relate to what Alaska Native People experience today… And there are a lot of strengths and traditions that are important for healing and for living in a particular region of Alaska… these things have helped generations of Alaska Native People to thrive despite attempts to destroy the culture*." The

[31] Gray, A.P., Cote, W. (2019) Cultural connectedness protects mental health against the effects of historical trauma among Anishinabe young adults. In the Health of Indigenous People. *Special Issue, 176,* 77-81

[32] Woods, T., Zuniga, R., & David, E.J. (2011). A preliminary report on the relationships between collective self-esteem, historical trauma, and mental health among Alaska Native Peoples. *Journal of Indigenous Research, 1*(22), 4.

[33] Woods, T., Zuniga, R., & David, E.J. (2011). A preliminary report on the relationships between collective self-esteem, historical trauma, and mental health among Alaska Native Peoples. *Journal of Indigenous Research, 1*(22), 4.

integration of cultural sharing creates an atmosphere of healing for Indigenous attendees through honoring Indigenous resilience and history of atrocities and oppression.

4.3. Excellent Facilitation

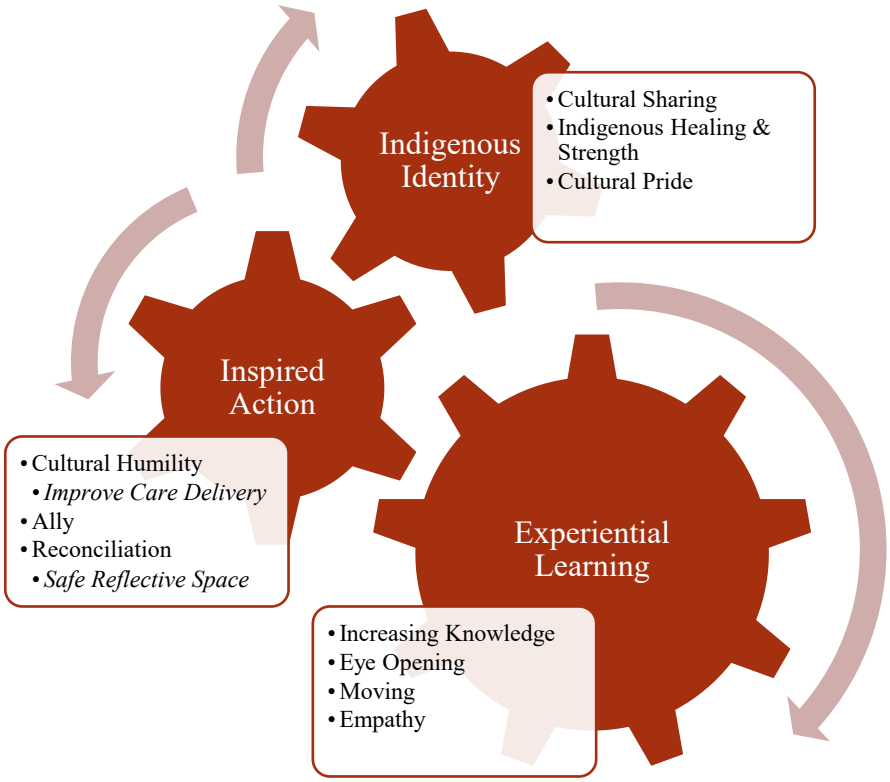
Many responses noted the excellence of the facilitation of the ABE. First, "*The facilitators were excellent. I am sure this is a difficult program to participate in, given the emotions, but they were able to create a space that felt safe and where it felt easy to be an active attendee. Thank you for the opportunity to be a part of this experience*." Facilitators are critical in how people experience the ABE, as well as the preparations and creation of safe spaces. Similarly, an attendee commended: "*The organizers were well prepared, were very respectful of Alaska Native People's history, and considerate of the group's experiences, no matter each individual's background*." The virtual adaptation was praised: "*The virtual Alaska Blanket Exercise has clearly been developed with thought, care and respect. The information shared today was not new for me, but the participatory history lesson resonated in new and deeper ways. I am incredibly grateful to have been invited. The breathing exercise was well timed to help self-manage emotions. The joy in the final blessing dance was palpable. Thank you for leaving the exercise in a place of healing and hope*." Taken together, the ABE is facilitated in a way that promotes healing centered engagement[34] tenants of compassion, curiosity, ceremony, connection, and community.

4.3.1. Inclusion of Elders

Attendees noted the importance of Elder or culture bearer inclusion in the ABE. Attendees noted hearing the lived experience of Elders improves on the ABE: "*The learning circles were good. It would be good to hear some stories about how other people experienced the events you discussed*." One attendee stated: "*I loved the stories and song shared by the Elder. It would be nice if you could ensure an elder is always present, especially one that is willing to share their story. Having people present that are willing to share their personal stories is impactful*." Elders were noted as critical for inclusion in the talking circle: "*I think the de-brief was a critical part of the exercise. I loved having [name of an Elder] with us in our group. It was very healing to hear from an Elder how she experienced the training and works through the meaning of it, as well as her self-care practices*." Finally, Elders speak to the connection of history to the present: "*Having an Elder… tell his story… Connecting cause & effect to today's problem. Some folks don't understand that control issues often stem from being raised in an alcoholic family where children didn't know when or where their next meal was coming from*." The stories shared by Elders bring history to life and promote a space of safe listening and understanding.

These themes are interconnected. The experiential learning not only increases knowledge but opens eyes to how recent Alaska Native history occurred and promotes an emotional connection to the material. It allows attendees to make connections between professional and personal experiences to promote empathy towards Alaska Native Peoples. Learning is interconnected with inspiring action after the ABE to learn more, inspire allyship and cultural humility. Together these promote reconciliation and improve care delivery. Specifically, among Indigenous attendees, the ABE was described as a way of sharing cultural strength, to continue the journey of healing among Indigenous communities, and fostering a sense of pride in Indigenous identity and culture.

[34] Ginwright, S. (2018, May). "The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement." https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c



The experiential learning brings history to life making it real to inspire action among non-Indigenous Peoples to value culture and promote reconciliation with Indigenous Peoples who experience the ABE as a ways of sharing culture and strengths while fostering healing and pride in Indigenous identity.

5. Continued Growth

The ABE team is always looking for ways to improve while maintaining the integrity of the activity through the guidance of team leads and the ABE Steering Committee. Attendees outlined three key areas for improvement within the ABE. The following sections outline attendee recommendations for improving accommodations of the ABE, clarity during the ABE, attendee expectations and preparations, and requested resources.

5.1. Expectations & Preparation

Expectations refer to attendee's assumptions or belief about what the ABE will consist of and entail. Attendees noted certain aspects that they have wished to have more information about before attending an ABE. Specifically, attendees requested having more information on what would be expected of them during the ABE. As one attendee claimed; "*I attempted to click on the website to get a general idea on what it was pre-exercise & I wasn't able to find much information*." Responses from the virtual also reflected the same desire for knowing more about the ABE beforehand: "*I would have liked to know what the ABE was beforehand. It was only listed by title on the agenda*." Another common theme was the desire for a warning for the emotional aspects of the ABE that are brought up. One attendee stated: "*I think it was great. Just a cautionary warning in the invite or acceptance registration that these topics can be very emotional. Maybe that was mentioned, I'm also not sure if it was shared that it can and will be heavy*." Virtual attendees also highlighted that they were unprepared for the emotional weight of the ABE

"*I didn't understand the full weight of the presentation and how heavy it was. Having some knowledge of what to expect in that regard, ahead of time would be helpful*." One attendee recommended providing an overview of the workshop for improved clarity: *"It was an amazing exercise! I think it would help prepare people new to the exercise to provide a quick overview of its purpose and that you won't be required to share anything deeply personal with people you don't know*." Specific to the virtual ABE, attendees expressed that they were unaware of the supplies they needed on hand and requested advance warning beforehand. Similarly, in person attendees highlighted the need to clarify types of artifacts people are requested to bring (i.e., from attendees own culture, does not have to be Indigenous), and that taking off shoes is optional but will be asked. Attendees highlighted common themes in both iterations of the ABE that there was a desire for more information about what the ABE was prior to attending, materials needed, and expectations of sharing thoughts to other attendees.

5.2.1. Accessibility

Relating to preparations prior to an ABE, attendees highlighted common themes of ways to make the ABE more accessible for attendees. Attendees frequently commented on the need for facilitators to speak louder as it was difficult to hear especially with larger groups or larger locations. One attendee requested that: "*If there would have been a printout of what was read because it was hard to hear the reader. My friend with hearing aids heard very little*." The request for the use of microphones, a copy of the script, or for facilitators to speak louder was commonly given to make the ABE more accessible. Attendees also commented on wishing to know prior to attending the ABE about the physical aspects. One attendee wrote that they wish they knew: "*How long we might need to stand. That was difficult for me due to recent surgery*." Another wrote that they wished they would have known: "*There would be some standing for periods of time during the exercise for older adults*." Accessibility themes highlighted by attendees was the need to address auditory and physical limitations.

5.2.2. Technology Difficulties

Another area in which attendees voiced areas for improvement was specific to the virtual ABE. There were many requests from attendees for guidance around the virtual backgrounds that are used. One attendee requested: "*Specific guidance (step by step) on how to upload the virtual backgrounds into Zoom...*" Another attendee requested that: "*During background changes, listing into chat box the names AND name of background is very helpful. Towards the end, I believe that became apparent and was appreciative*." Lastly attendees voiced a request for more clarity on which images that they should use before attending the ABE: "*A little more clarity on which image backgrounds we are to start with, and which ones are visual aides to later be used (I was a bit confused at the start)*." Themes highlighted by ABE attendees included the desire for more information on technology support, and organization to be adequately prepare before attending an ABE.

5.2. Improving Clarity

At times attendees found that aspects of the ABE itself were confusing or needed clarity. Some found the movement of the ABE itself confusing and suggested: *"It wasn't super clear if we should be moving around or not. If we are, maybe some music or drumming during the time we should be moving and then silence when we are listening to the narration*." Another suggested that there could be more information given about the cultural items: *"The importance of the cultural items could be clearer, perhaps with laminated tags that describe the objects, the people group they come from, and their use/significance*." Lastly, regarding the talking circle an attendee commented: *"The actual exercise was powerful, but the*

before and after could be improved: I wish we would have spent time building trust and meeting other participants before the exercise began - simply going around and sharing names and what brought us to the exercise would have helped me feel more comfortable." Several attendees also commented that they had not realized that the talking circle was a continuation of the ABE: "*I also thought the program was over after the exercise and all the information about the survey was shared - when in fact there was a part 2 with talking circles. The structure of the entire program could have been more clearly outlined at the beginning and information about the survey saved until the very end."* Themes highlighted by attendees included clarity on instruction, cultural items, and the talking circle.

5.3. Requested Resources

Attendees continuously requested more information or suggested resources that would be beneficial to share. Attendees frequently commented on the desire to have a resource that included a reading list or resource list that was given to attendees: *"Having suggested reading or learning materials to follow the exercise if participants would like to learn more."* Similarly, another attendee stated: *"Links to some of the resources would be neat such as the dance videos and information on how to connect or participate in different cultural events if people want more information about the Alaskan Native people and history."* While the ABE program has some resources on the website, the website will be more clearly linked in future materials and will continue to increase a variety of resources available there.

Moving Forward: Program & Evaluation

The ABE program continues to grow as the number of events and attendees increase overtime. The program continues to focus on reaching Tribal communities and rural areas. Feedback continues to be overwhelmingly positive. Attendees reported the ABE increased their knowledge of AN history and generational trauma, supporting learning objectives are being met. Attendees experience the ABE as eye opening and moving which foster empathy and inspire action. Attendees have described how what they learning from the ABE will be used in allyship and reconciliation, promoting cultural sensitivity and humility to improve care delivery among provider attendees. Among Indigenous attendees, the ABE creates an atmosphere of healing for Indigenous attendees through honoring Indigenous resilience and history of atrocities and oppression while fostering pride in cultural identity. The inclusion of Elders and creation of safe reflective spaces were crucial to the excellence of the ABE program. The ABE is rooted in serving Alaska Native communities by promoting reconciliation, healing, inspired action and systemic change with one attendee at a time. The ABE serves as professional development, community advocacy, cultural sharing and overall serves AN Peoples.

Currently, the ABE team has taken steps to address the areas for growth that attendees have illustrated above. Ongoing edits to the ABE script will bring awareness to facilitators and attendees to ensure people can hear and are aware that there will be standing elements and for each attendee to honor their bodies needs if they need to sit down or move to hear the facilitators. A few edits have been made for outreach materials and labeling of zoom backgrounds in the hopes of clarifying virtual elements for attendees. Finally, a resource list will be added to the ABE website with more resources for attendees and the general public with resources across various AN Peoples and cultures. Further, the ABE team continues to invite previous attendees to the learning and healing communities which provide additional opportunities to learn from Indigenous scholars and Elders on topics related to Alaska Native culture and cultural healing.

In regards to continued evaluation of the ABE program, efforts are being made to move towards a two-eyed seeing approach. This approach was developed from integrative science co-learning journey by Mi'kmaw

Elder Albert Marshall and Rebecca Thomas. Two-Eyed Seeing approaches are done with the mindset of learning to use both eyes together *"to learn to see from your one eye with the best or the strengths in the Indigenous knowledges and ways of knowing … and learn to see from your other eye with the best or the strengths in the mainstream (Western or Eurocentric} knowledges and ways of knowing… but most importantly, learn to see with both these eyes together, for the benefit of all."* (Mi'kmaw Elders Albert and Murdena Marshall)[35]. In 2024, the learning and healing community will implement a post-survey to better understand topics where attendees learn the most and what topics may be missing. Similarly, ANTHC employees who participated in an ABE as part of new hire orientation in 2023 will be invited to talking circles to better understand how people experience the ABE and impact the organization. New hire evaluation will expand to include a more comprehensive pre- and post-survey to understand changes that attendees experience as a result of the ABE. While the evaluation of community organized ABEs will continue with a similar post-survey, this expansion will allow for a better understanding of the ABE while utilizing both Western and Indigenous ways of knowing.

Chin'an, Quyanna, Gunalchéesh, Thank you

Thank you to the continued efforts of ABE program stakeholders, especially community facilitators and attendees that make this program possible. We are especially grateful to grow as Indigenous Peoples and allies of the Indigenous community on Dena'ina land, to continue to grow the ABE for the community and future generations of Alaska Native Peoples and allies.

[35] Holschuh, R. (2020, December 16). *ETUAPTMUMK: Two-eyed seeing with Rebecca Thomas*. Atowi. https://www.atowi.org/press/etuaptmumk-two-eyed-seeing-with-rebecca-thomas

Appendices

Appendix A: Post-ABE Survey

Note. This is the evaluation survey used by the ANTHC ABE team to collect the data described in this report. Attendees are invited to complete the survey after participating in an ABE.

1. Please enter the date you participated in the Alaska Blanket Exercise. [Enter Date]
2. **[In person only]** Where did you participate in the Alaska Blanket Exercise? [Enter City/Village and Host Organization]
3. Are you an employee of the Alaska Native Tribal Health Consortium (ANTHC) or the Alaska Native Medical Center (ANMC)? (Yes/No)

Likert Scale Items 4-7 (strongly agree to strongly disagree)

4. Information from the Alaska Blanket Exercise improved my understanding of the history of Alaska Native people.
5. The Alaska Blanket Exercise increased my awareness of the impacts of historical and intergenerational trauma of Alaska Native people.
6. The Alaska Blanket Exercise encourages respect between people.
7. **[Virtual Only]** It was easy to navigate the technology throughout the Alaska Blanket Exercise.
8. Overall, how would you rate the quality of the Alaska Blanket Exercise? [4-Point-Likert Scale: Very Good, Good, Acceptable, Poor]

Open-Ended Items

9. Was there any information that would have been helpful to know before the exercise?
10. Based on your experience from the Alaska Blanket Exercise, what changes might you make in your work or in your personal life?
11. Do you have any suggestions for improving the Alaska Blanket Exercise?
12. Please share any other feedback you would like to provide.
13. Are you interested in being involved in future ABEs?
14. How would you like to be involved in future ABEs?
15. If interested in being contacted for future involvement, please provide your contact information.

Appendix B: Number of ABEs Facilitated each Year by Type of ABE (i.e., virtual, in person)

% (N)	**2019**	**2020**	**2022**	**2023**	**Total**
IN PERSON	10.28% (11)	15.89% (17)	19.63% (21)	54.21% (58)	**69.03% (107)**
VIRTUAL	0.00% (0)	0.00% (0)	31.25% (15)	68.75% (33)	**30.97% (48)**
TOTAL ABEs HOSTED	**7.10% (11)**	**10.97% (17)**	**23.23% (36)**	**58.71% (91)**	**100.0% (155)**

Note. The data show cases the percentage for each year by type of ABE and the number of ABE events hosted per year in parenthesis. The virtual adaptation of ABE was developed in 2021, and therefore were no virtual events prior to that year.

Appendix C: Number of ABE Attendees each Year by Type of ABE (i.e., virtual, in person)

% (N)	**2019**	**2020**	**2022**	**2023**	**Total**
IN PERSON	10.58% (298)	16.35% (406)	20.19% (511)	52.88% (1,380)	**84.35% (2,595)**
VIRTUAL	0.00% (0)	0.00% (0)	31.25% (351)	68.75% (562)	**26.03% (913)**
TOTAL ATTENDEES	**7.24% (298)**	**11.18% (406)**	**23.68% (862)**	**57.89% (1,948)**	**100.0% (3,508)**

Note. The data show cases the percentage for each year by type of ABE and the number of ABE events hosted per year in parenthesis. The virtual adaptation of ABE was developed in 2021, and therefore were no virtual attendees prior to that year.

Appendix D: Number of Attendees from Each Region by Type of ABE

Region	Type of ABE	% (N)
Southcentral	Total	**82.75% (2,892)**
	In Person	72.93% (2,109)
	Virtual	27.07% (783)
Southeast	Total	**1.95% (68)**
	In Person	88.24% (80)
	Virtual	11.76% (8)
Interior	Total	**6.92% (242)**
	In Person	95.45% (231)
	Virtual	4.55% (11)
Southwest	Total	**1.49% (52)**
	In Person	61.54% (32)
	Virtual	38.46% (20)
Far North	Total	**2.89% (101)**
	In Person	82.18% (83)
	Virtual	17.82% (18)
Outside Alaska	Total	**4.01% (140)**
	In Person	57.14% (80)
	Virtual	42.86% (60)

Appendix E: Number of Attendees Employed a Tribal Health Organization (THO) by Years and Type of ABE

% (N)	2019	2020	2022	2023
THO ATTENDEES				
IN PERSON	12.67% (179)	13.73% (194)	15.57% (220)	58.03% (820)
VIRTUAL	0.00% (0)	0.00% (0)	22.73% (140)	77.27% (476)

Appendix F: Number of Events and Attendees by Type of Event: Learning Community, Healing Community, and Facilitator Training

	2022	2023	2022	2023
	Events (% (N))		*Attendees (% (N))*	
LEARNING COMMUNITY	50.00% (10)	50.00% (10)	48.18% (305)	51.82% (328)
HEALING COMMUNITY	38.46% (5)	61.54% (8)	40.76% (75)	59.24% (109)
FACILITATOR TRAINING	30.77% (4)	69.23% (9)	33.33% (51)	66.67% (102)
TOTAL	**41.30% (19)**	**58.70% (27)**	**44.43% (431)**	**55.57%(539)**

Appendix G: Post-ABE Survey Ratings by Year

% (N)	VIRTUAL		IN PERSON		TOTAL	
	2022	**2023**	**2022**	**2023**	**2022**	**2023**
The ABE improved my understanding of the history of Alaska Native people.	98.5% (131)	96.7% (231)	94.9% (74)	98.6% (424)	97.2% (205)	97.9% (655)
The ABE increased my awareness of the impacts of historical and intergenerational trauma of Alaska Native Peoples.	97.7% (130)	95.4% (228)	96.2% (75)	98.8% (425)	97.2% (205)	97.6% (653)
The ABE encourages respect between peoples.	94.0 % (125)	96.2% (230)	92.3% (72)	97.7% (419)	93.4% (197)	97.2% (649)
It was easy to navigate the technology throughout the virtual ABE.	91.0% (121)	94.2% (262)				

Note. ABE = Alaska Blanket Exercise. Percentage of attendees who rated the item agree or strongly agree. Data presented as % (number).