The Way Forward for ACF Research with American Indians and Alaskan Natives
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Designing and Scaling Interventions with and across Cultures: Communities That Care (CTC)

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www.sdrg.org  www.iwri.org
Objectives

- Why should we care about prevention?
- Describe development of Communities that Care (CTC), an ongoing collaboration between the SDRG and Communities
- Describe collaborative processes between IWRI, SDRG and 2 AI communities to adapt this framework in Indian Country.
Due to the success of concerted worldwide efforts to address infectious disease, there has been a shift in the leading causes of mortality from infectious to non-communicable diseases and conditions.

Behavioral health problems are implicated in this shift (motor vehicle fatalities, violence, mental health, and risky sex, alcohol, tobacco, and other drugs).
# Leading Causes of Mortality 15-24 Year Olds

(2011, U.S.)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>1  Motor Vehicle Crashes</td>
<td>15.9</td>
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<tr>
<td>2  Accidents</td>
<td>11.5</td>
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<tr>
<td>3  Intentional self harm (suicide)</td>
<td>10.7</td>
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<tr>
<td>4  Assault (homicide)</td>
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<tr>
<td>5  Malignant neoplasms</td>
<td>3.7</td>
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<tr>
<td>6  Diseases of heart</td>
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<td>7  Congenital malformations, deformations and abnormalities</td>
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<tr>
<td>8  Influenza and pneumonia</td>
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<tr>
<td>9  Cerebrovascular diseases</td>
<td>0.4</td>
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<tr>
<td>10 Pregnancy, childbirth and the puerperium</td>
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<tr>
<td>-- All other causes (Residual)</td>
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48.8/100,000 or 72% of all deaths

Leading Causes of Mortality 15-24 Year Olds, AI/AN (2010, U.S.)

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<thead>
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<tr>
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<td>3.2</td>
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<tr>
<td>6. Alcohol-related overdose and disease</td>
<td>2.6</td>
</tr>
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</tr>
<tr>
<td>All other causes (Residual)</td>
<td>66.8/100,000 or 82.6% of all deaths</td>
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</table>
Prevention is Critical for Health and Well-being

- Behavior problems cause harm in adolescence
- Behavior problems established in adolescence cause harm into adulthood
- Preventing these behavior problems during adolescence can reduce mortality and morbidity over the life course
Number Exposed to 10 or more Risk Factors
Foster Care and Juvenile Justice v. General Population: Medium Sized City

6th, 8th, 10th, 12th grade youth
Total N surveyed = 4842

- Never FC or JJ, Low risk, 2918
- Never FC or JJ, High risk, 1582
- Ever FC or JJ, High risk, 242
- Ever FC or JJ, Low risk, 100

FC = Foster care
JJ = Juvenile justice
87% of Youth Exposed to 10 or more Risk Factors are not in Foster Care or Juvenile Justice

- Never in FC or JJ, High risk, 1582
- Ever in FC or JJ, High risk, 242
- Never in FC or JJ, Low risk, 2918
- Ever in FC or JJ, Low risk, 100
Without Effective Prevention, the Dam May Break: Need to Reduce the Size of the Reservoir

87% 10 or more RFs

13% 10 or more RFs
40 Years of Prevention Science Research Advances

**Etiology/Epidemiology of Problem Behaviors**
- Identify risk and protective factors that predict multiple problem behaviors and describe their distribution in populations.

**Efficacy Trials**
- Design and test preventive interventions to interrupt causal processes that lead to youth problems.

O’Connel, Boat & Warner, 2009
Despite this Progress...

- Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be efficacious. (Ringwalt, Vincus et al., 2009)
- Few of the efficacious approaches have been developed and/or tested with AI/AN populations
The Challenge that Led us to Develop Communities that Care (CTC)

- How can we build prevention infrastructure to increase use of tested and effective prevention policies and programs with fidelity and impact at scale…

while recognizing that communities are different from one another and need to decide locally what policies and programs they use?
CTC Was Developed to Build Community Capacity to Use the Prevention Science to Prevent Youth Problems

Define the Problem

Identify Risk and Protective Factors

Interventions

Program Implementation and Evaluation

Public Health Framework
CTC Development

- Concept developed 1987
- First implementation with 25 Washington state communities 1989
- Second with 30 Oregon Communities-1991
- Implementation in most states with OJJDP Title V funding 1994-5
- Implementation in Pennsylvania in most counties over 20 years 1995-present
- International implementation UK, AU, NLD, GER, CYP, SWE, COL
Mixed Method Formative Evaluation

- Conversations, interviews and observations with community members, coalition leaders, key community leaders
- Technical Assistance learnings
- Extensive Changes over 16 years - process, tools, training and TA
- Randomized trial began in 2003
Ethnic Composition of Community Coalitions Attending Training-Title V (OJJDP)

- White: 75.7%
- African-American: 14.3%
- Hispanic: 9.5%
- Native American: 6.7%
- Asian: 3.8%
- Other: 2.3%

Mean: 9.5%
The Communities That Care
Building Community Capacity

Get Started

Implement and Evaluate

Get Organized

Create a Plan

Develop a Profile

• Assess and build Community readiness.
• Identification of key individuals, stakeholders, and organizations.
The Communities That Care
Building Community Capacity

Get Started

• Training key leaders and community coalition in CTC

Get Organized

• Build the capacity of community coalition to lead and evaluate efforts.

Create a Plan

Implement and Evaluate

Develop a Profile

Creating Communities That Care
The Communities That Care
Building Community Capacity

- Get Started
  - Create a Plan
    - Develop a Profile
      - Collect risk/protective factor and outcome data.
      - Construct a community profile from the data.
  - Get Organized
  - Create a Profile
  - Create a Plan
  - Implement and Evaluate
    - Collect risk/protective factor and outcome data.
    - Construct a community profile from the data.
CTC Youth Survey

- Assesses young peoples’ experiences and perspectives.
- Provides valid and reliable measures of risk and protective factors across state, gender, age and racial/ethnic groups. (Arthur et al., 2002; Glaser et al., 2005)
- Identifies levels of risk and protective factors and substance use, crime, violence and depression.
- Provides a foundation for selection of appropriate tested, effective actions.
- Monitors effects of chosen actions by repeating surveys every two years.

The CTC Youth Survey is in the public domain
www.communitiesthatcare.net
Reliabilities of CTC Student Survey by Ethnic Group

Reliability (Cronbach's Alpha)

- White
- African-American
- Native American
- Hispanic
- Asian-American
- Other

Community School Family Peer-Individual

- Community Disorg
- Laws & Norms
- Low Neighb. Attch.
- Perc. Availability
- Tran. & Mobil.
- Comm: Disorg
- Low Sch. Achiev.
- Comm: RCI
- Low Sch. Commit.
- School: OPI
- Low Sch. Commit.
- School: RCI
- Fam. Att. ATOD
- Fam. Att. ASB
- Fam. Hist. ASB
- Fam. Conflict
- Peer ASB
- Poor Fam. Deep.
- Peer Fam. Manag.
- Family: OPI
- Fam. Attach.
- Fam: RCI
- Family: RCI
- Rebelliousness
- Att. Fav. ASB
- Att. Fav. ATOD
- Early Init. ASB
- Peer ASB
- Peer ATOD Use
- Peer Rew. ASB
- Sensation Seeking
- Belief Moral Ord.
- Social Skills
Correlations of Six State Student Survey Risk and Protective Factor Scales by Ethnicity: Marijuana Use (30 Day)
Risk Profiles of Communities May Differ

Risk Profile A

Survey Participation Rate 2002: 79.7%

Percent At Risk

Community | Family | School | Peer-Individual

Risk Profiles of Communities May Differ
Risk Profile B

Percentage of Youth at Risk

Risk Profile B - Percentage of Youth at Risk

- Community
- Family
- School
- Peer-Individual
- Total

Factors:
- Low Neighborhood Attachment
- Community Disorganization
- Laws & Norms Favor Drug Use
- Perceived Availability of Drugs
- Perceived Availability of Handguns
- Poor Family Management
- Family Conflict
- Family History of Antisocial Behavior
- Parent Attitudes Favor Drug Use
- Parent Attitudes Favor ASB
- Low Commitment to School
- Rebelliousness
- Early Initiation of ASB
- Early Initiation of Drug Use
- Attitude Favorable to Drug Use
- Attitude Favorable to ASB
- Perceived Risk of Drug Use
- Interaction with Antisocial Peers
- Friends’ Use of Drugs
- Rewards for ASB
- Depressive Symptoms
- Intention to Use Drugs
- Gang Involvement
- Total

Percentage of Youth at Risk:
- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%
The Communities That Care
Building Community Capacity

Get Started

Creating Communities That Care

Get Organized

Create a Plan

Develop a Profile

- Define outcomes.
- Prioritize risk factors to be targeted.
- Select tested, effective interventions.
- Create action plan.
- Develop evaluation plan.
Risk Profile A

Survey Participation Rate 2002: 79.7%

Percent At Risk

Risk Profile A
Community Family School Peer-Individual

Estimated National Value

- Low Neighborhood Attachment
- Community Disorganization
- Laws and Norms Favorable to Drug Use
- Perceived Availability of Drugs
- Poor Family Management
- Family Conflict
- Parental Attitudes Favorable Towards Drug Use
- Parental Attitudes Favorable to Antisocial Behavior
- Early Initiation of Drug Use
- Early Problem Behavior
- Low Perceived Risks of Drug Use
- Friends' Use of Drugs
- Sensation Seeking
- Overall Risk

Estimated National Value
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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Efficacious Parent Training

- Family Spirit Intervention (Barlow et al., 2006; Walkup et al., 2009)
- Guiding Good Choices (Spoth et al., 1998, Mason et al., 2003)
- Staying Connected with Your Teen (Haggerty et al., 2007)
- Parenting Wisely (Kacir and Gordon, 1997)
- Iowa Strengthening Families Program (Spoth et al, 1998)
- Focus on Families (Catalano et al., 1999; 1997; Haggerty et al., 2008)
- Family Matters (Bauman et al., 2001)
The Communities That Care
Building Community Capacity

Get Started

Get Organized

Create a Plan

Develop a Profile

Implement and Evaluate

- Form task forces.
- Identify and train implementers.
- Sustain collaborative relationships.
- Evaluate processes and outcomes for programs annually.
- Evaluate community outcomes every two years.
- Adjust programming.

Creating Communities That Care
Community Youth Development Study (CYDS): A Test of Communities That Care

24 incorporated towns
~ Matched in pairs within state
~ Randomly assigned to CTC or control condition

5-year implementation phase

3-year follow-up post intervention

Longitudinal panel of students
~ N=4,407- population sample of public schools
~ Surveyed annually starting in grade 5
CYDS Timeline & Outcomes

April '03
Start of Study

Spring ‘06
3 years of CTC
2nd year of programs

Spring ‘07
4 years of CTC
3rd year of programs

Spring ‘08
Completed Year 5 of RCT \ End of CYDS funding and TA

Spring ‘09
No CYDS funding or TA for 1 year

Spring ‘11
No CYDS funding or TA for 3 years

Grade 7
Targeted risk
Delinquency (initiation)

Grade 8
Delinquency (initiation & prevalence)

Grade 10
Targeted risk
Delinquency (initiation & prevalence)
Violence (prevalence)

Grade 12
Delinquency (initiation)
Violence (Initiation)
Alcohol (initiation)
Alcohol (initiation & prevalence)
Background of CTC Exploration in AIAN Communities

- Nora Volkow, NIDA Director, expressed interest in whether Communities That Care, a tested, effective prevention system, could be applied in Indian Country.
- Tessa Evans Campbell and I agree to explore with two tribal communities that we had a history of working with.
- Held a 2 day meeting to assess interest, got commitment to further explore.
- NIDA provided supplemental funding.
NIDA Supplement Explorations

- Culturally relevant changes to CTC survey
- Literature review of EBP’s tested in Indian Country
- Review of the CTC Process and Training – how may the process/training be different in tribal communities?
CTC Survey Explorations

- Existing scales have reliability and validity for American Indian youth.
- Communities identified additional concepts to be investigated for AI specific risk and protection (6th & 8th grade youth):
  - Micro-aggressions
  - Bullying – AI specific
  - Historical trauma/Historical loss
  - AI ethnic identity
  - Engagement in traditional practices
### Illustrative Prevention Programs Rigorously Tested with AIAN Populations

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Health/Behavioral Targets</th>
<th>Citations</th>
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<tbody>
<tr>
<td>Family and Schools Together (FAST)</td>
<td>Academic performance</td>
<td>Kratochwill et al. 2004</td>
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<td>Problem classroom behaviors</td>
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<td>Healthy Foods Hawaii</td>
<td>Healthy Eating</td>
<td>Gittelsohn et al. 2010</td>
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<tr>
<td>Native Facets</td>
<td>Healthy Eating</td>
<td>Schinke et al. 1996, 1999</td>
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<td></td>
<td>Tobacco Use</td>
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<tr>
<td>Parent, School and Community Partnership program</td>
<td>Tobacco, alcohol, marijuana, and inhalant use</td>
<td>Petoskey et al. 1998</td>
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<td>Project Venture</td>
<td>Alcohol and other drug use</td>
<td>Carter et al. 2007</td>
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<td>State-wide Indian Drug Prevention Program</td>
<td>Alcohol, tobacco, and marijuana abuse</td>
<td>Schinke et al. 2000</td>
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<td>Family Spirit Intervention</td>
<td>Infant externalizing and internalizing</td>
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<td>Parenting knowledge</td>
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<td>Maternal involvement</td>
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<td></td>
<td>Maternal substance use</td>
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CTC has 9 Days of Training over 9-12 months, plus TA to Build Community Capacity

1. Key Leader Orientation
2. Community Board Orientation Training
3. Community Assessment Training
4. Community Resource Assessment Training
5. Community Planning Training
6. Community Program Implementation Training
CTC Process Exploration

- Opportunity to conduct CTC training in the context of an AI Drug Free Communities grant

- Issues encountered
  - 1-2 day trainings difficult to schedule
  - Multiple demands on coalition members/community leaders
  - Need for full time project coordinators in each community
  - Prevention capacity needs nurturing
  - Deep interest in exploring preventive effect of cultural practices
New *eCTC* Implementation Support System May Help

Web streamed workshop series:

- Builds local capacity of coalition coordinator to deliver with supportive TA
- Science, motivation, steps provided via brief embedded videos
- Activities ensure knowledge and skill acquisition and localized application
- Training can be delivered in modules of 2-4 hours
Aims of New Project

Further develop tribal specific risk/protective factor measures, focus groups on CTC process, include EBP and develop logic models for culturally specific practices, augment web streamed videos

Test CTC adaptations in 2 tribal communities we have been working with through a wait list control design and test of non-inferiority compared to CTC randomized trial
Summary

- Scientist-community engagement can build community capacity to use prevention science to prevent adolescent problems

- Build community capacity to:
  - organize for prevention
  - assess and prioritize risk, protection and problems
  - match priorities to effective policies, programs, and practices
  - Implement programs with fidelity and reach
Thank You!

Learn more about CTC and eCTC at:

http://www.communitiesthatcare.net

www.iwri.org

www.sdrg.org