Developing and Implementing Community Prevention Systems in Indian Country: Opportunities, Challenges, and Future Directions

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www.sdrg.org  www.iwri.org
Objectives

- Describe ongoing collaboration between IWRI and SDRG
- Why should we care about prevention in Indian country?
- What framework guides prevention efforts?
- How can we adapt these frameworks in Indian Country?
## Leading Causes of Mortality 15-24 Year Olds (U.S.)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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<tr>
<td>Motor Vehicle Crashes</td>
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<tr>
<td>Accidents</td>
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<tr>
<td>Intentional self harm (suicide)</td>
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<tr>
<td>Assault (homicide)</td>
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<td>Malignant neoplasms</td>
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<td>Diseases of heart</td>
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<tr>
<td>Congenital malformations, deformations and abnormalities</td>
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<tr>
<td>Influenza and pneumonia</td>
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<tr>
<td>Cerebrovascular diseases</td>
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<tr>
<td>Pregnancy, childbirth and the puerperium</td>
<td>0.4</td>
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<tr>
<td>All other causes (Residual)</td>
<td>11.1</td>
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</table>

48.8/100,000 or 72% of all deaths

Shift in Mortality from Infectious to Non-communicable Diseases and Conditions

- Behavior problems are implicated in shift (motor vehicle fatalities, violence, mental health, and risky sex, alcohol, tobacco, and other drugs)
- 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
Health Disparities for Natives

- Pervasive pattern of health disparities, disproportionate levels of mortality and morbidity for behavioral health conditions (e.g., HIV, obesity, cardiovascular disease)

- Escalating rates of chronic diseases, respiratory and reproductive health problems, and premature mortality related to chronic disease

- Disproportionate exposure to structural inequalities, environmental toxins, high levels of poverty, and poor access to health care services
4.4 million Indians in the U.S.
- About 1% of the total U.S. population
- Over 560 federally recognized tribes and about 200 state recognized tribes with over 200 languages

Almost 70% live off reservation or tribal lands with nearly 65% living in cities

Are young--39% are younger than 20 years vs. 29%

Lower high school graduation rates 66% vs. 75%

Living in poverty 26% vs. 13%
Nora Volkow, NIDA Director, expressed interest in whether Communities That Care, a tested prevention system, could be applied in Indian Country.

Tessa and Rico agree to explore with two reservation communities that had a history of working with us.

Held a 2 day meeting and got commitment from communities to further explore.

NIDA provides supplemental funding.
Prevention Science Framework

1. Define the Problem
2. Identify Risk and Protective Factors
3. Interventions
4. Program Implementation and Evaluation

Problem
Response
Nurse Family Partnership

Poor Birth And Early Childhood Outcomes

Risk: Poor Diet And Drug Use
Prot.: Parenting Competence And Bonding

Protocol for Nurse Visits During Pregnancy And 2 yrs. Post Birth

Mom: Less welfare, More employment, Fewer Arrests and Subsequent Births, <Interval Between births
Child: Less Child Abuse/Neglect, Less Arrests at 15

Problem

Response

Olds et al., 2002
Etiology/Epidemiology of Problem Behaviors
- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

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

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<thead>
<tr>
<th>Community</th>
<th>Family</th>
<th>School</th>
<th>Individual/Pear</th>
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<tbody>
<tr>
<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>✓</td>
<td>✓</td>
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<td>Media Portrayals</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Transitions and Mobility</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Extreme Economic Deprivation</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

**Family**

- Family History of the Problem Behavior: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Family Management Problems: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Family Conflict: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Favorable Parental Attitudes and Involvement in the Problem Behavior: ✓ ✓ ✓ ✓ ✓ ✓

**School**

- Academic Failure Beginning in Late Elementary School: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Lack of Commitment to School: ✓ ✓ ✓ ✓ ✓ ✓ ✓

**Individual/Pear**

- Early and Persistent Antisocial Behavior: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Alienation and Rebelliousness: ✓ ✓ ✓ ✓ 
- Friends Who Engage in the Problem Behavior: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Favorable Attitudes Toward the Problem Behavior: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Early Initiation of the Problem Behavior: ✓ ✓ ✓ ✓ ✓ ✓ ✓
- Constitutional Factors: ✓ ✓ ✓ ✓ ✓ ✓ ✓
Protective Factors

**Individual Characteristics**
- High Intelligence
- Resilient Temperament
- Competencies and Skills

**In each social domain (family, school, peer group and neighborhood)**
- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards
Wide Ranging Approaches Have Been Found To Be Efficacious

<table>
<thead>
<tr>
<th>Prevention Programs/Policies</th>
<th>Violence</th>
<th>Drug Use</th>
<th>HIV STI</th>
<th>Unintended Pregnancy</th>
<th>Vehicle Crash Risk</th>
<th>Obesity</th>
<th>Mental Health</th>
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<td>3. Parent Training</td>
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<td>5. Mentoring with Contingent Reinforcement</td>
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<td>7. Classroom Organization, Management</td>
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<td>and Instructional Strategies</td>
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<td>16. Family Planning Clinic</td>
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</table>
Despite this Progress...

Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective.

(Ringwalt, Vincus et al., 2009)
The Challenge

- 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?
How is CTC Different from Other Tested, Effective Community Mobilization Approaches?

- CTC focuses on reducing common risk factors for multiple problems
- CTC assesses epidemiological levels of risk, protection and problems and communities choose priorities
- CTC builds capacity of coalitions to choose proven programs that match its priorities
- CTC does not prescribe who leads prevention efforts but allows community choice in leadership
The Communities That Care
Building Community Capacity

- Get Started
  - Community readiness assessment.
  - Identification of key individuals, stakeholders, and organizations.

- Implement and Evaluate
- Get Organized
- Create a Plan
- Develop a Profile
The **Communities That Care**

Building Community Capacity

- **Get Started**
  - Training key leaders and board in CTC
  - Building the community coalition.

- **Get Organized**
  - Developing a Profile

- **Create a Plan**

- **Implement and Evaluate**

Creating Communities That Care
The Communities That Care
Building Community Capacity

- Get Started
  - Collect risk/protective factor and outcome data.
  - Construct a community profile from the data.

- Create a Plan

- Develop a Profile

- Implement and Evaluate
  - Get Started
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 for state, district, city, school, or neighborhood.
- 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 Chart]

- **Community:** Comm. Disorg, Laws & Norms, Perc. Availability, Tran. & Mobil., Comm: RCI
- **School:** Low Sch. Attch., School: OP1, School: RCI
- **Peer:** Peer ATOD Use, Peer Rew. ASB, Peer ASB, Peer Rew. ASB, Peer ASB, Peer Rew. ASB, Peer ASB, Peer Rew. ASB, Peer ASB
- **Peer-Individual:** Sensation Seeking, Belief Moral Ord., Social Skills

Reliability (Cronbach's Alpha)

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

Graph shows reliability values for different survey items across various categories and ethnic groups.
Correlations of Six State Student Survey Risk and Protective Factor Scales by Ethnicity: Marijuana Use (30 Day)
Why Assess Local Risk?

Risk Profile A

Survey Participation Rate 2002: 79.7%

Estimated National Value

Percent At Risk

Risk Factors:
- Low Neighborhood Attachment
- Community Disorganization
- Laws and Norms Favorable to Drug Use
- Perceived Availability of Drugs
- Parental Attitudes Favorable to Drug Use
- Parental Attitudes Favorable to Antisocial Behavior
- Family History of Antisocial Behavior
- Peer-Individual
- Family Conflict
- Early Problem Behavior
- Early Initiation of Drug Use
- Low Commitment to School
- Rebelliousness
- Favorable Attitudes Toward Antisocial Behavior
- Low Perceived Risks of Drug Use
- Friends' Use of Drugs
- Sensation Seeking
- Overall Risk

Estimated National Value
Risk Profile B

- 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 Favorable to ASB
- Parent Attitudes Favor Drug Use
- Academic Failure
- Low Commitment to School
- Rebelliousness
- Early Initiation of ASB
- Early Initiation of Drug Use
- Attitude Favorable to ASB
- Attitude Favorable to Drug Use
- 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 Risk

Percentage of Youth at Risk:
The **Communities That Care**
Building Community Capacity

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**Get Started**

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

**Get Organized**

**Create a Plan**

**Develop a Profile**

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Creating Communities That Care
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© 1998 Developmental Research and Programs
Classroom Curricula for Social and Emotional Competence Promotion

- The Life Skills Training Program (Botvin et al., 1995)
- Project Alert Drug Prevention Curriculum (Ellickson et al., 1993; Ellickson and Bell, 1990)
- Alcohol Misuse Prevention (Maggs et al., 1998)
- Towards No Drug Use (Sussman et al. 2003; 2003)
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<th>Risk Factor Addressed</th>
<th>Program Strategy</th>
<th>Protective Factors</th>
<th>Developmental Period</th>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<td>Community/School Policies</td>
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</table>
Parent Training
Middle & High School

- 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)
Creating Communities That Care

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.
Assess readiness, Mobilize the community
Assess risk, protection and resources,
Develop strategic plan
Implement and evaluate tested, effective prevention strategies

Increase in priority protective factors
Decrease in priority risk factors
Increase in positive youth development
Reduction in problem behaviors

Measurable Outcomes

<table>
<thead>
<tr>
<th>6-9 mos.</th>
<th>1 year</th>
<th>2-5 yrs.</th>
<th>3-10 yrs.</th>
<th>10-15 yrs.</th>
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Vision for a healthy community
CTC has 9 Days of Training over 9-12 months, plus TA

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
Community Youth Development Study: 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

5-year sustainability phase

Longitudinal panel of students
- N=4,407- population sample of public schools
- Surveyed annually starting in grade 5
CTC Logic Model

CTC Training & Technical Assistance → CTC Coalition Functioning & Capacity

Adoption of Science-Based Prevention
Community Collaboration for Prevention
Community Support for Prevention
Community Norms
Social Development Strategy

Appropriate Selection & Implementation of Tested, Effective Prevention Programs → Decreased Risk & Enhanced Protection → Positive Youth Outcomes
SDRG

**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)
- Alcohol (initiation & prevalence)
- Cigarettes (initiation)
- Binge drinking (prevalence)
- Smokeless tobacco (initiation & prevalence)

**Grade 10**
- Delinquency (initiation & prevalence)
- Violence (prevalence)
- Alcohol (initiation)
- Cigarettes (initiation & prevalence)

**Grade 12**
- Delinquency (initiation)
- Violence (Initiation)
- Alcohol (initiation)
- Cigarettes (initiation)
Communities That Care is in the public domain and is available at:
www.communitiesthatcare.net
NIDA Supplement Explorations

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

- Existing scales have reliability and validity for American Indian youth
- Community identified additional concepts investigated for AI specific risk and protection
  - Micro-aggressions
  - Bullying – AI specific
  - Historical trauma/Historical loss
  - AI ethnic identity
  - Engagement in traditional practices
Historical Trauma

- Collective and cumulative emotional wounding across generations that results from massive cataclysmic events - Historically Traumatic Events.

- The trauma is held personally and collectively and is transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later.

- Brave Heart (1995); Yellow Horse Brave Heart (2000)
## Prevention Programs Rigorously Tested with AIAN Populations

<table>
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<th>Intervention</th>
<th>Health/Behavioral Targets</th>
<th>Citations</th>
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<td><strong>Family and Schools Together (FAST)</strong></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><strong>Healthy Foods Hawaii</strong></td>
<td>Healthy Eating</td>
<td>Gittelsohn et al. 2010</td>
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<td><strong>Native Facets</strong></td>
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<td>Tobacco Use</td>
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<td><strong>Parent, School and Community Partnership program</strong></td>
<td>Tobacco, alcohol, marijuana, and inhalant use</td>
<td>Petoskey et al. 1998</td>
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<tr>
<td><strong>Project Venture</strong></td>
<td>Alcohol and other drug use</td>
<td>Carter et al. 2007</td>
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<tr>
<td><strong>State-wide Indian Drug Prevention Program</strong></td>
<td>Alcohol, tobacco, and marijuana abuse</td>
<td>Schinke et al. 2000</td>
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<td><strong>Family Spirit Intervention</strong></td>
<td>Infant externalizing and internalizing</td>
<td>Barlow et al. 2006</td>
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<td>Parenting knowledge</td>
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<td>Infant care skills</td>
<td>Walkup et al. 2009</td>
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<td>Maternal involvement</td>
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<td>Maternal substance use</td>
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CTC Process Exploration

- Opportunity to conduct CTC live training within existing Drug Free Communities grant
- Issues encountered
  - 1-2 day trainings difficult to schedule
  - Attendance at all trainings difficult due to multiple demands on coalition members/community leaders
  - Each meeting had new attendees
  - Need for project coordinators in each community
  - Communities experienced major challenges during project timeline (e.g., fires)
  - Prevention capacity needs nurturing
To what extent does participation in CTC training workshops increase use of science-based prevention reported by community leaders?
Reported stages of adoption of science-based prevention in CTC Communities by trained leaders v. leaders not trained.
Communities That Care training is key to building community capacity to adopt science based prevention in communities.
A challenge to maintaining CTC fidelity is the multiple demands and turnover of leaders and coalition members. Live training is needed (but expensive) or efforts can lose focus.

It is important to have information and training for CTC available as people are ready for it, in a format that is easy to use, and able to be presented in a culturally meaningful manner.
New *eCTC* Implementation Support System may Help

Web streamed workshop series:

- Local coalition coordinator trained to deliver
- 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
Added Benefit

Web-streamed, local coordinator facilitated workshops builds capacity without requiring 100% attendance at 1-2 day training events, allows for training new members, builds capacity of local teams on their schedule
Thank You!

Learn more about CTC and eCTC at:
http://www.communitiesthatcare.net

www.iwri.org

www.sdrg.org