



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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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.

Global Shift in Causes of Mortality

- 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)

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Leading Causes of Mortality 15-24 Year Olds (2011, U.S.)

		Total deaths (per 100,000)
1	Motor Vehicle Crashes	15.9
2	Accidents	11.5
3	Intentional self harm (suicide)	10.7
4	Assault (homicide)	10.3
5	Malignant neoplasms	3.7
6	Diseases of heart	2.2
7	Congenital malformations, deformations and abnormalities	1.0
8	Influenza and pneumonia	0.5
9	Cerebrovascular diseases	0.4
10	Pregnancy, childbirth and the puerperium	0.4
--	All other causes (Residual)	11.1

48.8/100,000
or 72% of all
deaths

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

	Total deaths (per 100,000)
1 Intentional self harm (suicide)	20.9
2 Motor Vehicle Crashes	18.0
3 Accidents	9.9
4 Assault (homicide)	11.5
5 Drug-related overdose	3.2
6 Alcohol-related overdose and disease	2.6
7 Malignant Neoplasms	2.0
8 Diseases of Heart	1.9
9 Pregnancy, childbirth and the puerperium	0.7
10 Cerebrovascular diseases	0.5
-- All other causes (Residual)	9.7

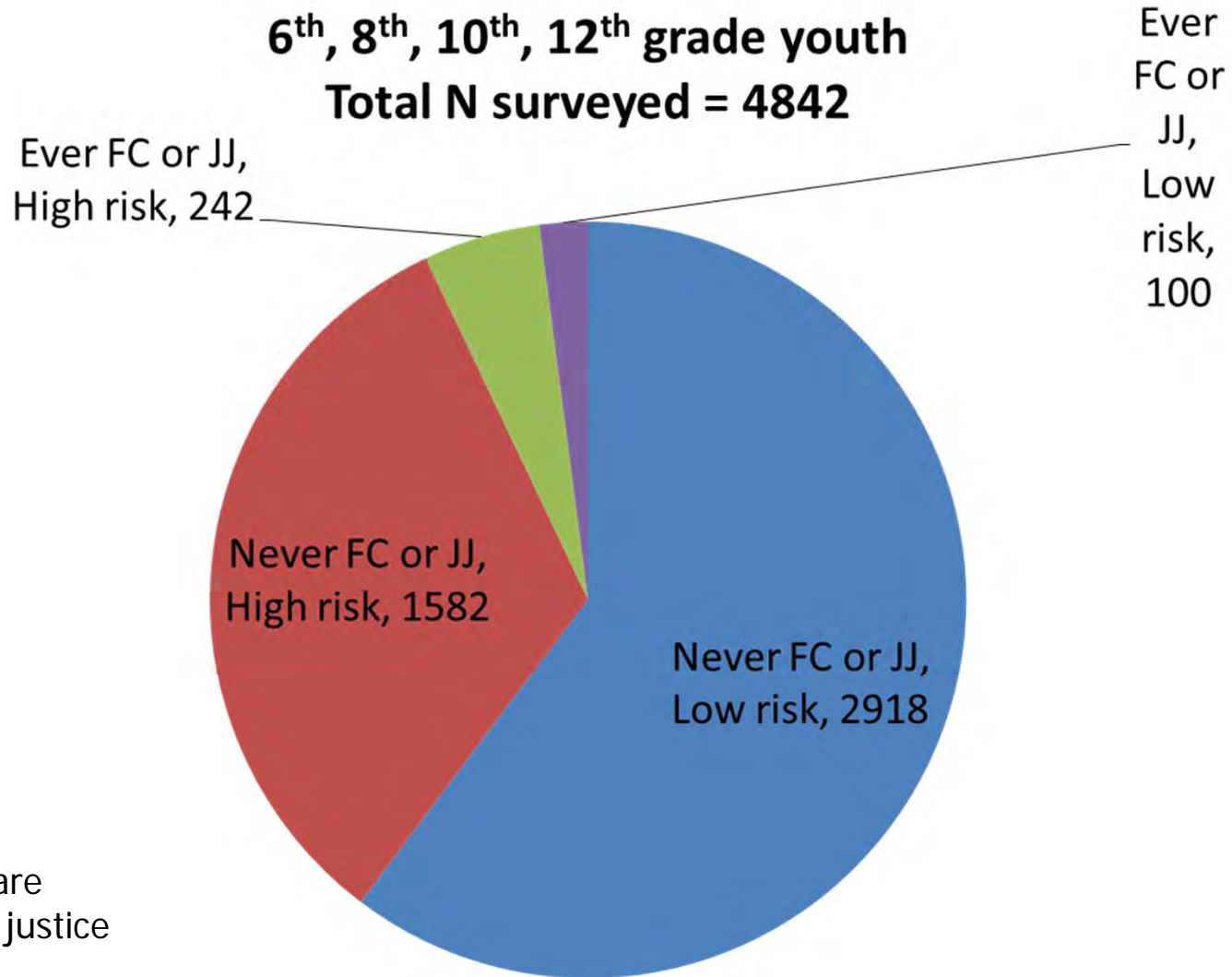
66.8/100,000
or 82.6% of
all deaths

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

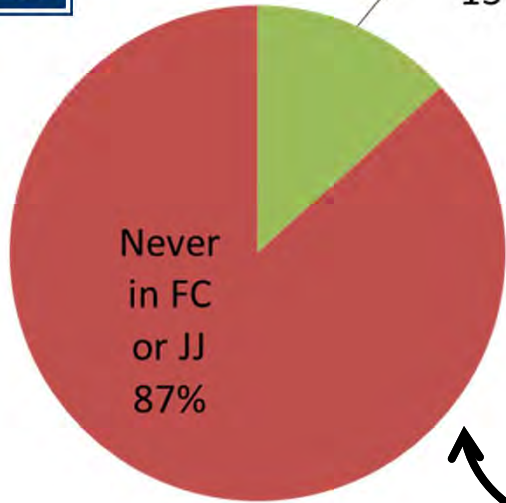


Number Exposed to 10 or more Risk Factors Foster Care and Juvenile Justice v. General Population: Medium Sized City





High risk youth Ever in FC or JJ
13%



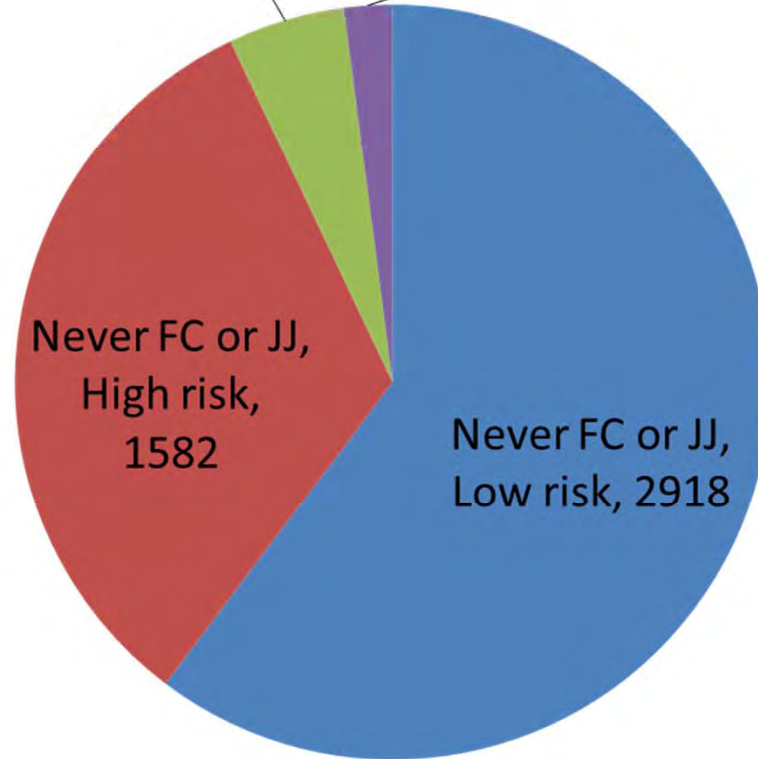
87% of Youth Exposed to 10 or more Risk Factors are not in Foster Care or Juvenile Justice

Ever FC or JJ,
High risk, 242

Ever FC or JJ,
Low risk, 100

Never FC or JJ,
High risk,
1582

Never FC or JJ,
Low risk, 2918





Without Effective Prevention, the Dam May Break: Need to Reduce the Size of the Reservoir



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.

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

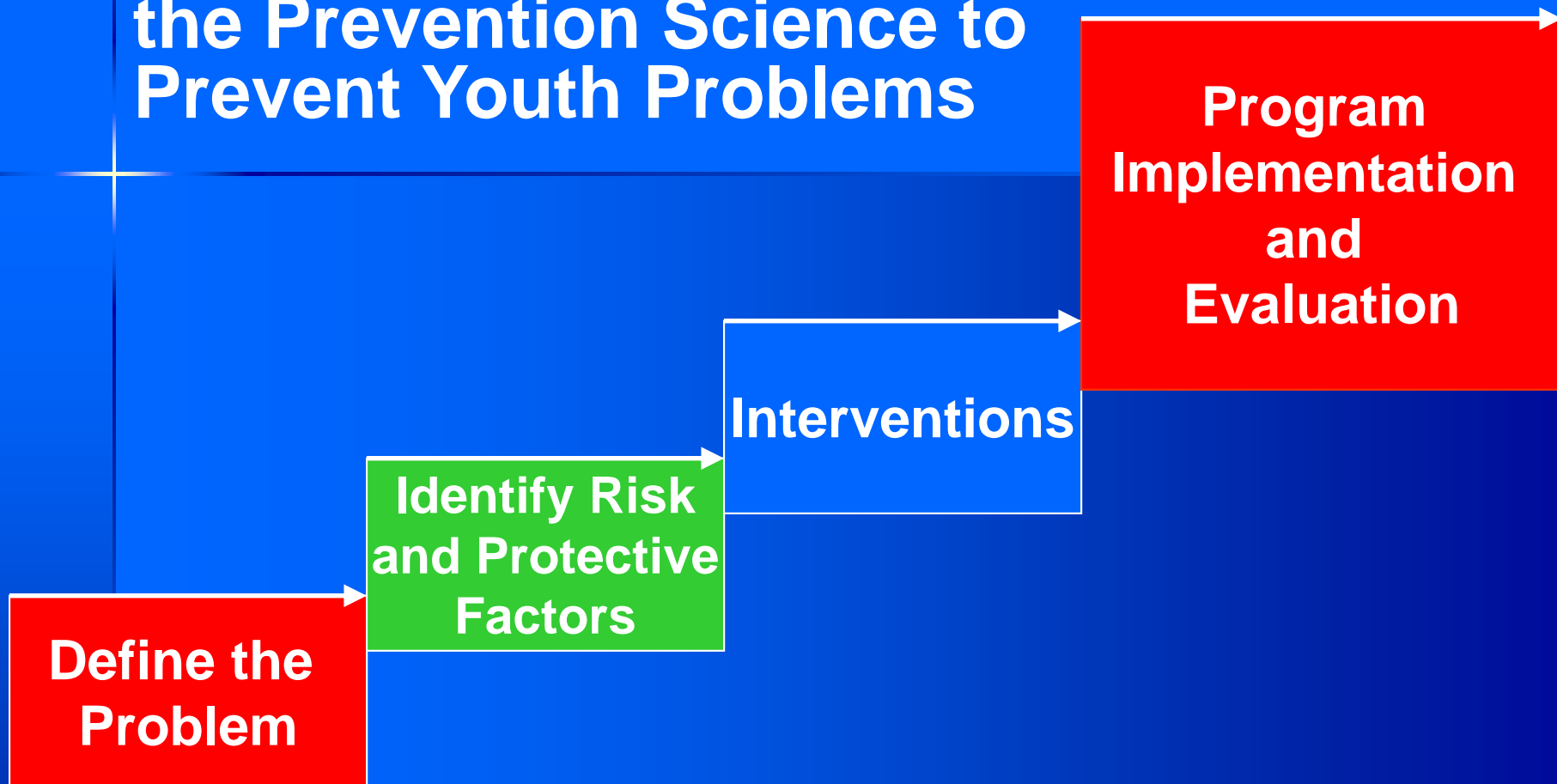
The Challenge that Led us to Develop Communities that Care (CTC)

- 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?

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CTC Was Developed to Build Community Capacity to Use the Prevention Science to Prevent Youth Problems



Problem

Response

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

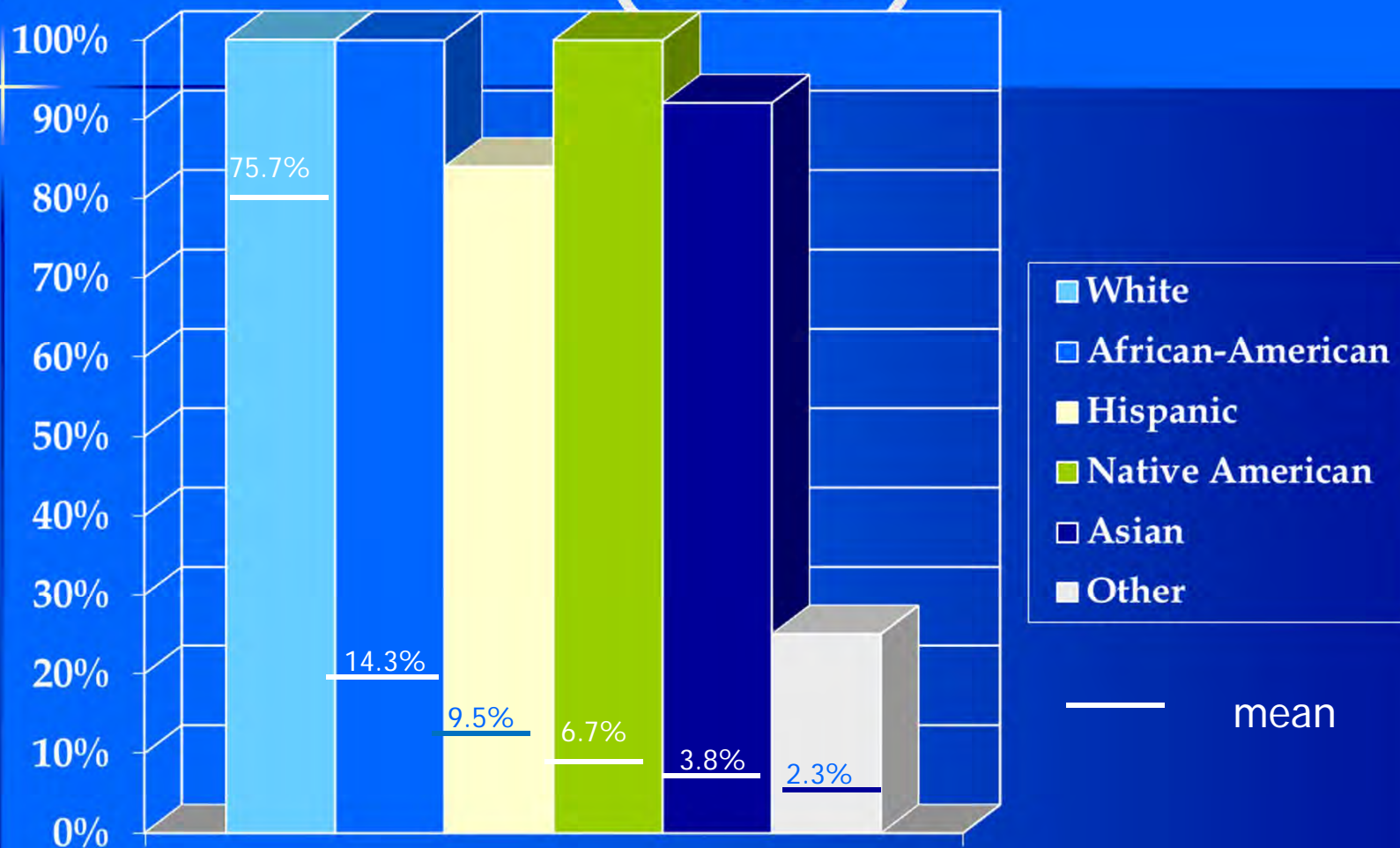
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Mixed Method Formative Evaluation

- 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

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Ethnic Composition of Community Coalitions Attending Training-Title V (OJJDP)





The *Communities That Care* Building Community Capacity



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The *Communities That Care* Building Community Capacity

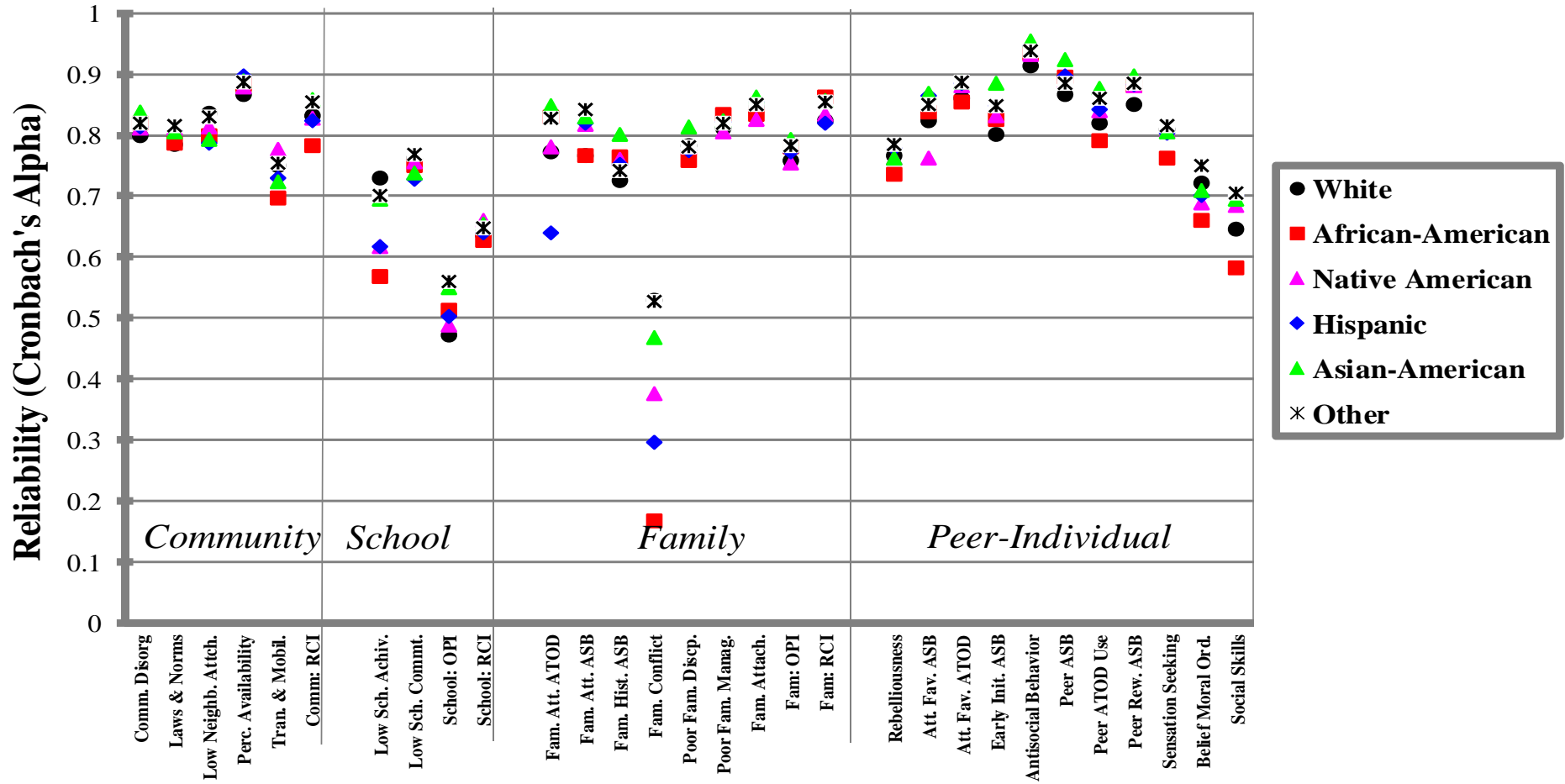


CTC Youth Survey

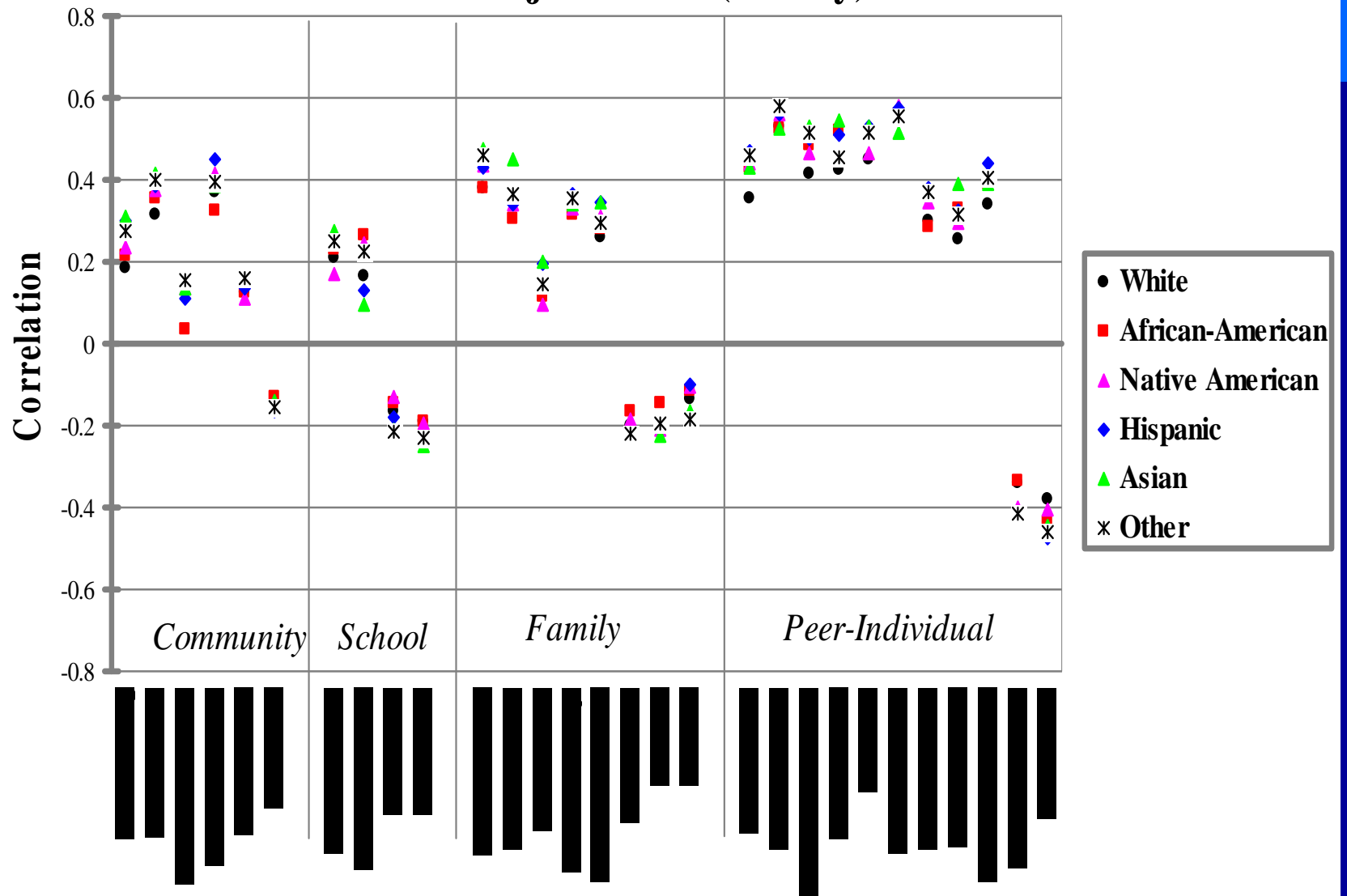
- Assesses young peoples' experiences and perspectives.
- Provides valid and reliable measures of risk and protective factors across state, gender, age and racial/ethnic groups. (Arthur et al., 2002; Glaser et al., 2005)
- Identifies levels of risk and protective factors and substance use, crime, violence 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

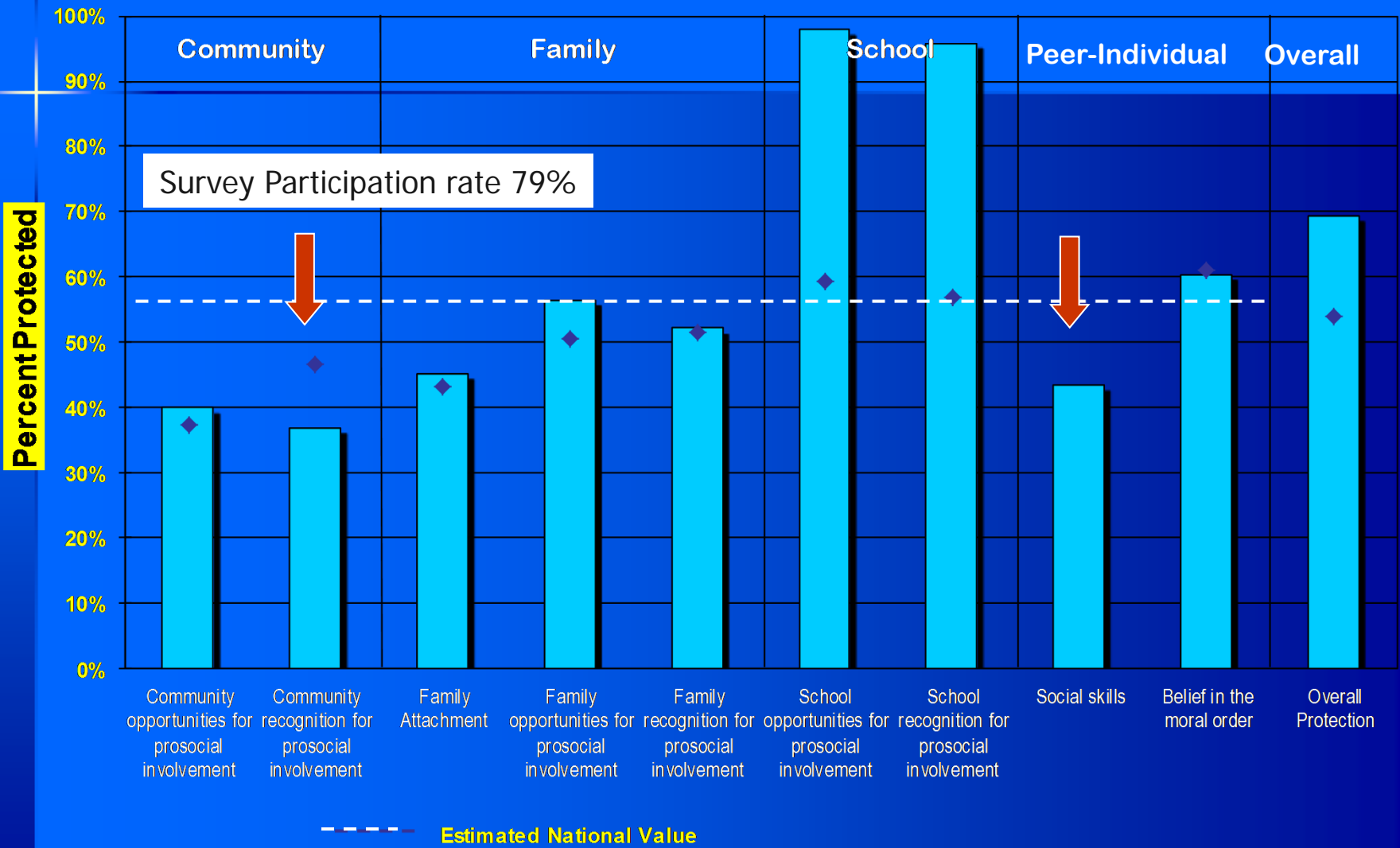
Reliabilities of CTC Student Survey by Ethnic Group



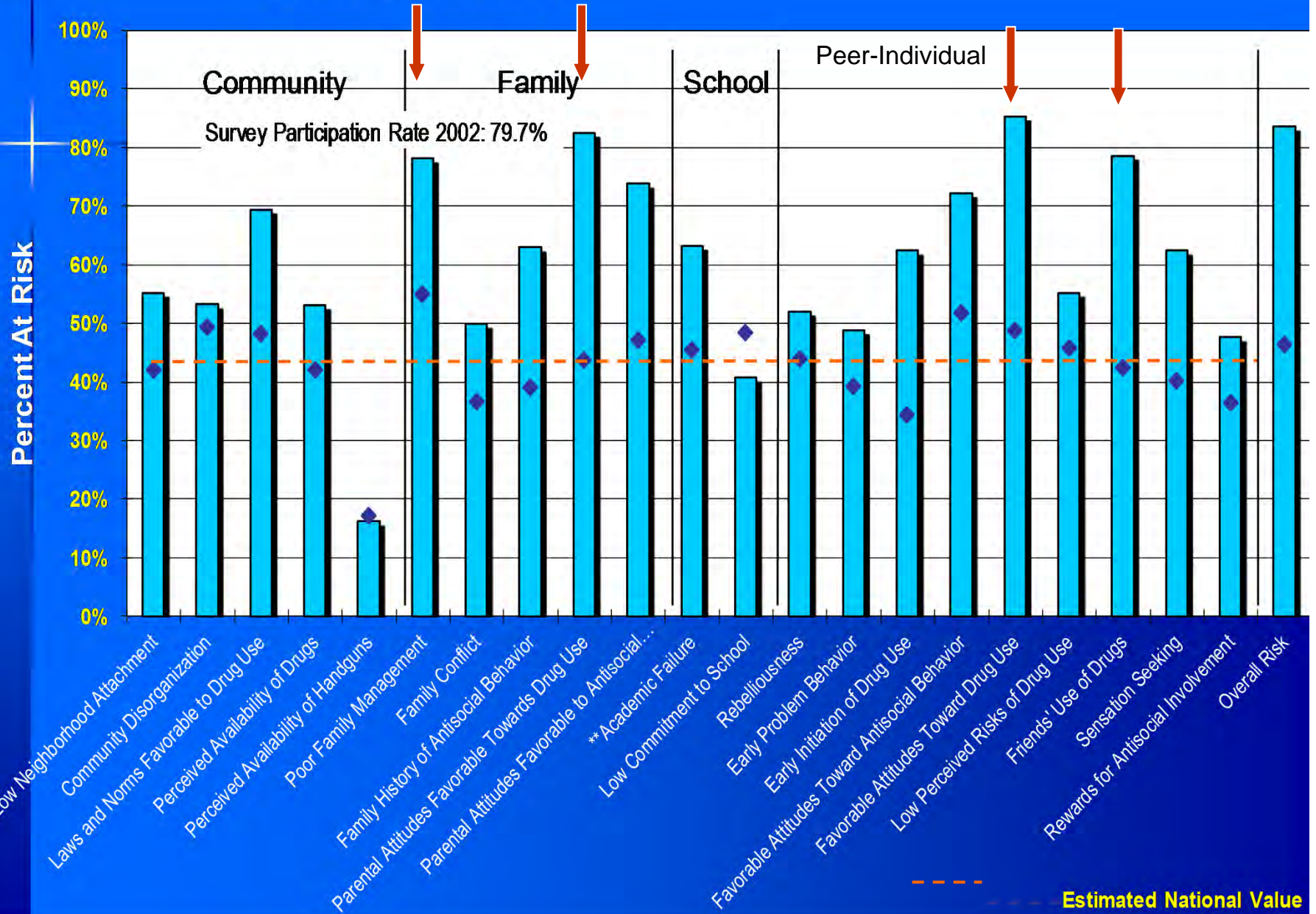
Correlations of Six State Student Survey Risk and Protective Factor Scales by Ethnicity: Marijuana Use (30 Day)



School A Protective Factor Profile

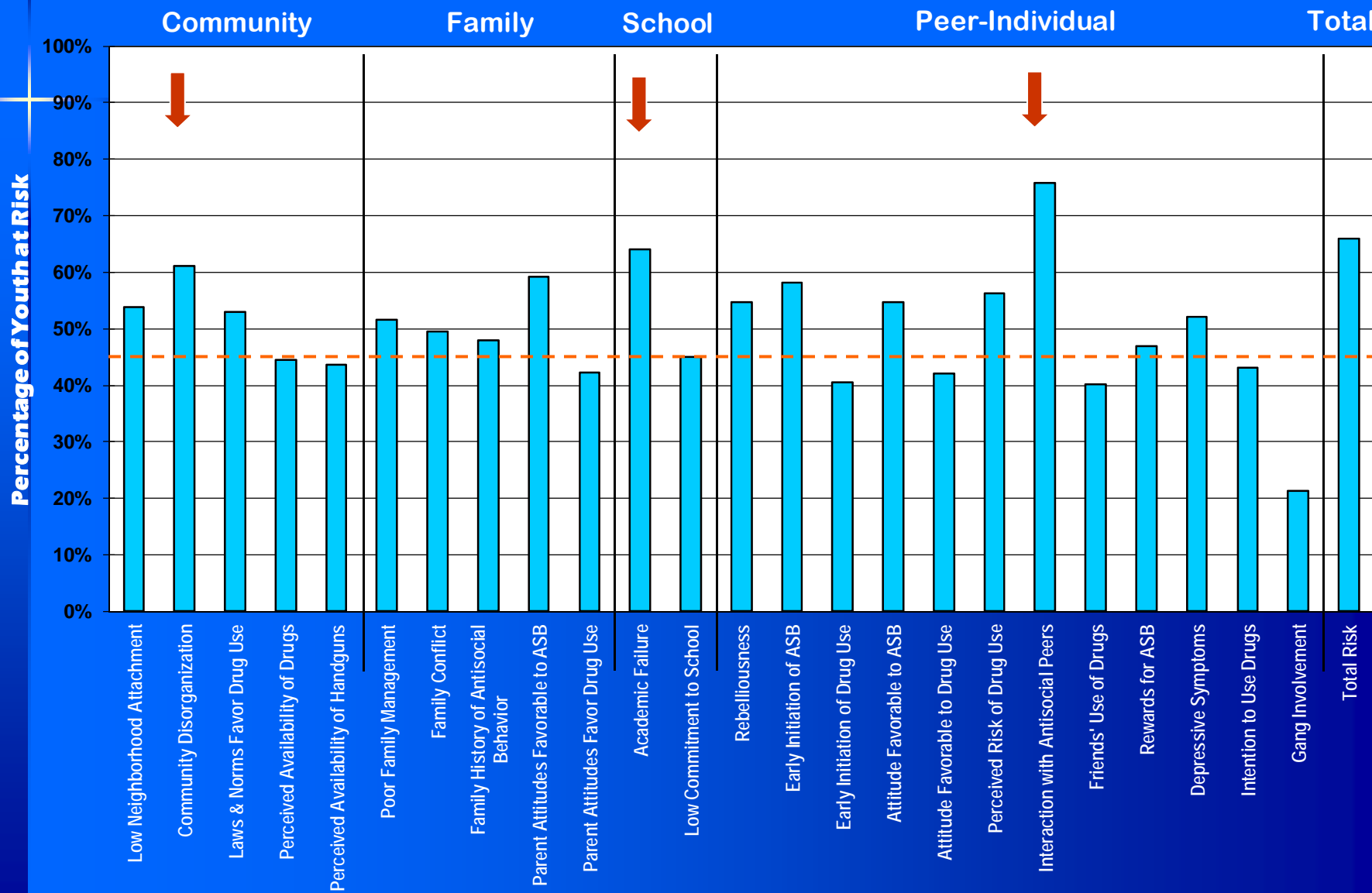


Risk Profile A



Risk Profiles of Communities May Differ

Risk Profile B

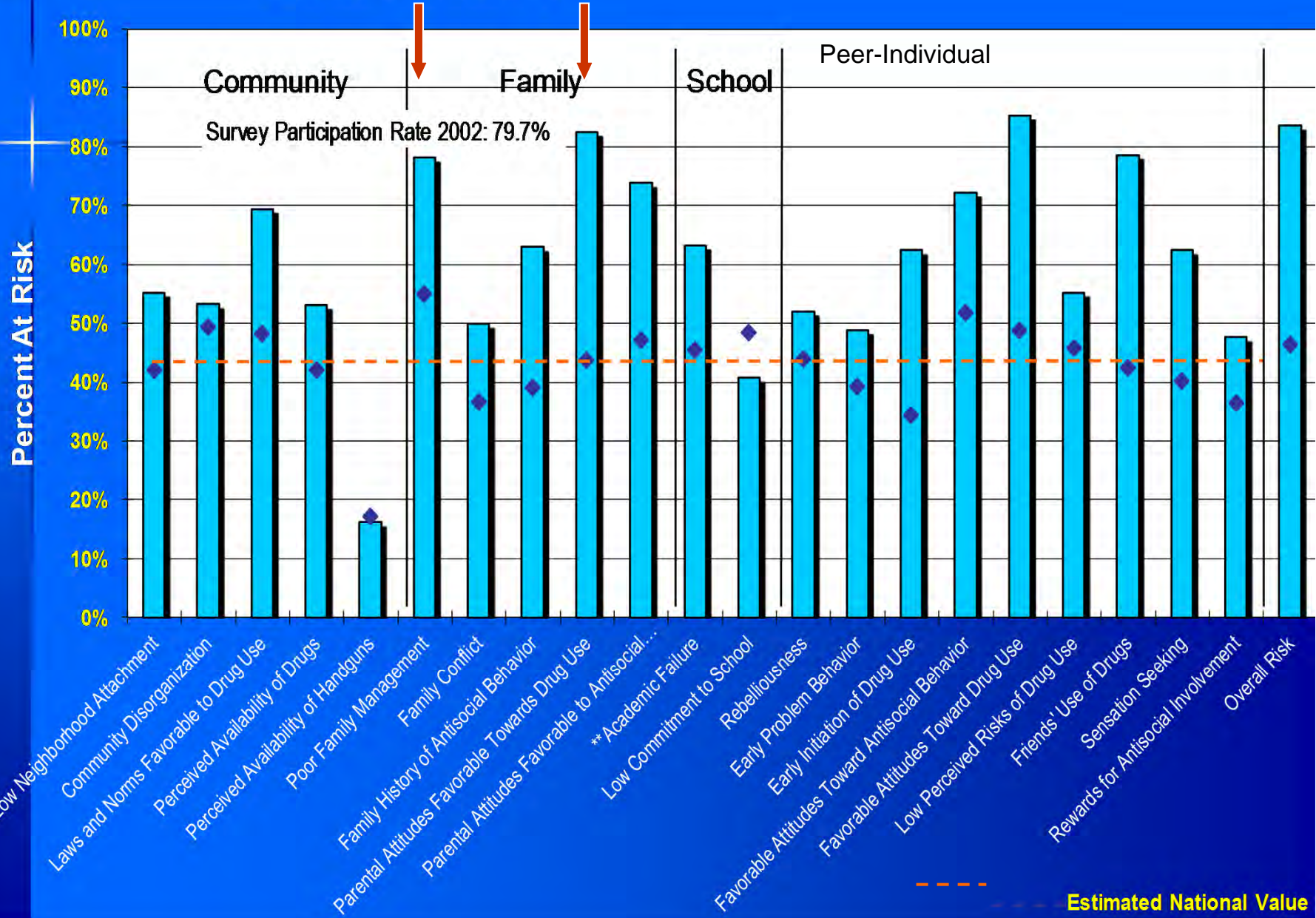


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The *Communities That Care* Building Community Capacity



Risk Profile A



----- Estimated National Value

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Community A Potential Prevention Responses

Protective Factors

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Family Domain	Family History of the Problem Behavior	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
	Family Management Problems	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		Early Childhood Education	☐	☐	☐	☐	☐	3-5
		→ Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Family Therapy	☐	☐	☐	☐	☐	6-14
	Family Conflict	Marital Therapy	☐	☐	☐	☐	☐	prenatal
		Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Family Therapy	☐	☐	☐	☐	☐	6-14
	Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	☐	☐	☐	☐	☐	prenatal-2
		→ Parent Training	☐	☐	☐	☐	☐	prenatal-14
		Community/School Policies	☐	☐	☐	☐	☐	all

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

- 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.

Implement and Evaluate

Get Started

Get Organized

Create a Plan

Develop a Profile





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

24 incorporated towns

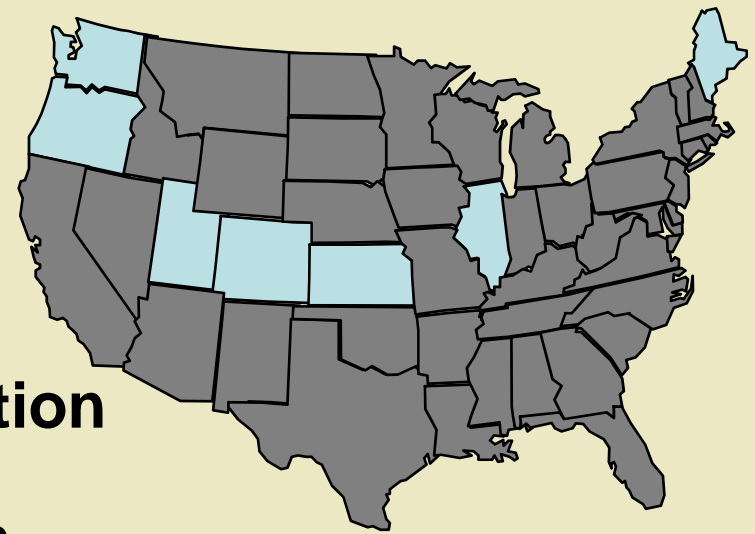
- ~ Matched in pairs within state
- ~ Randomly assigned to CTC or control condition

5-year implementation phase

3-year follow-up post intervention

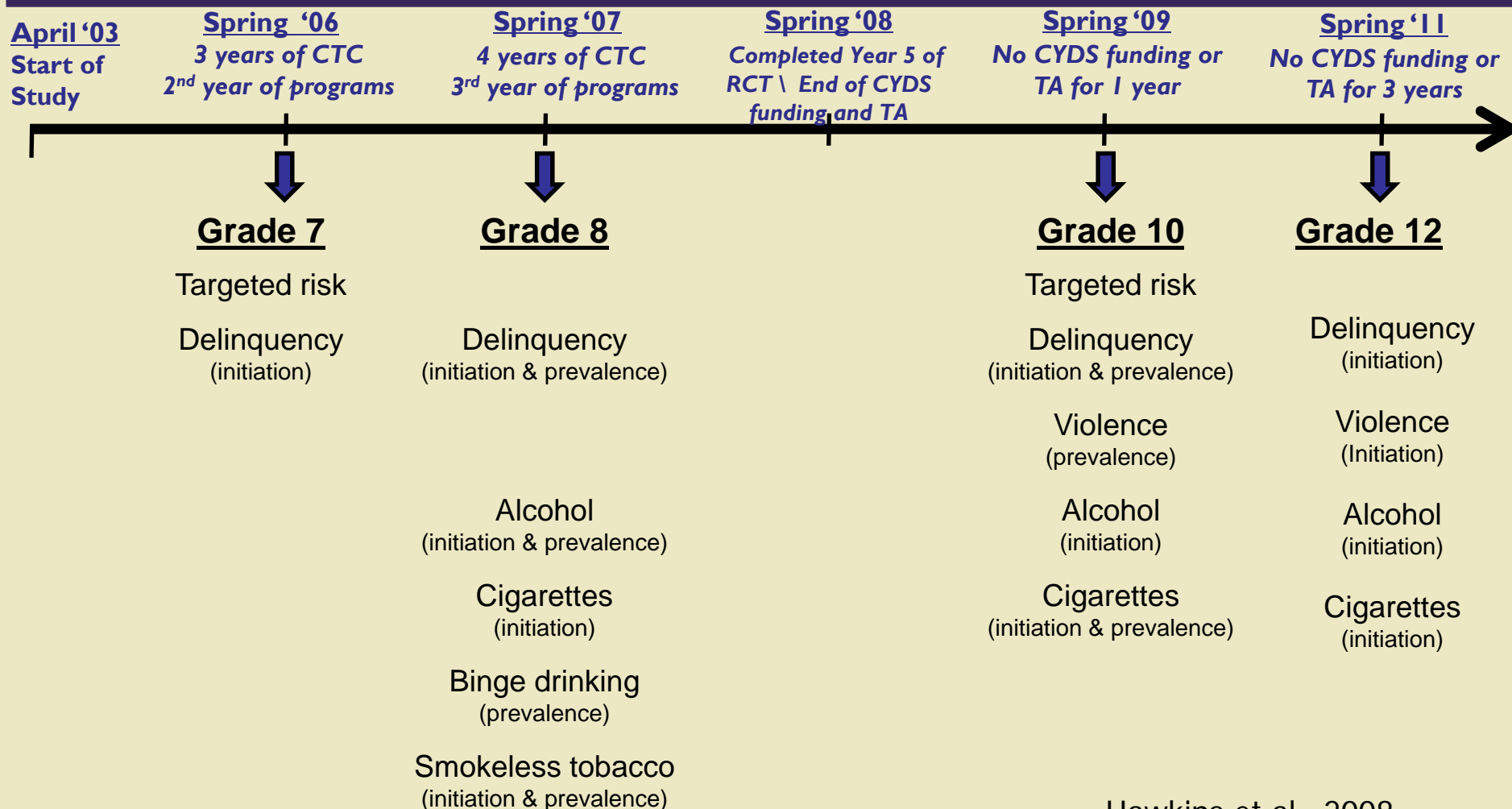
Longitudinal panel of students

- ~ N=4,407- population sample of public schools
- ~ Surveyed annually starting in grade 5





CYDS Timeline & Outcomes



Hawkins et al., 2008,
2009, 2012, 2014



Background of CTC Exploration in AIAN Communities

- Nora Volkow, NIDA Director, expressed interest in whether Communities That Care 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



Intervention	Health/Behavioral Targets	Citations
Family and Schools Together (FAST)	Academic performance Problem classroom behaviors	Kratochwill et al. 2004
Healthy Foods Hawaii	Healthy Eating	Gittelsohn et al. 2010
Native Facets	Healthy Eating Tobacco Use	Schinke et al. 1996, 1999
Parent, School and Community Partnership program	Tobacco, alcohol, marijuana, and inhalant use	Petoskey et al. 1998
Project Venture	Alcohol and other drug use	Carter et al. 2007
State-wide Indian Drug Prevention Program	Alcohol, tobacco, and marijuana abuse	Schinke et al. 2000
Family Spirit Intervention	Infant externalizing and internalizing Parenting knowledge Infant care skills Maternal involvement Maternal substance use	Barlow et al. 2006 Walkup et al. 2009



CTC Process Exploration

- Opportunity to conduct CTC training (9 days over 9 months) in the context of a 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 workshops with supportive TA
- Science, motivation, steps provided via brief embedded videos
- Workshop activities ensure knowledge and skill acquisition and localized application
- Training can be delivered in modules of 2-4 hours



Aims of Proposed 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.sdr.org



communities
that care



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



What Percent of the Population Must Be Reached to Achieve Collective Impact?

CTC Results Achieved by Reaching 20-50%

Number of students or families attending at least one session

Program Type	2004-05	2005-06	2006-07	2007-08
School-Based	1432	3886	5165	5705
After-school	546	612	589	448
Parent Training	517	665	476	379

Note: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

(Fagan et al., 2009)