

Resource GUIDE

Promising Programs IN NATIVE AMERICAN COMMUNITIES



Introduction

This resource guide was created to help tribes in planning and implementing Tiers 2 and 3 of the Montana Medicaid Tribal Health Improvement Program (T-HIP). T-HIP was created through a unique partnership between tribal, state, and federal governments to address health disparities in the American Indian population eligible for Medicaid and living within a reservation in Montana. T-HIP is authorized by CMS under an amendment to an existing primary care case management 1915 (b) freedom of choice waiver. Federally recognized tribes in Montana are the only entities eligible to participate and administer the three-tier program.

Tier 1 of the program is designed to focus on high-risk, high-cost Medicaid beneficiaries, and to improve the health of Medicaid recipients with complex chronic illnesses by providing intensive care coordination services to the top 10% of utilizers. Tiers 2 and 3 give tribes broad latitude to improve the health of their population by designing and implementing programs they feel are the most relevant and necessary.

At the request of the American Indian Health Leaders, Montana Healthcare Foundation worked with Dr. Bruce Goldberg and Mary Dalton to review programs around the country that tribes are using to successfully address problems in the following areas: substance use prevention and treatment, mental health, diabetes prevention, and programs that focus on addressing social determinants of health. This listing was created as a resource for Montana tribes to use as they begin to design and implement programs under T-HIP Tiers 2 and 3. This document will also be available on the Montana Healthcare Foundation's website and will be updated periodically as new programs arise or are identified.

Approach to Developing This Guide

This resource guide focuses on programs that have some published outcomes and results. To compile it, researchers searched Medline for published studies, reviewed information on websites from the Indian Health Service, Substance Abuse and Mental Health Services Administration, National Indian Health Board, Tribal Epidemiology Centers, Native American Centers of Excellence, centers that focus on Native American health, and recommended tribes. The listing is by no means complete and comprehensive. It is meant to stimulate ideas about what is possible and to provide a resource of contact information for experts around the country. Furthermore, it is meant to be a living document to which additional information and programs can be included.

Acknowledgement

This resource was created by OHSU-PSU School of Public Health Professor Bruce Goldberg, MD, and Zoe Watson, MS, with funding from the Montana Healthcare Foundation.



White Mountain Apache Tribe Suicide Prevention

The White Mountain Apache Tribe of Arizona developed a comprehensive suicide prevention initiative which has led to significantly decreased suicide rates in their tribal communities while suicide rates for the general U.S. population and American Indian/Alaska Native population have increased during the same time.

Using a multi-level approach within their community, the White Mountain Apache Tribe implemented the initiative in two phases. Phase 1 included adopting the Celebrating Life surveillance system, a tribal mandate for all community members to report those at-risk for self-injury and suicide. This is the only suicide surveillance system in the U.S. that gathers information from both community and clinical settings.

Phase 2 is an ongoing community wide prevention initiative. The Celebrating Life prevention curriculum includes school-based programs for youth, elder presentations for youth, community wide Applied Suicide Intervention Skills Trainings (ASIST), life skills trainings, and a community wide Celebrating Life media campaign.

The strategy has proven to be very successful. Data from 2001-2006 compared to 2007-2012 shows the Fort Apache Indian Reservation suicide death rates dropped from 40.0 to 24.7 per 100,000 (38.3% decrease), and the rate among those aged 15-24 years dropped from 128.5 to 99.0 per 100,000 (23.0% decrease). The annual number of attempts also dropped from 75 (in 2007) to 35 individuals (in 2012). This initiative is a promising example for other tribal communities to implement effective suicide surveillance systems and community wide suicide prevention strategies.

CONTACT

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Center for American Indian Health
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The Healing of the Canoe

Culturally Grounded Life Skills for Youth (Healing of the Canoe) is a curriculum for native youth focused on suicide and substance abuse prevention. It was designed to be adapted by Native communities using community specific traditions and beliefs to strengthen youth's connection to their communities and cultures and strengthen their hope and optimism. The curriculum uses the Pacific Northwest Canoe Journey as a metaphor, providing skills needed to navigate life's journey without being pulled off the course by alcohol or drugs – with Native culture as a compass and anchor. The generic curriculum template allows each community to use their own metaphors for a successful life journey. The curriculum and the accompanying training manual were developed as part of the Healing of the Canoe Project, a collaboration between the Suquamish Tribe, the Port Gamble S'Klallam Tribes, and the Alcohol and Drug Abuse Institute at the University of Washington.

The development, evaluation, and dissemination of the curriculum has been supported by a series of grants from the National Institute on Minority Health and Disparities.

Since 2013, the Healing of the Canoe team has focused on dissemination of the Culturally Grounded Life Skills for Youth Curriculum to other tribal communities. They have trained over 425 attendees from 59 tribes and 18 tribal organizations in how to adapt and implement the curriculum. Participation was associated with increased hope/optimism/self-efficacy from baseline through the four-month follow-up and with reduced substance use from baseline until the end of the school year.

CONTACT

Dennis Donovan | 206-543-0937 | ddonovan@uw.edu
Alcohol and Drug Abuse Institute, University of Washington
healingofthecanoe.org



Family Spirit

Family Spirit addresses intergenerational behavioral health problems, optimizes local cultural assets, and overcomes deficits in the professional health care workforce in low resource communities. It is the only evidence-based home-visiting program ever designed for, by, and with American Indian families, with key significance in communities experiencing stressed resources and behavioral health disparities.

While there has been a growth in the number of maternal, infant, and early childhood home-visiting programs in the U.S., the Family Spirit model goes above and beyond in several areas:

- » It leverages cultural assets and an indigenous understanding of health;
- » Encourages the use of paraprofessionals to deliver the program; and
- » Addresses behavioral health disparities, emerging globally as an urgent priority.

Family Spirit's culturally-tailored intervention is delivered by community-based paraprofessionals as the core strategy to support young parents from pregnancy to three-years post-partum. It is a behaviorally-focused intervention, responsive to parents' and children's needs.

Evidence from three randomized controlled trials has documented important results including: increased parenting knowledge and involvement; decreased maternal depression; increased home safety; decreased emotional and behavioral problems of mothers; and decreased emotional and behavioral problems of children.

In addition, Family Spirit is listed on the National Registry of Evidence-based Programs and Practices (NREPP), a searchable online database of evidence-based mental health and substance abuse interventions. Family Spirit received a perfect rating (4.0 out of 4.0) for "Readiness for Dissemination."

CONTACT

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Family Spirit Program Director



OPREVENT2

OPREVENT2 is a multi-level multi-component intervention targeting Native American adults living in six rural reservations in New Mexico and Wisconsin. Aiming to prevent and reduce obesity in adults by working at multiple levels of the food and physical activity environments, OPREVENT2 focuses on evidence-based strategies known to increase access to, demand for, and consumption of healthier foods and beverages, and increase worksite and home-based opportunities for physical activity. OPREVENT2 works to create systems-level change by partnering with tribal stakeholders, multiple levels of the food and PA environment (food stores, worksites, schools), and the social environment (children as change agents, families, social media).

Novel aspects of OPREVENT2 include active engagement with stakeholders at many levels (policy, institutional, and at multiple levels of the food and physical activity system); use of community-based strategies to engage policymakers and other key stakeholders (community workshops, action committees); emphasis on both the built environment (intervening with retail food sources) and the social environment.

One major strength of the OPREVENT2 program will be that it will provide a model of how to work with tribal policymakers and other key stakeholders to improve the community food and physical activity environments. Because of its prolonged and frequent engagement with policymakers and other community leaders, OPREVENT2 may lead to long-term impact, and be sustained through institutionalization of intervention components.

CONTACT

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Johns Hopkins University, Bloomberg School of Public Health
615 N. Wolfe St. Suite W2041, Baltimore, MD 21205



Healthy Children, Strong Families-2 (HCSF-2)

HCSF-2 is a family focused early childhood intervention which addresses the growing problem of childhood obesity in American Indian communities. The study works with six rural and urban American Indian communities across the U.S. to test the ability of the intervention to increase adoption of healthy lifestyles and to reduce the prevalence of obesity among preschool aged American Indian children and their primary caregivers - creating healthier children, healthier families, and healthier communities.

HCSF-2 is uniquely designed for young American Indian children and their families. Children growing up in Native communities benefit from a culture where families are still very important, and include several generations, where traditions are still respected, and where the community itself still matters.

But they often face challenges. Families are stressed by a lack of resources. Caregivers work at multiple jobs, on multiple shifts, and there is never enough time. Distances to sources of healthy food and safe recreation are often long. Communities, while working hard for the best needs of members, are stretched thin, with many competing priorities.

HCSF-2, is designed to work with these strengths and challenges. It brings education and activities for healthier lifestyles right to the doorstep of families. It targets children between the ages of two and five. Children at this age are still learning what they like to eat and how they like to play, and caregivers still hold a very important place in their daily lives.

HCSF-2 is a collection of 13 “lessons” that are mailed to the homes of families with preschool age (2 to 5 years old) children. The lessons come about once a month, which gives a family time to go through it and put its new ideas to work before the next lesson arrives.

Topics cover everything from “Fun Family Fitness” to “On Track Snacks,” and from “Gifts from the Land” to “Maintaining Harmony.” There are a lot of ideas about how to eat healthier and ways to fit more activity into even the busiest days. But there are more things to health than just what you eat and how active you are. It is important to get enough sleep and to know how to deal with the stresses that we all experience every day. Most important of all, families must do things together.

CONTACT

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The Native Talking Circle Intervention

The Native Talking Circle Intervention incorporates tribal cultural beliefs into a substance abuse prevention intervention for at risk rural Oklahoma American Indian Plains tribal adolescents.

The intervention was conducted with 44 American Indian Plains adolescents at two rural southwestern Oklahoma high schools. Inclusion criteria for the participants included: (1) self-identified member of a southwestern Oklahoma Native American Indian Plains Tribe, (2) enrolled as students at one of the two participating high schools, (3) between 16 and 19 years of age, (4) being at-risk for substance abuse and referral into the study by a high school counselor. All participants completed the intervention.

The Native Talking Circle Intervention consisted of 30-45-minute group sessions, held 2-3 times per week over 8.5 weeks for a total of 10 hours. The Talking Circles centered around substance abuse education; personal substance use and how to recognize problems; identifying high risk situations; building healthy relationships; management of family conflicts; and identifying social supports.

Intervention outcomes were measured using a pre-post study design. During the first session participants completed a general demographic questionnaire, the Native Self-Reliance Questionnaire, and the GAIN-Q. After completion of the 10-hour intervention, the Native Self-Reliance Questionnaire and the Gain-Q were again administered to participants. The Native Self-Reliance Questionnaire is a culturally-adapted 24 item Likert scale measuring self-reliance. The GAIN-Q includes a nine-item substance use and abuse sub-scale and a seven-item substance dependence sub-scale and includes measures of mental and emotional health.

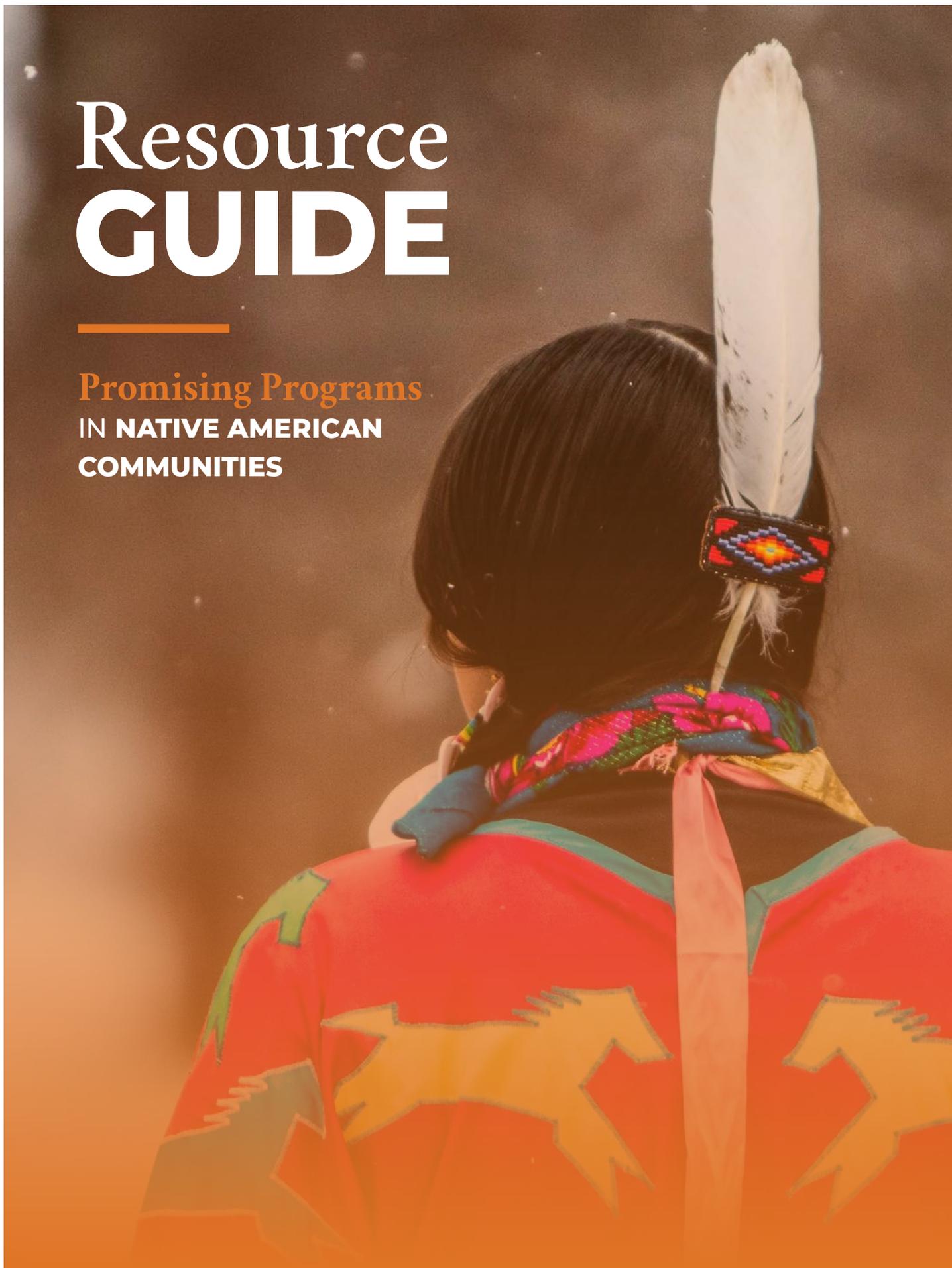
The Native Talking Circle Intervention resulted in statistically significant positive changes in self-reliance, as measured by the Native Self-Reliance Questionnaire ($p=.007$), and in decreased substance use, measured by the GAIN-Q Substance Problems Scale ($p=.037$).

CONTACT

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Mental Health Treatment and Prevention

It's Your Game

Website: sph.uth.edu/research/centers/chppr/iyg

Organization: University of Texas Health Science Center at Houston

Contact: Jennifer Torres | 713-500-9687 | jennifer.d.torres@uth.tmc.edu

Tribes Involved: 523 AI/AN youth aged 12-14 years at 25 participating sites in Alaska, Arizona, and the Pacific Northwest.

Description: A randomized control trial to assess the internet's potential to increase the reach and implementation of evidence-based health promotion programs for AI/AN youth. Youth accessed six evidence-based health promotion programs delivered via the internet, which focused on sexual health, hearing loss, alcohol use, tobacco use, drug use, and nutrition and physical activity.

Outcomes: The program was able to successfully reach and engage communities who otherwise may not have health education and promotion staff, suggesting feasibility for the internet as a health promotion tool in geographically isolated communities.

References: Markham, C. M., Craig Rushing, S., Jessen, C., Gorman, G., Torres, J., Lambert, W. E., Prokhorov, A. V., Miller, L., Allums-Featherston, K., Addy, R. C., Peskin, M. F., ... Shegog, R. (2016). Internet-Based Delivery of Evidence-Based Health Promotion Programs Among American Indian and Alaska Native Youth: A Case Study. *JMIR research protocols*, 5(4), e225. doi:10.2196/resprot.6017

We R Native

Website: www.wernative.org

Organization: Northwest Portland Area Indian Health Board

Contact: Amanda Gaston, agaston@npaihb.org

Tribes Involved: Online platform for native youth.

Description: An interactive online multimedia health resource platform designed by native youth, for native youth with large range of topics including relationships, mental health, healthy eating, body image, domestic violence sexual health, etc. It has an advice section and links to resources.

Includes a curriculum plan for teachers to use the resource with high school students.

Outcomes: Being evaluated 2018-2020.

Desert Visions Youth Wellness Center

Address: 198 S. Skill Center Road, Sacaton, AZ 85142

Contact: Dr. Joel Beckstead, Clinical Director | 520-562-4241 | joelbeckstead@gmail.com

Tribes Involved: 229 AI/AN aged 12-18 from 39 unique tribes.

Description: This AI/AN youth residential treatment center integrates Dialectical Behavior Therapy and cultural/traditional activities.

Outcomes: Survey results showed 96% of adolescents were either “recovered” or “improved” using clinically significant change criteria based on a difference between the group's pre and post treatment scores. Results were statistically significant.

Resources: Beckstead, D. J., Lambert, M. J., DuBose, A. P., & Linehan, M. (2015). Dialectical Behavior Therapy with American Indian/Alaska Native Adolescents Diagnosed with Substance Use

Disorders: Combining an Evidence-Based Treatment with Cultural, Traditional, And Spiritual Beliefs. Addictive Behaviors, 51, 84-87.

American Indian Telemental Health (AITMH) Clinics

Organization: Veterans Rural Health Resource Center, Salt Lake City, UT

Contact: Dr. James Shore | 303-724-1465 | james.shore@va.gov

Tribes Involved: Since 2001, 14 rural communities have partnered with the VA and the University of Colorado to extend telemental health clinics to American Indian veterans.

Description: Uses tribal/telemental health outreach worker to coordinate care and facilitate mental health video conferencing and cultural activities. The program integrates technology, care and benefit coordination, culturally based practices, and mental health care.

Outcomes: Future steps include selection of appropriate performance indicators for systematic evaluation.

Resources: Goss, C. W., Richardson, W. J., Dailey, N., Bair, B., Nagamoto, H., Manson, S. M., & Shore, J. H. (2017). Rural American Indian and Alaska Native veterans' tele mental health: A model of culturally centered care. Psychological services, 14(3), 270.

Notes: The model is designed for rural AI/AN veterans who need mental health care, often for treatment of PTSD or substance use disorders.

Substance Abuse

Particular attention to meth. Some overlap with suicide prevention.

Healing of the Canoe

Website: healingofthecanoe.org

Organization: Alcohol and Drug Abuse Institute, University of Washington

Contact: Dennis Donovan | 206-543-0937 | ddonovan@uw.edu

Tribes Involved: Suquamish Tribe and Port Gamble S'Klallam Tribe.

Description: A substance abuse prevention and life skills curriculum for high school aged Native American youth in two PNW communities.

Outcomes: Participation was associated with increased hope/optimism/self-efficacy from baseline through the four-month follow-up and with reduced substance use from baseline until the end of the school year.

Resources: Donovan, D. M., Thomas, L. R., Sigo, R. L. W., Price, L., Lonczak, H., Lawrence, N., ... Bagley, L. (2015). Healing of The Canoe: Preliminary Results of a Culturally Grounded Intervention to Prevent Substance Abuse and Promote Tribal Identity for Native Youth in Two Pacific Northwest Tribe. *American Indian and Alaska Native Mental Health Research (Online)*, 22(1), 42-76.

Notes: Resilience and strengths-based focus.

Project F.A.M.E. (Fighting Against Meth Everyday)

Organization: Carl T. Curtis Education Center

Address: 100 Indian Hills Dr, Macy, NE 68039

Contact: 402-837-5381

Tribes Involved: Omaha Tribe of Nebraska

Description: Two project phases: 1) educating the community on the realities of methamphetamine addiction; 2) providing intensive outpatient program services to support people returning home from a treatment facility (16 weeks of outpatient care plus an additional 16 weeks of continued care for patients and families).

Outcomes: Participation was associated with increased hope/optimism/self-efficacy from baseline through the four-month follow-up and with reduced substance use from baseline until the end of the school year.

Resources: Focus specifically is on meth and attention to meth as leading substance issue in Nebraska. Resilience and strengths-based focus.

Tsehootsooi Medical Center, Methamphetamine and Suicide Prevention Initiative

Address: Indian Rte. 7 & Indian Rte. 12, Fort Defiance, AZ 86504

Contact: Matthew Tafoya, Coordinator | matthew.tafoya@fdihb.org

Tribes Involved: Navajo

Description: MSPI funding used for programming that builds community, fosters connections, teaches coping skills, and builds on positive messages of culture and tradition. Includes workshops for community on language and culture and traditional skills like bow making, butchery, and pottery.

Notes: Focus on resilience and strengths.

White Sky Hope Center

Organization: Rocky Boy Reservation

Address: 35 Clinic Rd, Box Elder, MT 59521

Tribes Involved: Chippewa Cree Tribe

Description: Uses evidence-based models for both treatment and community outreach and prevention: Gathering of Native Americans, Coping and Support Training, Motivational Enhancement Therapy, Dialectical Behavior Therapy, and Matrix Model.

Notes: Center has developed messaging for the community including radio programming and anti-meth video clips. This treatment and recovery center that takes a holistic approach to substance abuse treatment and prevention.

Native American Talking Circle

Contact: Beverly Patchell PhD | 801-585-5886 | beverly.patchell@nurs.utah.edu

Tribes Involved: At-risk rural Oklahoma Native American Indian Plains adolescents.

Description: A 10-hour culturally tailored substance abuse prevention intervention using a school-based, group substance abuse prevention program, implemented over an 8.5-week period and evaluated using a one group, pretest-post-test design. Measurements were from the Native Self-Reliance Questionnaire and the Substance Problems Scale from Global Appraisal of Individual Needs-Quick (GAIN-Q).

Outcomes: Outcomes showed a significant increase in self-reliance and decrease in substance abuse/use.

References: Patchell, B., Robbins, L., Lowe, J., & Hoke, M. (2015). The Effect of a Culturally Tailored Substance Abuse Prevention Intervention with Plains Indian Adolescents. *Journal of Cultural Diversity*, 22(1), 3-8.

The HONOR Study

Organization: Partnerships for Native Health, Department of Epidemiology, University of Washington

Address: 1100 Olive Way, Ste. 1200, Box 357236, Seattle, WA 98101

Tribes Involved: 400 AI/AN alcohol-dependent from one rural reservation, one urban community, and one third site to be decided.

Description: Participants will complete a 4-week lead-in phase prior to randomization, then 12-weeks of either a contingency management intervention or control condition.

Outcomes: Designed to determine if a culturally tailored contingency management intervention is effective for AI/AN adults with alcohol use disorders. Outcomes will be urinary ethyl glucuronide-confirmed alcohol abstinence, and self-reported use.

References: McDonell, M. G., Nepom, J. R., Leickly, E., Suchy-Dicey, A., Hirchak, K., Echo-Hawk, A., ... Buchwald, D. (2016). A Culturally-Tailored Behavioral Intervention Trial for Alcohol Use Disorders in Three American Indian Communities: Rationale, Design, And Methods. *Contemporary Clinical Trials*, 47, 93-100.

Notes: This will be the largest randomized control trial ever conducted of an intervention designed to treat alcohol problems in AI/AN adults.

Friendship House Association of American Indians Inc. of San Francisco

Website: www.friendshiphousesf.org

Contact: 415-865-0964 | info@friendshiphousesf.org

Tribes Involved: American Indian clients.

Description: An 80-bed residential treatment facility in San Francisco, clients can stay up to 6 months. Treatment includes American Indian cultural practices and western approaches to substance abuse.

Outcomes: Compared with 61% at intake, 87% of Friendship House graduates maintained an increase in social connection 6 months after graduation. Compared with 41% at intake, 92% of Friendship House graduates did not use alcohol or illegal drugs in the past 30 days. Compared with 48% at intake, 78% of Friendship House graduates felt relief from depression and anxiety.

OST CHOICES

Organization: Sanford Research (Sioux Falls, SD), Oglala Sioux Tribe CHOICES Program (Pine Ridge, SD)

Contact: Jessica Hanson | jessica.d.hanson@sanfordhealth.org

Tribes Involved: American Indian women (currently 193 participants).

Description: An intervention aimed at reducing alcohol-exposed pregnancies, by using counseling and motivational interviewing with women at risk of alcohol exposed pregnancies before they become pregnant, OST CHOICES addresses risky drinking and ineffective or no contraceptive use.

Outcomes: Compared with 61% at intake, 87% of Friendship House graduates maintained an increase in social connection 6 months after graduation. Compared with 41% at intake, 92% of Friendship House graduates did not use alcohol or illegal drugs in the past 30 days. Compared with 48% at intake, 78% of Friendship House graduates felt relief from depression and anxiety.

References: <https://www.nofas.org/wp-content/uploads/2014/08/Implementing-CHOICES-in-Clinical-Settings-that-Serve-American-Indian-and-Alaska-Native-Women-of-Childbearing-Age.pdf>
Hanson, J. D., Nelson, M. E., Jensen, J. L., Willman, A., Jacobs-Knight, J., & Ingersoll, K. (2017). Impact of the CHOICES Intervention in Preventing Alcohol-Exposed Pregnancies in American Indian Women. *Alcoholism: Clinical and Experimental Research*, 41(4), 828-835.

Notes: Intervention modified from evidence-based CHOICES.

Social Determinants of Health/Community Health

Some of the intervention in this section take a policy/systems approach.

Little Earth of United Tribes

Website: www.littleearth.org

Address: 2495 18th Avenue South, Minneapolis MN 55404

Contact: Jolene Jones, President & Interim CEO | 612-455-2828 | jolene.jones@leearth.org

Tribes Involved: The only American Indian preference project-based Section 8 rental assistance community in the U.S.

Description: A 212-unit HUD-subsidized housing complex that is a center for urban American Indians in Minneapolis, Little Earth offers elder services, pre-school partnerships, home-owner initiatives, a community wide poverty reduction plan, youth and education programs, employment readiness programs, urban farming and other community activities. Little Earth has also partnered with the county government to offer the Omnicitye program for 43 families connecting them to available social services and to wellness services including substance abuse prevention and mental health care services.

Outcomes: Progress outcomes, no baseline comparison data available. 70% of Little Earth children, ages 3-5 are enrolled in a pre-school program; 35% of parents at Little Earth are enrolled in parent education programs; 65% of Little Earth youth graduate high school

References: https://conservancy.umn.edu/bitstream/handle/11299/165039/Esteva_8_21_14_Little%20Earth%20of%20United%20Tribes.pdf;sequence=1

Gimaajii-Mino-Bimaadizimin “Together we are beginning a good life”

Organization: The American Indian Community Housing Organization

Address: 202 W. 2nd Street, Duluth, MN 55802

Contact: 218-722-7225 | aichoduluth@gmail.com

Tribes Involved: Native Americans in need of transitional or supportive housing.

Description: An urban American Indian community center with 29 units of permanent supporting housing for women and children, and a 10-bed domestic violence shelter. The community center also serves as a cultural hub with an art gallery, garden, gym, spaces for art and traditional activities, and offices that provide community resources.

Outcomes: No scientific evaluations have been completed, but the center has good information on housing and social services, current events, connections to transitional housing and support for those experiencing domestic violence

References: http://aicho.org/pdf/LISC-CaseStudy-Gimaajii_11-21-17.pdf <http://www.aicho.org/pdf/MHPprofile.pdf>

Healthy Children, Strong Families

Contact: Alexandra Adams, MD, PhD | 406-994-6077 | alexandra.adams2@montana.edu

Tribes Involved: Four Wisconsin American Indian tribes.

Description: A two-year, community-driven, family-based randomized controlled trial of a healthy life-styles intervention. In year one, trained community mentors work with two-to-five-year-old American Indian children and their primary caregivers to promote goal-based behavior change. During year two, intervention families receive monthly newsletters and attend monthly group meetings to participate in activities designed to reinforce and sustain changes made in year one. Control families receive only curricula materials during year one and monthly newsletters during year two. Each of the two arms of the study comprises of 60 families.

Outcomes: Decreased child and primary caregiver BMI, increased fruit/vegetable consumption, decreased TV viewing, increased physical activity, decreased soda/sweetened drink consumption, improved primary caregiver biochemical indices, and increased primary caregiver self-efficacy to adopt healthy behaviors.

References: Adams, A. K., LaRowe, T. L., Cronin, K. A., Prince, R. J., Wubben, D. P., Parker, T., & Jobe, J. B. (2012). The Healthy Children, Strong Families Intervention: Design and Community Participation. *The Journal of Primary Prevention*, 33(4), 175–185. <http://doi.org/10.1007/s10935-012-0275-y>

Notes: The next phase (Healthy Children, Strong Families 2) expands this program to five native communities nationwide has statistical analysis in progress

OPREVENT2

Organization: Johns Hopkins University, Bloomberg School of Public Health

Address: 615 N. Wolfe St. Ste. W2041, Baltimore, MD 21205

Contact: Joel Gittelsohn | jgittel1@jhu.edu

Tribes Involved: Six rural reservations in New Mexico and Wisconsin.

Description: Through partnerships between tribes, communities, schools, worksites, food stores, and health institutions, this is a multi-level, multi-component (MLMC) intervention aimed at adult obesity reduction and prevention in American Indian communities using a systems approach addressing multiple levels of the food and physical activity environment (food stores, worksites, schools), and the social environment (children as change agents, families, social media).

Outcomes: Intervention is in process.

References: Gittelsohn, J., Jock, B., Redmond, L., Fleischhacker, S., Eckmann, T., Bleich, S. N., Caballero, B. (2017). OPREVENT2: Design of A Multi-Institutional Intervention for Obesity Control and Prevention for American Indian Adults. BMC Public Health, 17, 105. <http://doi.org/10.1186/s12889-017-4018-0>

Notes: Focus is on using evidence-based strategies known to increase access to, demand for, and consumption of healthier foods and beverages, and increase worksite and home-based opportunities for physical activity.

Commercial Tobacco Coalition

Organization: Nottawaseppi Huron Band of the Potawatomi

Contact: Rosalind Johnson, 269-729-4422

Tribes Involved: Nottawaseppi Huron Band of the Potawatomi Indians (NHBP).

Description: The NHBP formed a special Tobacco Coalition to investigate and develop commercial tobacco policies and to provide education and raise awareness of the dangers of commercial tobacco use. They used the Community Health Assessment and Group Evaluation (CHANGE) tool.

Outcomes: In one year, the NHBP moved from no written commercial tobacco control policies to comprehensive Commercial Tobacco Free Buildings and Tribal Tobacco code for Public and Private Worksites and Public Places.

Notes: Other tribes are now adapting NHBP's code to develop comprehensive and culturally-appropriate commercial tobacco control policies within their own governments. Tribe-specific rates of current smokers in Michigan range from 34%-72%, above Michigan's overall rate of 23%.

Thunder Valley CDC

Website: www.thundervalley.org

Address: PO Box 290, Porcupine, SD 57772

Contact: 605-455-2700

Tribes Involved: Lakota, Pine Ridge Reservation

Description: Lakota run grassroots Community Development Corporation that is building a community as a catalyst to create systemic change on the Pine Ridge Reservation. They are focused on building power for the community to create sustainable change and end poverty on the reservation.

Outcomes: Instituted a work force development program and a food sovereignty program. They are building a group of single-family homes.

References: No published studies, but their website has great information on their program and accomplishments.

Environmental Health

Guardians of Living Water

Organization: Montana State University

Address: 316D Herrick Hall, Bozeman, MT 59717

Contact: Vanessa Simonds ScD | 406-994-7396 | vanessa.simonds@montana.edu

Tribes Involved: Apsáalooke (Crow) Nation Montana

Description: Quasi-experimental design without a control group. Interviews with children and parents were used to assess the feasibility of the program, while pre-/post-tests assessed changes in knowledge, skills, and behavior.

Outcomes: Significant increases for selected knowledge and attitude components; increased knowledge of water quality science and reinforced cultural knowledge.

References: Simonds, V. W., Kim, F. L., LaVeaux, D., Pickett, V., Milakovich, J., & Cummins, J. (2018). Guardians of the Living Water: Using a Health Literacy Framework to Evaluate a Child as Change Agent Intervention. *Health Education & Behavior*, 1090198118798676.

Notes: Due to pollution and exposure to environmental contaminants in water, the Crow community identified lack of water-related environmental knowledge among children as an area of concern.

Healthy Indoor Environments

Website: cpacheco@kumc.edu

Organization: Center for American Indian Community Health University of Kansas Medical Center

Tribes Involved: American Indians in Kansas and Missouri.

Description: Through educational trainings, more than 240 American Indian people were trained on the primary causes of health problems in homes. A total of 72 homes and places of employment were assessed by American Indian environmental health specialists.

Outcomes: The top three categories with the most concerns observed in the homes/places of employment were allergens/dust (98%), safety/injury (89%), and chemical exposure (82%).

References: Pacheco, J. A., Pacheco, C. M., Lewis, C., Williams, C., Barnes, C., Rosenwasser, L., Daley, C. M. (2015). Ensuring Healthy American Indian Generations for Tomorrow through Safe and Healthy Indoor Environments. *International Journal of Environmental Research and Public Health*, 12(3), 2810–2822. <http://doi.org/10.3390/ijerph120302810>.

Notes: American Indians have the highest rate of severe physical housing problems in the U.S. (3.9%).

Suicide Prevention

White Mountain Apache Suicide Prevention Program

Organization: Center for American Indian Health

Address: 621 N. Washington St., Baltimore, MD 21205

Contact: Allison Barlow, MA/MPH, Technical Team Director | 410-955-6931 | abarlow@jhsph.edu

Tribes Involved: White Mountain Apache of Arizona.

Description: Phase 1 (Mandatory Celebrating Life Surveillance System): tribal resolution for all community members to be responsible for reporting those at risk for self-injury and suicide. Phase 2 (Celebrating Life Prevention Curriculum): elder presentations for youth, Applied Suicide Intervention Skills Training (ASIST) for community members, life skills trainings, and video intervention.

Outcomes: The overall Apache suicide death rates dropped from 40.0 to 24.7 per 100,000 (38.3%)

decrease), and the rate among those aged 15-24 years dropped from 128.5 to 99.0 per 100,000 (23.0% decrease). The annual number of attempts also dropped from 75 (in 2007) to 35 individuals (in 2012). National rates remained relatively stable during this time, at 10-13 per 100,000. (Outcomes compare rates, numbers, and characteristics of suicide deaths and attempts from 2007-2012 with those from 2001-2006.)

References: Cwik, M. F., Tingey, L., Maschino, A., Goklish, N., Larzelere-Hinton, F., Walkup, J., & Barlow, A. (2016). Decreases in Suicide Deaths and Attempts Linked to The White Mountain Apache Suicide Surveillance and Prevention System, 2001–2012. *American Journal of Public Health*, 106(12), 2183-2189.

Toiyabe Indian Health Project-Numa Life Skills Development

Address: 52 TuSu Lane, Bishop, CA 93514

Contact: Natalie Vega, MS | 760-873-6394 | natalie.vega@toiyabe.us

Tribes Involved: Nine tribes in CA (Antelope Valley Indian Community, Big Pine Paiute, Bishop Paiute Tribe, Bridgeport Indian Reservation, Fort Independence Indian Reservation, Kutzad Ka Paiute Tribe, Lone Pine Paiute-Shoshone Reservation, Utu Utu Gwaitu Tribe, Timbisha Shoshone Tribe).

Description: A school-based program that aims to build protective factors in youth and prevent suicide ideation-curriculum includes anywhere from 28-56 lesson plans covering topics such as: building self-esteem, identifying emotions and stress, recognizing and eliminating self-destructive behavior, and increasing communication and problem-solving skills.

Notes: Numa Life Skills is an adaptation of American Indian life skills for use with younger children. Focused on building resilience.

Montana Suicide Reduction Plan Zero Suicide Initiative

Tribes Involved: All tribes in Montana, focused on youth. Goal is adoption of Zero Suicide plans within all Montana agencies and across all reservations, tribes, and urban Indian organizations in the state.

Description: Collaboration between tribes, state health, public health, and education agencies education to commit to a Zero Suicide initiative. Streamlining suicide surveillance and action based on reporting and referrals. Provide training for frontline providers and community members. Development of youth leadership in the initiative.

Outcomes: This is an on-going initiative; outcomes thus far are: advisory council with of 26 representatives from each tribe and urban Indian health organizations; 75 representative tribes, urban Indian health departments, Indian Health Service, and MT DPHHS staff all trained through a

two-day Zero Suicide Academy.

Notes: Strategic plan includes implementing best practices in suicide prevention for all involved organizations and implementing targeted interventions for organizations in contact with native youth.

Qungasvik-Yu'pik “Toolbox”

Organization: Center for Alaska Native Health Research University of Alaska Fairbanks

Contact: Stacy Rasmus

Tribes Involved: Alaska native rural Yup'ik communities for youth ages 1-12.

Description: This study compares the effectiveness of high-intensity intervention in one community (treatment), with a high number of intervention activities, and a lower intensity intervention in a second community (comparison) that implemented fewer intervention activities. Intervention was modules for Yup'ik cultural engagement, modules are individual, family, or community level, and delivered in one or more one-to-three-hour sessions. Each module promotes 2-4 of 13 protective factors identified in a culture-specific model of protection.

Outcomes: Analysis identified significant high-intensity intervention effects on the ultimate prevention outcome variable Reasons for Life.

References: Allen, J., Rasmus, S. M., Fok, C. C. T., Charles, B., Henry, D., & Team, Q. (2018). Multi-Level Cultural Intervention for The Prevention of Suicide and Alcohol Use Risk with Alaska Native Youth: A Nonrandomized Comparison of Treatment Intensity. *Prevention Science*, 19(2), 174-185.

Arrowhead Business Group Apache Youth Entrepreneurship Program

Organization: John Hopkins Center of American Indian Health

Tribes Involved: White Mountain Apache on the Fort Apache Indian Reservation in Northeastern Arizona, American Indian adolescents ages 13-16 years.

Description: The entrepreneurship education intervention was developed with community partnership and a community advisory board. A 16-lesson curriculum taught via discussion, games, hands-on learning, and multimedia. Approximately 60 hours of training over an 8-month period focus on entrepreneurship and business development, life skills self-efficacy, and finance.

Outcomes: Still being evaluated. Promising as a positive, strengths- based youth development framework.

References: Larzelere-Hinton, F., Goklish, N., Ingalls, A., Craft, T., Sprengeler, F., & McGuire, C. (2016).

Entrepreneurship Education: A Strength-Based Approach to Substance Use and Suicide Prevention for American Indian Adolescents. *American Indian And Alaska Native Mental Health Research (Online)*, 23(3), 248.

Diabetes Prevention

Life in BALANCE

Organization: University of Nevada

Contact: Daniel Benyshek | daniel.benyshek@unlv.edu

Tribes Involved: Urban AI/AN population living in Las Vegas.

Description: A 16-week intensive lifestyle coaching intervention for overweight/obese at risk for type 2 diabetes.

Outcomes: Decreased weight, waist circumference, and elevated HDL cholesterol level.

References: Benyshek, D. C., Chino, M., Dodge-Francis, C., Begay, T. O., Jin, H., & Giordano, C. (2013). Prevention of Type 2 Diabetes in Urban American Indian/Alaskan Native Communities: The Life in BALANCE Pilot Study. *Journal of Diabetes Mellitus*, 3(4), 184–191. <http://doi.org/10.4236/jdm.2013.34028>

Together on Diabetes

Organization: Johns Hopkins Center for American Indian Health

Contact: Anne Kenney | akenney3@jhu.edu

Tribes Involved: Four rural reservation-based tribal communities in the southwestern U.S.

Description: A multisite pre-and post-evaluation design was used to evaluate the efficacy of the Together on Diabetes intervention on improving youth's psychosocial, knowledge, behavioral, and physiological outcomes at 4 time points from baseline to 12 months post-enrollment.

Outcomes: Reduced risk profiles of youth diagnosed or at risk for T2DM. Improved quality of life, hypertension, BMI, depressive symptoms and knowledge of T2DM.

References: Benyshek, D. C., Chino, M., Dodge-Francis, C., Begay, T. O., Jin, H., & Giordano, C. (2013). Prevention of Type 2 Diabetes in Urban American Indian/Alaskan Native Communities:

CDC Traditional Foods Project

Contact: Dawn Satterfield, Division of Diabetes Translation | 770-488-5285 | dxs9@cdc.gov

Tribes Involved: 17 tribal communities across the U.S.

Description: In response to the diabetes epidemic in Indian country, the CDC developed a traditional foods program to support tribes promoting availability of traditional foods, promoting health through dietary shifts to traditional foods, and using revitalization of food as a platform for community engagement and developing sustained shifts to prevent lifestyle disease.

Outcomes: Each of the 17 tribes has developed resources including cookbooks, websites about traditional food knowledge, community gardens, events, trainings classes all surrounding health improvement to revitalize traditional eating and prevent T2DM.

References: Satterfield D, DeBruyn L, Santos M, Alonso L, Frank M. Health Promotion and Diabetes Prevention in American Indian and Alaska Native Communities — Traditional Foods Project, 2008–2014. MMWR Suppl 2016.

T.R.A.I.L. (Together Raising Awareness for Indian Life)

Website: naclubs.org/trail-diabetes-prevention

Organization: BGCA Native Services

Contact: 972-581-2374 | bgcans@bgca.org

Tribes Involved: 4,400 AI/AN youth in 86 tribal communities.

Description: Physical, educational, and nutritional activities that promote healthy lifestyles through boys and girls club of America native services. Focuses on self-esteem, food choices, media influences and the impact of diabetes.

Outcomes: This program has not been scientifically reviewed; therefore, no results can be established.

References: National diabetes prevention program for Native American youth: On the T.R.A.I.L. (Together Raising Awareness for Indian Life) to diabetes prevention, 2015.

Special Diabetes Program for Indians Diabetes Prevention SDPI-DP, Journey to Native Youth Health

Organization: The University of Montana, Missoula

Contact: Blakely Brown | 406-243-6524 | blakely.brown@umontana.edu

Tribes Involved: 64 American Indian people from 2 Montana reservations.

Description: Modified and culturally appropriate version of the Diabetes Prevention Program.

Outcomes: Participants had a consumption of four times less fat and an increase in knowledge about nutrition, attitude, and beliefs.

References: Brown B, Noonan C, Harris KJ, Parker M, Gaskill S, Ricci C, Cobbs G, Gress S. Developing and Piloting the Journey to Native Youth Health Programs in Northern Plains Indian Communities. *The Diabetes Educator*. 2013;39(1):109-11

Family Strengthening, Parental Involvement, Resilience

Living in 2 Worlds

Contact: Stephen Kulis, ASU School of Social Work Professor | kulis@asu.edu

Tribes Involved: Urban American Indian youth in 3 middle schools in Arizona (107 students).

Description: Focused on strengthening resiliency and American Indian cultural engagement, Living in 2 Worlds (L2W) teaches drug resistance skills, decision making, and culturally grounded prevention messages. It is the culturally adapted version of Keepin it Real (kiREAL) a substance abuse prevention curriculum

Outcomes: Pre-post questionnaires were used, 85 students got culturally adapted L2W, 22 got non-adapted kiREAL. Differences between the L2W and kiREAL groups reached statistically significant thresholds for four outcomes.

References: Kulis, S. S., Ayers, S. L., & Harthun, M. L. (2017). Substance Use Prevention for Urban American Indian Youth: An Efficacy Trial of the Culturally Adapted Living in 2 Worlds Program. *The Journal of Primary Prevention*, 38(1-2), 137-158.

Parenting in 2 Worlds (P2W)

Organization: Southwest Interdisciplinary Research Center, Arizona State University

Contact: Stephen Kulis, ASU School of Social Work Professor | kulis@asu.edu

Tribes Involved: 75 American Indian parents of adolescents aged 10-17 in Phoenix, Arizona.

Description: A culturally adapted parenting intervention for urban American Indians using a 10-workshop, 5-week curriculum that included workshops identifying family traditions, norms, and values; communicating with your child; and guiding your child's behavior effectively.

Outcomes: Parents completed pre-post surveys. Changes from pre-to post-test demonstrated statistically significant improvements in several parenting outcomes (discipline, involvement, self-agency, and supervision), a strengthened sense of ethnic and cultural identity and Native spirituality, and a decrease in the child's anti-social behavior.

References: Kulis, S., Ayers, S. L., & Baker, T. (2015). Parenting In 2 Worlds: Pilot Results from A Culturally Adapted Parenting Program for Urban American Indians. *The Journal of Primary Prevention*, 36(1), 65-70.

Notes: A pilot test but very promising and culturally adapted. The same researchers that conducted Living in 2 Worlds.

Our Life

Organization: University of New Mexico Health Sciences Center

Contact: Jessica Goodkind | 505-272-4462

Tribes Involved: Members of a tribe who had lived on reservation in the U.S. Southwest (30 invited, only 10 remained in study).

Description: A 6-month weekly intervention, that aims to promote youth mental health and reduce youth violence by involving American Indian parents and youth ages 7-17 years.

Outcomes: Parents who completed the intervention demonstrated evidence of decreases in symptoms related to historical loss, increases in supportive parenting practices, decreases in punitive and permissive parenting practices, and increases in parent-child communication.

References: Goodkind, J. R., LaNoue, M. D., Lee, C., Freeland, L. R., & Freund, R. (2012). Involving Parents in A Community-Based, Culturally-Grouped Mental Health Intervention for American

Indian Youth: Parent Perspectives, Challenges, And Results. Journal of community psychology, 40(4), 468-478.

Preserving Native Families

Website: www.ccthita.org

Contact: 907-586-1432

Tribes Involved: Central Council of the Tlingit and Haida Indian Tribes of Alaska.

Description: A culturally responsive safety and risk assessment system based on the Structural Decision-Making model. The system includes a screening assessment, a strength and needs assessment, and a reassessment to determine whether services should be continued. At-risk families are referred to a program called Preserving Native Families for preventative and family support services.

References: NCCD Children's Research Center. (2014). The Structured Decision-Making System in Family Prevention Services for Preserving Native Families: Prepared for The Central Council of The Tlingit And Haida Indian Tribes of Alaska. National Council on Crime and Delinquency

Intensive Family Preservation

Organization: Cook Inlet Tribal Council, Anchorage, Alaska

Website: <https://citci.org/child-family/intensive-family-preservation/>

Contact: 907-793-3600

Tribes Involved: Alaska Native Families around Anchorage Alaska.

Description: Family support and skills development; foster care support; intensive family preservation skills development and case management; counseling, connection to resources, and family skills development.

Family Spirit Home Visiting Intervention

Website: <https://www.jhsph.edu/research/affiliated-programs/family-spirit/proven-results/research-findings>

Contact: Allison Barlow, MPH, PhD, Family Spirit Program Director | 928-674-7335 | familyspirit@jhu.edu

Tribes Involved: Navajo and Apache and San Carlos Tribes (partnered with John Hopkins Center for American Indian Health).

Description: Family Spirit is the first and only evidence-based early childhood home-visiting program designed for and by American Indian communities.

Outcomes: Evidence from three randomized controlled trials has documented results of Family Spirit –each trial validated and extended prior findings. These include increased parenting knowledge and involvement, decreased maternal depression, increased home safety, decreased emotional and behavioral problems of mothers, and decreased emotional and behavioral problems of children.

References: Barlow A, Mullany B, Neault N, et al. Paraprofessional Delivered, Home-Visiting Intervention for American Indian Teen Mothers and Children: Three-Year Outcomes from a Randomized Controlled Trial. *American Journal of Psychiatry*. 2015; 172(2):154-162.

Note: This is the only evaluated home visiting program for AI/AN families. Family Spirit has met the highest standard of the Department of Health and Human Services' criteria for an evidence-based early childhood home visiting service delivery model.

American Indian Strengthening Families Program (American Indian SFP)

Contact: Ceceilia Tso, Navajo Trainer of Trainers | 801-577-2668 | ctso2001@yahoo.com

Tribes Involved: More than eight American Indian tribes or urban communities in Oklahoma, Minnesota, Colorado, Utah, Idaho, Iowa, Alaska, and New Mexico have implemented the American Indian SFP

Description: The American Indian SFP is a 14-session, evidence-based parenting skills, children's life skills, and family skills training program that involves both the parents and the children.

Outcomes: Evaluation of SFP in American Indian communities is old (Whitbeck and Smith, 2001) though standard SFP has been well evaluated and SFP has being used recently in American Indian communities. Outcomes include reduction in behavioral problems and substance abuse and improvements in social skills, communication and family relationships.

References: https://strengtheningfamiliesprogram.org/docs/AISFP_Brochure.pdf Whitbeck, L., & Smith, J. (2001). *Outcomes of A Culturally-Modified Family Program for Ojibway Indian Families*. Washington, DC: Society for Prevention Research.

Note: American Indian adaptation of the Strengthening Families Program.

Foster Care and Family Unification Programs and Interventions

Family Preservation and Reunification Services

Website: www.difrc.org

Organization: Denver Indian Family Resource Center (DIFRC)

Contact: 720-500-1020

Tribes Involved: Any AI/AN families in the Denver metro area, Denver, Jefferson, Adams, Arapahoe, Weld, and Douglas Counties (over 100 different tribes).

Description: Services include case management for child welfare cases, parenting classes (Nurturing Skills for Families Curriculum), child abuse and neglect prevention services, and referrals.

Outcomes: In 2016, 89% of families who received DIFRC's family preservation and reunification services were preserved. In comparison, only 54% of Native children are reunified with their families nationwide.

References: Lucero, N. M., & Bussey, M. (2012). A Collaborative and Trauma-Informed Practice Model for Urban Indian Child Welfare. *Child Welfare*, 91(3), 89–112.

Adoption and Mental Health

Tribes Involved: Data were collected from American Indian and white adults who self-identified as having experienced adoption and/or foster care during childhood with 99 American Indian respondents and 134 white respondents.

Description: This study explored the mental health problems of American Indian and white adoptees.

Outcomes: American Indian adoptees were more likely than expected under the null hypothesis to self-report alcohol addiction, alcohol recovery, drug addiction, drug recovery, self-assessed eating disorder, eating disorder diagnosis, self-harm, suicidal ideation, and attempted suicide than white adoptees.

References: Landers, A. L., Danes, S. M., Ingalls-Maloney, K., & Hawk, S. W. (2017). American Indian and White Adoptees: Are There Mental Health Differences? *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, 24(2), 54–75.

RESOURCE GUIDE: PROMISING PROGRAMS
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