Literature Support for
Outcomes Used to Evaluate
Culturally- and Community- Based Programs

Indicators of Success for Urban American Indian/Alaska Native Youth: An Agency Example

Contents

Conceptual Framework for Literature Support of Intermediate Outcomes

In the field of children's mental health, many agencies providing services in specific community or cultural milieus are challenged to show that the interventions they use and services they provide are supported by empirical evidence of their effectiveness. This challenge may be motivated by external demands to use "evidence-based practice," the desire to provide the best possible services to clients, or both. The trajectory from intervention to evidence-supported outcomes often contains intermediate milestones, or goals that are also associated with achieving success. Oftentimes, these milestones are identified by service providers, community partners, families, or other stakeholders and therefore might be considered "value-based" variables as compared to empirically-based outcomes and/or distal (long-term) outcomes recognized by researchers, policy-makers, and the larger society. For example, in the project described here, the service community identified "positive cultural identity" as an indicator of success for Native American youth. A search of the research literature established that positive cultural identity is associated with distal outcomes such as reduced suicide and school success.

Intermediate, value-based variables can often be as important to cultural communities and community organizations as distal outcome achievement. Examining the relationship between these intermediate, value-based variables and more distal outcomes is an important strategy for both building evidentiary support for agency interventions and supporting the theoretical framework of a program's approach. The development of robust literature support for agency practice also allows providers to take stakeholder input on milestones and outcomes that have significance to specific community and

cultural stakeholders, and to create linkages between them that fortify the connection between research and program development. Researchers can in turn utilize literature connecting intermediate and distal outcomes in order to provide agencies with improved arguments for concentrating on community- and culturally-defined outcomes that are shown to be connected to outcomes widely valued by funders, policy-makers, and the wider society.
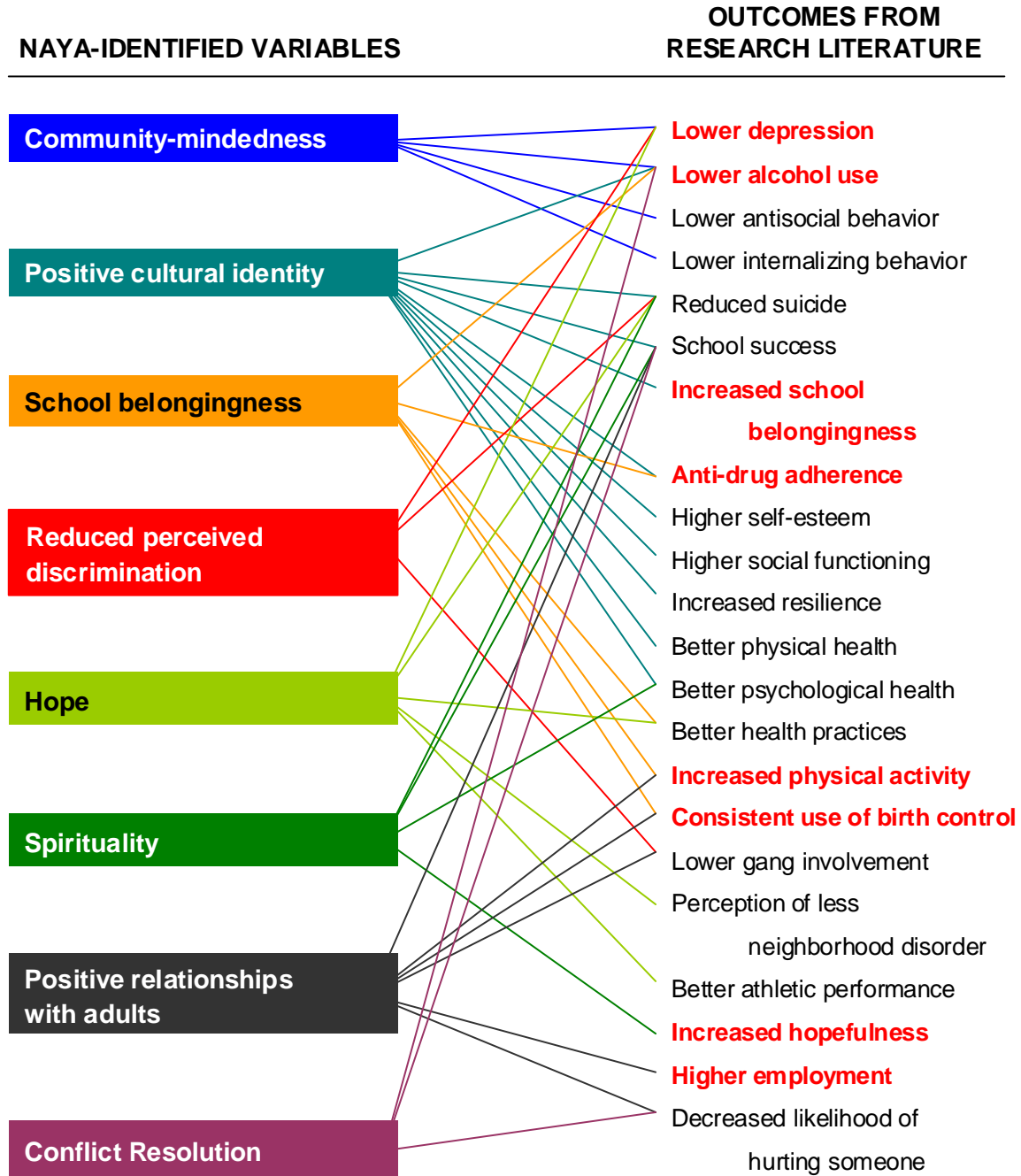
The following document is based on an extensive literature review designed to explore the relationship between community-identified "value-based" variables relating to well-being for Native American/Alaska Native (AI/AN) youth and outcomes that are associated with evidence-based programs, or are widely accepted as desirable distal outcomes. This review is one product of a community based participatory research project at a community organization providing culturally specific services to urban AI/AN youth. Through several focus groups, program participants, providers, youth, parents, elders, staff members, and other stakeholders met with researchers to define what success and well-being look like for urban AI/AN youth. Through this process, a number of community-defined indicators of success were derived. Many of these indicators, such as lower depression, lower alcohol use and increased school belongingness, are areas that have acceptance, and a strong evidence base in the mainstream research community. In addition to these, focus group members also identified eight indicators of success that were highly valued by this urban Indian community, but are not widely acknowledged in research and policies addressing evidence-based practices. These are: community mindedness, conflict resolution, cultural identity, hope, perceived discrimination, positive relationship with an adult, school belongingness, and spirituality. A review of the

research literature was conducted to examine possible links between each of the eight

intermediate, value-based variables and indicators of youth well-being that have been

studied as outcome variables in published research

Figures 1.a and 1.b on the following pages present, in two different formats, a global

view of the connections found in the literature between evidence-supported outcomes and

the value-based indicators of well-being defined by the AI/AN community. The

subsequent section of this document contains a definition of individual variables

(indicators), a list of evidence-based outcomes associated with each variable, and

citations for the source material. Finally, a description of the principles and goals that

guided this project and information about project partners is presented.

While this document is an example of a process specific to an agency serving

urban AI/AN youth, this methodology is well-suited to any community- and/or culturally-

based agency seeking to connect community-defined indicators of success that are valued

by the community being served to outcomes identified by the wider research community,

policy makers and potential funders of community- and culturally-based programs.

Figure 1.a. Relationship of NAYA-identified outcomes to variables from existing evidence

NAYA-IDENTIFIED VARIABLES

OUTCOMES FROM RESEARCH LITERATURE

Community-mindedness

Positive cultural identity

School belongingness

Reduced perceived discrimination

Hope

Spirituality

Positive relationships with adults

Conflict Resolution

Lower depression
Lower alcohol use
Lower antisocial behavior
Lower internalizing behavior
Reduced suicide
School success
Increased school belongingness
Anti-drug adherence
Higher self-esteem
Higher social functioning
Increased resilience
Better physical health
Better psychological health
Better health practices
Increased physical activity
Consistent use of birth control
Lower gang involvement
Perception of less neighborhood disorder
Better athletic performance
Increased hopefulness
Higher employment
Decreased likelihood of hurting someone

Note: outcomes in red are NAYA-identified outcomes.

Figure 1.b. Relationship of NAYA-identified outcomes to variables from existing evidence

NAYA-IDENTIFIED VARIABLES

Outcome	Community-mindedness	Positive cultural identity	School belongingness	Reduced perceived discrimination	Hope	Spirituality	Positive relationships with adults	Conflict resolution
Lower depression	■			■	■			
Lower alcohol use	■	■	■					■
Lower antisocial behavior	■							
Lower internalizing behavior	■							
Reduced suicide		■		■	■	■		
School success		■				■	■	■
Increased school belongingness		■						
Anti-drug adherence		■	■					
Higher self-esteem		■						
Higher social functioning		■						
Increased resilience		■						
Better physical health		■						
Better psychological health		■				■		
Better health practices			■		■			
Increased physical activity			■				■	
Consistent use of birth control			■	■			■	
Lower gang involvement							■	
Perception of less neighborhood disorder					■			
Better athletic performance					■			
Increased hopefulness						■		
Higher levels of employment							■	
Decreased likelihood of hurting someone							■	■

A. Community Mindedness

Community mindedness is expressed through activities teens do in their home communities, such as visiting older relatives, volunteering to help elders, and trying to help others.[A1]

Community mindedness is associated with:
- Lower depression (AI/AN).[A1]
- Lower alcohol use (AI/AN).[A1]
- Lower antisocial behavior (AI/AN).[A1]
- Lower levels of internalizing behaviors (AI/AN).[A1]

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B. Positive Cultural Identity

Cultural identity is a person's sense of ethnic pride, "the awareness and loyalty to one's culture of origin,"[B6] and "the social category individuals decide to adopt or stress."[B11]

Positive cultural identity is associated with:
- Reduced prevalence of suicide (AI/AN).[B1]
- School success (AI/AN).[B2, B12]
- Reported increased school belongingness (AI/AN).[B4]
- Stronger adherence to anti-drug norms (AI/AN).[B5, B3, B10]
- Lower alcohol and drug use (AI/AN).[B8]
- Higher self-esteem (AI/AN).[B5, B9]
- Higher social function (AI/AN).[B4]
- Increased resilience (AI/AN).[B7]
- Positive physical health.[B6]
- Better psychological health.[B6]

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C. School Belongingness

School belongingness means having strong positive relationships with teachers and feeling that one really belongs to and is a part of one's school.[C1]

School Belongingness is associated with:
- Lower lifetime use of alcohol, cigarettes, and drugs (AI/AN).[C1]
- Lower recent use of alcohol, cigarettes, and drugs (AI/AN).[C1]
- Self-efficacy and refusal skills associated with lower drug use (AI/AN).[C2]
- Fewer health compromising behaviors (substance use, depressed mood and suicidal ideation, physical aggression and risky sexual activity).[C3]
- Increased reports of vigorous physical activity, fruit and vegetable consumption, condom use and bicycle helmet use.[C3]
- Health promoting behaviors pertaining to family and friend connectedness.[C3]
- Lower probability of violence.[C4]

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D. Reduced Perceived Discrimination

Perceived discrimination is a person's reported experiences of unfair treatment due to a specific characteristic such as their ethnic background or gender. It "represents perceived rejection and persecution by the dominant culture."[D4]

Perceived discrimination is associated with:
- Increased reports of depressive symptoms (AI/AN).[D1, D4]
- Higher risk for suicidal behavior (AI/AN).[D2, D6]
- Increased likelihood of gang involvement (AI/AN).[D3]
- Involvement in traditional culture as a buffer of its effects (AI/AN).[D4]
- Contribution to externalizing symptoms mediating early substance abuse (AI/AN).[D5]

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E. Hope

> Hope is "the process of thinking about one's goals, along with the motivation to move toward those goals (agency), and the ways to achieve those goals (pathways)."[E4]

Higher levels of hope are associated with:

- Lower alcohol, tobacco, and marijuana use.[E8]
- Individuals' use of information about health to their advantage, i.e., to "do more of what helps and less of what hurts."[E6]
- Higher grades and graduation rate, and lower school dropout rate in college students.[E6]
- Perception of less neighborhood disorder.[E8]
- Higher achievement test scores for grade school children.[E5]
- Significantly better performance in college athletes.[E2]

Higher levels of hopelessness are associated with:

- Greater number of risky behaviors, including violence, substance use, high risk sexual behaviors and accidents.[E1]
- More depression, more school problems, and more mental health problems.[E3]

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F. **Spirituality**

Spirituality is adherence to American Indian cultural views of the connectedness of humans to all other physical and transcendental entities; "the salience of cultural spiritual beliefs or levels of cultural spiritual orientations."[F1]

Spirituality is associated with:
- Reduced prevalence of suicide (AI/AN).[F1]
- Increased academic competence (AI/AN).[F2]
- Increased peer competence (AI/AN).[F2]
- Increased reports of mental health (AI/AN).[F3]
- Increased reports of feeling more hopeful.[F4]

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G. Positive Relationship with an Adult

A positive relationship with an adult creates a mentoring relationship. "Mentoring is characterized by a personal relationship in which a caring individual provides consistent companionship, support, and guidance aimed at developing the competence and character of a child or adolescent."[G1]

A positive relationship with an adult is associated with:[G2]
- Greater likelihood of having completed high school and attended college.
- Higher levels of employment for those not attending college.
- Decreased likelihood of being a gang member.
- Decreased likelihood of hurting someone in a fight during the previous year, especially in youth with higher levels of environmental risk.
- Higher level of physical activity.
- More consistent use of birth control.

A formal mentoring program is associated with:[G3]
- Increased emotional and psychological well-being.
- Lower rates of problem and high-risk behaviors.
- Higher levels of social competence.
- Increased academic/educational attainment.
- Increased career/employment attainment.

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H. Conflict Resolution

Pro-social Conflict Resolution is the ability to problem-solve inter-personal conflict through negotiation and cooperation in which the needs and interests of each party are taken into consideration to reach a mutually acceptable resolution.[H1]

Pro-social Conflict Resolution is associated with:
- Problem-solving.[H1]
- Coping.[H1]
- Communication.[H1]
- Reduced Aggression.[H2]

Students completing formal Conflict Resolution training demonstrated:
- Increased forgiveness.[H2]
- Decreased instances of aggression.[H2]
- Decreased physical violence.[H2]
- Increased negative attitude towards violence.[H3]

Maladaptive Conflict Resolution styles are associated with:
- Lower academic achievement.[H4]
- Increased cigarette, alcohol and drug use.[H4]
- Increased physical altercations.[H4]

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About Our Project

This document was developed as part of the Practice-Based Evidence: Building Effectiveness from the Ground Up (PBE) project, a partnership between Portland State University's Research & Training Center on Children's Mental Health and Family Support (RTC), the National Indian Child Welfare Association (NICWA) and the Native American Youth and Family Center (NAYA). The goal of the PBE project is to identify a framework and set of methods for studying the effectiveness of culturally specific services provided to urban AI/AN youth.

NAYA is a culturally- and community-based agency that provides services to self-identified AI/AN youth and young adults and their families in a three-county area, which includes the Portland metropolitan area. NAYA provides a broad array of services to AI/AN young people and families to address the needs of the urban AI/AN community. These include educational, cultural arts, recreational, domestic violence, foster care, and independent living programs; as well as housing and home ownership assistance, and mental health and case management services. NAYA's approach is holistic and integrative, consistent with the worldview of the AI/AN community that well-being is a product of balance between the mental, physical, spiritual and contextual aspects of life (Cross, 1995).

NICWA is a national research, training, policy, and development organization dedicated to the well-being of American Indian children and families. NICWA provides technical assistance to tribal sites funded through the federal Circles of Care program and is the most comprehensive source of information on American Indian child welfare and the only national American Indian organization focused specifically on the tribal capacity to prevent child abuse and neglect. NICWA is a private, non-profit, membership organization based in Portland, Oregon. Members of NICWA include tribes, individuals—both Indian and non-Indian—and private organizations from around the United States concerned with American Indian child and family issues.

The Research and Training Center on Family Support and Children's Mental Health was established in 1984 at Portland State University, in Portland, Oregon with funding from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The Center is dedicated to promoting effective community-based, culturally competent, family-centered services for families and their children who are, or may be affected by, mental, emotional or behavioral disorders. This goal is accomplished through collaborative research partnerships with family members, service providers, policy makers, and other concerned persons.

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