The Community Prevention and Wellness Initiative: Culturally Relevant Prevention of Youth Substance Use and Misuse

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Our agenda

- Introduction to prevention science.
- The how and why of cultural competency and sustainability efforts.
- Overview of statewide prevention efforts.
- Introduction to the Community Prevention and Wellness Initiative (CPWI).
Introduction to prevention science

Science, theory, risk and protective factors
How do we prevent...

- Car problems?
- Heart disease?
- Poor oral health?
What is prevention?
Continuum of care
Promotion and prevention
Universal, selective, indicated programs
The prevention framework is based on...

- The Public Health Approach.


- Contributing Factors and selection of Evidence-based Prevention Strategies.
The Public Health Approach
Health Promotion Framework

Consequence: Death from heart disease

Health Indicator: Heart Disease

Intervening Variable:
- High blood pressure
- Genetics
- Sedentary Lifestyle
- High fat diet
- Tobacco use

Strategies:
- Blood pressure meds, diet, stress reduction, etc.
- Knowing family history
- Exercise. Increase physical activity
- Lower the fat in your diet
- Reduce, curtail, quit

Problem... ...Response
Intervening Variables: Characteristics that are strongly predictive of underage drinking and substance abuse. They are characteristics of the community that are likely to influence youth substance use and misuse.

Examples:
- Alcohol availability (ease of access; usual sources; retailers)
- Promotion of alcohol
- Alcohol laws (enforcement; penalties)
- Community norms (acceptability among peer and community)
- Risk and protective factors
Risk factor

A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.
Protective factor

A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes.
Risk and protective factors

Research has shown:

- Common risk factors predict diverse behavior problems.
- Risk and protective factors work similarly across racial lines.
- Both risk and protective factors should be used in prevention efforts.
Balance of risk and protection

- Risk Factors
  - Community Norms and Laws
  - Availability of Drugs
  - Academic Failure

- Protective Factors
  - Bonding and Attachment
  - Resistance and Social Skills
  - Sense of purpose/future orientation

Balance of risk and protection
More protection than risk

Risk Factors
- Community Norms and Laws
- Availability of Drugs
- Academic Failure

Protective Factors
- Positive Adult Role Models with Healthy Beliefs and Clear Standards
- Bonding and Attachment
- Resistance and Social Skills
- Sense of purpose/future orientation
More risk than protection

Risk Factors
- Family History
- Community Norms and Laws Favorable to Use
- Availability of Drugs
- Academic Failure

Protective Factors
- Bonding and Attachment
- Resistance and Social Skills
- Sense of purpose/future orientation
Contributing factors

- Lack of enforcement of underage drinking laws
- Lack of adult/parents’ support for enforcement
- Lack of justice system’s vigorous prosecution of underage drinking violators
- Adult/parents’ belief that underage drinking is a “rite of passage”
- Lack of facilities to hold juveniles under the influence
Building Protection: Social Development Strategy
Juggling risk and protective factors
Cultural competency and sustainability

The how and why
## Health Disparities Data

<table>
<thead>
<tr>
<th>Substance Use/Misuse/Abuse</th>
<th>State Rate</th>
<th>AI/AN</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>Multi-Race</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Other</th>
<th>White</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>Alcohol 30 Day Use</td>
<td>18.5%</td>
<td>21.4%</td>
<td>11.2%</td>
<td>12.2%</td>
<td>23.0%</td>
<td>20.3%</td>
<td>12.0%</td>
<td>19.2%</td>
<td>19.6%</td>
<td>18.8%</td>
<td>18.1%</td>
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<tr>
<td>Marijuana 30 Day Use</td>
<td>17.9%</td>
<td>25.0%</td>
<td>8.3%</td>
<td>19.7%</td>
<td>22.3%</td>
<td>22.3%</td>
<td>17.5%</td>
<td>20.5%</td>
<td>17.5%</td>
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<td>18.2%</td>
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<tr>
<td>E-Cigs 30 Day Use</td>
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<td>28.1%</td>
<td>10.4%</td>
<td>16.1%</td>
<td>22.5%</td>
<td>27.0%</td>
<td>13.0%</td>
<td>17.7%</td>
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<tr>
<td>Pain Killer 30 Day Use</td>
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<td>1.7%</td>
<td>4.8%</td>
<td>5.4%</td>
<td>4.3%</td>
<td>5.4%</td>
<td>4.1%</td>
<td>3.1%</td>
<td>2.9%</td>
<td>4.3%</td>
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<tr>
<td>Tobacco 30 Day Use</td>
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<td>5.0%</td>
<td>2.3%</td>
<td>5.4%</td>
<td>5.3%</td>
<td>7.9%</td>
<td>4.4%</td>
<td>7.4%</td>
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<td>6.9%</td>
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<tr>
<td>Sad/Hopeless in Past 12 Months</td>
<td>40.0%</td>
<td>53.0%</td>
<td>35.8%</td>
<td>33.9%</td>
<td>39.7%</td>
<td>47.9%</td>
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<td>41.7%</td>
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<tr>
<td>Suicide Ideation</td>
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<tr>
<td>Suicide Plan</td>
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<td>17.5%</td>
<td>22.6%</td>
<td>12.9%</td>
<td>19.8%</td>
<td>17.9%</td>
<td>21.5%</td>
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<tr>
<td>Suicide Attempt</td>
<td>10.0%</td>
<td>18.1%</td>
<td>7.8%</td>
<td>6.9%</td>
<td>11.3%</td>
<td>12.7%</td>
<td>10.0%</td>
<td>10.4%</td>
<td>9.6%</td>
<td>11.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Bullied in the past 30 days</td>
<td>19.3%</td>
<td>31.9%</td>
<td>14.3%</td>
<td>15.5%</td>
<td>14.2%</td>
<td>23.0%</td>
<td>20.3%</td>
<td>24.2%</td>
<td>21.2%</td>
<td>22.2%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>
2018 Healthy Youth Survey Results

- **Alcohol Use**
  - Underage drinking has gone down significantly across all grades surveyed over the last decade. Our investments in prevention across the state are driving down underage drinking.
  - Although we are seeing positive change it is important to note, that one in five 10th graders used alcohol in the last month and 1 in 10 binge drank (5 or more drinks in a row) which indicates that we still have work to do.

- **Marijuana Use**
  - Rates of teen marijuana use have remained steady, despite the changing landscape.
  - However, we are seeing that youth may think that using marijuana as less risky than in the past.
  - Too many teens are driving after using marijuana.

- **Opioid Use**
  - Use of opioids remain low overall among youth in Washington.
  - Having said that, use of opioids remains a serious concern, with a very high risk of addiction, injury, and even death.

- **Cigarette Smoking**
  - The decline in cigarette smoking is good news.

- **Vaping**
  - However, we do have concerns about the increase in vaping.
Health disparities and cultural competency

“Cultural competency is not the tenth thing on the list in getting things done; it’s the way we manage the other nine.”

-Dr. Robert Hayles
Discussion Questions

- When you hear the term “cultural competence,” what comes to mind?
- In what ways have you addressed the ethnic and cultural needs of individuals as they receive care throughout the continuum?
Statewide prevention efforts

Initiatives and programs
Key prevention initiatives and programs

- State Prevention Enhancement (SPE) Policy Consortium
- Washington Healthy Youth (WHY) Coalition
- Tribal prevention and wellness
- Community Prevention and Wellness Initiative (CPWI) in collaboration with the Office of Superintendent of Public Instruction (OSPI)
- Community-based Organization (CBO) grants
- Mental Health Promotion Program (MHPP) grants
- Healthy Youth Survey (HYS) in collaboration with OSPI, Department of Health (DOH), and the Liquor and Cannabis Board (LCB)
- Young Adult Health Survey in collaboration with University of Washington
- Spring Youth Forum, Tribal Gathering, Coalition Leadership Institute, and the Prevention Summit held annually
The Community Prevention and Wellness Initiative

An introduction
What is CPWI?

- DBHR launched the Prevention Redesign Initiative (PRI), later named CPWI, in 2011.
- The main goal of CPWI is to achieve positive outcomes on preventing and reducing youth substance use and abuse.
- It is a community and school-based model focused on:
  - Building healthy and safe community environments.
  - Expanding quality prevention services in community and school settings.
  - Empowering people to make healthy choices.
  - Eliminating health disparities.
Because of this, CPWI will...

- Have a deeper impact;
- Better measure those impacts; and
- Build support for additional investments in prevention.
Prevention services are focused in communities and Tribes throughout Washington

LEGEND
- Community Prevention and Wellness Initiative Communities
- Tribal prevention and wellness programs
- Tribal lands
- COUNTIES

SOURCES: DHHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORES).
CONTACT: Irina Sharkova, DHHS/FA/ROA, irina.sharkova@dshs.wa.gov, 360-902-0743.
MARCH 5, 2019
Racial or Ethnic Minority Children
as a Percentage of All Children Ages 0 to 17 by School District, 2017

NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years. The rate for the state is 6 percent.


CONTACT: Irina Sharkova, DHHS/PFA/RDA, Irina.sharkova@dshs.wa.gov, 360-902-0748.

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Key components of CPWI

- Partnership of state agencies, counties, schools, and prevention coalitions.
- Empowers communities to make sustainable changes.
- Focuses on high-need communities and priority populations.
- Ensures effective prevention services.
- Provides funding, training, and technical assistance.
- Targets and leverages limited public resources.
Figure 1. Substance Use Risk Ranking Methodology

Indicators
- Population (ages 10-17)
- TANF child recipients
- Food stamp recipients
- Victims in CPS referrals

Factors
- School Performance
- Youth Delinquency
- Mental Health
- Substance Use Level

Category Composite
- Consequence Ranking (50%)
- Consumption Ranking (50%)

Overall Composite

Contextual Variables
- Depressed
- Considering suicide
- Suicide attempts
- Failing WASL grade 7,10
- Self-reported truancy
- On-time graduation rates
- Self-reported fighting
- Carrying a weapon
- Gang membership
- Driving under influence
- Substance Use Level (alcohol, marijuana, tobacco, and prescription drugs)
Strategic Framework for CPWI

DBHR Community Prevention and Wellness Initiative Planning Framework

- Capacity Building
- Sustainability and Cultural Competency
- Evaluation
- Implementation
- Planning
- Assessment
- Getting Started

Adapted from SAMHSA Strategic Prevention Framework
What CPWI communities do?

- Facilitate local decision making.
- Implement proven strategies through a prevention coalition.
- Use evidence-based capacity building.
- Implement community-wide and targeted direct services, programs and policies.
- Partner with school-based Student Assistance Professional.
- Evaluate chosen programs, policies and community-level change, and participate in statewide evaluation.
A look at our outcomes

Community Prevention and Wellness Initiative (CPWI) communities were at higher risk, but they closed the gap.

**Alcohol Use Past 30 Days**

- **2008**: CPWI - 34%, Non-CPWI - 31%
- **2016**: CPWI - 21%, Non-CPWI - 20%

**Risk of Substance Use Due to Family Problems**

- **2008**: CPWI - 48%, Non-CPWI - 44%
- **2016**: CPWI - 36%, Non-CPWI - 35%
Substance use disorder prevention school outcomes

School outcomes **improved** in Community Prevention and Wellness Initiative (CPWI) communities from baseline to post-intervention time.

### School Outcomes

<table>
<thead>
<tr>
<th>School Outcomes</th>
<th>CPWI - Cohort 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td>Adjusted 4-Year Cohort Graduation Rate</td>
<td>76%</td>
</tr>
<tr>
<td>Adjusted 4-Year Cohort Dropout Rate</td>
<td>14%</td>
</tr>
<tr>
<td>Adjusted 5-Year Cohort Graduation Rate</td>
<td>78%</td>
</tr>
<tr>
<td>Adjusted 5-Year Cohort Dropout Rate</td>
<td>19%</td>
</tr>
</tbody>
</table>

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**Source:** Washington State University CWPI Evaluation Outcome Report, 2018
Questions?
Resources

- The Athena Forum
- Office of Superintendent of Public Instruction (OSPI) Prevention/Intervention
- Community Anti-Drug Coalitions of America (CADCA)
  - CADCA Primer
  - CADCA Webinars/Resources/Trainings/TA
- Substance Abuse Mental Health Services Administrations (SAMHSA)
  - Center for the Application of Prevention Technologies (CAPT)
  - Talk They Hear You Media Campaign
- Communities that Care (CTC)
  - Training and Research
Contact

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