

COMMUNITY READINESS ASSESSMENT **BRIEF** **2022** REPORT:

Mental Health and Substance Use Prevention Among American Indian/ Alaska Native Youth in Sacramento



a california *health+* center



OVERVIEW OF THE APPROACH

Purpose

The purpose of the community readiness assessment is to aid the Sacramento Native American Health Center (SNAHC) in understanding community perceptions and knowledge about mental health and substance use prevention for American Indian and Alaska Native (AI/AN) youth in the area. Conducting a community readiness assessment is key to initiating community change.

The project team engaged 20 community members to analyze mental health and substance use prevention for AI/AN youth in Sacramento County. All too often in Indian Country, pathways of change are imposed onto communities, rather than change coming from within the communities. The community readiness assessment model allows communities to define issues and strategies in their context to create systemic change in the Sacramento community.

Methodology

SNAHC used a community readiness model. This model is approved by the funder, Substance Abuse and Mental Health Services Administration, for community change. This model integrates a community's culture, resources, and level of readiness to address youth wellness in Native communities. The model encourages community investment in Native youth wellness and community awareness.

The community readiness process has five components: (1) define "community"; (2) conduct key respondent interviews; (3) score to determine readiness level; (4) develop strategies and conduct workshops; and 5) community change. Our goal was to cast a wide net to capture as many experiences and perspectives as possible.

From June to August 2022, two SNAHC staff members conducted 20 interviews that included youth, parents, community members, health leaders, educators, mental health workers, social service workers, local tribal government, and Native community and spiritual leaders:

All interviews took place online and were recorded. 2 hours were allotted per interview. The project team asked 27 questions that covered five dimensions: community knowledge, leadership, community climate, knowledge about the problem, and resources for prevention efforts. These five dimensions of readiness are key factors that influence the community's preparedness to address youth wellness. Interviews varied in length. One interviewer participated in each interview. All interviews were recorded so scorers could listen and score the interviews adequately and the evaluator could analyze the findings and write up the information in the following report. After all interviews were completed, the two team members scored the interviews. The scorers worked independently, each listening to the interview in its entirety before scoring the dimensions. They then read the anchored rating statements such that they reviewed each dimension, listened to the interview a second time, and took notes to accurately score each dimension.

When each scorer finished scoring the interviews, they came together to compare scores. During this part of the process, the two scorers discussed their individual scores and then agreed on a single score. After they scored each dimension, they added the scores to find the total for each dimension. This determined which dimensions had the lowest scores, dictating where efforts should be focused. Please see Figure 1 for full details of the stages of community readiness.

Figure 1

STAGE		DESCRIPTION
1	NO AWARENESS	MENTAL HEALTH AND SUBSTANCE USE PREVENTION is not generally recognized by community leaders as an issue (or it may truly not be an issue).
2	DENIAL/ RESISTANCE	At least some community members recognize that MENTAL HEALTH AND SUBSTANCE USE PREVENTION is a concern but there is little recognition that it might be occurring locally.
3	VAGUE AWARENESS	Most feel there is a local concern but there is no immediate motivation to do anything about it.
4	PREPLANNING	There is a clear recognition that something must be done and there may even be a group addressing it. However, efforts are not focused or detailed.
5	PREPARATION	Active leaders begin planning in earnest. Community offers modest support of efforts.
6	INITIATION	Enough information is available to justify efforts. Activities are underway.
7	STABILIZATION	Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
8	CONFIRMATION/ EXPANSION	Efforts are in place. Community members are comfortable using services and they support expansions. Local data regularly obtained
9	HIGH LEVEL OF COMMUNITY OWNERSHIP	Detailed and sophisticated knowledge exists about MENTAL HEALTH AND SUBSTANCE USE PREVENTION prevalence and consequences. Model is applied to other issues.

Community Knowledge About the Efforts

Dimension A— Knowledge About the Efforts: Preplanning Stage

SCORE 4.9

The community readiness assessment asks 13 questions about Dimension A: Community Knowledge About the Efforts. Topics discussed in this section are (a) how much the community prioritizes mental health and substance use prevention for AI/AN youth; (b) what data are being collected on current efforts; (c) knowledge of policies that support mental health and substance use prevention for AI/AN youth; (d) the community’s awareness of efforts, programs, policies, or activities; and (e) outreach.

- » Respondents agreed that mental health and substance use prevention for AI/AN youth was a high priority in the community. They gave examples of prevention efforts, discussed shifts in community beliefs about accessing services, and demonstrated knowledge of how intergenerational and historical trauma is tied to mental health and substance use disorders.
- » Respondents stated that prevention for AI/AN youth is not a high priority to “the outside” community, saying that the broader community does not understand why Native youth may need specialized approaches or that these issues may require professional help.
- » Respondents were enthusiastic about the importance of data collection and its impact and were satisfied with data utilization.
- » Respondents were knowledgeable about policies in their community that address or support prevention for AI/AN youth. Many brought up education system policies that provide specialized education, access to education, or connections to mental health services to AI/AN youth.
- » When asked about the community’s awareness of efforts, programs, activities, or policies, respondents usually could name at least a few. However, more than one respondent explained that the general Native community member does not know details of what is available unless they are personally affected by the issue and seek out what they need.
- » The consensus among respondents was that SNAHC does social media outreach very well, but some would like to see more energy focused on in-person communication.

Leadership

Dimension B—Leadership: Preparation Stage

SCORE 5.1

Respondents believe that prevention is not a priority among non-Native leadership but a high priority with Native leadership. In this section, respondents said leadership who did more than talk about the issue prioritized mental health and substance use prevention the most. These leaders obtained resources or showed a more than cursory understanding of why mental health and substance use prevention was important.

Community Climate

Dimension C—Community Climate: Preparation Stage

SCORE 5.1

Generally, respondents felt that the community is aware and supportive of mental health treatment and substance use prevention. While there is still stigma around these issues, they are becoming less of a taboo in the community. Community members are more open to talking about their weaknesses and strengths when it comes to mental health and substance use. People are also seeking out services when needed. While some respondents have seen community members support efforts through volunteerism, others said that barriers like background checks, time, and money have prevented people from providing support in that way.

Knowledge About the Problem

Dimension D—Knowledge About the Problem: Preparation Stage

SCORE 4.3

There was no consensus among respondents about the community's knowledge of mental health and substance use issues. Interview respondents seemed to think that knowledge varies from family to family. Even so, the community knows more about mental health and substance use issues as they relate to Native youth.

Resources for Prevention Efforts

Dimension E—Resources: Preparation Stage

SCORE 4.1

When asked about proposals or action plans in the community related to mental health and substance use prevention, respondents talked about multiple school-based programs, several SNAHC initiatives, Wilton Rancheria talking circles and youth programs, a project to address the use of cultural imagery on cannabis packaging, and upcoming proposals to be presented to City Council. Regarding these proposals and action plans discussed, only a few participants were knowledgeable about evaluation of these plans.

There were mixed results on the topic of volunteering and community involvement. Some respondents said much of the community participates in volunteering, whereas others said they do not see much volunteerism. Some pointed out that the desire to help is there, but there are barriers to getting involved.

Continuing Needs

Respondents said that the following were still needs in the community.

- » **Culturally relevant programming** from prevention to treatment and recovery.
- » Further work to ensure recognition of tribal-based practices.
- » More Native service providers who come from the community.
- » **More funding** thoughtfully applied to the problem.
- » Continued efforts to address stigma and peer or parental disapproval of substance use.

Community Readiness Model Suggested Approaches

The community readiness model suggests that organizations focus on the two areas with the lowest scores. In this case, those two areas are “knowledge of the issue” and “resources for prevention efforts.” Possible approaches and action steps for this preplanning level readiness score include the following, much of which is aligned with the data from the interviews as actionable feedback.

- » Continue actions from previous stages.
- » Introduce information about issue through presentations and media.
- » Review existing efforts in the community (e.g., curriculum, programs, activities) to determine who benefits and the degree of success.
- » Conduct local focus groups to discuss issues and develop strategies.
- » Increase media exposure through radio and TV public service announcements and other forms of social media.