

STRENGTHENING YOUTH AND FAMILIES PROJECT



NEXT STEPS AND KEY TAKEAWAYS

The main limitation is that the Strengthening Youth and Families Project evaluation had a small sample size, which was insufficient to determine statistically significant outcomes. This project did not collect data on the specific reasons underlying participants' responses. However, it is reasonable to consider that given the time period of data collection, broader contextual factors such as the political climate could have influenced participants' sense of cultural pride and identity, as well as their attendance and willingness or ability to participate in the research.

With these findings IHSCSV offers the following recommendations.

- 1 CDEP activities are needed and wanted by the AIAN community of Santa Clara County and further investment is needed in sustaining these programs.
- 2 Findings are consistent with messages shared by AIAN communities and highlight the need for continued research into culturally based approaches to mental health prevention and promotion.
- 3 In the future, IHSCSV will engage with in-person recruitment approaches more strongly and spend more time directly engaged with the community and participants around evaluation.
- 4 For future evaluation efforts, IHSCSV will develop a qualitative follow-up study to more deeply understand how CDEP activities impact mental health prevention and promotion.



PURPOSE, DESCRIPTION, AND IMPLEMENTATION

The Strengthening Youth and Families Project is a prevention/early intervention program that aims to prevent and/or reduce signs of early onset mental illness for American Indian people in Santa Clara County by increasing knowledge of mental health factors of historical trauma, suicide prevention, stigma and discrimination reduction, and access and linkages to services.

The activities are Traditional Song Class, Traditional Dance Class, San Jose Native Youth Empowerment Group, Cultural Arts Classes, Gathering of Native Americans (GONA), and Mini-Powwows. The population served by these activities was AIAN youth, transitional-aged youth, and adults.

A key strategy for incorporating cultural knowledge into the CDEP was implementation by experienced staff with AIAN cultural backgrounds.

Programs were grounded in the cultural traditions of those delivering the programming and in the core principles of the GONA, an evidence-based, culturally grounded approach that centers AIAN cultural values, traditions, and spiritual practices to address community-identified challenges.

EVALUATION DESIGN AND METHODS

The local evaluation design used for the CDEP work was quantitative. There was no qualitative data collection. The design included a convenience sampling methods inclusive of all participants in CDEP activities. The time period for collecting data presented here is from July 2024 to May 2025.

Quantitative Data was collected through self-administered online surveys using Microsoft Forms. The survey instrument was disseminated by IHSCSV and included both statewide evaluation measures and locally developed evaluation items.

A strategy used to incorporate cultural knowledge involved piloting the survey with AIAN youth to gather their feedback on the appropriateness and relevance of the questions during Phase 2. IHSCSV used this feedback to revise and refine the survey accordingly. Additionally, during the Phase 2 extension, the evaluation team reviewed and updated the survey questions based on their ongoing work with the community and youth.

RESULTS

A subset of 16 respondents completed both intake and follow-up surveys, drawn from the full sample of 31 participants who were assessed over time in mental health, cultural connectedness, substance use, and other key measures. Results are reflective of the 14 participants aged 12 and over unless otherwise noted.

Key highlights of the include:

Responses on the Multi-group Ethnic Identity Measure (MEIM) showed strong agreement from baseline to follow-up for all responses options, but follow-up did see slight declines in several response options. These decreases are further supported by the baseline values (mean=54.21, SD=5.16) and follow-up values (mean=52.00, SD=12.75), but these decreases were not statistically significant (p-value=0.56).



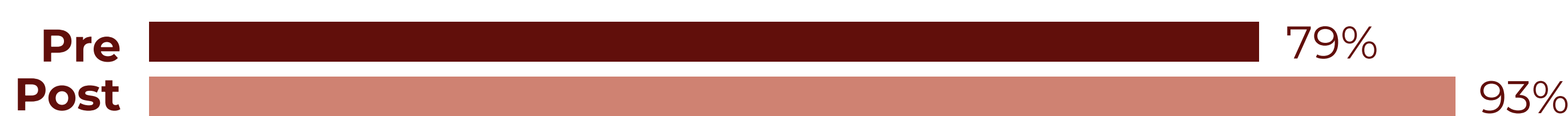
The social connectedness scale measures saw decreases from baseline to follow-up. The baseline average was 25.79 and the follow-up average was 22.64 (p-value=0.19).



General Self Efficacy saw increases from baseline to follow-up. The mean score of the General Self-Efficacy Scale at baseline was 32.86 and the follow-up mean score was 34.43 (p-value=0.51).



The frequency of reported feelings of hopelessness improved, with a greater proportion of respondents indicating little to no hopelessness at follow-up (93%) compared to baseline (79%).



Feelings of depression were low amongst respondents at baseline and follow-up as 86% of respondents reported little to no feelings of depressions at baseline and 93% reported little to no feelings on the follow-up. These results are positive findings that the mental health of the respondents improved from baseline and follow-up (p-value=0.26).



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