PC CARES

PROMOTING COMMUNITY

CONVERSATIONS
ABOUT
RESEARCH TO
END
SUICIDE

Final Report for Northwest Alaska

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Executive Summary

Developed in partnership with Maniilaq Wellness Program, Kawerak Wellness, and members of Northwest Alaska and Bering Strait communities, Promoting Community Conversations About Research to End Suicide (PC CARES) offers a clear way to address youth suicide in self-determined ways. This approach shares helpful information, but does not tell participants how they should use it. Instead, PC CARES assumes that each participant can best determine how to put the new prevention information to use.

In the first ever roll out of PC CARES in Maniilaq's service area from 2015-2017, it shows great success! Facilitated by 23 community volunteers, PC CARES brought together 495 local people and service providers in 10 villages to participate in 64 PC CARES learning circles. Each of the 8 learning circles highlights a different piece of research aimed at sharing 'what we know' about suicide prevention and wellness. Participants, then, discuss how the research applies to their unique lives and communities. Importantly, the last part of each learning circle is spent considering 'what they want to do' for prevention and wellness within their villages and families.

Hosted by local facilitators, PC CARES learning circles were popular and worthwhile. Ten out of 11 villages implemented PC CARES, and half completed the 8-session, ~24 hour curriculum. Participants in these learning circles talked about how much they liked the model. Pre-post surveys show that PC CARES participants increased their knowledge, skills, and prevention activities after attending the learning circles. Our social network surveys, which was done with PC CARES participants and others, showed that people who are 'close to' PC CARES participants also learned something about prevention. These 'close others' did more prevention activities when compared to other community members. This finding suggests that PC CARES participants talked about what they were learning with close friends and family members, who then did more for prevention.

With strong evidence showing significant benefits of the intervention, PC CARES is a promising and practical way to translate scientific research into community-driven, culturally responsive and suicide prevention practice that could reduce suicide risk in rural Alaska Native communities.

Introduction to PC CARES: Promoting Community Conversations About Research to End Suicide

Youth suicide is a significant problem in rural Alaska. For Inuit and Alaska native young people, suicide represents a significant health disparity compared to other Canadian and American youth. Furthermore, there is limited behavioral health care infrastructure in these rural communities and few mental health care providers that have the local and cultural knowledge context to navigate the issue effectively (Wexler, et.al, 2016).

A coordinated and sustained community-based early response is warranted. Promoting Community Conversations about Research to End Suicide (PC CARES) is a community learning-model that gives scientific information to community members so they can offer ideas about how best to prevent suicide and promote wellness in their community. This is done through monthly learning circles over the course of nine months.

Developed with indigenous leaders and community members, PC CARES uses popular education strategies to create regular opportunities to share knowledge and experiences, develop a shared sense of purpose, and gain practical insights for action. PC CARES had three main ideas: 1) It takes a village to prevent suicide; 2) Community members are best able to prevent suicide and promote wellness; and 3) Scientific research can strengthen and guide village efforts.

PC CARES brings together village health and human-service providers, law enforcement, school personnel, religious leaders, respected elders, parents, aunts, uncles, and others each month to learn about "what we know" (bite-size pieces of research information) from suicide prevention and health promotion research, spend time talking about "what we think" to reflect on its relevance, and explore ways to apply the information to their lives and community, "what we want to do."

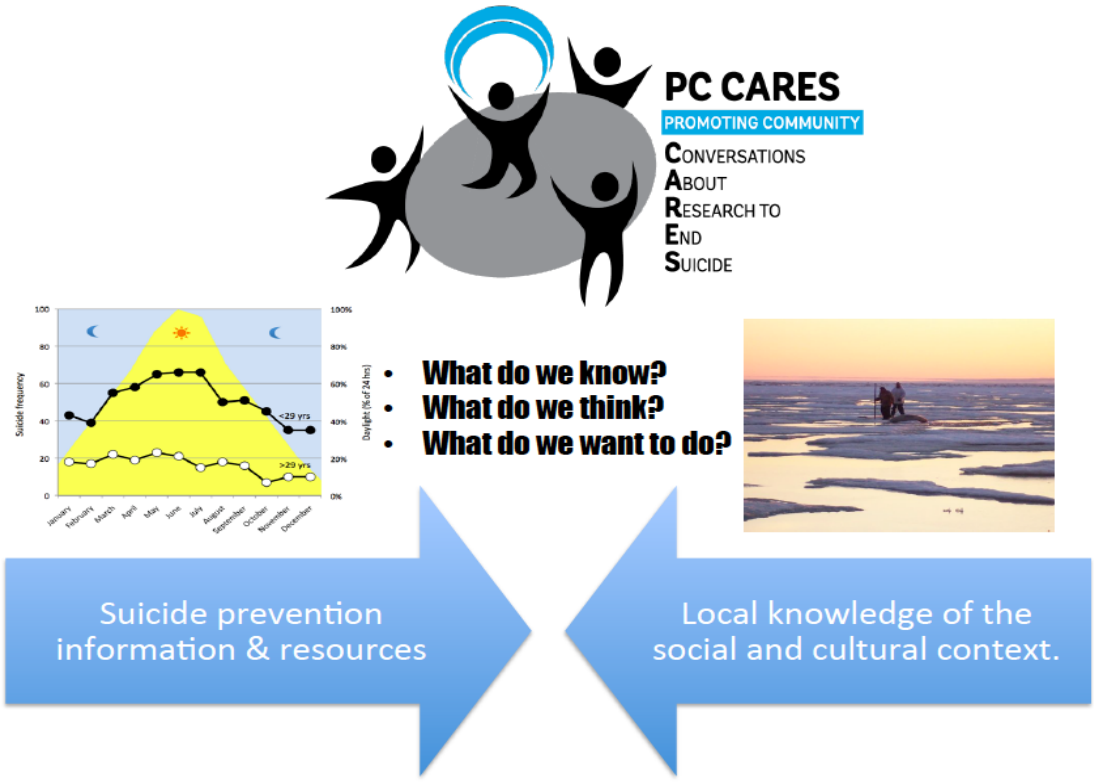
The model positions participants to engage research information as active generators of meaning and analysis rather than passive recipients of research information and how it is applied to their communities. Such an approach emphasizes both personal agency—the rights of participants to make informed decisions—and solidarity within a group of people working toward a shared goal.

Overview

PC CARES also intentionally uses the model of monthly community conversations in order to bring people together to get support and inspiration from each other. Through these learning and relationship-building processes, PC CARES aims to (a) expand participants' knowledge about the multiple ways to prevent suicide, (b) increase collaboration in non-crisis situations through the development of a community of practice, and (c) spur practical innovation to create community conditions that reduce suicide risk and promote wellness.

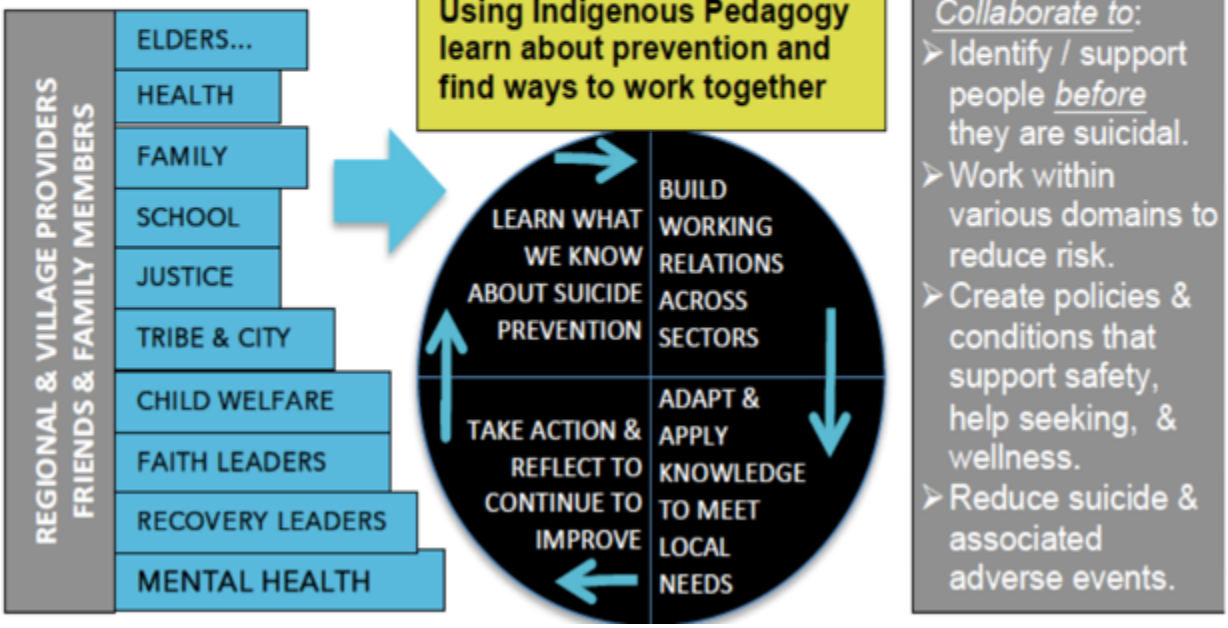
PC CARES is based on the following values and principles:

- Everyone is a teacher and a learner
- Builds on Inupiat Illitqusiat:
    - Knowledge of family, Love of Children, Avoid Conflict, Knowledge of Language, Cooperation, Family Roles, Sharing, Hard Work, Humor, Humility, Respect for Elders, Spirituality, Respect for Others, Respect for Nature, Domestic Skills, Responsibility to Tribe, Hunter Success
- Sessions are welcoming, respectful and productive
- People know what to expect and the purpose of each session



Conceptual Model

PC CARES
PROMOTING COMMUNITY
CONVERSATIONS ABOUT RESEARCH TO END SUICIDE



PC CARES Learning Circle Structure

Each learning circle follows a structure:

Start with prayer

Agreement on how participants work together

Introductions and check-in

Reflections on last meeting

Purpose of PC CARES and of particular session

Discussion:

1. **What we know** - A small bite-size information from scientific research about what works to prevent suicide and promote wellness is given to participants - in form of graph, charts, pictures, film, quotes, stories…
2. **What we think** - Participants discuss what they think about the research and how it applies to their lives and community
3. **What we want to do** - Participants discuss what they want to do with the knowledge generated by both the research presented and their subsequent learning in the circles.

End with prayer

Learning Circle Content

Learning Circle 1. Historical Trauma and Suicide

Participants watch a video in which local community members share reflections on youth suicide in Alaska Native communities and its connection to the historical trauma of 20th century colonialism.

Learning Circle 2. The Role of Adults

Participants look at what youth say is the most helpful in preventing suicide and think about ways in which they can integrate this information into their daily lives.

Learning Circle 3. Seasonal Influence

Participants look at a graph that shows suicide rates as related to the time of the year and the correspondence of the amount of daylight. Using this graph, participants discuss why suicide attempts are more frequent in the summer and what individuals and communities can do with that knowledge.

Learning Circle 4. Community Protection

Participants learn some of the community protective factors that are correlated with lower suicide rates, and look at how they can improve the quality and number of community factors in their village

Learning Circle 5. Listening Well

Participants learn basic counseling skills such as active and non-judgmental listening; these skills have been proven to promote overall wellness and prevent suicide.

Learning Circle 6. Reducing Access

Given that suicide can often be an impulsive act - especially when tied to alcohol use, relationship problems, and lack of sleep – participants discuss ways to make it harder for someone to access "lethal means" (like a loaded gun).

Learning Circle 7. Support after an attempt

Through the use of a case study, local participants think about the best ways to support someone after an attempted suicide.

Learning Circle 8. Postvention: Talking safely about suicide

After a suicide happens in a village, everyone - especially young people - is at higher risk for suicide. Participants look at ways that people can help to diminish suicide risk for others after someone has made an attempt or died from suicide.

Learning Circle 9. PC CARES Review and Moving forward

Participants review what they discussed and learned throughout the monthly sessions and what they would like to do within their communities moving forward

Overview of Evaluation Methods

We did the following evaluation with guidance from tribal partners and the University of Massachusetts Institutional Review Board.

Participation…….p.33

At the first Learning Circle each participant attended, demographic information was collected including: age, gender, race, employment and previous suicide prevention education. Using attendance sheets for each LC, we tracked how many of the 9 LCs each participant attended. Some villages held extra 'Recap' sessions in which they would summarize the content for 3 LCs in one session for people who had missed those LCs. We counted attendance at a 'Recap' session as attending 1 session, not 3 sessions. Facilitators mailed all demographic sheets and sign in sheets mailed to the research team where the data was entered. The number of participants and the percentage of participants in each demographic category were calculated, and number of facilitators trained, number of villages that partook in PC CARES, number of learning circles done throughout the villages, and total number of participants are all documented.

Curriculum fidelity and accuracy of research interpretation……..…..p.37

As local facilitators host LCs in villages across Northwest Alaska, we track adherence to the curriculum and structured dialogue procedures by audio recording and transcribing sessions if all participants agree to this process. Audio recordings were received for 52 of the 64 Learning Circles that took place.

Two independent raters independently used a Fidelity Tracking Sheet (see appendix) to code LC transcripts to assess whether facilitators followed the format outlined in the Facilitator's Guide, and interpreted the research information accurately. The information accuracy scale rates both the accuracy of the facilitators' presentation of the information and accuracy of the participants understanding of the information (as evidenced by their subsequent discussion). A three-point scale is used, with a score of 1 indicating that research evidence was interpreted accurately, leading to conclusions consistent with its intent; a score of 2 indicating that there are no direct misinterpretations of research, but the conversation focused primarily on issues of wellness or suicide prevention not directly related to (or evidencing understanding of) the research presented in the learning circle; and a score of 3 indicating

that research evidence was interpreted inaccurately, leading to conclusions inconsistent with its intent and/or not contributing to productive community conversations. In calculating the accuracy overall, the 2 and 3 were converted to 0s and a 0/1 scale was used to calculate the % of learning circles that were accurate. Fidelity to the PC CARES curriculum is assessed across each of the 6 standard elements of each LC: (1) agreements/safe talk, (2) small wins, (3) the LC activity, (4) what we know, (5) what we think, and (6) what we want to do. Each dimension gets 0-1 for procedural components (i.e., presenting specific data, giving clear instructions to the group) that are present (1), absent (0), or not captured (NA) on the recording when the audio clearly misses some of the LC. Scores across LCs are averaged across the two raters.

Describing what people say in learning circles…….p.39

At the beginning of each Learning Circles, facilitators read from a script, which described how any audio recordings of the session would be used and asked the group if they agreed to being audio recorded. If any individual indicated they did not wish to be recorded, the audio recorder would not be used. If everyone agreed, the facilitator would start the audio recorder and record the session. Facilitators put these recordings on a thumb drive and mailed them to the research team. Once received, the audio recordings were transcribed. Members of the research team identified main themes from each learning circle, and participants' quotes documented to give evidence to each theme.

Surveys……..…p.75

Readiness surveys……...p.75

Readiness surveys were used to assess attendants' readiness to make positive changes in their community using 19 questions about participants' perceived knowledge, perceived skills, attitudes toward prevention, and community of practice. These surveys took approximately 10 minutes to complete and facilitators administered them to participants before they began their first PC CARES session (Pre). They were also administered to participants at LC 5, LC 9, and 3 months after all PC CARES sessions had been completed (Follow Up). Recruitment for follow-up surveys targeted people who had completed the Pre-survey and people who had attended at least two Learning Circles. These surveys asked participants to judge their readiness to make positive changes in their community using a 5-point Likert scale that ranged from 'Strongly Disagree' to 'Strongly Agree'. Facilitators collected completed surveys and mailed them to the research team in a self-address stamped envelope. Data was entered into an Excel spreadsheet coded with 'Strongly Disagree' having a value of 1 and 'Strongly Agree' having a value of 5. Of the 19 items, 12 fit into the specific constructs of

perceived knowledge, perceived skill, attitudes toward prevention, and community of practice. Each construct consisted of three items of related content. Construct scores were calculated as the average score of the three individual items within the construct. Due to a low number of people who took the survey after Learning Circle 5 and after Learning Circle 9, data from those two surveys were not used in this analysis. Eighty-three PC CARES participants answered both the Pre –survey and the Follow-Up survey. Mean scores were calculated for each question and a paired t-test was used to compare scores and determine statistical significance at the Pre-survey to scores at the Follow-Up survey. We also recruited non-participants to complete the readiness survey 3 months after PC CARES was completed. One-way analysis-of-variance (ANOVA) models were used to determine differences in suicide prevention behaviors between PC CARES participants and non-participants.

Satisfaction and Utilization of Research Evidence Surveys……...….p.81

After each LC, participants answered surveys focused on their satisfaction with the LC, their commitment to remain involved in PC CARES, their plan to use what they learned in PC CARES, their use of what they have learned in PC CARES and their assessment of five factors related to Utilization of Research Evidence (URE). Surveys with 28 measures were administered after LC1, LC5, LC9 and 3 months after all PC CARES sessions had completed. Condensed surveys with 11 measures were administered after LC2, LC3, LC4, LC6, LC7, and LC8. Facilitators collected completed surveys and mailed them to the research team in a self-addressed stamped envelope. For each Learning Circle, participants who completed the survey had their name entered into a raffle for a $50 gift card to their local village store.

Rogers Diffusion of Innovation model[1] posits five factors related to research evidence that most lend themselves to utilization in practice. These factors are: (1) relative advantage of new ideas when compared to original ones (e.g. Through PC CARES, I have better ways to prevent suicide.), (2) compatibility of the new information with existing assumptions and values (e.g. The information shared today fits with what I know.), (3) the understandability of new ideas (e.g. The information shared today makes sense to me.), (4) trial-ability: can the ideas be tried on a limited basis (e.g. After this learning circle, I can think of at least one thing I can do right away for prevention), and (5) outcomes can be observed in order to support continued use (I can see how small actions can make a difference.) We measure the participants' perceptions about these key factors facilitating the application of new ideas to one's practice or behavior with three questions relating to each individual factor. Scores for each factor are calculated as the mean score among the three pertinent measures. A total URE score is calculated as the mean score of all 15 measures relating to the five URE factors.

These surveys also asked about the usefulness of the information presented (e.g., "This learning circle gave me ideas about who in my community I can work with to prevent suicide and promote wellness.") and their satisfaction with the learning circle. Participants were also specifically asked if and how they plan to use some of what they learned during the learning circle as well as how they have used any information they learned in the previous learning circle. Through these means, we track if and how participants use research evidence to structure prevention efforts in their own lives. Participants answered URE and Satisfaction questions using a 5-point Likert scale that ranged from 'Strongly Disagree' to 'Strongly Agree'. Data was entered into an Excel spreadsheet, coded with 'Strongly Disagree' having a value of 1 and 'Strongly Agree' having a value of 5, and mean scores were taken for each item. Scores for constructs of Satisfaction, Collaboration, Commitment and the 5 URE factors were calculated as the mean score of each of the items within the construct. In addition a total URE score was calculated as the mean of the scores for trialability, relative advantage, understandability, observability, and compatibility. Participants also marked if and how they planned to use the information they learned during the Learning Circle. They could specify that they intended to use the information with their family, with their friends, at work, in their community, or that they were unsure how to use the information. Participants could choose as many options as applied to them. Pearson's correlation was used to determine if there was any association between participants' URE scores and their intent to put the information they had learned into practice.

Suicide Prevention Behaviors Survey…….....p.83

Of the ten participating communities, we selected eight with the largest number of PC CARES participants to participate in Suicide Prevention Behavior Surveys. Three months after the PC CARES intervention concluded, the research team conducted these surveys with PC CARES participants as well as non-participants. Before arriving in each village, announcements about the research let village members know that they could participate in a survey to identify how people are promoting wellness in their lives and villages. PC CARES participants were the first group recruited. To recruit non-PC CARES participants, Respondent Driven Sampling (RDS) was used in five participating villages. After each person completed a survey, s/he was given 1-3 "coupons" to share with people close to them. The number of coupons given related to the size of the village, and the level of participation in the data collection. Each coupon was worth five dollars if the person they gave it to came in to complete their own survey. Data collection continued for 2-3 days in each of the five villages where RDS was used. In total, 447 individuals across eight communities completed the Suicide Prevention Behavior Surveys.

Eligible participants were age 15 or over, and residents of the community. Before filling out the survey on iPad computers, participants went through a written consent process, and all participants received $20 for their time, whether or not they competed the survey. The survey asked respondents to identify which community members (from a provided list of PC CARES participants) that they are 'close to' as well as binary (yes or no) questions about respondent conversations, understandings and behaviors related to suicide prevention. For example, the survey asked respondents if they have "Had conversations about making it harder for an 'at risk' person to get a loaded gun," "Spoken up about community protective factors," and "Suggested ways community organizations could work together to increase wellness." Each item falls under a category of actions participants could take in relation to the 8 learning circles: (1) Historical trauma and colonization and suicide, (2) Role of adults in youth prevention, (3) Seasonality of youth suicidal behavior, (4) Community protective factors, (5) Supportive counseling/Listening well, (6) Restriction of lethal means, (7) Supporting people after a suicide attempt, and (8) Post-vention. There are three items per category, which are used to calculate a mean score for each category. There are also broader items that address content found across multiple learning circles. These remaining categories are acting for wellness promotion, asking others to help, intervention, acting within families, and general preventative activities. The percentage of survey respondents who report taking each action were calculated, and analysis of one-way analysis-of-variance (ANOVA) models determined differences according to dosage of the intervention.

Social Network Analysis ……..p.89

This analysis tracks the learning and action of PC CARES participants, those close to them, and others. The Suicide Prevention Behaviors Survey asked individuals to provide relational information about their relationships with PC CARES participants in addition to program specific and demographic questions. They were then given the opportunity to recruit up to 3 close associates to complete the survey as well. The inclusion of relational data—in the form of both identification of people with 'close' ties with PC CARES participants and links between those recruited for the survey using RDS—allowed for an evaluation of PC CARES prevention effects that accounts for network diffusion, social reinforcement, and other social effects thought to confound program evaluation results in close-knit communities. Given that attending 1 LC is a relatively small dose of the intervention, for this analysis, only facilitators and those who attended at least 2 LCs were counted as participants. Relational data was rendered as sets of two person dyads that could take one of four forms: dyads where both ego and alter participated in PC CARES, where ego participated and alter did not, where alter participated and ego did not, and where neither party participated. Comparisons across these four dyad classes allowed the researchers to assess the role that social influence and diffusion played on individual outcomes, including those influences that enhanced the treatment and

prevention effects of the intervention, and influences that diminished those effects. Statistical methods were developed to assess the significance of behavior changes induced by the intervention that take into account a range of non-independence issues associated with network data.[2,3,4] The research team tested both the "treatment effects" of the intervention (i.e. where the intervention showed efficacy in creating behavior change) and "prevention effects" (where the intervention showed efficacy in maintaining an existing behavior across time in the face of potential behavior change). We used the following 8 sociological tests to assess the social network impacts:

1. Direct Treatment Success in a Social Context: Did the intervention promote a positive change in the behavior PC CARES participants regardless of the behavior change of their network \alters".

2. Direct Prevention in a Social Context: Did the intervention promote sustained protective behaviors (or performance of a protective activity) in PC CARES participants regardless of the behaviors/activities of their network alters.

3. Social Effect of Treatment: Did the participation of ego in the intervention induce a positive change in their alters' behavior, regardless of whether an alter participated in the intervention or not, AND whether the PC ARES participant's behavior changed or not.

4. Social Effect of Prevention: Did the participation of ego in the intervention induce a statistically significant continuation in their alters' protective behavior, regardless of whether that alter participated in the intervention or not, AND whether the PC CARES participant maintained the behavior or not.

5. Reinforcement of Change: Does it make a difference to the success of the intervention on PC CARES participants when their network alters also participate in the PC CARES?

6. Reinforcement of Prevention: Does it make a difference in promoting the maintenance of protective behaviors among those who participate in the intervention when their network alters also participate in the PC CARES intervention?

7. Diffusion of Change: How effective is the intervention for promoting behavior change among nonparticipants in PC CARES when their network alters participated in PC CARES but the subject did not.

8. Diffusion of Prevention: How effective is the intervention on preserving protective behaviors among nonparticipants whose alters participated in PC CARES?

Table 1 displays the number of respondents for each of our data collection tools.

Table 1: Data Collection Table

Data Collection Instruments	PC CARES Trained Facilitators	PC CARES participants who attended 2+ LCs	PC CARES participants who attended 1 LC only	non-PC CARES participants	Total
Readiness Surveys (Pre)	32	56	105		193
Readiness Surveys (Follow Up)	8	50	54	335	447
Matched Readiness Surveys (Pre & Follow Up)	7	35	41		83
URE and Satisfaction Surveys after LC1	30	47	67		144
URE and Satisfaction Surveys at Follow Up	7	47	48		102
Suicide Behavior Prevention Surveys	8	50	54	335	447

Social Network Analysis through Perceptual Tomography (SNAPT)……p.93

SNAPT stands for Social Network Analysis through Perceptual Tomography which is a method of measuring social networks and their interactions in a community. Our team of two interviewers conducted 300 interviews in two different villages in seven days. Eligible participants were aged 12 or older and were current residents of the area. Recruitment into the project was enabled through respondent driven sampling, wherein each interview participant was given three coupons to pass out to other eligible participants. A participant received $20 for the initial interview and could earn and additional $5 for each of their referral coupons that resulted in a completed interview. All interviews were conducted in the break room of the local clinic and were not scheduled ahead of time. Each participant was registered in the coupon tracking software, completed a one-page paper questionnaire which included questions about demographics, access to resources, and suicide risk factors. Participants then completed the SNAPT questionnaire on a tablet. The SNAPT questionnaire showed each participant 40 names or pictures of people drawn randomly from the list of all eligible participants in the town, which was compiled before going into the field from administrative sources. Photographs had been collected on a prior data collection effort and when they were not available, a name card was shown instead. For each name the participant had to sort that name into one of three bins: “Someone I am Close To,” “Someone I Recognize/Know,” or “Someone I Don’t Know.” The SNAPT questionnaire asked a series of questions about all of the individuals that the participant said they were close to or those whom they recognized. Individuals who were recognized, but not close to the participant, could be identified as having up to 16 different attributes in the participant’s life. Those who were close the participant could be labeled with seven different attributes in relation to the participant. Those attributes are listed in Table 2.

Table 2. Attributes that participants could attribute to others in their community

Roles people play in the community (for people the participant recognized, but isn't close to)	
1	Makes positive changes in the community
2	Helps young people in general
3	Helps people with alcohol problems
4	Helps men who are having trouble at home
5	Helps women who are having trouble at home
6	Helps elders who are having trouble at home
7	Helps young people who are having trouble at home
8	Helps people learn about traditional knowledge
9	Gives money, food, or other needed things to people who need them
10	Will correct a young person if he or she is doing something wrong
11	Is a member of a respected family
12	Acts in ways that are good for the community
13	Gives good advice most of the time
14	Is a positive influence on others in this community
15	Is willing to help out people who are in need
16	Helps people who tend to be left out
Roles people play in participant's life (for people the participant is close to)	
17	Someone who will help me find a job
18	Someone I would go to for personal advice or personal problems
19	Someone who can tell me about tradition
20	Someone I talk to when I am feeling down
21	Someone who gives me a place to stay when I don't have one
22	Someone I hunt or share food with
23	Someone I hang out with

Burt, discusses constraint in terms of one's ability – through connections one holds in the network – to access or engage in different flows of goods[5]. These "goods" include, but are not limited to information flow and resources. Individuals with high values of constraint suggest that said individual is limited or *constrained* to these goods because of their position in the network and individuals with low values of constraint have access to more goods via connections in the network that provide unique channels of goods. It is not sufficient to have numerous connections in the network, instead as connections increase those connections cannot link back up the same individuals (i.e. redundant ties). Simply put, for an individual to have low levels of constraint one must have multiple connections and those connections do not have overlap in their connections. As an example if R1 is connected with A1, A2, and A3 and none of these connections are connections with each other we are beginning to see signs of low constraint. However, the full constraint measure for R1 reaches further out to the connections of A1, A2, A3. Although these friends are independent of each other, if they

all only have two friends B1 and B2 – these A1, A2, and A3 ties become redundant ties since that all lead to the same source of information.

Our analysis measured the relationship between being reliably reported to have a characteristic (eg “helps young people”) and a person’s level of constraint, as well as the relationship between having a characteristic and number of connections in the community (degree centrality). All results were obtained via negative binomial logistic regression. We hypothesized that people with low constraint and people with a high degree of connectedness would be most likely to engage in helping behaviors in their community.

PC CARES Outcomes

Process Outcomes: Participation (p.30), satisfaction (p.79), fidelity and accuracy (p.35)

Learning Outcomes: Do PC CARES participants gain knowledge, skills and beliefs to support prevention? (Readiness Survey, p.73)

Community of Practice Outcomes: Do PC CARES participants strengthen relationships and develop a community of practice for suicide prevention? (Readiness Survey, p.73)

Prevention Actions: Are participants taking action and working to prevent suicide in their daily lives? (Suicide Prevention Behavior Survey, p.81 and Utilization of Research Evidence Survey, p.79)

Social Network Results: Are people who are 'close to' PC CARES participants changing what they do to promote wellness and prevent suicide risk? (p.87)

Results

Training Local Facilitators: November 2015-January 2017

Facilitator Training

In November 2015, 34 people attended a weeklong PC CARES facilitator training. Lisa Wexler and Diane McEachern facilitated the weeklong training, with key support from Roberta Moto, Tanya Kirk, Evelyn Day, and coordinated by Lucas Trout and Suzanne Rataj. Of the 34 attendees, 29 people were from Northwest Alaska. These attendees represented 11 of the 12 villages in Maniilaq's service area. These facilitator trainees included 5 Elders, 5 NANA representatives, 4 Village Behavioral Health Aids, 4 youth, 3 Maniilaq therapists, 2 Recovery Support Leaders, 2 Youth mentors and others in various helping roles. Of those trained in NWA, 23 facilitated at least one learning circle in their village upon their return.

Wexler, et al wrote an article titled Promoting Community Conversations About Research to End Suicide: learning and behavioral outcomes of a training-of-trainers model to facilitate grassroots community health education to address Indigenous youth suicide prevention which describes the successful outcomes from the facilitator training. A copy of the article is in this report's Appendix., or you can find it at the link here: http://dx.doi.org/10.1080/22423982.2017.1345277

Condensed Facilitator Training April 2016

Because several people who attended the weeklong facilitator training in November 2015 moved or switched jobs afterward, there were several villages that did not have trained facilitators. Maniilaq Wellness (Roberta Moto, Tanya Kirk, Evelyn Day) recruited 14 new facilitators to participate in a condensed one-day facilitator training in April 2016. These newly trained facilitators, then spent 2 additional days learning from people who had facilitated PC CARES in their home communities as part of the 'Refresher Training'.

Refresher Training April 2016 to Support Active Facilitators

To support local facilitators, Maniilaq Wellness—Roberta Moto, Tanya Kirk, Evelyn Day--in collaboration with Lisa Wexler and Diane McEachern offered a 2-day "Refresher Training' to facilitators in order to help them reflect on how learning circles were going in their communities, learn together and problem solve with each other to plan for future success. Nineteen (19) active facilitators attended this training in April 2016.

Participation in Northwest Alaska

Village Participation

Ten (10) villages offered 64 PC CARES learning circles with 495 participants. Of these, there were a total of 376 unique participants (several of whom participated in more than one learning circle). Five (5) villages completed at least 8 of the 9 learning circles.

Table 3: Summary of PC CARES Participation in Northwest Alaska 12/15 – 1/17

A.1.1.1.1.1.1.1Description	A.1.1.1.1.1.1.2Totals
Total number of facilitators who completed the week-long facilitator training in November 2015	34
Total number of trained facilitators who facilitated PC CARES learning circles in home villages	23
Number of trained facilitators who got 'Refresher Training' in April 2016	19
Number of new facilitators who got condensed training in April 2016	14
Total number of NWA villages that enacted PC CARES	10
Total number of LCs done across all villages	64
Total number of NWA villages who completed at least 8 of the 9 sessions	5
Total PC CARES participants *(individuals counted more than once if they attended more than 1 LC)*	495
Total Unique PC CARE participants	376
Average number of people attending an LC	7.73

Descriptive Graphs of PC CARES Participation in Northwest Alaska

The majority of PC CARES participants were female (64%) and Inupiaq (54%). We were unable to get Ethnicity data from 140 participants, but expect that many of them are Inupiaq. Participants ranged from youth to elders, with the largest age cohort being adults between ages 29 and 54. At least 1/3 of PC CARES participants are employed with their jobs covering all of the crucial village services ranging from Village Based Counselors and VPOs to school personnel and Family workers.

Figure 1. Gender of PC CARES Participants

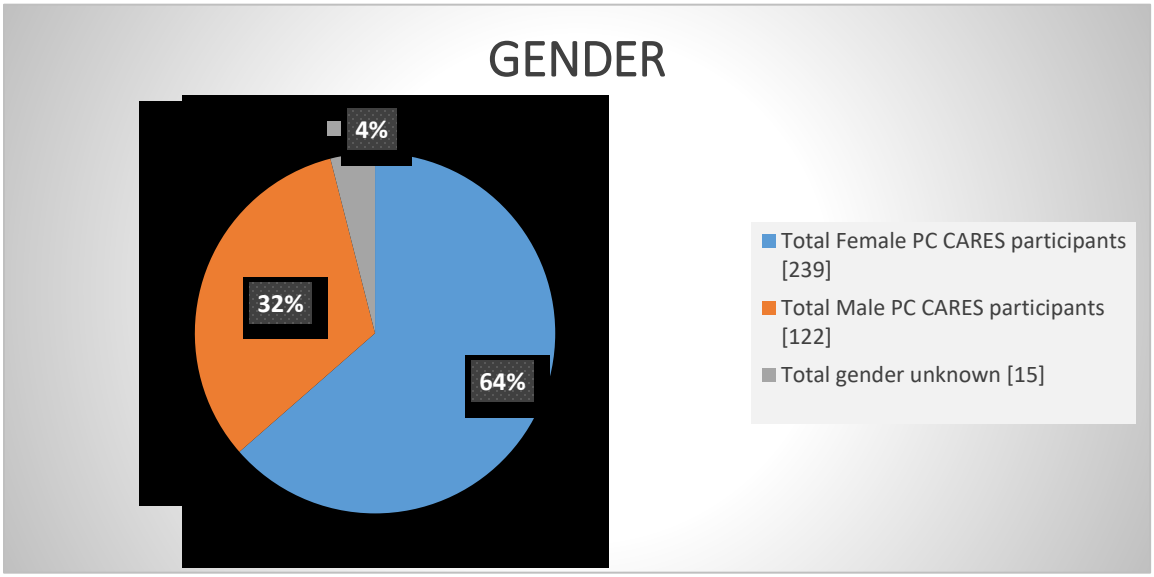


Figure 2. Age Distribution of PC CARES Participants

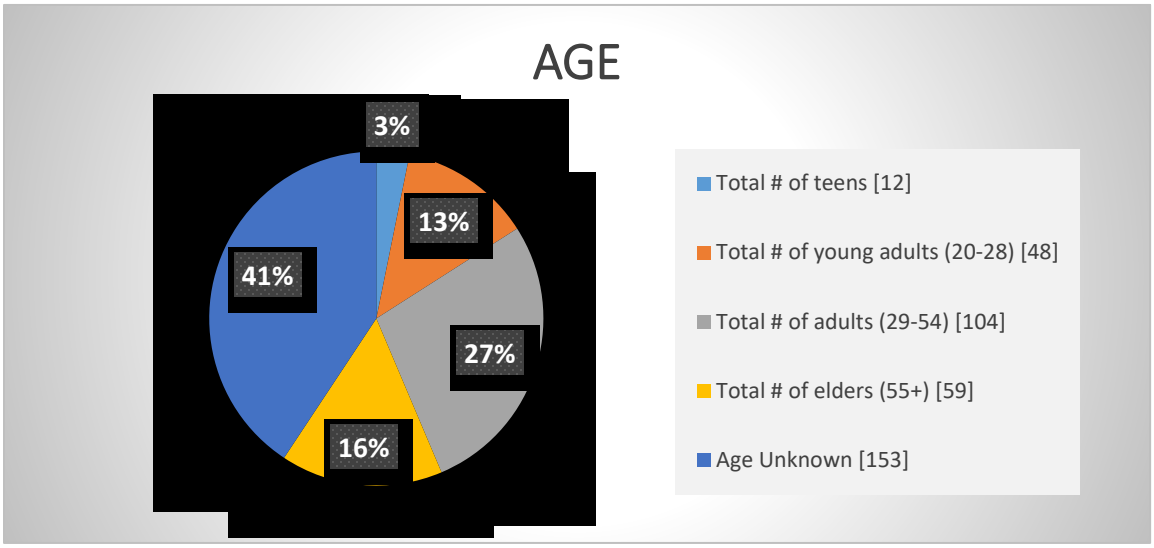


Figure 3. Ethnicity of PC CARES Participants

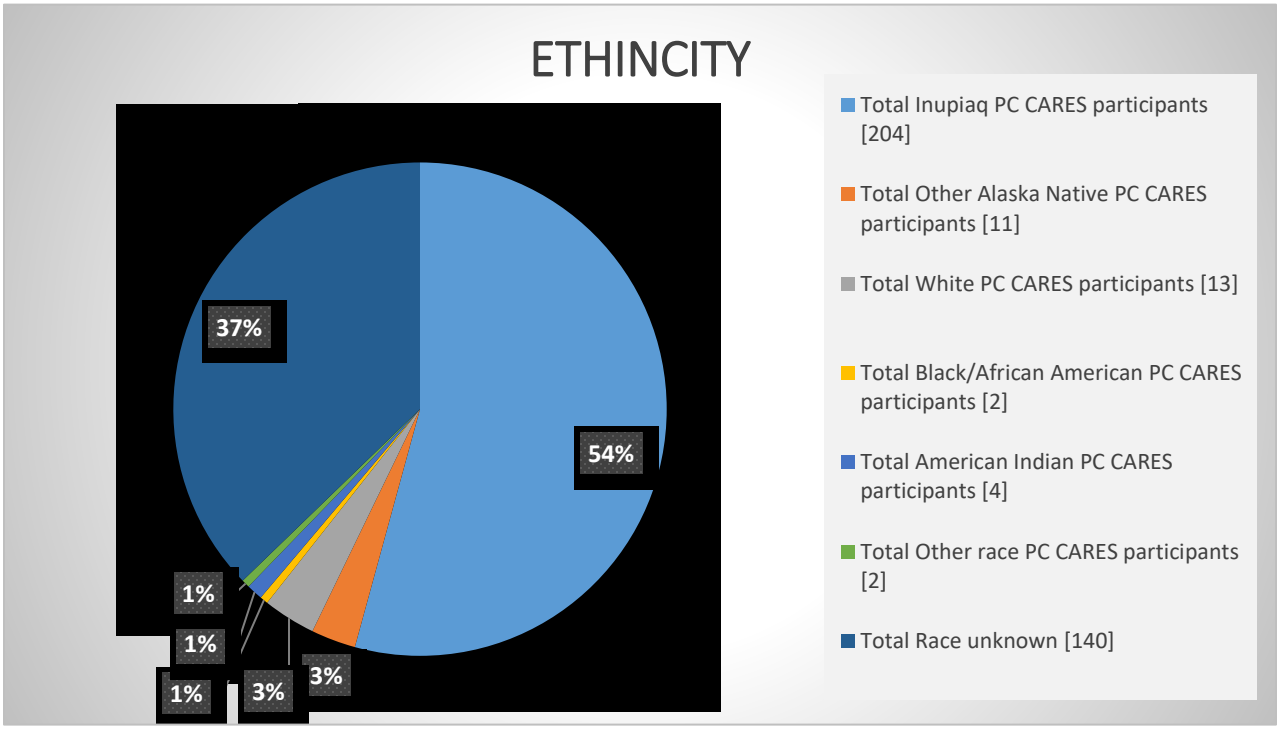


Figure 4. Percentage of PC CARES Participants Who are Employed

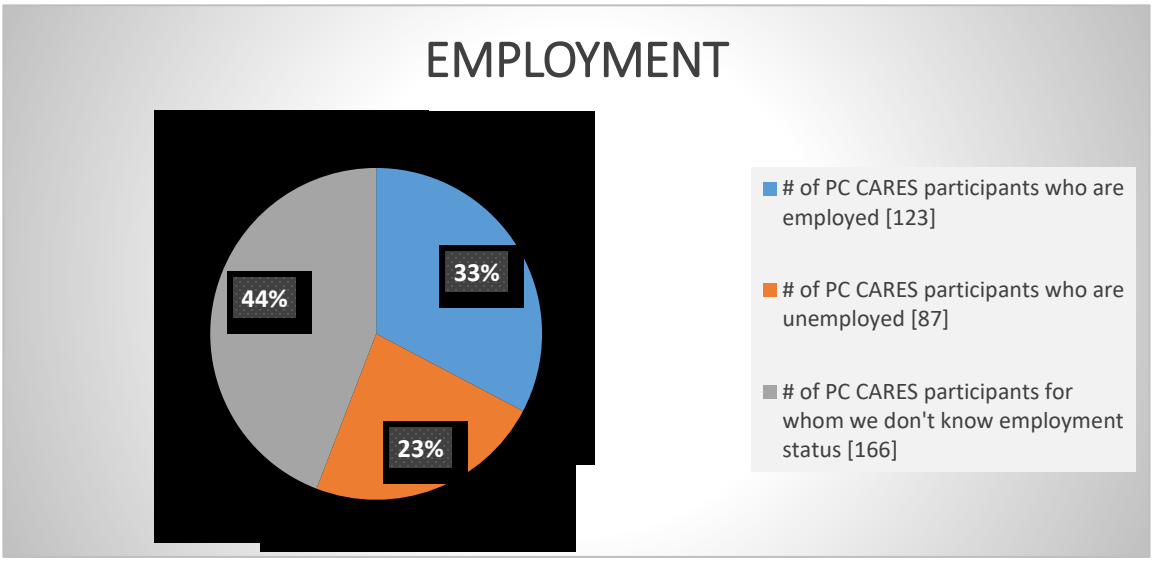
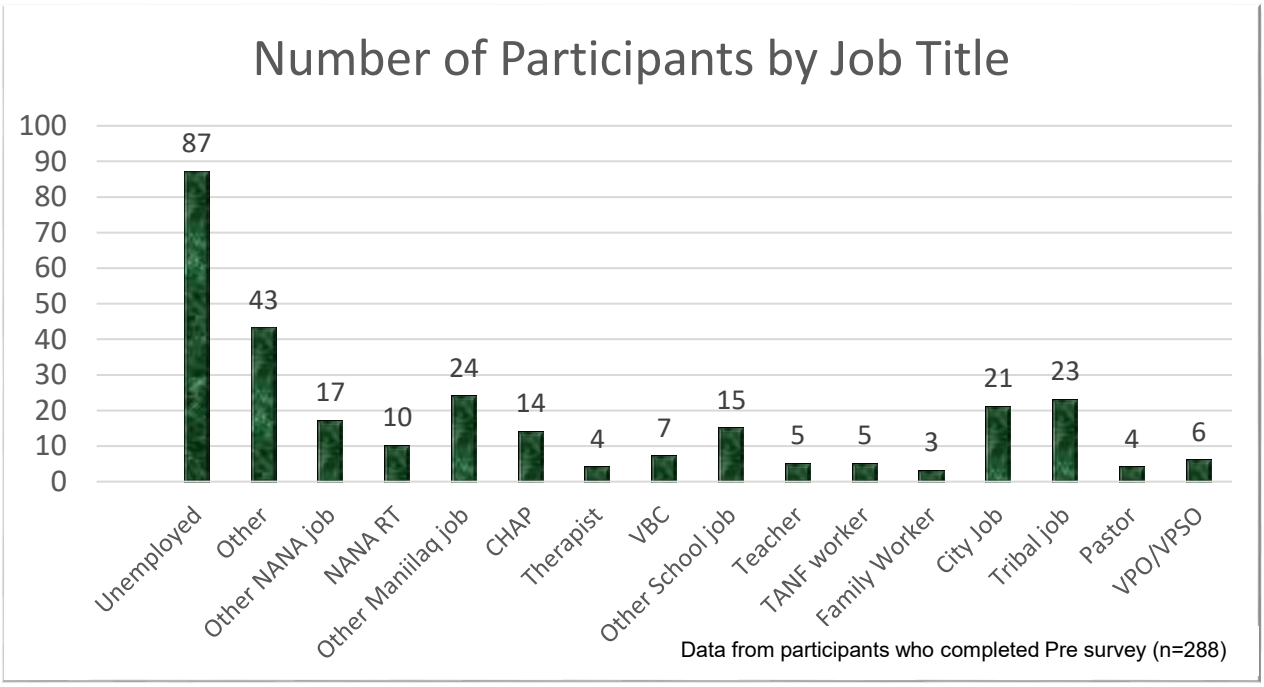


Figure 5. Count of PC CARES Participants by Profession



Fidelity and Accuracy

Each Learning Circle is fully scripted in order to simplify the facilitating process for facilitators. We found that overall facilitators were able to maintain fidelity to the curriculum 80% of the time. Fidelity varied among villages, ranging from 71% to 90%. Learning Circle 2 had the lowest fidelity of all of the Learning Circles at 60% and Learning Circle 7 had the highest fidelity at 92%. We also tracked whether facilitators presented the information accurately and whether participants interpreted the data accurately. Overall, facilitators and participants interpreted the data accurately 81% of the time. There were no instances where data was incorrectly presented or interpreted, but in 19% of Learning Circles, participants discussed tangential topics, but did not expressly display understanding of the data presented.

Table 4. Fidelity and Accuracy Results

	# of LCs	Mean Fidelity Score	Mean Accuracy Score
Overall	51	80%	81%
By Learning Circle			
LC1- Where We've Been and Where We're Going	11	83%	48%
LC2- The Role of Adults	9	60%	83%
LC3- Seasonal Influence	6	79%	100%
LC4- Community Protection	5	87%	100%
LC5- Listening Well	5	86%	85%
LC6- Reducing Access	4	86%	94%
LC7- Support after an Attempt	5	92%	85%
LC8- Post Vention	3	69%	75%
LC9- Review and Moving Forward	3	87%	92%
By Learning Circle Element			
Agreements/Safe talk	19	82%	
Small Wins	16	69%	
Know-Present data (DVD, poster, handout)	48	99%	
Know-Don't interpret handout/poster	19	68%	
Know-Start discussion of data	18	91%	
Think-Work in pairs or small groups	41	67%	
Think-Facilitators gives instructions on what to do in pairs/groups	49	86%	
Think- Facilitator asks groups/pairs to report back	37	80%	
Think-Facilitator encourages open discussion	46	85%	
Do-Talk in pairs	18	50%	
Do-Each person writes and posts their idea	20	65%	
Do-Posted ideas are read aloud	20	74%	
Do-Group discussion of posted ideas	21	56%	
Do-Participants think silently for a few minutes about what to do	25	55%	
Do- Participants share out loud ideas of what to do	27	96%	
Inter-rater reliability = 78%			

Learning Circles: What Participants Say

With permission from participants, facilitators recorded 52 out of the 64 learning circles conducted in the region. Facilitators sent the recordings via thumb drive to the research team at the University of Massachusetts where they were transcribed. Authors of this report read the transcripts and highlighted key themes that came up in several of the learning circles, across villages. These themes show how participants made sense of the information shared in the learning circles, and can provide insights into 'what worked' and how learning circles might be improved. Quotes from participants help illustrate these main ideas in the findings for each learning circle below.

Learning Circle 1: Where We've Been and Where We are Going

Total number of participants = 154
Number of participating villages = 10

Summary

Learning Circle 1 uses a short film produced at a Maniilaq-sponsored Wellness Retreat in Fairbanks, AK to spark conversation about suicide in Alaska Native communities and its connection to colonization and historic trauma. The research evidence shared is the fact that no Inupiat youth suicides were documented in this region before the 1960s (Chance, 1990). This piece of information stands in sharp contrast to the high rates of suicide today. The film captures a talking circle during which a group of Alaska Natives (many of whom are from villages participating in PC CARES) discuss the history, cultural context, and effects of suicide in their communities.

Film can be viewed at www.pc-cares.org.

After watching the film, facilitators ask participants in the learning circles to reflect on what they have seen in the film and of the research evidence presented. The purpose of the film presentation is to invite participants' own reflections on history, culture, and present day struggles of youth suicide. This discussion leads into thinking about what they want to do both individually and as a village toward preventing suicide and enhancing the overall wellness of their community.

Participants Experience:

Reflecting on Historical Trauma:

"..what really hit home to me is that we are living in two worlds You want to be Native and try and try to hold on to your culture but in order to be successful in the western world, you have to adopt some western ideas. It's like you are constantly jumping back and forth between two worlds and unless you learn how to navigate that I can see where it would be stressful and lead to suicide."

"So you push your culture to the side no understanding that once you lose your language, you lose your culture….Maybe the stresses of them trying to hold their culture, they are seeing it disappear and their families talk to them about it, that can be stressful for the kids as well."

"We went to boarding schools. We got beat for talking our language. They used to hide my grandmother because they didn't want her to go to school because my great-grandfather went to one of the first boarding schools in the country in Carlisle, PA and children are still buried there. It's just say's Eskimo. Nez Pierce. Navajo. There's no name. We don't know who these kids are. It's not that long ago that it happened to all these people. With the introduction of religion and Christianity where these kids are told you are going to hell if you don't believe in this and you can't speak your language. All of this is happening and you lose your identity; you don't know what is wrong or right anymore and there has been no treatment for people after that."

Decoloniality / Self-Determination / Solidarity in their Struggle:

"You know when you spark a match, you see a little spark, but when it burns it gets bigger. We continue to do that, we'll have kids that want to come too, and listen, and feel loved by us!"

"I feel like we can break this, if we stand together all of us."

"I was really happy to see Inupiaq people in a shared space where they can talk about their healing and how we are going to move forward. I really like that we had ordinary people from the villages there being there and on the forefront and saying this is how we feel. This was not scripted. It was real life conversations we were having."

"Coming to this is like that; it's a spark of encouragement. I was happy you reminded me too, I was sitting on my couch. Little things go a long way. We might think it doesn't but it does."

"I am not alone and we could all do this as a community. For all of us to heal and for everyone else to also."

Action:

"The dvd sort of touched on a cycle. It keeps going if we don't heal. This hurt it'll keep going down to our younger people if we don't heal. We heal ourselves and help the people around us heal also. That's the way to stop it."

"All it is, is just reaching out to them and letting them talk. That's what I see, too, from the video. It's up to us just to take that step and say, 'Hi.' Just acknowledge them."

"What I got from the video is involving the whole village as one. Involving everybody and letting them know that they do matter. They do have a purpose. They are important."

"I think in this community, too, we need more interaction with our young people. They used to be so busy long time ago when there was no electricity and no water and sewer. Now they have a lot of free time on their hands with no resources...no teen centers, that type of stuff. We need to focus on our young people and once we get their attention they'll be busy enough to where they won't have to think as much."

"Even when you look at our age, today, we are the elders now because we are losing so many of our elders. It's our turn to do something to our grandkids now. We live with what the elders used to tell us to do. They are slowly leaving us now. We are here, we have to do something for our people. It's our turn to do what they taught us. We look at each other, we are older. Hallelujah, we are getting old, but we have to help our people. We have to. It's already in us, all of us, to step up."

"That we are too quiet, that we have to talk to make things happen. We can't just be quiet forever. We need to make some noise."

Learning Circle 2: The Role of Adults

Total number of participants = 86
Number of participating villages = 10

Summary

Learning Circle 2 begins by showing participants a list of possible steps to address high rates of youth suicide; Three hundred fifty five local Inupiaq youth and adults generated the 12 ideas (seen below).

Facilitators ask participants at the learning circle:

Which of the 12 activities do people think is the most helpful?

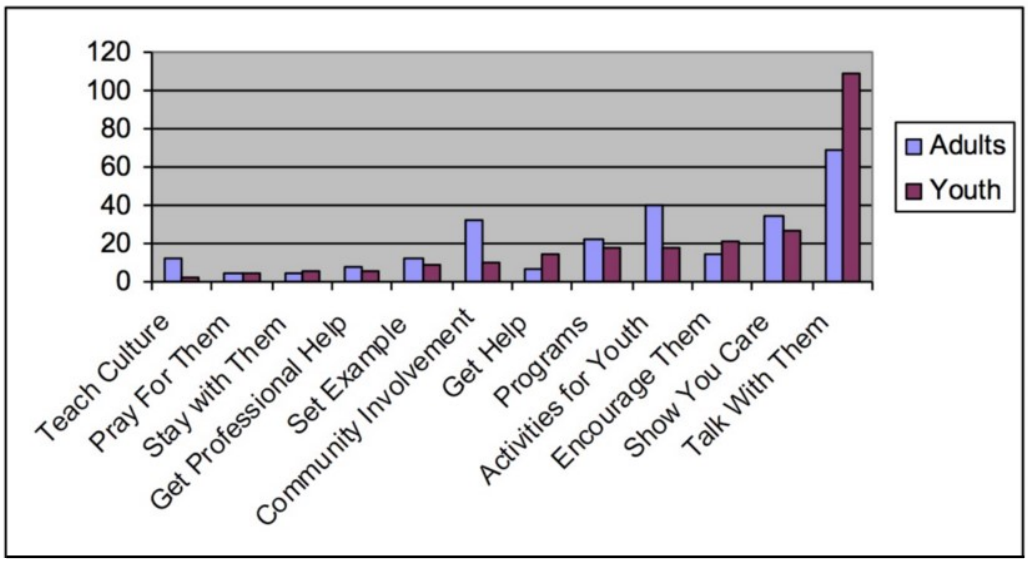
Guess what Inupiaq youth & adults think is most helpful in preventing suicide?

- ❑ Teach culture
- ❑ Pray for them
- ❑ Stay with them
- ❑ Get professional help
- ❑ Set a good example
- ❑ Being involved in the community
- ❑ Getting them help
- ❑ Programs
- ❑ Activities for youth
- ❑ Encourage them
- ❑ Show you care
- ❑ Talk with them

After discussion around participant's ideas, the group takes a look at the research findings which indicate that the large majority of youth say that "Talk with them" the number thing adults can do to reduce youth suicide. Youth want adults to talk with them about their everyday lives and their future.

What will help prevent Inupiaq youth suicide?

On a Survey representing 355 people in Northwest Alaska, youth & adults wrote:
(Wexler & Goodwin, 2006)



Participants are instructed to use this information to think on their own experiences and what this research finding means to them - *have they had any of their own experiences where talking with youth helped?* After sharing stories, the group discusses ways in which they can use the research evidence toward action in their lives and community.

Participants Experience:

Talking with Youth:

"...I would open up and kids would come and we'd just play board games and that was a time to talk. Pretty soon, maybe second or third time, people started coming and telling you what's going on in their life. People that never ever talk, they start telling you - someone they can trust to talk to. "

"One thing I will take away from this learning session is just getting the results from the survey - their view, their thoughts is most helpful in preventing suicide. Which is, 'Talk to them!' There are youth children crying inside but they can't or not going to open up. Eventually they will open up if we give some time to listen. It was an eye-opener to see the result from the youth."

Community Strength / Decoloniality:

"Man it's good to see in our community that there are layers of people who are doing things. We might not be doing it at the same time. It's staggered, if the elders are doing things with the youth. The youth are doing things with the youth. Young adults are doing things to foster community involvement. Pretty healthy setting. I think I know why we are like that. Look at this picture right here. Look at all these people."

"The only way we could keep going is to unite like this. The only way to keep going was to talk amongst each other like this."

"Every fire starts with a spark. And there is a spark. We all sat in here and came up. There's a lot of energy to go forward and do something. I think that with this plan to go talk to everybody. I think that's a good first start. We are still at the very beginning of these classes. We have a long way to go…. We have to not give up and keep fighting. The community is worth it. The kids are worth it. The culture is worth it. It's all worth it, we just have to keep going and pull people to us. And make it worth everyone's time to participate. So we are the spark. We are the start. This is the beginning."

Involvement:
"We need others involved because when you ask what will help us to prevent suicide in youth, we can come up with some ideas, but we need more than that. This is a large community and we need more involvement otherwise, you are going to be stuck with a lot of this stuff and where is it going to go."

"I think we need to focus in our communities about who we are going to get our men involved. I always think the majority of our suicide here is our men and if we could get some involved. Our men too."

Importance of PC CARES learning circles:
"One thing I'm going to take from this meeting today is I feel hope in the things you guys want to do. If you follow through there will be changes in the community."

"It's a big problem in our villages and it's really good to see somebody having meetings even if it's a small turnout. It's going to work because there are people here that are interested."

"It's not only in our little village. It's everywhere. It's good how Maniilaq is coming together to support this kind of group gatherings and I would hope that more people come and see the importance that it is in our village."

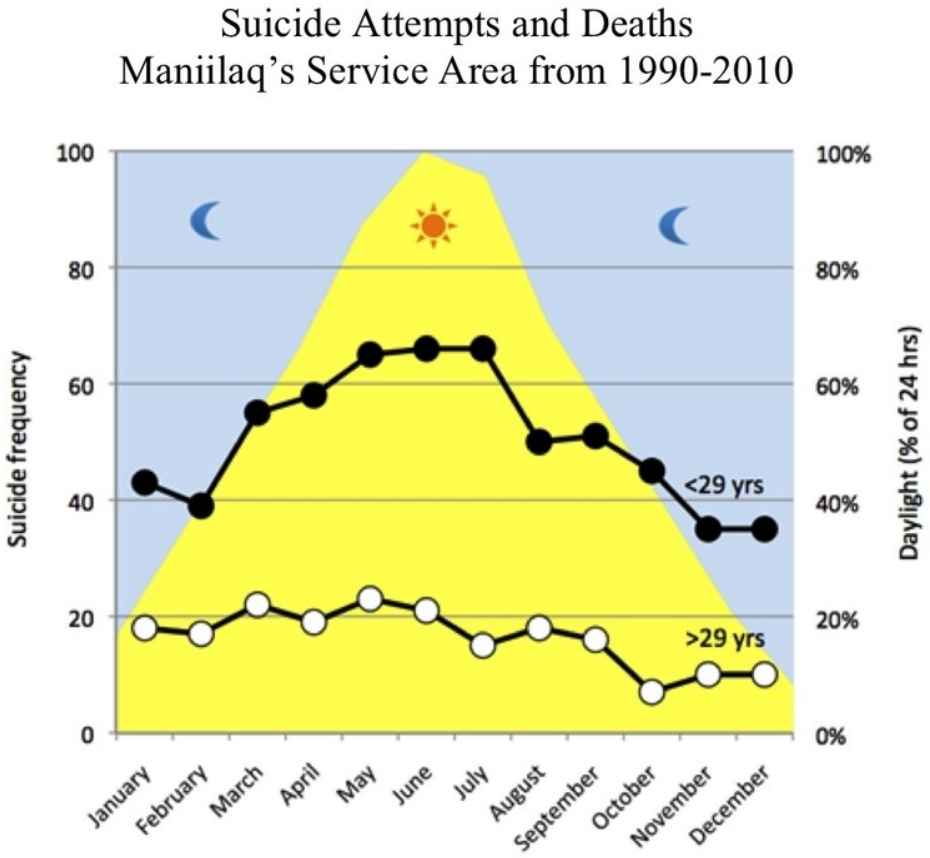
Learning Circle 3: Seasonal Influence

Total number of participants = 79
Number of participating villages = 8

Summary

Learning Circle 3 uses research data collected from 1990-2010 that documents suicide frequency between two age groups - those that are younger than 29 years of age and those that are older. The graph shows suicide rates as related to the time of the year and the correspondence of the amount of daylight.
Facilitators ask participants to look at the graph and then discuss: *"Why do you think suicidal behaviors are more frequent for young people in the summer months?"*

Through the discussion participants are also encouraged to think about how this research evidence relates to their community, what they think of this data, and what can they can do in response to this information.



Participants Experience:

Thoughts on why summer months have highest rates of youth suicide:
"I think there is a spike in between May and June. There is no more snow. You can't go anywhere. The ice is too thin. That's probably part of the reason. We are stuck in one place."

"Seems like everything is getting better in nature, but some people feel the same and that nothing is improving in their life. Seems like, I don't know why, I've heard that people often get depressed when the weather is good. Things are getting warm and nice in town but nothing in their life is changing for the better. That might be part of the reason frequency is higher during spring and summer months."

"In the wintertime there is a lot more travel capacity. They can get around and go do stuff whereas in the summertime a lot more people end up sitting around doing nothing. Or in the springtime or whatever. Once they lose their ability to move, it affects their mood because they can't do anything that makes them feel productive as much."

"The graph is accurate. We are limited with transportation in summer and fall. People are home more and get carried away thinking of suicide."

"I think for younger people, a lot of them might have family problems, and they are old enough. Their parents say you are old enough to go. But they have no place to go and they are trying to find work, but they can't find work. I think that is kind of depressing for them and hopelessness, stressful."

"There's more daylight in the summer. The kids are on a summer break. So, there is less structure. No School. They don't have to go to bed."

Sleep Deprivation & Summer:
"Another thing we notice or talk about too, with the youth, especially, they are sleep deprived. Adults may be at seasonal jobs and kids are left home. They are not eating right and not getting breakfast and lunch at school and maybe their parent's income is influencing their travel."

"Again that lack of sleep is one of the key components with depressive disorders. When your sleep is messed up. If your sleep gets messed up, appetite gets messed up on top of all of that – even from a couple of days you can start hallucinating. Hearing thing; seeing things. That's something people don't really take into consideration. Just getting eight hours of sleep can go a long way for your mental health."

"Their sleep pattern is disturbed. They are not getting a full sleep. I think that really impacts a person's ability to make decisions if you are not getting any sleep."

"If we are not getting enough sleep, or hungry then our thinking is not all straight and our reasoning all that it could be without adequate rest."

"I noticed is in summertime it seems sleep is less important to people. When you don't sleep good your brain actually functions differently. You are more easily depressed and you make less rational decisions when you are sleep deprived. It's almost like being drunk. There is a mild intoxication that comes with sleep deprivation and so it's actually easy to make a spontaneous rash decision on anger or sadness when you are sleep deprived. That's one thing that I noticed that goes along with the summer."

Family involvement:

"It really opened up my eyes as a parent to make sure that I have more structure in the home during the summer months and to keep things active in my family. I am so thankful for my mom for always involving my kids at camp in the summer."

"Children can't raise themselves. Raising children is interactive. You have to be there. And even if you aren't riding them all the time, you are watching and alert. Guiding, directing. I think as parents we get so busy the kids kind of come up on their own."

"And building a bond with the family…so they don't feel like they are drifting out on the ocean somewhere with no one to anchor, no vessel. They are building a strong family bond."

"At the end of the day it's the whole communities to tribe. And that's one of our Inupaq values. This whole idea, too, is built around our culture, our values. This is what responsibility to tribe. You take care of your own tribal members."

Ideas for summer activities:
"So, let adults know we need to invest more time in our youth and bring awareness that in the summer months we need to pay more attention to the different behaviors these kids are having. Making sure that we have activities available."

"It's relevant, but we need to get out more and do subsistence like berry picking and hunting. It would be great to have a get together and explain and get input from high school kids."

"I think as a wellness committee we should look at other funding sources and plan for this summer."

"It makes me want to have more activities in the summer or tray and help with activities or something. I am sure I wouldn't be the only one to suggest that or try and do it. Everybody's not going to come to stuff like this but we need to put it out there somehow."

What's good about PC CARES / Gratitude for Learning Circle:
"I learned that people do care. This shows that people care and our kids and older people know that."

"But these sessions are interesting and it gives us information to give others. It helps me myself with what's going on. I think the way that I got here was with my job. I am happy that I am here."

"PC CARES is about promoting conversation. It's not the belief that somebody from Anchorage or the East Coast can come here and tell you what to do here in [village]. It's about [community name] having what it needs to come up with some solutions to help itself. PC CARES believes that and I do too."

"My feeling is I am really glad I went to this meeting. I'm glad you are doing this. From this meeting I have a lot of good ideas. I went to the one in [community name] too. Hearing this really helps. I'd like to continue on in some little way that I can help."

"Awareness, for me. I really want to let the community know what we talked about. I wish more people showed. I really want to still educate the community of the statistics that you got because they are really important and really good."

“We need to trust each other; to learn with each other. If we got that, I think our village would thrive.”

“Insightful. A lot of information you read in a textbook but when you are in that situation and you see it applied to real life, you realize it’s like nothing like what’s printed on paper. So I think a lot of people need to understand you can say this region has the highest rates of suicide but what does that actually mean for the people living in the area.”

“I think this is eye opening for the community as a whole because each of us as individuals, as parents, as community members…being aware of information like this, we can be more conscientious about the time frame *(of greatest suicidal risk)*. We can take initiative to create families. To create activities within our families and our community during the summer month. Keeping them more productive.”

“When you are having this kind of dialogues with other people it is so much more meaningful and so much more comes out of it and it is not something you count on people stopping to read.”

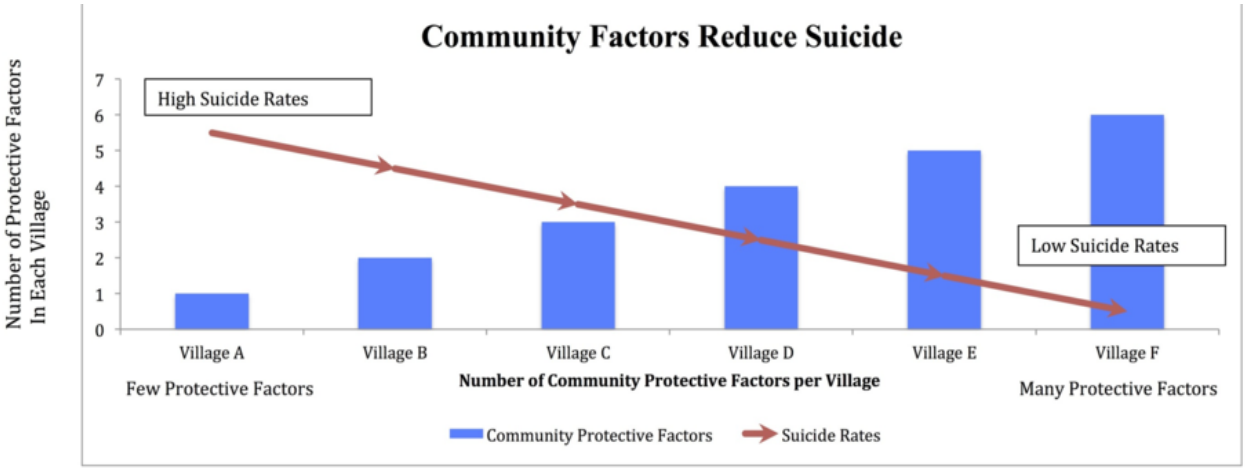
Learning Circle 4: Community Protection

Total number of participants = 56
Number of participating villages = 6

Summary

Learning Circle 4 focuses on community factors in place that reduce suicide. Community protective factors can significantly impact the rate of youth suicide: *more protective factors, the lower rate of suicide. When protective factors are missing, suicides go up.*

Facilitators ask participants to look at the graph and discuss what it means to them, the relevance in their own community, and then how they can use this information.



Community Protective Factors

1. VPO, VPSO and other community members enforce local option and other laws.
2. Many adults talk to, teach and (when needed) scold children and teenagers.
3. Schools –teachers, principals, staff – respect the local culture and work with the community.
4. Cultural activities and community events happen regularly.
5. Village leaders have authority and work to improve the village.
6. Health and social services are easy to get and are helpful to those who receive them.

Participants Experience:

Involvement of village leaders:
"I think the village leaders need to be more involved. Like our IRA, the admin, the council members need to come and be a part of these….They have the power to improve our village."

"It'd be real nice if the city and IRA officials could take part of this. They always don't know what to do. We always don't know who to turn to when there is violence in the home. We go through violence almost every day or hear violence every day."

"The last thing we noted, was strong tribal government can make a difference in the strength of our community. We observed in another community, the tribe is strong and the village has a lot of activities, and a lot of things going on and it strengthens the entire community when that happens as well."

Gaps / Problematic areas in the community that affect overall health:
"It seems like health and social services are not real helpful in the villages because they have so many hoops they have to jump through to help someone."

"People have issues and they want to get the help but they are afraid everyone's going to know or start talking about them."

"There is a lack of teachers really respecting the local culture. They could be more proactive."

"We are too crowded in the homes. There are three or four families in one home, and everybody is feeling trapped, hopeless."

"This ARGON gas in the homes. I don't know exactly what that is. I assume a lot of the houses are in pretty bad condition. I haven't been in a lot of homes. The homes I have been in have seemed fine, but I am sure there are some that are not as good as they could be. Carbon monoxide testing - with the stoves in the homes, they should have detectors. It's all those things that make life livable."

"We need to step up to the plate more as adults. Talk to our children. Let them know what is going on in life."

"School should be the ones to foster the goals for these kids - try to make their lives for the better."

"You would think this room would be filled with a bunch of community members to try and resolve this. Three of us here, three in _____, three in _____...it's not going to work."

"It needs to be something where people that have not been affected get involved."

"It takes everyone to work together. Just because one organization does a lot doesn't mean we can't ask or utilize. I am just thinking with no disrespect or offense. It takes a network of people to stand up against, to stand up to make a difference against something this huge."

Need for more involvement:

"You would think this room would be filled with a bunch of community members to try and resolve this. Three of us here, three in [community name], three in [community name]...it's not going to work."

"It needs to be something where people that have not been affected get involved."

"One thing we have recognized is that there isn't very much participation. We don't know what it is, you know, but to maybe get people kind of motivated and wanting to be out and engaging in the community. And to recognize we all have a role."

Action to take:

"I am sure if there was money to do stuff things would get done. There would be activities for children to go to, teenagers, adults to steer them away and keep them busy...Teach them something like we talked about. Teach them to build sleds, crochet, things they can learn this and pass on to the younger generation or use as a tool to make money for their families. Or just get them out of the state of Alaska. Let them see what's out there."

"We got to think about ways to keep the kids with something to do. All this time and sunlight. Up all the time, day and night. No structure. Hard for kids to make good choices."

"Even out in the community when we see kids doing something they aren't supposed to, I think it's our responsibility to talk with them, and I don't see that happening enough."

“It seems like a person or community has to be a whole. When part of these are lacking like culture or connection to family...when something is lacking people are hurting.”

“It tells me that people care. If they didn’t care, they wouldn’t put these down. They wouldn’t do anything.”

“We need to be more involved with our children.”

“We need action. We don’t need to talk. We need to put our foot in there. We don’t need door prizes. We are here right now.”

“It would be good to invite student council/youth leaders.”

“I want to use this information to help build up my friends and family. This information brings hope and positivity.”

Learning Circle 5: Listening Well

Total number of participants = 42
Number of participating villages = 6

Summary

Learning Circle 5 addresses active and non-judgmental listening in order to promote overall wellness and prevent suicide. The circle begins by watching a short film that shows Inupiaq community members from the Northwest Arctic Institute talking about the benefits of talking to each other in supportive and non-judgmental ways.

The film is available at http://www.pc-cares.org/

Research shows that basic counseling skills, particularly listening without judgement, reflecting back what was said and not giving advice is helpful. It also points out that these simple skills can be learned. Through paired exercise, this Learning Circle gives participants an opportunity to share a small stressor in their lives and practice active listening skills (without giving advice or telling their own personal story).

Participants Experience:

What the community needs:

"We are losing people in our regions...Even if we don't know (*them)* we still feel because we know people who know their loved ones. We need to stand together to find ways to help one another. We all can do it; just we can't do it alone. We need each other to do it together."

"It would be helpful to know that we are not the only ones - that there are other people who worry about the same things we do. People will stand up more to address it. Like they don't feel like they are alone. So they won't be embarrassed...scared. They realize that other people are feeling that way too."

Who should be involved:

"...and they hit is right on the nail when they said the church needs to be involved. This is *their* community. These are their community members as well. And, a lot of people in our community with their face and their belief depend on them to be a part of it."

"But if you go to the school and do the same thing for the kids, all together, then I think. It begins with our kids and with parents. Some parents are here. We need to do this with the students."

What's stressful?:
"Little thing that stress me out is getting all the kids on a sleeping schedule especially when we have a long weekends because we have six kids in school."

"Being home with a lot of people - that's one of the things. There's too many of us under one roof. Seven of us. We just have two in school. Yeah. Being in a home with so many people. Stressful."

Reflections on being the talker during exercise:
"For me it was like letting someone know what I was going through, from my heart. I feel better knowing that I let it out."

"I felt like I unloaded myself to have someone listen to me as I talked. Some of us want to say something and always want to interrupt. It's good to have their full attention to listening, no interrupting."

"But I pray. Prayer helps me a lot for stressed out things. Good to always have someone to talk to if you need to. Really helps."

"When your listener reflected back on what they heard you felt understood how you felt."

Reflections on being a listener during exercise:
"Even if you are just listening, they know someone is there for them."

"Then after I read more about it, I realized what they mean when they say, 'Do not give advice.' Do not do this. You have to listen and try to understand what was bothering them, you know. You can't just tell them what to do."

"It helped not feeling like I had to solve the problem or fix anything."

"It's hard not to give advice, but you have to listen and think what their thoughts are or how they feel.

Learning Circle 6: Restricting Lethal Means

Total number of participants = 24
Number of participating villages = 5

Summary

Suicide can often be an impulsive act - especially when tied to alcohol use, relationship problems, and lack of sleep, which are all risk factors for suicide. Learning Circle 6 research evidence shows that making it harder for someone to access "lethal means" (like a loaded gun) can save lives.

At the beginning of the circle, facilitators ask participants to look at the informational poster shown below. The poster, "Minutes can save lives," emphasizes that lives can be saved if it is harder for someone to find a loaded gun, a private place, pills, alcohol, and a snow machine. Discussion around the poster and ways in which the community can use this information follows.

Participants Experience

Lethal means and how they can be restricted:

"In our households, we need to make sure our guns are locked up. Put away the shells. If you have a good case, get them out of site. Talk to your families about that. Store them away. For your community, that is a way to start - at home - as to make sure the lethal means are restricted."

"Gun safety - help make the community aware of the power of gun safety. That gun safety works. Gun safety works and if it's done right, it works all the time. Some locks are better than other ones. Purchase the best locks."

"One of the things we have so much access to is prescribed medication that is left around. Not just by elders, but by anybody. Little kids even sometimes are very capable of opening those safety caps. They are not safety caps if kids can open them and take the pills."

"One example of preventing access would be keeping guns and ammo separate."

"Regardless of whether you are restricting or allowing it, you should go over gun safety because there are fatal accidents with young people not understanding safe gun handling."

"If it is the whole community thing, the stores themselves have to be accountable. They need to have medication locked in the stores."

"It really is in the home. The parents are the only ones that could do anything to make it difficult for their loved one to not have access to the gun when they are drinking. Cops can't do anything about that. Unless they are right there when they are getting the gun. In all reality."

"I would take the risk of having no loaded gun than the consequences of a loaded gun considering teenage bizarre thinking at times. I'd take the lesser of the two risks and I think the lesser of the two risks for safety is to have an unloaded gun in a household where teenagers are around."

Checking in with people:
"Every second counts. When something is going on you gotta try and do what you can to prevent them."

"You never know that someone could come along and talk and check in at the right time and place."

"Sometimes I think it is a call for help. They start looking for what they need to do to end their life. I think the majority of them will call someone. They won't come out and say they'll kill themselves but if you are face to face, I think it is different. If they are in the house and they already have the gun, just sitting there and being able to talk to them - the few minutes to distract them or talk them out of it and let them know that people care. I wouldn't go there if I didn't care."

"Once you start checking in it can give you an idea of where they are if they are acting differently."

What can we do?:
"Have talking circles. Like family meetings about safety and wellbeing. Have different topics to talk about. It is important to check on neighbors and relatives, especially our elders, too, or young kids."

"What is important to me is having like family meetings talking about safety, healthy, wellbeing. It is always good to have close connection with your family because I think everything starts at home."

"Even having this class. How many new people have we seen? How many people are really truly for something like this? I mean if people cared, they would come and put their two cents in. It seems like it's always going to be the same people all the time and they can't do it alone."

"That's part of the education that we can give to the community. Every suicide is the disaster certainly to the immediate family and to our educators and I'm speaking for the educators. Let's try and educate our community that suicide is a disaster for everyone here."

"I just have made posters. Spread the word in our community. Have a community get together."

“The elders we need help, we can’t do it by ourselves. Somebody’s got to be there to instruct us sometimes, most of the time.”

“It’s a good reminder for me. When my family is drinking. I’ve been always having to hide sharp objects and guns and everything.”

“Hang up more signs. Make it more visible. I’ve never seen anything like this around town. Make them bright and visible.”

Learning Circle 7: Support after an Attempt

Total number of participants = 18
Number of participating villages = 5

Summary

Learning Circle 7 gets participants to think about what are the best ways to support someone after an attempted suicide. Supporting someone after an attempt can be difficult. Research studies show that people who received short, supportive, and non-demanding notes (notes that didn't ask the person to do anything such as "call if you need me") for weeks, months, and a few times a year after attempting suicide were much more likely to seek help and much less likely to attempt or die from suicide when compared to people who didn't receive these supportive notes. Unconditional, non-demanding caring and support helps make people feel that their lives matter, that they are loved, and that they can keep going another day.

The Learning Circle discussion opens with the case study below. Participants discuss reactions to the case study, why small acts are meaningful, reflections on past experiences with giving and receiving kindness, and how to use this information.

Case Study:

When Jane Doe came home from Kotzebue after attempting suicide, she was embarrassed and still had to deal with the problems that made her feel bad in the first place. It was hard. Jane Doe felt alone and sad. She didn't know how to talk about what happened, and she wasn't sure she wanted to because of her shame.

When she received a short text message the day after saying, "You are special," Jane Doe felt supported, even though it was from someone she isn't close to. A few days later, when she got a text saying, "Thinking of you today," she smiled and thought about those people in the community who care about her.

Weeks later, when she gets a short text message, "wishing you a good day," she gets a warm feeling. When she is down, she thinks about this feeling and it helps.

Now many months later Jane Doe sometimes gets a supportive text from this same person, and it reminds her that people care about her, even if she isn't close to them. It gives her a way to get help is she needs in the future.

Participants Experience

Reactions to Case Study:
"I really like this case study. I really like the positive feedback. I like it when people are positive...It turns my way around at work."

"I never really thought of sending things like that, thinking of you or… I was just surprised. I never thought of sending someone a text like that. Something real short and to the point of knowing that you care for that person."

"Sad I was hurt because of how she was embarrassed. It is kind of sad that you have to feel bad and alone and didn't know how to talk about what happened."
"It kind of made me angry, I think at first. And then, maybe emotional for me the memories…"

"Yeah it makes it seem like she doesn't have any friends or support from family...It's kind of a bad example."

Small acts of kindness:
"I noticed a big difference telling my niece and nephews just telling, 'I love you.' Now they are getting to where they are saying it and telling each other."

"Having these kids have someone to tell them they are meaningful and worthwhile and they are important...that they are amazing in their own way. If we could just find the way to communicate that with them it could get them a long ways."

"Just saying hi could save their life. Maybe they were so deep in thought about something so devastating but you turn around and say hi or you look nice today. A simple compliment to a total stranger could change their day around."

"Calling somebody to see how they are. Checking on them. Or bring food. Doing chores for them. Just little stuff like that."

"I think we gotta remind people that it's ok to take care of themselves. Some people are so busy taking care of everyone else they forget they gotta take for themselves."

Examples of being supported:

"I can still smell her and she came up to me and hugged me and gave me a side hug and said, 'This is hard right now but you'll be ok.' I remember thinking, 'Whoa, someone sees me and I'm not invisible."

"I am thankful for my friend to remind me to fast and pray and read the bible. I say thank you for her text reminders. It's a good idea to lift someone up that way and I'm thankful for my friend."

"I know when we lost my parents the things that stood out most to me were like people who showed up with like food. We didn't even know we were hungry. They just showed up with food and sat down with us and we finally ate. We didn't realize what we even needed at the time. So it's like when you are going through something it's hard to even know what you need."

Difficulties with communication:

"I hear people when there is a death, 'Close the liquor store, close the liquor store!' What good is that going to do? People are going to find it somewhere else. If they have money from Tanif. If they have money for food stamps, they are going to find a bottle whether it's going to cost them all their money for that month, they are going to get it. No matter what."

"The reality is that a lot of people don't know how to deal with it when someone attempts suicide. Like the individual you were talking about. Had someone intervened or told him he was amazing or worthwhile or…would he have done the same thing?"

"It's like our culture that you got to keep quiet. We need to change that."

Actions we can do with this information:

"Sometimes if you just smile at them or give eye contact. Acknowledging their presences. Little things like that can really help a person."

"There are lots of things on here that really need to be talked about and it's so good we have PC CARES. It really opens up a lot of things we don't talk about."

“We need more training and more information about how to approach people. Training or seminar.”
“If they are like a close family member to be more aware, more attentive to them. Check on them all the time.”

“Invite them to do something or go to events they normally don’t go to.”

“Even if you don’t really know them or are not really close but you live in the same community it is good to give them, talk to them, just say hi. It is a small kind of caring or reaction to that person.”

Learning Circle 8: Postvention: Talking Safely about Suicide

Total number of participants = 40
Number of participating villages = 5

Summary

After a suicide happens in a village, everyone - especially young people - is at higher risk for suicide. Learning Circle 8 takes a look at research showing that there are things that people can do to diminish suicide risk for others after someone has made an attempt or died from suicide.

Facilitators ask participants to look at the chart below and then discuss their reactions and what is important about the information. The circle ends on discussing actions steps individuals and communities can do with this information.

POSTVENTION	
After a suicide happens, everyone – especially young people – are at a higher risk for suicide. This is what we know about actions and words that can either protect them or increase suicide risk:	
Protective	**Riskier**
• **Let those who are grieving talk about whatever they are going through (anger, guilt, sadness, numbness..)** • **Share ways of getting help:** ***"if only he knew that it feels better after talking"*** ***"There are other ways to get help; even calling a hotline can make someone feel better."*** • **Tell the basic facts, only:** ***"He was young, from X village, and died yesterday."*** • **Share the hurt caused by the person's passing:** ***"Suicide hurts."***	• Blaming someone else for the suicide increase risk because… *…People listening may feel angry and desperate, and could think about suicide as a way to get revenge or to hurt someone.* • Talking about the person who died as being *"in a better place"* or *"at peace"* can increase suicide risk because… *…Suicide could seem desirable for those who are having a hard time finding peace or believing things can better in their life.* • Dedicating a tournament or making T-Shirts in honor of a person who died by suicide can increase suicide for youth because… *…Young people who feel overlooked may see suicide as a way to get attention and love.*

Participants Experience

Reactions to research evidence:

"What surprised me was that telling them they are in a better place or at peace is riskier. I'm pretty sure a lot of people say that."

"The thing that puzzled us the most was on the other side on protective factors where it says to only tell the basic facts...That puzzled us because I don't see nothing wrong with telling the straight truth."

"Our main reaction - it opened our minds to new concepts about factors increasing or decreasing risk of suicide. Ideas that we've never heard before and we were a bit surprised by all the information in the paper."

"I think the advice, tell the basic facts only. I think of the problems in this region, probably all over, is you hear, like, five different versions of a story before you hear what really happened, I think."

"What puzzles me was why would they put this on here - share ways of getting help. Some people it would help but others it wouldn't."

Needs of community:

"They should have a system for bullying. Their side needs something like this."

"It would be helpful if there is some information shared on what kind of coping messages we should use that are outside of these. Get some suggestions, like from itinerant therapist. What kind of strategies or coping mechanisms does she use that we use some of that from family to family or friend to friend."

What can we do with this information:
"Maybe a talking circle with a family who is grieving if kids are not too young."

"Make sure you ask a person if they need any more help before you leave someone. Do you need help, is everything okay for today? Let me know when you need more help and I'll come back."

"One action we can use is to reach out to the young people and letting them know they are cared for and reaching out to them with small hugs and ask about their well-being and encouragement followed by a hug or handshake."

"One action for myself is to be more aware of riskier talk and learn more ways for protective discussions."

"Make, build or open a teen center so that teens and kids have something to do instead of being bored. That's how it starts, with an idea."

"As long as people come together and eat together and share. That is a good thing."

"Open the community airport. Hang out place. It's wide open. Dance every night. Games for the younger kids or even teach 'em Eskimo games."

Learning Circle 9: PC CARES Review and Moving Forward

Total number of participants = 27
Number of participating villages = 4

Summary

Learning Circle 9 gives time for participants to review what they have discussed and learned throughout the monthly sessions. Facilitators put posters from the previous meetings around the room and the group revisits each session and what it was like for them. Participants are then asked to go to the poster of the session that most impacted them and to explain why.

As a culminating activity, participants create a group paper quilt. Facilitators ask each person to create a square or several squares using words, poems, drawings, symbols, etc. to represent some change that they experienced or an action that they did after participating in the Learning Circles. Participants are then welcome to explain their square to the group.

Participants Experience:

Reflections on the learning circles:

"I remember it being a moment of realization. Growing up, you see people self-medicating with drugs and alcohol and hurting people that they love. I used to wonder why do they do that. It's not good...and then realizing what generations before us have experienced and how that affected them starting that cycle which affected them and then affected their grandchildren."

"It broadened my awareness over the whole situation and kind of placed a benchmark on this is where we are *right now!* How are we going to get out of it and move through it? Going through LC1 it seemed a little more hopeful."

"It makes you more aware that youth want to be communicated with more. They don't want activities. They want that relationship. It was really eye opening."

"Community protective factors, too, it's to show that we are not alone. Not any one of those areas is alone. We are all in this together. That is what I like about this platform. It invited protective factors. It invited people that have roles in the community and obviously that is something we need to improve on in our little community to get more people coming to stuff like this to learn the tools and to show their role."

About LC5: "This was an awesome one for us. That was our very first opportunity to facilitate. It was a big eye opener...we think yeah, we all listen, I don't know why you need to make a whole learning circle on it. But we realize there is a whole new level of listening that a lot of people don't do anymore."

About LC7: "We heard suggestions that it needs to be more personal level, family based support would be more effective."
"I just wanted to see what it was going to be like. I think in reality I wanted help to deal with it [suicide], still. I think that is what I kind of expected."

"Every session had something helpful. And even after the first one when I thought that this is stupid but I came back. I was able to speak and give my input about it and maybe get it off my chest kind of thing."

What impacted participants the most:
"When you are listening you have to learn patience and be caring and try to understand and try to help as much as you can and let them do their part. Letting them talk."

"This whole training made me think of one person's self-worth. A lot of words came to mind of how important it is for us to know and try to talk and listen, too. For self-worth."

"LC 8 is right there - it stands out. Suicide hurts! It should be the blasting with balloons and fireworks so people know they are not just hurting themselves but others."

"I picked this one because it surprised me that there are as many older adults and that there are more deaths in the summer. I've always thoughts things would happen when it's winter, dark and cold."

Suggestions for PC CARES moving forward:
"One person said we should come up with a Handbook for people who want to read it on their own. Not so much in research terms but in layman's terms that any individual in any community could understand."

"It is important to try and get everybody - one way. Sometimes turnout is not all that great. One way is going to each organization of what you want to do and that you want to have them all...Visit each organization. Get their attention."

"Gathering everyone together as a mini-community at the school would be really good. Doing that in the whole community would be really good too."

Survey Results

Readiness Surveys

PC CARES participants responded to survey questions before they attended their first learning circle (Pre), after attending Learning Circle 5, after attending Learning Circle 9, and then again approximately 3 months after PC CARES sessions ended (Follow –Up). Surveys included questions about participants' attitude toward prevention, their community of practice, their perceived knowledge and perceived skills in taking steps to promote wellness and prevent suicide. Due to a low number of people who took the survey after Learning Circle 5 and after Learning Circle 9, data from those 2 surveys were not used in this analysis. There were 83 PC CARES participants who answered both the Pre –survey and the Follow-Up survey and the results are on the next page in Table 5.

Table 5. Change in participants' responses from Pre survey to Follow-Up survey

	(n=83)**			
Question	**Mean at Pre**	**Mean at Follow Up**	**P value (<.05 is significant)**	**Construct**
I know how I can make positive changes for community wellness	3.79	4.18	0.0042*	Perceived Skills
Suicide will always happen, and I can't help that (R)	3.75	3.55	0.2426	Attitude
I feel like now is the time for me to work to prevent suicide in my community	3.98	4.18	0.1314	Attitude
I have clear ideas for safety planning if someone is feeling suicidal	3.38	3.86	0.0008*	Perceived Knowledge
I feel confident that I can do things to prevent suicide	3.8	4.09	0.0341*	Attitude
I know what time of year young people are most likely to attempt suicide	2.78	3.61	0*	Perceived Knowledge
There is nothing I personally can do to prevent suicide (R)	3.91	3.68	0.115	Attitude
I understand what kinds of community level factors can protect against suicide	3.42	3.96	0.0001*	Perceived Knowledge
I have very few people I can work with to promote wellness in my community (R)	3.05	2.89	0.3397	Community of Practice
I understand how we can use the past to understand present-day problems, like suicide	3.77	3.92	0.3029	Perceived Knowledge
Many people in this community work together for suicide prevention	3.06	3.64	0.0001*	Community of Practice
I know how to talk safely about suicide in ways that discourage others from attempting	3.29	3.84	0.0001*	Perceived Skills
I know what young people around here think will prevent suicide	3.04	3.62	0.0001*	Perceived Knowledge
I am committed to working with other people here to increase wellness	3.99	4.14	0.2637	Community of Practice
I know small ways to support someone after she or he attempts suicide, whether or not I am close to them	3.65	4.08	0.0015*	Perceived Skills
I know how to support and listen to someone who might be feeling suicidal	3.73	4.21	0*	Perceived Skills
I have regular opportunities to make plans to increase wellness and prevent suicide	3.45	3.82	0.004*	Community of Practice
There are things I can do to promote wellness here	3.77	4.03	0.0556	Attitude
I have many people to work with in my community to prevent suicide.	3.53	3.9	0.0044*	Community of Practice

*statistically significant

**only matched surveys are included in this analysis

Of the 19 items in the survey, 12 showed statistical significance when measuring individual participants' changes from their response to the Pre-survey to their response at the Follow Up survey. These are the areas in which PC CARES participants made the most marked increase during the course of the PC CARES curriculum.

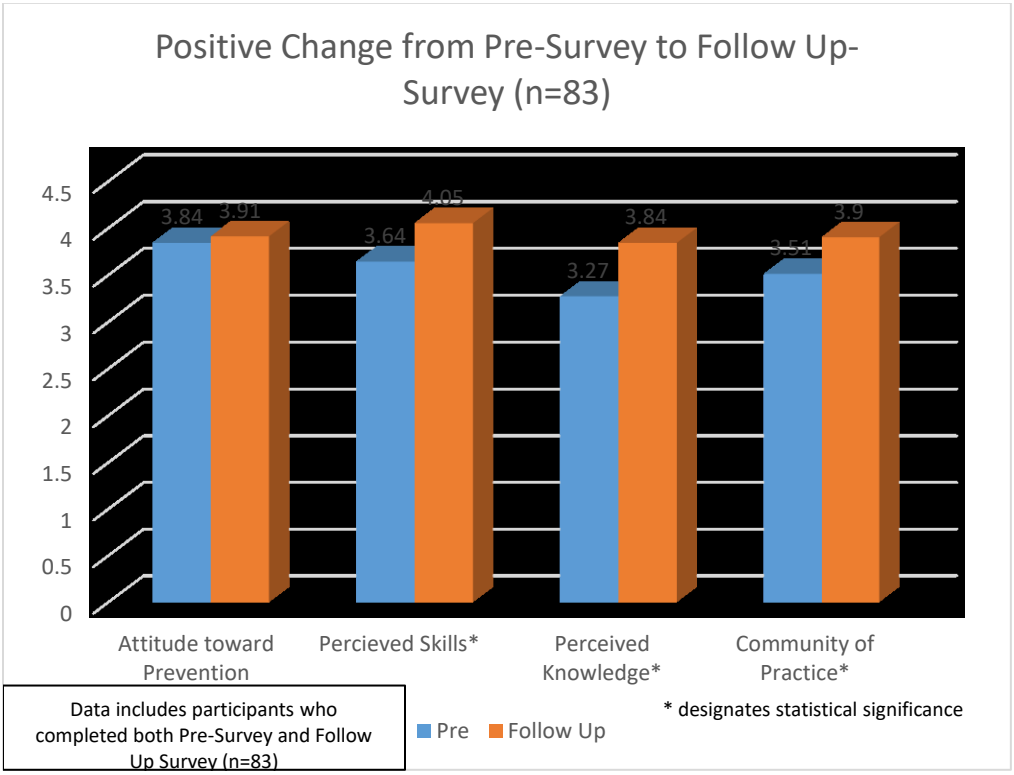
Table 6. Items from Table 4 that are statistically significant, meaning that they show pre-follow-up improvement that is not likely happening by chance.

Question	Mean at Pre	Mean at FU	P value (<.05 is significant)	Construct
I know how I can make positive changes for community wellness	3.79	4.18	0.0042*	Perceived Skills
I have clear ideas for safety planning if someone is feeling suicidal	3.38	3.86	0.0008*	Perceived Knowledge
I feel confident that I can do things to prevent suicide	3.8	4.09	0.0341*	Attitude
I know what time of year young people are most likely to attempt suicide	2.78	3.61	0*	Perceived Knowledge
I understand what kinds of community level factors can protect against suicide	3.42	3.96	0.0001*	Perceived Knowledge
Many people in this community work together for suicide prevention	3.06	3.64	0.0001*	Community of Practice
I know how to talk safely about suicide in ways that discourage others from attempting	3.29	3.84	0.0001*	Perceived Skills
I know what young people around here think will prevent suicide	3.04	3.62	0.0001*	Perceived Knowledge
I know small ways to support someone after she or he attempts suicide, whether or not I am close to them	3.65	4.08	0.0015*	Perceived Skills
I know how to support and listen to someone who might be feeling suicidal	3.73	4.21	0*	Perceived Skills
I have regular opportunities to make plans to increase wellness and prevent suicide	3.45	3.82	0.004*	Community of Practice
I have many people to work with in my community to prevent suicide.	3.53	3.9	0.0044*	Community of Practice

*statistically significant

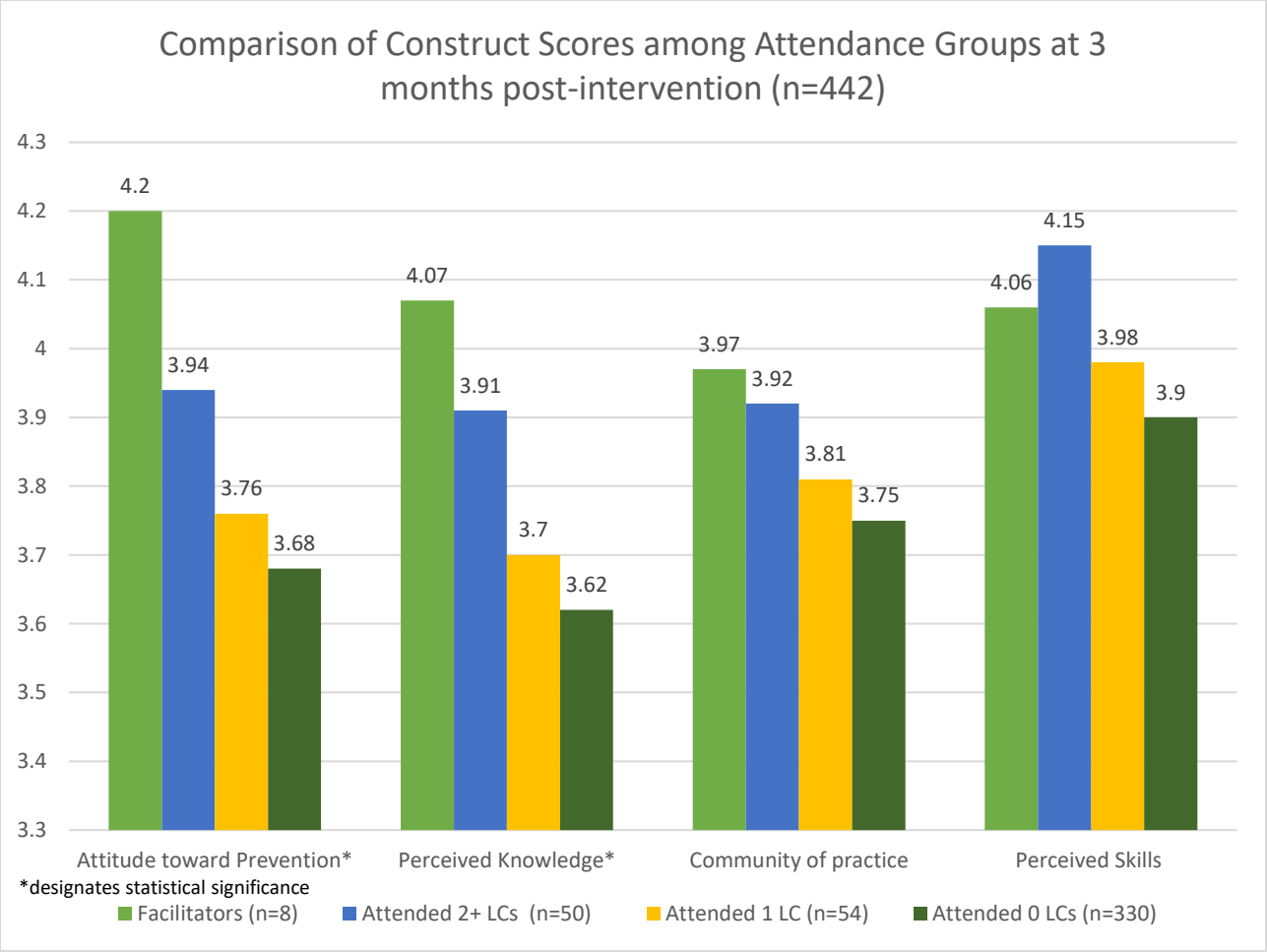
Individual items from Table 4 fit into 4 different constructs. We expected PC CARES participants to show increased sense of having a community of practice, increased perceived knowledge and perceived skills, and increased attitude toward prevention. Figure 6 displays the participants' reported positive change in all 4 categories, with perceived skills, perceived knowledge and community of practice showing statistically significant change over the course of PC CARES, indicating that after taking part in PC CARES, respondents have more skills, more knowledge and a better community of practice for moving forward with making positive changes in their communities.

Figure 6. Change from Pre survey to Follow-Up survey for Constructs



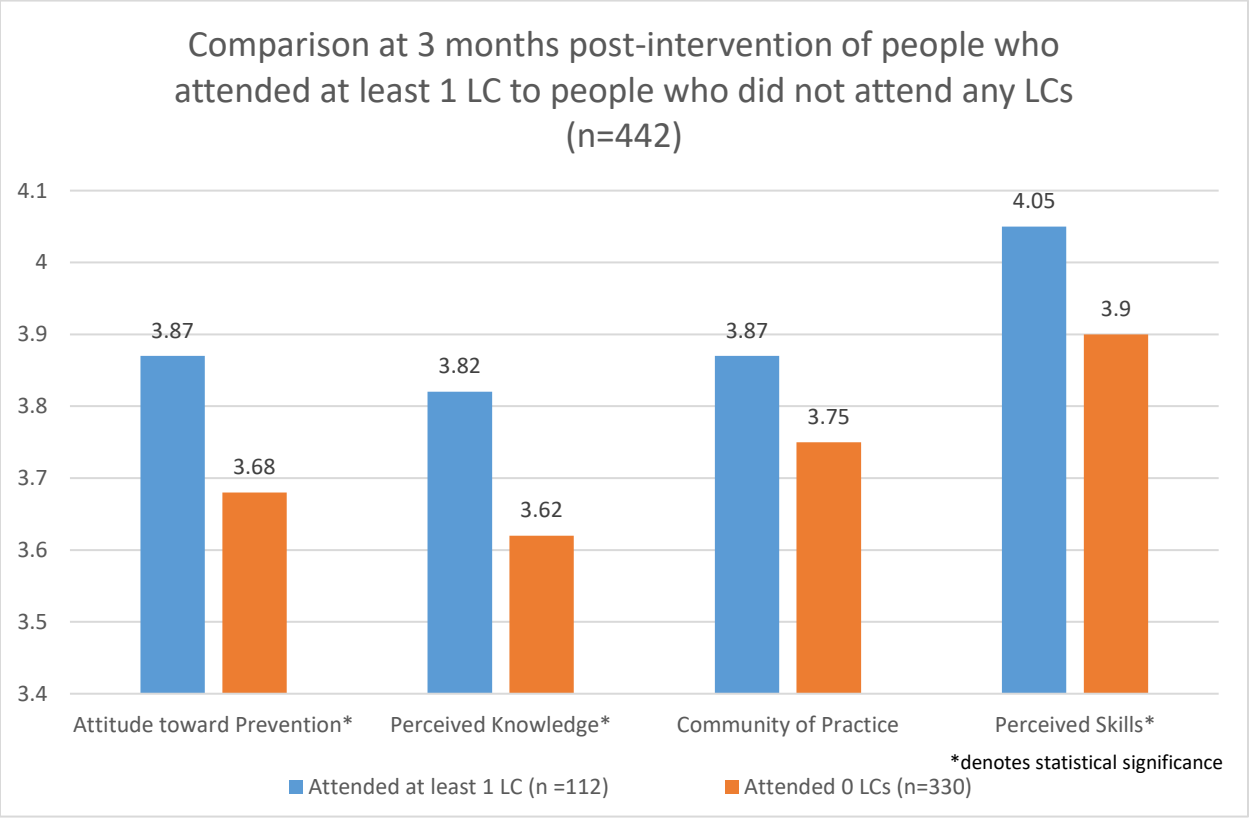
We also examined how different levels of exposure to PC CARES content may have impacted respondents' scores within the 4 constructs. In most cases, we saw the construct scores decline with decline in exposure, as we would expect. The exception shows up in Perceived Skills where participants who attended two or more learning circles show a higher perceived skills score than those who received facilitator training. Those who attended 2 or more sessions score significantly higher on attitude toward prevention (p=.012) and perceived knowledge (p=.016) than those who did not participant in PC CARES. Facilitators scored borderline higher than those who did not attend PC CARES (p =.052).

Figure 7. Comparing Different Groups Perceived Knowledge, Perceived Skills, Attitudes toward Prevention and Sense of Community for Suicide Prevention



When we combine the facilitators and all participants who attended at least 1 LC and compare that group to non-participants. When examining the four constructs in the readiness survey, we see that PC CARES participants have higher scores across all four constructs, with Attitude toward prevention (p =.0016), perceived knowledge (p=.0041), and perceived skills (p=.0237) all showing a significant difference between the two groups.

Figure 8. Comparing Scores for Attitude toward Prevention, Perceived Knowledge, Community of Practice, and Perceived Skills Between PC CARES participants and Non-PC CARES participants



Satisfaction and Utilization of Research Evidence surveys

Based Rogers' Diffusion of Innovation theory, the 5 characteristics of new information that predict whether a learner will utilize the new information are 1) Relative Advantage, 2) Compatability, 3) Trialability, 4) Understandability, and 5) Observability. We calculated a score for each of these characteristics as well as an overall URE score, based on participant responses to 16 survey questions. We also asked participants whether they intended to use the information they learned with family, with friends, at work, in their community, or if they were not sure how to use the information. We compared the scores for the 5 individual characteristics and the overall URE scores with participants' intent to use the information for each of the 9 learning circles and then again at Follow Up, asking participants to answer the URE questions and the intent questions looking back on PC CARES as a whole.

At Learning Circle 1, there is a statistically significant correlation between each of the 5 URE characteristics and participants' intent to use what they've learned, indicating that participants who felt the information they learned in Learning Circle 1 met each of the URE criteria correlated strongly with the participants who intend to utilize the information from LC1. While there were also some significant correlations related to the content of LC 2-LC9, the most interesting finding is that at Follow Up, when asked to consider all of the Learning Circles together, participants showed high significance in the correlation between their URE scores and their intent to use the information they learned in PC CARES.

Table 7. Correlation between participant URE scores and participant plans to use the information learned

		Learning Circle 1 (n=144)	Follow Up (n=102)
Relative Advantage	Corr. with Plans to use info (y/n)	0.297	0.35
	p value	0.0004*	0.0003*
Compatibility	Corr. with Plans to use info (y/n)	0.25	0.3129
	p value	0.0028*	0.0016*
Trialability	Corr. with Plans to use info (y/n)	0.39	0.3253
	p value	0*	0.0011*
Understandability	Corr. with Plans to use info (y/n)	0.33	0.284
	p value	0.0001*	0.0044*
Observability	Corr. with Plans to use info (y/n)	0.27	0.3441
	p value	0.0015*	0.0005*
Overall URE	Corr. with Plans to use info (y/n)	0.33	0.3474
	p value	0.0001*	0.0004*

*Indicates statistical significance ($p < .05$)

Data includes participants who completed LC1 URE survey and/or Follow-Up survey

Suicide Prevention Behaviors Survey

After all PC CARES learning circles had been completed, PC CARES participants and non-participants were asked to report on specific actions they've taken that lead to community wellness or are known to prevent suicide. For 27 specific actions, at least 70% of PC CARES participants report that they have taken that action. Whereas, only 19 items reach the 70% benchmark among non-participants.

Table 8. Comparison of Prevention actions taken by PC CARES participants and non-PC CARES participants

#	Measure	% of PC CARES attendees (attended at least 1 LC) who took action (n=112)	% of non-PC CARES attendees who took action (n=335)	p value	Construct
1	**Talked about the impact of culture loss on the lives of young people in your community**	73.8%	55.5%	0.001*	Historical Trauma
2	**Talked about how youth suicide attempts happen more often in the summer**	52.5%	30.8%	.000*	Seasonality
3	Talked with others about how showing you care can reduce the risk of suicide	88.3%	82.2%	0.146	Support After an Attempt
4	**Talked with others about how to prevent suicide**	84.3%	68.7%	0.002*	Primary Prevention
5	**Talked with others about history and suicide**	73.3%	57.1%	0.004*	Historical Trauma
6	Talked about how to give support for a person who was feeling low or suicidal	83.2%	78.2%	0.287	Secondary Prevention
7	**Talked with someone about how culture can promote youth wellness**	68.6%	48.6%	.000*	Historical Trauma
8	**Talked to others in your family about wellness**	80.0%	67.7%	0.017*	Support within Family
9	Made efforts to talk more to a young person that you know	82.7%	79.1%	0.428	Role of Adults
10	Gotten ideas about how to support people close to you	85.3%	79.6%	0.206	Support within Family
11	Reached out to someone who attempted suicide	67.3%	73.1%	0.267	Support After an Attempt
12	Recognized how to make positive change within your own family	89.1%	86.6%	0.508	Support within Family
13	Done something to make someone feel cared about after a suicide attempt	73.7%	78.4%	0.337	Support After an Attempt
14	Helped in some way when noticing someone is having a hard time	91.3%	90.1%	0.879	Secondary Prevention
15	Done something to make a young person feel cared about	95.2%	93.7%	0.567	Role of Adults

Table 8. Comparison of Prevention actions taken by PC CARES participants and non-PC CARES participants (continued)

#	Measure	% of PC CARES attendees (attended at least 1 LC) who took action (n=112)	% of non-PC CARES attendees who took action (n=335)	p value	Construct
16	Listened to someone to show your support for them	96.2%	93.1%	0.262	Listening
17	Opened up to hear others	92.4%	89.0%	0.328	Open Communication
18	Tried to listen more to a young person that you know	91.2%	86.5%	0.214	Role of Adults
19	**Spent time listening to someone who just wanted to talk about their experience**	93.1%	84.7%	0.031*	Listening
20	Showed you cared just by hearing what someone had to say	96.1%	94.4%	0.507	Listening
21	**Spoken up on what community organizations can do to reduce risk of youth suicide**	63.1%	33.1%	.000*	Community Protective Factors
22	Had conversations about making it harder for an 'at risk' person to get a loaded gun	37.1%	33.1%	0.473	Restrict Means
23	**Opened up to share your thoughts**	82.2%	69.3%	0.011*	Open Communication
24	**Spoken up about community protective factors**	49.0%	23.2%	.000*	Community Protective Factors
25	**Trusted others in the community to hear what you have to say**	78.2%	67.6%	0.044*	Open Communication
26	Increased safety, like removing guns or staying with a person, when worried they might be suicidal	72.7%	75.2%	0.630	Restrict Means
27	Done something for prevention when worried about someone's risk of suicide	80.8%	72.0%	0.085	Secondary Prevention
28	NOT talked about the details of a suicide for fear of increasing suicide risk	33.0%	33.0%	0.998	Post Vention
29	Only talked about a suicide in a safe way	67.4%	60.6%	0.239	Post Vention
30	Talked about suicide prevention	67.6%	58.1%	0.091	Primary Prevention
31	Talked about how honoring a person who died by suicide (like with a tournament) increases risk for other youth	52.1%	45.8%	0.285	Post Vention
32	Took action, like removing guns or alcohol, to make a home safer when worried about someone's suicide risk	73.5%	72.1%	0.794	Restrict Means

Table 8. Comparison of Prevention actions taken by PC CARES participants and non-PC CARES participants (continued)

#	Measure	% of PC CARES attendees (attended at least 1 LC) who took action (n=112)	% of non-PC CARES attendees who took action (n=335)	p value	Construct
33	**Let people know what resources are available for prevention**	69.0%	53.4%	0.006*	Primary Prevention
34	**Participated in wellness activities (activity nights, talking circles, community events)**	81.9%	46.4%	.000*	Wellness Promotion
35	Taken a young person to do subsistence activities during the summer	73.0%	72.3%	0.888	Seasonality
36	**Suggested ways community organizations could work together to increase wellness**	79.6%	37.4%	.000*	Community Protective Factors
37	**Talked with community members about wellness**	73.0%	36.3%	.000*	Wellness Promotion
38	Done something (subsistence, basketball, other activities) with a young person during the summer	80.8%	86.2%	0.185	Seasonality
39	**Worked with others to increase wellness in the village**	70.9%	48.4%	.000*	Wellness Promotion

*statistically significant

Out of the 39 items listed, PC CARES participants are statistically significantly more likely to have taken the specific action than non PC CARES participants in 16 items.

Table 9. Items from table 7 that are statistically significant

Measure	% of PC CARES attendees (attended at least 1 LC) who took action (n=112)	% of non-PC CARES attendees who took action (n=335)	p value	Construct
Talked about the impact of culture loss on the lives of young people in your community	73.8%	55.5%	0.001*	Historical Trauma
Talked about how youth suicide attempts happen more often in the summer	52.5%	30.8%	.000*	Seasonality
Talked with others about how to prevent suicide	84.3%	68.7%	0.002*	Primary Prevention
Talked with others about history and suicide	73.3%	57.1%	0.004*	Historical Trauma
Talked with someone about how culture can promote youth wellness	68.6%	48.6%	.000*	Historical Trauma
Talked to others in your family about wellness	80.0%	67.7%	0.017*	Support within Family
Spent time listening to someone who just wanted to talk about their experience	93.1%	84.7%	0.031*	Listening
Spoken up on what community organizations can do to reduce risk of youth suicide	63.1%	33.1%	.000*	Community Protective Factors
Opened up to share your thoughts	82.2%	69.3%	0.011*	Open Communication
Spoken up about community protective factors	49.0%	23.2%	.000*	Community Protective Factors
Trusted others in the community to hear what you have to say	78.2%	67.6%	0.044*	Open Communication
Let people know what resources are available for prevention	69.0%	53.4%	0.006*	Primary Prevention
Participated in wellness activities (activity nights, talking circles, community events)	81.9%	46.4%	.000*	Wellness Promotion
Suggested ways community organizations could work together to increase wellness	79.6%	37.4%	.000*	Community Protective Factors
Talked with community members about wellness	73.0%	36.3%	.000*	Wellness Promotion
Worked with others to increase wellness in the village	70.9%	48.4%	.000*	Wellness Promotion

*statistically significant

Each of these items falls under a category of actions participants could take, and answers to the individual items in a category are used to calculate a mean score for the category. Eight of the categories correlate directly with the content of one of the learning circles as follows:

Table 10. Topics of each Learning Circle

Learning Circle 1	Historical Trauma
Learning Circle 2	Role of Adults
Learning Circle 3	Seasonality
Learning Circle 4	Community Protective Factors
Learning Circle 5	Listening
Learning Circle 6	Restrict Means
Learning Circle 7	Support After an Attempt
Learning Circle 8	PostVention

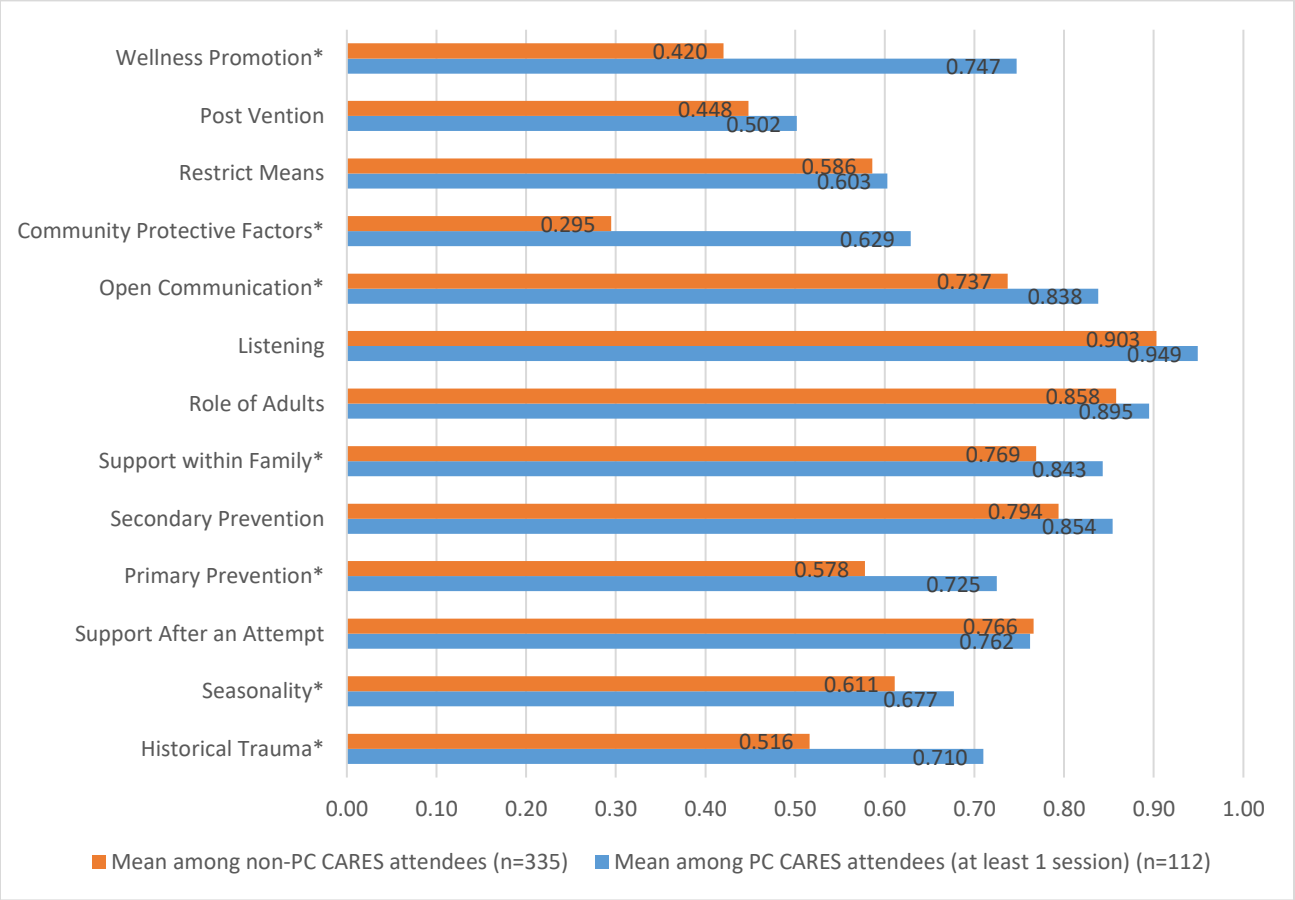
The remaining categories of Wellness, Open Communication, Secondary Prevention, Support within Family, and Primary Prevention are broader classifications that are addressed across multiple Learning Circles. For each category, PC CARES attendees have a higher rate of taking specific actions that relate to the category compared to peers who did not attend PC CARES. There is a statistically significant difference between the two groups in Wellness Promotion, Open Communication, Primary Prevention, Support within Family, Seasonality (LC3), Historical Trauma (LC1) and Community Protective Factors (LC4).

Table 11. Mean Construct Scores of PC CARES participants compared to non-participants

Category	Mean among PC CARES attendees (n=112)	Mean among non-PC CARES attendees (n=335)	p value
Historical Trauma	0.710	0.516	0*
Seasonality	0.677	0.611	0.0489*
Support After an Attempt	0.762	0.766	0.909
Primary Prevention	0.725	0.578	0.0007*
Secondary Prevention	0.854	0.794	0.082
Support within Family	0.843	0.769	0.0366*
Role of Adults	0.895	0.858	0.180
Listening	0.949	0.903	0.058
Open Communication	0.838	0.737	0.0051*
Community Protective Factors	0.629	0.295	0*
Restrict Means	0.603	0.586	0.686
Postvention	0.502	0.448	0.176
Wellness Promotion	0.747	0.420	0*

*statistically significant

Figure 10. Mean Construct Scores of PC CARES participants compared to non-participants



Social Network Results

Figure 11 presents the results of the PC CARES program across 39 items. Circles INDICATE a statistically significant positive behavior or attitude change in association with PC CARES, while a triangle suggests a negative change. The size of each symbol corresponds to how significant this relationship is—measured as the distance between the discovered data and a null model conforming to a beta distribution. Symbols that are larger thus suggest a more significant relationship between PC CARES and the behavior, attitude, or social effects discovered. Empty cells indicate that no significant relationship was found for a question given a respective measure. Overall our strategy was to test both the "treatment effects" of the intervention (i.e. where the intervention showed efficacy in creating behavior change) and "prevention effects" (where the intervention showed efficacy in maintaining an existing behavior across time in the face of potential behavior change). Four outcomes are assessed for both treatment and prevention: 1) a direct intervention effect, net the influence of peers and overall community level change ongoing at the time; 2) the aggregate social effect of the intervention on an individual participant, including direct and indirect effects arising from participation, reinforcement and diffusion; a reinforcement effect considered individually that measures the gain in intervention efficacy that derives from the co-participation of paired close associates in the PC CARES intervention; and finally a diffusion effect that measures changes associated with PC CARES in the outcomes of non-participants.

Overall, PC CARES had a large impact on the communities involved: 66/91 (73%) of the statistically significant effects show positive outcomes associated with the intervention. The intervention also showed robust treatment and prevention effects through both direct and social means for questions 22, 32, 38, and 39 (reading Figure 11 vertically), and high level of social prevention effects and behavior change diffusion (reading Figure 11 horizontally). The latter are particularly important for health planners as these results are often treated as confounding or contamination issues in randomized control trials. Here instead we see that PC CARES demonstrates considerable efficacy via social mechanisms—efficacy that would be missed were individuals treated in isolation. Such a finding can have important implications for intervention scaling.

Figure 11. Significance size and directionality of eight sociological tests from PC CARES prevention program.

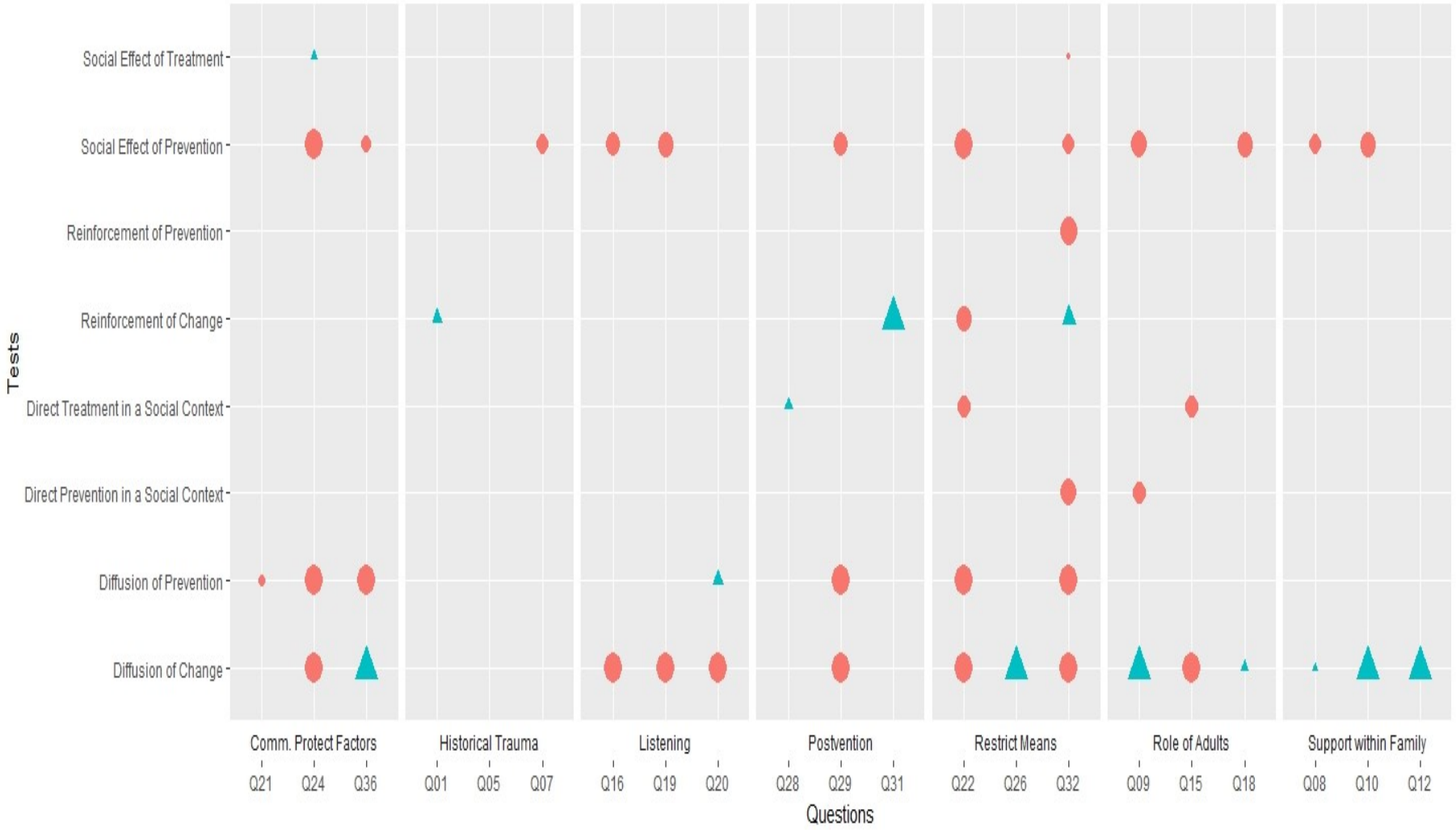
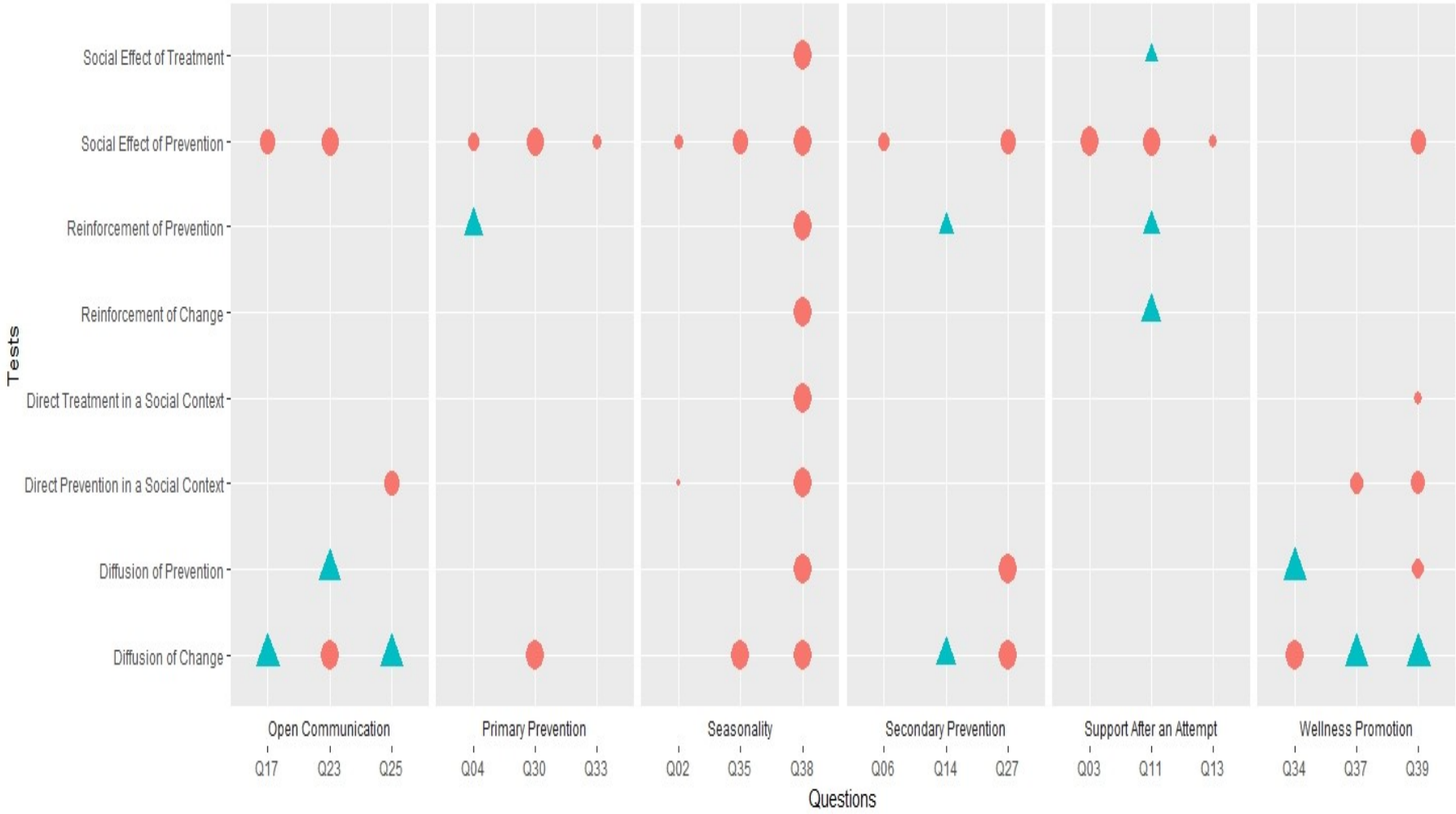


Figure 11. Significance size and directionality of eight sociological tests from PC CARES prevention program (continued)



Social Network Analysis through Perceptual Tomography (SNAPT)

Across both villages included in this study, 20% of residents had two or more risk factors for suicide. Analysis found that:

1) People with low individual income felt angry and sad more than those with higher incomes.
2) People with lower household incomes felt that others worried about them more than people with higher household incomes.
3) Being single or having live in companion increased risk people being worried about you
4) Those with no access to a boat were more likely to report 2 or more risk factors
5) Having children lowered likelihood of risk factors
6) Having means to go out on the land lowers suicide risk

Using social network methods, we measured the extent to which an individual is connected to others in the community. We expected to find that those who were most connected to others (those with low constraint and those with high degree centrality) would be most likely to perform helping behaviors. Instead, across each of these characteristics, we found that people who are helpful in the various situations listed above tend to be people who have a lower level of connectedness (high constraint and low degree centrality).

Analysis showing which people in the community are most likely to perform the helping behaviors found that across both villages:

- Women are more likely than men to act in ways that are good for the community.
- Adults are more likely than youth to make positive changes in the community, and
- Adults are more likely to correct a young person if he or she is doing something wrong.
- Elders are more likely than youth to
    - Make positive changes in the community
    - Help people learn about traditional knowledge
    - Give money, food or other needed things to people who need it
    - Will correct a young person if he or she is doing something wrong
    - Acts in ways that are good for the community
    - Is a positive influence on others in the community
    - Is willing to help people out who are in need
    - Be a member of a respected family

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Sharing What We Learned

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