



## Adapting Evidence-Based Suicide Prevention Practices in Alaskan Native Villages

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Moving evidence-based practices from the research setting and into the real world is an infamous health challenge. It is often said that the average evidence-based practice takes 17 years to implement, and 86% are never implemented in the real world at all<sup>1</sup>. One reason for this is that



Figure 1 Photograph by Photo by eberhard grossgasteiger: <https://www.pexels.com/photo/time-lapse-photography-of-curved-road-with-vehicles-passing-2437299/>. CCO

evidence-based practices are often developed in highly resourced university settings, with randomized trials that are primarily tested for WEIRD (Western, educated, industrialized, rich, and democratic) people. Unfortunately, those who need evidence-based interventions the most are the least likely to receive them.

“Our findings provide “real time” insights into community members' discussions that show how research is actively negotiated, the kinds of questions that emerge related to its authenticity and applicability, and its relevance to addressing issues and problems of concern in their community.”

### Highlights

**Transplanting evidence-based practices into new contexts requires extensive thought and consideration as most interventions are not developed with populations at highest risk in mind.**

**Our study highlights the importance of including community members and everyday people in plans to take action for social change.**

This study explores questions of how, why, and under what conditions Indigenous leaders and everyday people in very rural and low-resources community settings learn about, interpret, and decide to use research evidence. Alaskan Native people want to address suicide in ways that resonate with their beliefs, priorities, and constraints of their daily lives in their villages. Our work provides information about implementing evidence-based practices in Alaska Native villages specifically, but also provides a blueprint for researchers and practitioners to consider when implementing new programs in other kinds of very low-resource or rural settings where the social, economic, and cultural contexts are very different from WEIRD (Westernized, Educated, Industrialized, Rich, Democratic) settings.

Our study takes place within the PC CARES suicide prevention intervention, which facilitates open discussion among Alaska Native participants about the value of scientific evidence and how they would like to use scientific information to take action for suicide prevention in their small villages. The quantitative analysis part of this study is focused on the relationship between participant's reported perceptions of the: (1) relative advantage, (2) compatibility, (3) trialability, (4) observability, and (5) complexity of the PC CARES intervention and their self-reported intention to take action and use scientific information from the intervention. We found strong correlations between these factors and intention to act. The qualitative part of our study capitalizes on a unique opportunity within PC CARES, to observe participant discussions about how (and if) they think they think scientific evidence applies or is useful to them, and what they want to do to use scientific evidence.

## **Methods**

This study uses a convergent mixed-methods design to explore how everyday people put research evidence into action. Data include participant surveys and transcripts from PC CARES learning circles which were recorded as part of a pilot test of the intervention in 10 village communities in rural arctic Alaska.<sup>2</sup> Quantitative surveys measured participants' perceptions of five constructs from Rogers' *Diffusion of Innovation* and their intentions to act on suicide prevention information. We analyzed the relationships between diffusion constructs and intention to act. We

## **HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?**

This study informs a central concern for the field of Community Psychology; advancing our understanding of how to promote the real-world use of social and behavioral science to enhance the mental well-being of people in their communities.

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<sup>1</sup> Green, L. W., Ottoson, J. M., Garcia, C., & Hiatt, R. A. (2009). Diffusion theory and knowledge dissemination, utilization, and integration in public health. *Annual review of public health, 30*, 151-174.

<sup>2</sup> Wexler, L., Rataj, S., Ivanich, J., Plavin, J., Mullany, A., Moto, R., Kirk, T., Goldwater, E., Johnson, R., & Dombrowski, K. (2019). Community mobilization for rural suicide prevention: Process, learning and behavioral outcomes from Promoting Community Conversations About Research to End Suicide (PC CARES) in Northwest Alaska. *Social Science & Medicine, 232*, 398-407.

qualitatively analyzed transcripts to identify the process by which participants made meaning of and interpreted each evidence-supported topic. We integrated both quantitative and qualitative data to explore how PC CARES participants engaged with research evidence as they determined whether and how to utilize new research information in their own lives.

## **Results**

- There is limited research on how community-driven implementation may improve the uptake and sustainment of evidence-based programs which advance health equity.
- Prioritizing local needs and contexts is key for implementing evidence-based practices in community settings.
- There are consistent correlations between factors like: how well an intervention fits with what people know, how understandable, observable, and compatible it is with local contexts, and whether people believe it will actually improve a problem, and participants' reported intentions to act on research evidence.
- Our qualitative findings describe how Alaska Native participants make meaning and plan to use presented research evidence, by: (1) Navigating discordant information, (2) Centering relationships, and (3) seeing Indigenous worldviews as a key lens to evidence interpretation.

### **What Does This Mean For?**

**Research and Evaluation:** Researchers should know context(s) and include input from a diversity of end-users as early as possible in the research process to prioritize local knowledge and priorities.

**Practice:** Practitioners should be aware of the contexts in which the evidence-based practices they are using were developed, and the corresponding assumptions about contexts in which those practices will later be used. We should all be prepared for evidence-based practices to have contextual limitations, and resist implementation plans that roll out evidence-based practices in a "cookie-cutter" approach. Strong partnerships with local leaders and community members are critical supports for practitioners seeking to implement new evidence-based programs in diverse settings.

**Similar Settings:** Our work provides a foundational starting point for understanding contextual factors that people working to implement evidence-based practices in Indigenous communities should consider. It also provides a blueprint for people implementing evidence-based programs in other kinds of marginalized communities to use as they seek to understand the unique contextual requirements of those settings.

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