Applied Public Health

Examining Multifaceted Social or Ecological Problems and Child Maltreatment

John R. Lutzker
Joav Merrick
Editors

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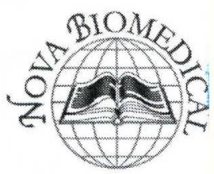

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INTRODUCTION

John R Lutzker, PhD[1*]
and Joav Merrick, MD, MMedSci, DMSc[2,3,4]

[1]Center for Healthy Development, Institute of Public Health, Georgia State University, Atlanta, Georgia, [2]National Institute of Child Health and Human Development, Office of the Medical Director, Health Services, Division for Intellectual and Developmental Disabilities,Ministry of Social Affairs and Social Services, Jerusalem, [3]Division of Pediatrics, Hadassah Hebrew University Medical Centers, Mt Scopus Campus, Jerusalem and [4]Kentucky Children's Hospital, University of Kentucky, Lexington, Kentucky, US

This book is devoted to a theme of public health reaching out to communities of practice/engaging communities in new public health endeavors/community-scientist collaborations. We sought chapters that fit the theme and were either quantitative or qualitative research, program descriptions, or theoretical reviews of public health issues. Thus, this book contains both quantitative and qualitative research papers, programmatic and theoretical papers fitting the theme. A range of topics are included. A "call for papers" was generated seeking a broad range and fitting the theme. Because the College of Health and Human Sciences at Georgia State University was comprised of departments and schools that represented a considerable range of public health topics and has numerous national and international collaborators, the "call" was first sent to the College faculty with the intent that if enough quality papers were not generated from the College that the "call" would be expanded. However, the "call" generated the very breadth and theme intended for this book and thus, though all of the senior authors of this book are from Georgia State University, the content and collaborations show considerable geographic diversity and relevant topical variety and the very balance of kinds of articles intended.

The first groupings of chapters are quantitative research in content. Swahn, Bossarte, Gaylor, Elimam, and Walingo examine the association between hunger and emotional and behavioral problems in Botswana, Kenya, Uganda, and Zambia. Over 9,000 students were

* ***Correspondence:*** John R Lutzker, PhD, Director, Center for Healthy Development, Georgia State University, POBox 3995, Atlanta, GA 30302-3995 United States. E-mail: jlutzker@gsu.edu

surveyed in those countries. Dependent measures included bullying victimization, fighting, social isolation, sadness, suicidal ideation, alcohol and drug use, and school absenteeism. The results varied across countries, but hunger was shown to be related to increased risk of at least two or more adverse behavioral and emotional outcomes in all of the countries. These results have considerable implications for changing emotional and behavioral problems if hunger can be reduced in poor countries.

Swahn, Bossarte, Elimam, Gaylor, and Jayaraman compared and analyzed the prevalence and correlates of suicidal ideation and fighting between students in Botswana, Kenya, Uganda, Zambia, and the USA. This study of adolescents used the Youth Risk Behavior Survey to examine bullying victimization, social isolation, sadness, alcohol and drug use, and truancy. Many of these risk factors were high in all of the countries, with suicidal ideation being particularly of concern in the African countries. Alcohol use and bullying victimization were consistent risk factors for suicide ideation and fighting across all of the countries studied, suggesting a need from a public health perspective for efforts to delay alcohol use and prevent bullying in those countries.

Happiness was the measure of interest and how it is influenced by aging, health, and community characteristics in the study described by Payne, Monk-Turner, Kropf, and Turner. They conducted a telephone survey of over 700 individuals measuring health by using the SF-12 Survey. Community characteristics were examined by asking questions about perceptions about littering, vandalism, public drunkenness, and unsupervised youth. A scale was used to gauge happiness. Not surprisingly, the approximately 150 respondents reported happiness when they had one or more of the following variables: seeing family; an income of $75,000 or more, good health, and full-time employment. Research such as this may find what would seem intuitive, but empirical data then allow public health researchers and service providers to offer programs, affect policy, and suggest campaigns aimed at helping those who are not happy because of not having those advantages to help them achieve them.

Studying partner violence in Muslim countries is a very difficult task. That said, Muftic and Bouffard were able were able to survey 43 Bosnian women during a time of peace building in Bosnia-Herzegovina. Despite the low N, it appears that if their convenience sample is representative, these researchers have found that intimate partner violence appears to be a significant problem among Bosnian women. It also appears that many of these women also perpetrate violence against their partners. This seminal research could lead to better controlled research and, hopefully, changes in public policy, and the availing of services to women in need of them.

The next grouping of articles includes three qualitative studies. Ndirangu, Yadrick, Graham-Kresge, Hales, Avis, and Bogle describe academic partnerships in trying to improve nutrition in the impoverished Lower Mississippi Delta region of the USA. It has been well established that people in that region that have diets high in fat and that there are very low rates of consumption of fruits and vegetables. A consortium of seven colleges and universities worked with the community to evaluate health status in the region and to design and implement nutrition interventions. The focus of this qualitative work was to understand the partnerships and make recommendations for how to best effect change in nutrition through the partnerships.

Baldwin and Mitchell describe a Women's Health Navigators Program to increase breast cancer awareness in African American communities. Over 2500 African American women were reached in this effort and 76 were in need of screening. Without this effort there would

have been considerably less awareness of educational facts and mammography within the targeted community. Recommendations for message content and how to break down community barriers make this an important report for tackling a critical public health problem.

Establishing a cancer survivor's network by utilizing focus groups is the topic of the article by Bryant, Morrison, and Goodfellow. Day-long focus groups were held with community stakeholders, survivors of tobacco-related illnesses, and healthcare professionals. The focus groups allowed the network to develop activities for community education, partnerships, the creation of a speaker's bureau, and the development of a resource center. Numerous recommendations came forth which helped this public health prevention program to "get legs" and grow in a local community.

The need for a public health approach to deinstitutionalization is described in a theoretical review by Howell, Ramirez, and Crimmins. They review and compare deinstitutionalization and community approaches around the world and describe the lack of progress in an attempt to empty USA institutions, despite a major court decision (Olmstead) that charged states with supporting people in their homes and communities over ten years ago. Recommendations for community and political support are offered.

Child maltreatment, a significant worldwide public health problem, is addressed by Edwards, Lutzker, Self-Brown, and Whitaker. They provide a program description of SafeCare®, an evidence-based child maltreatment program that prevents first-time and recidivistic child maltreatment and has a particular focus on preventing neglect. The chapter includes a history of the 30-year-old model, describes outcome research, and provides an overview of the train-the-trainer model to implement and disseminate SafeCare nationally and internationally.

Some of the chapters examine issues in taking research to practice, also known as translation research, and look at making necessary cultural adaptations to allow such transfers to occur. Edwards and Lutzker present the SafeCare® model, its history, evidence base and the directions taken with it for wide scale implementation. Palinkas and Aarons describe six critical determinants of implementation of evidence-based practices. The Incredible Years (Webster-Stratton) is another evidence-based practice with widening implementation. In her article, Webster-Stratton describes how the Incredible Years has been adapted for several cultures. In doing so, she provides actual "recipes" for doing so. Finally, Bigfoot and Schmidt detail adaptations of evidence-based child trauma treatment for American Indian and Alaska Native populations.

The SafeCare model described by Edwards and Lutzker has been applied since 1979. It has a solid and clear evidence base and has been replicated several times. The article describes the history and how the model is now being studied for implementation, diffusion and dissemination. Technology will play a strong role in helping the broad implementation of the model and economic analyses will help determine how to lower the costs of the dissemination of the SafeCare model. The role of fidelity and maintaining fidelity is underscored by Edwards and Lutzker.

A survey of executives involved in the statewide examination of the SafeCare model in Oklahoma is described by Palinkas and Aarons. They identify six critical determinants of implementation: resources, external relations, leadership, staff motivation, staff benefits, and if perceived benefits outweigh perceived costs. Of critical importance, the executives felt that the researchers at the University of Oklahoma Health Sciences Center were able to help them

deliver "customer friendly" services while the agencies were able to respect the focus on tight research. This reflects an important marriage of ideas and philosophies in order to deliver an evidence-based practice in natural service environments.

Though cultural responsiveness is a very popular theme, there are too few concrete suggestions and outcomes measured for programs to use and replicate adaptations. Webster-Stratton provides some concrete examples of strategies used by the Incredible Years (IY) in making adaptations for several cultural groups while still maintaining the integrity of the model. IY has been successful in the US with Latinos, African-Americans, and Asian-American populations and in Norway, the United Kingdom, along with ongoing studies in Australia, the Netherlands, Portugal, and Russia. One of the reasons for the success is that group leaders are encouraged to view themselves as collaborators with families. Webster-Stratton also points to differences between Caucasian and non-Caucasian families attitudes towards disciple and how that must be addressed in evidence-based parenting programs. She further articulates a number of key principles in making cultural adaptations and importantly stresses practice (hands-on efforts) over too much talking with parents.

The Indian Country Child Trauma Center, part of the National Child Traumatic Stress Network, is described by Bigfoot and Schmidt. They describe their adaptation of the evidence-based child trauma treatment that utilizes trauma-focused cognitive behavior therapy as its model. This is an example of an evidence-based approach for traumatized children and how it, too, can be adapted for cultural nuances. They address how important cultural adaptations are for dissemination of child trauma treatments with respect to issues such as sexuality, gender roles, parenting practices and relationships. An evidence-based culturally relevant model for treating child trauma is so critically important in American Indian/Alaska Native (AI/AN) populations because individuals in those communities have 300 percent more PTSD than in other communities.

Bigfoot and Schmidt draw fascinating comparisons of typical AI/AN cultural practices to some CBT techniques such as beadwork which is based upon watching, listening, modeling, practice, and learning. They also relate the importance of mending circles in incorporating CBT with these groups. Other examples of healing and CBT are provided. In order to disseminate the model, many stakeholders such as tribal leaders and tribal colleges become involved. Not surprisingly, based upon the Palinkas and Aarons results, the importance of administrative support in the implementation process in order to receive practitioner receptivity is also noted by Bigfoot and Schmidt. Because there are so few professionals in many AI/AN communities, this group is training first responders and traditional helpers in order to truly disseminate and evaluate the model. These authors also note that fidelity to the model is critical and fidelity can be maintained while making cultural adaptations.

These chapters described above document that evidence-based practices in the prevention of child maltreatment and in treating child trauma can be taken to scale, broadly implemented and disseminated, can be studied to prevent drift from fidelity and how to better the implementation process, and can be culturally adapted for a number of cultures and subcultures. Thus, this can provide a model for other evidence-based practices in child welfare in particular and other human services in general.

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CONTENTS

SECTION I:
VIOLENCE AND BEHAVIORAL PROBLEMS

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Chapter 1

ASSOCIATIONS BETWEEN HUNGER AND EMOTIONAL AND BEHAVIORAL PROBLEMS

Monica H Swahn[1,*], Robert M Bossarte[2], Elizabeth Gaylor[1], Dena Musa Elimam[1] and Mary K Walingo[3]

[1]Institute of Public Health, Georgia State University, Atlanta, Georgia
[2]Department of Psychiatry, University of Rochester, Rochester, New York, US
[3]School of Public Health and Community Development,
Maseno University, Maseno, Kenya

ABSTRACT

We examined the prevalence and correlates of hunger among students in Botswana, Kenya, Uganda, and Zambia. Data from students in Botswana (N=2,197; 2005), Kenya (N=3,691; 2003), Uganda (N=1,878; 2003) and Zambia (N=2,257; 2004) were obtained from the Global School-Based Student Health Survey. Cross-sectional logistic regression analyses were conducted to determine prevalence and correlates of hunger in each country. Risk factors examined were bullying victimization, involvement in physical fighting, social isolation, sadness, suicidal ideation, alcohol use, drug use, and missed school. The prevalence of hunger was highest in Zambia (28.7%) followed by Kenya (14.7%), Botswana (13.9%) and Uganda (9.3%). No differences were found for hunger based on sex or age across the four countries. Of eight variables examined in multivariate logistic regression analyses, each were statistically significantly associated with hunger in at least one country. Suicidal ideation was associated with hunger in Botswana (Adj.OR=1.76; 95% CI:1.32-2.36), Kenya (Adj.OR=1.60; 95%CI:1.11-2.30), and Uganda (Adj.OR=1.34; 95%CI:1.03-1.74), but not in Zambia. Other factors varied across countries in their associations with hunger. While the associations between hunger and the selected outcomes varied across countries, students in each country who reported hunger were at increased risk for at least two or more emotional or behavioral adverse outcomes. These findings underscore the urgent need to focus additional efforts on reducing and eliminating food insecurity among adolescents in developing areas.

* Correspondence: Monica H Swahn, PhD, Associate Professor, Institute of Public Health, Georgia State University, POBox 3995, Atlanta, GA 30302-3995, United States. E-mail: MSwahn@gsu.edu.