

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Red Cliff Wellness School Curriculum

Report Contents

1. Overview and description
 2. Implementation considerations (if available)
 3. Descriptive information
 4. Outcomes
 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
 7. Who is using this program/strategy
 8. Study populations
 9. Quality of studies
 10. Readiness for Dissemination
 11. Costs (if available)
 12. Contacts for more information
-

1. Overview and description

The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms. The Red Cliff program is taught by teachers who have been trained in interactive, cooperative learning techniques and facilitation. The manualized curriculum has separate components for grades K-3, 4-6, and 7-12. Each component includes 20-30 developmentally appropriate lessons and activities designed to enhance the values of sharing, respect, honesty, and kindness and to assist students in understanding their emotions. Small-group discussions (described as "talking circles" in Native American terms) are extensively used, along with small-group process activities, independent workbook activities, and collaborative projects for older students.

The school curriculum was created by the First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa. The curriculum is part of a broader wellness initiative that includes a community curriculum and home wellness kit. The research reviewed in this summary involved only the elementary school component (grades 4-6) of the K-12 program.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

2. Implementation considerations (if available)

Since its initial development for Native American youth, the tribally based curriculum has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students.

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Alcohol use 2: Intention to use marijuana
Outcome Categories	Alcohol Drugs
Ages	6-12 (Childhood)
Gender	Male Female
Races/Ethnicities	American Indian or Alaska Native Race/ethnicity unspecified
Settings	School Other community settings
Geographic Locations	Rural and/or frontier Tribal
Implementation History	Since 1984, the Red Cliff Wellness School Curriculum has been implemented with students in more than 185 primary and secondary schools in the United States (Minnesota, New Mexico, New York, and Wisconsin) and Canada.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	The curriculum is written in English with the use of some Ojibwa/Chippewa words.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

4. Outcomes

Outcome 1: Alcohol use

Description of Measures	Past 30-day alcohol use was assessed using the First American Prevention Center Student Survey, an anonymous, self-report instrument that includes items from the Monitoring the Future survey and the National Household Survey on Drug Abuse. The survey was administered annually for 3 years (prior to implementation, after implementation, and 1-year follow-up).
Key Findings	Schools participating in the study were assigned to an intervention group, which received the Red Cliff Wellness School Curriculum, or to a wait-list control group. Students in the intervention schools had a slower rate of increase in alcohol use over the course of the study (from pretest through 1- year follow-up) compared with students in control schools ($p < .01$).
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

Outcome 2: Intention to use marijuana

Description of Measures	Intention to use marijuana was assessed using the First American Prevention Center Student Survey, an anonymous, self-report instrument that includes items from the Monitoring the Future survey and the National Household Survey on Drug Abuse. Students were asked, "Would you use marijuana if a friend asked you?" The response options were "yes," "maybe," and "no." The survey was administered annually for 3 years (prior to implementation, after implementation, and 1-year follow-up).
Key Findings	Schools participating in the study were assigned to an intervention group, which received the Red Cliff Wellness School Curriculum, or to a wait-list control group. Although intention to use marijuana increased among students in both groups over the course of the study (from pretest through 1-year follow-up), the increase was significantly smaller among students in intervention schools than among those in control schools ($p < .01$).

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties

8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood)	50% Female 50% Male	74% American Indian or Alaska Native 26% Race/ethnicity unspecified

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), Substance abuse prevention in multicultural communities (pp. 147-162). New York: Haworth Press.

Supplementary Materials

First American Prevention Center. (1994, Summer). Mission: Possible! The demand-side approach to the war on drugs [Newsletter]. Bayfield, WI: Author.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Red Cliff Alcohol and Drug Education Curriculum Development Project Scope and Sequence Charts

Red Cliff Alcohol and Drug Education Curriculum Development Project Student Survey

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see [Quality of Research](#).

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Alcohol use	3.5	2.5	2.0	2.0	1.8	2.5	2.4
2: Intention to use marijuana	3.5	2.5	2.0	2.0	1.8	2.5	2.4

Study Strengths

The outcome measures were clearly defined and had acceptable psychometric properties. Teachers received training before implementing the curriculum, and technical assistance was provided to schools. Implementation fidelity was assessed using standardized forms completed by teachers after each session.

Study Weaknesses

Specific results of fidelity and process feedback were not reported, and the authors acknowledged there was considerable variation in the manner and extent of implementation among teachers. No measures were used to account for attrition, and no statistical approaches were used to account for missing data. The study used a nonrandomized control group design. Reviewers noted a number of potential threats to internal validity, including selection, changes to instruments, and maturation effects.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Dissemination Materials

First American Prevention Center. (1987). Ajegewe-mino-bimadissiwin (return to the good life): Green level student booklet. Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Blue level (grade 5). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Brown level (grade 3). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Gray level (grade 2). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Green level (grade 6). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Orange level (grade 1). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Red level (kindergarten). Bayfield, WI.

First American Prevention Center. (1987). A Wellness Curriculum: Yellow level (grade 4). Bayfield, WI.

First American Prevention Center. (1989). Attitudes toward alcohol and drug use. Bayfield, WI.

First American Prevention Center. (1989). Community action/community organizing: Getting students involved in addressing substance abuse issues in their school and community. Bayfield, WI.

First American Prevention Center. (1989). Examining the influence that the media has on alcohol and drug use. Bayfield, WI.

First American Prevention Center. (1989). Family dynamics of substance abuse: Examining the impact of substance abuse on our families. Bayfield, WI.

First American Prevention Center. (1989). Positive cultural teachings: Getting high naturally on life. Bayfield, WI.

First American Prevention Center. (1989). Self awareness: Understanding feelings and making healthy decisions. Bayfield, WI.

First American Prevention Center. (1989). Social policy: The influence of laws, regulations, plans, norms and beliefs on alcohol and drug use. Bayfield, WI.

First American Prevention Center. (1994, Summer). Mission: Possible! The demand-side approach to the war on drugs [Newsletter]. Bayfield, WI.

First American Prevention Center. (2006). Sample training agenda. Bayfield, WI.

First American Prevention Center. (n.d.). Ajegewe-mino-bimadissiwin: A new approach to preventing alcohol and drug abuse [Brochure]. Bayfield, WI.

First American Prevention Center. (n.d.). Attitudes toward alcohol and drug use: Examining the influence that the media has on alcohol and drug use. Bayfield, WI.

First American Prevention Center. (n.d.). A Wellness Curriculum: Alcohol & drug education, prevention from an American Indian perspective [Pamphlet]. Bayfield, WI.

First American Prevention Center. (n.d.). Community action/community organizing: Getting students

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

involved in addressing substance abuse issues in their school and community. Bayfield, WI.

First American Prevention Center. (n.d.). Family dynamics of substance abuse: Examining the impact of substance abuse on our families. Bayfield, WI.

First American Prevention Center. (n.d.). Positive cultural teachings: Getting high naturally on life. Bayfield, WI.

First American Prevention Center. (n.d.). Red Cliff Wellness Program: Program materials and training. Bayfield, WI.

First American Prevention Center. (n.d.). Self awareness: Understanding feelings and making healthy decisions. Bayfield, WI.

First American Prevention Center. (n.d.). Social policy: The influence of laws, regulations, plans, norms and beliefs on alcohol and drug use. Bayfield, WI.

Program Web site, <http://www.firstamericanprevention.org>

Red Cliff Alcohol and Drug Education Curriculum Development Project Scope and Sequence Charts

Red Cliff Alcohol and Drug Education Curriculum Development Project Student Survey

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
2.5	3.0	2.0	2.5

Dissemination Strengths

Program materials are infused with teachings from Native American history, building on the cultural values and strengths of Native American students while providing a culturally accessible framework for non-Native American students. Lesson plans include objectives, required materials, step-by-step instructions, and supplemental student materials. In-person or Web-based trainings are available from the developer to support proficiency in program delivery, along with ongoing telephone and/or on-site consultation. Scope and sequence charts can be used to document some facets of program fidelity. Evaluation consultation is available from the developer by request.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Dissemination Weaknesses

The delivery medium (e.g., overhead transparencies and simple black-and-white text) as well as some of the content are dated and may make it difficult to gain the interest of the intended school-aged audience. Some parts of the manuals are difficult to read because of small font size, faded text, and reproduced pages that are askew. Little implementation guidance is given beyond the content provided for each individual session. It is unclear how new implementers learn about training and consultation opportunities. The cultural competency required of facilitators is not discussed, such as whether facilitators are required to be of Native American background or, if not, whether and how non-Native American facilitators should raise their cultural knowledge base in order to improve program delivery. Program materials refer implementers to an evaluation supplement to support quality assurance, but this document is not available for use. No standardized tools are available to support fidelity monitoring.

11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Teacher manuals for grades K-6	\$200 per grade level	Yes
Lap book for grades K-3 (large illustrated storybook)	\$50 per grade level	Yes
Set of two Blue Sky puppets for grades K-3	\$100 per classroom	Yes
Student workbooks for grades 4-6	Printed copies \$5 each; may be reproduced from teacher manual	Yes
Teacher and student materials for grades 7-12--set of seven units: <ul style="list-style-type: none">• Attitudes Toward Alcohol and Drug Use• Family Dynamics of Substance Abuse• Positive Cultural Teachings• Self Awareness• Community Organizing/Community Action• Media Influence• Social Policy	\$900 per set	Yes

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Complete set of teacher and student materials for grades K-12	\$2,550 per set	No
2-day, on-site training	\$2,000 plus travel expenses	Yes (one training option is required)
Web-based training	\$1,000 for up to 50 participants	Yes (one training option is required)
Telephone consultation	Free	No
On-site implementation consultation	\$500 per day plus travel expenses	No
On-site evaluation consultation	\$75 per hour plus travel expenses	No
Implementation checklist	Free	Yes

12. Contacts for more information

For information on implementation:

Ron DePerry
(715) 779-3755
ron_deperry@yahoo.com

For information on research:

Eva Petoskey, M.S.
(231) 357-4886
epetoskey@centurytel.net

Learn More by Visiting: <http://www.firstamericanprevention.org>