CULTURALLY-BASED PRIMARY PREVENTION: AN ALASKA NATIVE DANCE

GROUP

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CULTURALLY-BASED PRIMARY PREVENTION: AN ALASKA NATIVE DANCE GROUP

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Abstract
This study investigated a culturally-based primary prevention program in Alaska. This program is a Native dance group that focuses on increasing the number of developmental assets within each member. Previous research has indicated that involvement in activities, such as the program described, may work to instill developmental assets, decreasing the likeliness of youths engaging in risk behaviors and increasing engagement in healthy behaviors. Findings from this study did not support the notion that youths who participate in a culturally-based primary prevention program demonstrate more assets of clinical significance than those youths who do not participate in such a program. Further, specific internal (self-esteem) and external (positive adult role models) developmental assets did not appear to result in benefits for those youths participating in this culturally-based primary prevention program. While it is evident that, within the scope of the present study, no apparent benefits for increasing developmental assets were found, this research highlights that the youths within this sample were remarkably high functioning. Considering these findings, it may be beneficial to first investigate factors that are contributing to the balance and wellness in the lives of these particular youths. Such factors may indeed encompass the essence of culturally-based primary prevention.
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Introduction

Culture is increasingly acknowledged as both a community and individual resource, a potential source of strength and resilience, and a buffer against the debilitating effects of discrimination and lack of access to needed resources (Trickett, 1996, p. 217).

There has been an increasing awareness of the importance of culture in prevention and intervention practices. Hazel and Mohatt (2001) conducted a study on cultural and spiritual factors in sobriety within Alaska Natives (AN). They suggest that participation in cultural and spiritual activities aides in wellness and sobriety. Many researchers have begun utilizing these strengths in the creation of culturally appropriate prevention and intervention methods (Brady, 1995; Carpenter, Lyons, & Miller, 1985; Edwards & Edwards, 1988; Hawkins, Cummins, & Marlatt, 2004; Kumpfer, Alvarado, Smith, & Bellamy, 2002; Lafromboise & Bigfoot, 1988; May, 1986; McDiarmid, 1983; Mohatt, Rasmus, Thomas, Allen, Hazel, & Hansel, 2004; Moncher, Holden, & Trimble, 1990; Moran, 1999; Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000; Schinke, Orlandi, Botvin, Gilchrist, Trimble, & Locklear, 1988; Schinke, Tepavac, & Cole, 2000; Trickett, 1996). It is further possible that culturally-based programs may work well as primary prevention programs, instilling developmental assets within the participants.

The notion of primary prevention programs is a relatively new focus within the field of psychology (Dalton, Elias, & Wandersman, 2001). Primary prevention is described as a network of strategies or interventions that are proactive within communities, while also working to promote wellness within individuals, thus taking a
preventative stance (Bloom, 1996; Dalton et al., 2001; Elias, 1995). Researchers who refer to personal and environmental resources, internal and external protective factors, and internal and external developmental assets are discussing similar concepts (Albee & Gullotta, 1997; Elias, 1995; Leffert, 1997; Leffert, Benson, Scales, Sharma, Drake, & Blyth, 1998; Mohatt, Rasmus et al., 2004; Scales, 1999). The developmental assets paradigm is a prominent construct used today, and is a strength-based approach to primary prevention. This network of primary prevention strategies strives to promote wellness; bolster adaptive strengths and coping mechanisms; and encourage healthy lifestyles (Bloom, 1996; Dalton et al., 2001). This primary prevention paradigm works to instill other resources as well, including internal and external developmental assets that assist in adapting and coping. Some examples of developmental assets include adult role models, family support, self-esteem, and cultural competence (Benson & Leffert, 2001; Leffert et al., 1998). It is further noted that the developmental assets paradigm, similar to primary prevention, works to provide services to a population, as well as individuals (Albee & Gullotta, 1997; Bloom, 1996; Dalton et al., 2001; Elias 1995; Scales, 1999). Therefore it appears important to implement and evaluate prevention programs that instill developmental assets.
Developmental Assets: A Strength-Based Approach

Risk factors are described as those variables that increase the possibility or likeliness of engaging in dangerous or risky behaviors (Kim, Zane, & Hong, 2002; Hawkins, Catalano, & Miller, 1992). Hawkins and colleagues (1992) discussed two categories of risk factors: internal and external or contextual. Depression and low self-esteem are two examples of internal risk factors, while poverty and domestic abuse are two examples of external or contextual risk factors. Pinpointing risk factors provides guidance in the identification and implementation of effective preventative methods (Hawkins et al., 1992).

An emerging paradigm, developmental assets, takes a strength-based approach to children's development (Benson & Leffert, 2001; Leffert, 1997; Scales, 1999). This paradigm has shown significant promise with children and adolescents (Benson & Leffert, 2001; Benson, Leffert, Scales, & Blyth, 1998; Leffert, 1997; Leffert et al., 1998; Scales, 1999; Scales & Taccogna, 2000). The developmental assets framework identifies internal and external assets (Benson & Leffert, 2001; Leffert et al., 1998) that assist children in both surviving difficulties and thriving; that is, moving closer to achieving their full human potential (Scales, 2000). This idea entails a focus on the augmentation of positive personal growth and the maintenance of external resources within children and adolescents (Benson & Leffert, 2001; Leffert, 1997; Leffert et al., 1998; Scales, 1999, 2000). Another key feature of this paradigm is its focus on all youth within a community (Benson, 1998; Benson & Leffert, 2001; Scales, 1999; Scales, Leffert, & Vraa, 2003). The paradigm notes that all community members play different roles in
nurturing the development of assets within each child and adolescent (Benson & Leffert, 2001; Goodluck, 2002; Leffert et al., 1998; Scales, 1998, 1999; Scales, Benson, Roehlkepartain, Hintz, Sullivan, & Mannes, 2001; Scales & Gibbons, 1996; Scales et al., 2003).

The Search Institute in Minnesota has conducted extensive research on the emerging developmental assets paradigm with more than one million sixth to twelfth grade students, in more than 1,000 United States (U.S.) communities (Scales, 2000; Scales, Benson, Leffert, & Blyth, 2000; Scales et al., 2001; Scales et al., 2003; Scales & Taccogna, 2000). Researchers have identified 40 developmental assets that include 20 internal and 20 external assets (Benson & Leffert, 2001; Benson et al., 1998; Leffert, 1997; Leffert et al., 1998; Scales, 1998, 1999; Scales & Gibbons, 1996; Scales & Taccogna, 2000). Scales and Taccogna (2000) described internal assets as tools or resources within the child that provide guidance in how to behave and how to make appropriate choices so that she or he may become self-regulating, whereas external assets are resources, such as relationships and opportunities, that are provided to youths to aid them in making healthy and astute decisions in life. The Search Institute has grouped these 40 assets into eight categories: 1) support; 2) empowerment; 3) boundaries and expectations; 4) constructive use of time; 5) commitment to learning; 6) positive values; 7) social competencies; and 8) positive identity (Benson & Leffert, 2001; Leffert et al., 1998). These assets are utilized in the developmental assets framework, which has demonstrated promise in the positive growth and development of children and adolescents.
Increasing Assets Decreases Risk Behaviors

The developmental assets paradigm seeks to improve the well-being of children and adolescents through an increase in assets within the individual, which is achieved through the support of the entire community (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998; Scales et al., 2000). Scales and colleagues (2000) identify seven factors, which indicate that youths are thriving. These thriving indicators include: 1) school success; 2) leadership; 3) helping others; 4) maintenance of physical health; 5) delay of gratification; 6) valuing diversity; and 7) overcoming adversity. Once a youth has achieved the thriving indicators described above, then the individual is thought to have reached a higher level of wellness or balance. Indeed, a common Native definition of wellness includes the notion that individuals are truly healthy only when all aspects of their life are in balance or harmony (Cross, 1998; Goodluck, 2002; Hazel & Mohatt, 2001; Klyde, 1994). Thus, it is possible that this balance may be aided by the acquisition of many of the aforementioned developmental assets.

Developmental assets have been shown to be effective in preventing high-risk behaviors and promoting well-being (Benson & Leffert, 2001; Leffert et al., 1998). Research has indicated that having an increased number of developmental assets decreases the effects of risk factors; thus assets may counteract consequences of risk factors (Benson & Leffert, 2001; Leffert et al., 1998; Scales et al., 2000). Studies in this area indicate that developmental assets guard against risky behaviors such as school problems, sexual activity, depression and suicide; and also encourage healthy behaviors, such as helping others, displaying leadership, succeeding in school, and overcoming
adversity (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998). Adolescents in these studies were less likely to engage in risky or unhealthy behaviors when they possessed multiple developmental assets. For example, research conducted by the Search Institute (1998) indicated that 49% of youths with 0-10 assets were more likely to have problems with alcohol, while only 3% of youths with 31-40 assets reported these difficulties ("Helping Kids Succeed," 1998). Similar trends were evident for depression and suicide. A staggering 42% of these youths reported feeling depressed or attempting suicide when they possessed 0-10 assets, while only 5% of youths identified feelings of depression or suicide attempts when they possessed 31-40 assets ("Helping Kids Succeed," 1998).

While developmental assets have been shown to significantly impact risky behaviors, similar patterns are also evident when examining healthy behaviors (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998; Scales et al., 2000). For example, Search Institute data indicated that adolescents were more likely to succeed in school when they had acquired more developmental assets. That is, only 8% of those students who possessed 0-10 assets were found to be successful in school, while 47% of those students possessing 31-40 assets were academically successful ("Helping Kids Succeed," 1998). Similarly, with regard to maintaining good health, only 27% of students with 0-10 assets reported feeling healthy, while 88% of students with 31-40 assets reported feeling healthy ("Helping Kids Succeed," 1998). Therefore, instilling developmental assets in each child and adolescent within a community strongly suggests multiple benefits,
including increased wellness, as well as a reduction in the likelihood of engaging in risky behaviors.

According to the Search Institute research (1998), adolescents nationwide display few developmental assets. Studies indicated that only eight percent of America's youths possess 31-40 assets, the most beneficial amount (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998). Thirty percent of America's youths possess 21-30 assets, 42% possess 11-20 assets, and 20% possess 0-10 assets (Benson et al., 1998). Benson and Leffert (2001) noted that adolescent females report higher numbers of assets than their male counterparts. In addition, it is noted that younger adolescents report more assets than older adolescents (Benson & Leffert, 2001). Considering these findings and the positive effects that developmental assets have been shown to have on youths, it appears necessary to put forth effort to instill these assets within America's children and adolescents.
Alaska Natives and American Indians Face Severe Risk Factors and Behaviors

The literature specific to Alaska Native (AN) populations is very limited. Much of the current literature investigates issues of interest to both AN and American Indian (AI) populations concurrently. AN and AI (AN/AI) children face a significant number of risk factors, including, but not limited to, extreme economic deprivation (Beauvais, 1992; Dick, Manson, & Beals, 1993; Edwards & Edwards, 1988; Hawkins et al., 2004; May, 1986, 1987); discrimination (Hawkins et al., 2004; May, 1987); physical and sexual abuse (Blum, Harmon, Harris, Bergeisen, & Resnick, 1992; Deters, Novins, & Fickenscher, 2005); societal norms for drug and alcohol use (Carpenter, Lyons, & Miller, 1985; Hawkins et al., 2004); lack of alternative activities (Edwards & Edwards, 1998); drug and alcohol use among family and friends (Carpenter et al., 1985; Edwards & Edwards, 1998; Weinberg, Rahdert, Colliver, & Glantz, 1998); and isolation (Edwards & Edwards, 1998). Some internal risk factors facing AN/AI children include boredom (Edwards & Edwards, 1998; Hawkins et al., 2004); historical trauma (Duran & Duran, 1995; Duran, Duran, Yellow Horse Brave Heart, & Yellow Horse-Davis, 1998; Fast, 2002; Walters, Simoni, & Evans-Campbell, 2002); depression (Blum et al., 1992); drug and alcohol abuse (Beauvais, 1992a, 1992b; Brady, 1995; Carpenter et al., 1985; Dick et al., 1993; Edwards & Edwards, 1998; Hawkins et al., 2004; Kettl & Bixler, 1993; Lafromboise & Bigfoot, 1988; Mohatt, Hazel, Allen, Stachelrodt, Hensel, & Fath, 2004; Moncher, Holden, & Trimble, 1990; Moran, 1999; Schinke, Orlandi, Botvin, Gilchrist, Trimble, & Locklear, 1988; Schinke, Tepavac, & Cole, 2000; Weinberg et al., 1998); and low self-esteem (May, 1987).
The effects of these risk factors appear to be taking their toll on AN/AI youths, frequently leading to engagement in risk behaviors at alarming rates (Mohatt, Hazel et al., 2004; May, 1990; Willeto, 2002). Current research conducted with AN/AI youth reviewed 10 indicators of well-being and found that at a national level AN/AI were comparatively worse off on nine of these 10 indicators (Willeto, 2002). Incidence of low birth-weight was slightly lower than the national average among AN/AI, otherwise AN/AI faced higher rates of the following: 1) teen births; 2) infant mortality; 3) child deaths; 4) teen deaths by accident, homicide, and suicide; 5) high school drop-out; 6) teens who are not in school or working; 7) children in poverty; 8) children living with mothers who are not employed; and 9) single head of household families (Willeto, 2002). Indeed, researchers have noted that AN/AI adolescents display high rates of suicide (Willeto, 2002), drug and alcohol use ("1999 National Household Survey," n.d.), school delinquency (Ongtooguk & Hill, 2003), and unprotected sex ("Teen Pregnancy," 2002).

Many researchers identify suicide as a primary behavioral health concern, due to exposure to the aforementioned risk factors, and one of the main causes of death among Natives nationwide (Berlin, 1987; Blum et al., 1992; Hlady & Middaugh, 1988; Kettl & Bixler, 1993; May, 1987, 1990; Range, Leach, MacIntyre, Posey-Deters, Marion, Kovac, Banos, & Vigil, 1999). Suicide ranks as the second leading cause of death for AN/AIs (Willeto, 2002). ANs, in particular, face higher rates of suicide than non-Natives for all age groups, over 10 years of age, and both genders ("Alaska Suicide Rates," 2003; Lafromboise & Bigfoot, 1988). Lafromboise and Bigfoot (1988) noted two significant differences between AN/AI and "white" suicides. That is, Natives commit suicide at
twice the rate of non-Natives and at younger ages. According to the State of Alaska statistics ("Alaska Suicide Rates," 2003), between 1997 and 1999, ANs averaged approximately 38 suicides per 100,000, whereas non-Natives averaged 17 suicides. These statistics demonstrate that ANs are in fact experiencing double the number of suicides as non-Natives. The persistence of this trend has been documented since 1992 ("Alaska Suicide Rates," 2003). For Alaska (AK), the suicide rate is highest among two specific age groups; 15 years to 19 years, and 79 years of age and older ("Alaska Suicide Rates," 2003). The greatest rate increase occurs during adolescence, with less than five suicides per 100,000 reported for those aged 10-14 years, and 33 suicides per 100,000 reported for those aged 15-19 years ("Alaska Suicide Rates," 2003). Statistics have shown that men are committing suicide in AK at a much higher rate than women.

Between 1997 and 1999, less than 10 AN women committed suicide, while AN men numbered over 60 suicides ("Alaska Suicide Rates," 2003). Research supports this trend, demonstrating that Native men successfully committed suicide more than women, perhaps as a result of using more violent methods, such as guns and hanging (Berlin, 1987; Hlady & Middaugh, 1988; Kettl & Bixler, 1993; May, 1987; Range et al., 1999). Furthermore, alcohol is consistently indicated as a contributing factor within AN/AI suicide (Hlady & Middaugh, 1988; Kettl & Bixler, 1993; Kost-Grant, 1983). Thus, suicide is a significant behavioral health concern in the state of AK. As such, when considering suicide in AK, it may be helpful to also consider the rates of alcohol abuse.

Drug and alcohol abuse is yet another risk behavior that AN/AIs experience. In 1988, a nationwide study found that 30% of adolescents ages 12 to 20 reported being
current users of alcohol, 15% reported binge drinking, and seven percent reported regular heavy use of alcohol ("Executive Summary," 2000). This trend increased in 1999, to 51% of adolescents' self-reporting current use of alcohol, while 33% reported engaging in binge drinking ("Executive Summary," 2000). Many researchers cite substance abuse, particularly alcohol, as one of the most critical health concerns of AN/AI (Beauvais, 1996; King, Beals, Manson, & Trimble, 1992; Mohatt, Rasmus et al., 2004; Mohatt, Hazel, & Allen, 2004; Young, 1988). One survey indicated that non-Native adolescents reported a seven percent current illicit drug usage, while AN/AI reported 11% ("1999 National Household Survey," n.d.). Researchers have also suggested that almost one third of AN/AIs have used alcohol by age 11 (May, 1986). Hawkins and colleagues (2004) recognized the devastating effects of alcohol abuse for both the individual and community at large, further emphasizing that most AN/AIs are affected by these consequences, either directly or indirectly. Additionally, the risk behaviors AN/AIs engage in while under the influence of alcohol or drugs appear to bring about devastating consequences, such as depression, suicide, and academic difficulties (Hawkins et al., 2004).

AN/AI adolescents also drop-out of high school at alarmingly high rates; another identified risk behavior. In 1992 the AN/AI high school drop-out rate across the U.S. was 25.4% (St. Germaine, 1996), as compared to a national drop-out rate of 11% and a non-Native drop-out rate of 7.7% ("High school drop out," 2002). In AK, the high school drop-out rate for ANs doubled from 625 in 1998 to 1,293 in 2001 (Ongtooguk & Hill, 2003). In a report put out by the Alaska Federation of Natives (AFN), it was noted that a
study conducted by the University of Alaska reported a high school drop-out rate of 10% in two-thirds of AN villages, while ANs in Anchorage were experiencing a 30% drop-out rate ("The AFN Report," 1989). Juneau and other urban areas were also displaying high rates of high school drop-out among ANs. The drop-out rate for ANs was significantly higher than non-Natives in AK from 1991 to 2001 (Ongtooguk & Hill, 2003). For example, in 2001 the AN high school drop-out rate was nine percent, while the drop-out rate for non-Natives was less than five percent. Furthermore, many researchers have noted that AN/AI communities produce fewer high school graduates and those who do graduate from primary school rarely attend secondary school (Willeto, 2002). Although the effects of dropping out of high school may not be as devastating as that of suicide, the consequences of high rates of AN/AI high school drop-outs are nonetheless significant and long standing.

Teen pregnancy and birth is yet another risk behavior facing AN/AI youths today. According to the National Campaign to Prevent Teen Pregnancy (NCPTP; "Teen Pregnancy," 2002), in 1999 there were 1,140 teen births in the U.S., for adolescents 10 to 19 years of age (ages 10-14, n = 17 and ages 15-19, n = 1,123). Thirty-nine percent (n=435) were Native American adolescents. The NCPTP reported that in 1999, 17% of the teen births in the age group 15-19 years were repeat births; AN/AI repeat births were slightly higher at 19% ("Teen Pregnancy," 2002). Teen pregnancy often brings about other issues, such as school drop-out, poor parenting due to lack of skills, and extreme economic deprivation (Willeto, 2002). Fortunately, statistics appear to indicate that nationwide, adolescent sexual activity is declining ("Teen Sexual Activity," 2003).
However, it appears that teen pregnancy and teen birth remain as significant risk behaviors for AN/AI youth.
Culturally-Based Programs Increasing Developmental Assets

As mentioned previously, primary prevention programs prescribe proactive activities within communities, while also working to promote wellness within individual community members (Bloom, 1996; Dalton et al., 2001; Elias, 1995). Indications are that a primary prevention program based on culturally-relevant community values may be effective in bringing about developmental assets and increasing adolescent resiliencies.

One example of a culturally-based primary prevention program that has demonstrated success is the Chevak Village Youth Association (CVYA; Edwards & Edwards, 1988; McDiarmid, 1983). The program, described as an entirely indigenous organization, was created and has been managed by the youths and adults within this Cup’ik village (McDiarmid, 1983). There are many cultural activities sponsored by the program, such as an annual basketball tournament and communal holiday celebrations.

CVYA began in the 1960s and became incorporated in 1976 (McDiarmid, 1983). The program has changed and developed throughout its history, yet has continued to demonstrate success in providing alternate, drug-free activities for the villagers (Edwards & Edwards, 1998; McDiarmid, 1983). CVYA services the children, adults, and elders of the community, offering assistance to the village as a whole. All members of the village are welcome to attend any or all of the program’s events (Edwards & Edwards, 1998; McDiarmid, 1983). McDiarmid (1983) pointed out that the primary goal of the program is to provide recreational activities for the entire community. The program serves many functions in the village, with a strong focus on primary prevention (Edwards & Edwards, 1998; McDiarmid, 1983). Although there is no documented evidence that CVYA has
been able to instill developmental assets within the community's youths, it is clear that the community has created a successful culturally-based primary prevention program that offers alternative positive activities to all villagers (Edwards & Edwards, 1998; McDiarmid, 1983). An examination of other culturally-based primary prevention programs may demonstrate a trend in effectiveness with this type of preventative strategy. However, a search of the current literature failed to reveal other examples of culturally-based primary prevention programs.
Research Rationale and Hypotheses

Rationale

The present study is based upon literature that supports the notion of emic-based research when working with indigenous peoples (Harrison, 2001; Mertens, 1998; Mohatt, Hazel et al., 2004). Preparation for the present study included regular meetings with the leader of the dance group, the Assistant Group Leaders (AGLs), primary caregiver representatives of the dance group, and the Thesis Advisory Committee; hereinafter called the Dance Group Research Team. Ongoing discussion included the relevant literature, possible methodologies, and other pertinent topics regarding this project. The research questions, methodology, and data collection procedures for the present project were conceived during the regular meetings of the ANCDG and scientifically refined with the assistance of the Thesis Advisory Committee. “ANCDG” is the acronym for the program investigated in this study, which will be used to maintain anonymity of this dance group.

Working to instill developmental assets within AN/AI youths through culturally-based activities appears to hold promise in counteracting many of the risk factors faced by these populations. The present study examined a culturally-based primary prevention program in a southeast (SE) AK community that focuses on prevention of high school drop-out, suicide, teen pregnancy, and drug and alcohol abuse among the group members, by working to increase the number of developmental assets within individuals. To date, this program had not been formally evaluated to determine its effectiveness as a primary prevention program (ANCDG, personal communication, October 24, 2003). However,
many of the members appear to display wellness and balance within their lives. It has been reported that this balance is felt within the dance group as a community (ANCDG, personal communication, October 24, 2003). Cowen (2000) identified that one of the many paths to wellness or balance includes primary prevention, as this path to wellness is proactive and seeks to soften the blow of risk factors. Considering the demonstrated positive influence that developmental assets have on risk behaviors, it appeared important to investigate the effectiveness of this culturally-based primary prevention program, and the presence of developmental assets within dance group members. See Figure 1 for a diagram that outlines this interaction.
Figure 1. The Course of Cultural Prevention Programs
Benson and Leffert (2001) have identified various potential sources that influence the development of assets within children. These sources include: 1) sustained relationships with adults, both within and beyond family; 2) peer group influence; 3) socializing systems; 4) community-level norms; 5) ceremony, ritual, policy, and resource allocation; and 6) programs that include school- and community-based efforts. The dance group described here has been successful in providing each of these resources through its culturally-based program. The dance group in its entirety is a community-based effort, maintained solely by volunteers within the area (ANCDG, personal communication, October 24, 2003). Many of the leaders and families within this dance group have been involved with the group for years (ANCDG, personal communication, October 24, 2003). As a result, the leaders of the dance group reported that sustained relationships with adults are an opportunity that this group offers to its members (ANCDG, personal communication, October 24, 2003). In addition, dance group members have created peer groups that afford significant positive peer pressure, with regard to many of the risk behaviors that children and adolescents engage in (ANCDG, personal communication, October 24, 2003). For example, a sub-group of members confidently verbalized within the group their opposition to drug or alcohol abuse and teen pregnancy (ANCDG, personal communication, April 12, 2004). Furthermore, it appears that by reinforcing the Native Values (Soboleff, 1998), holding traditional celebrations, and maintaining group rules, members of the dance group experience a socializing system with community-level norms. Thus, as a culturally-based program that focuses on primary prevention, this group provides the members with continuous opportunities to
interact with these identified positive sources that are said to influence the augmentation of assets within youth. If indeed interaction with these resources influences the development of assets within an individual, it is possible that this dance group has been successful in instilling developmental assets within the individual members.

Discussion was conducted with the Dance Group Research Team regarding developmental assets examined within this study. The leaders of the group noted the importance of each developmental asset (ANCDG, personal communication, October 24, 2003). However, given the sample size of the dance group, two developmental assets were chosen for examination in this study, including both an internal and external asset. It was decided by the research team that self-esteem (internal asset) and adult role models (external asset) were the assets to focus on for the purposes of this study (ANCDG, personal communication, April 12, 2004).

Researchers have consistently argued that having a high self-esteem enhances overall psychological well-being (Benson, 1998; Benson & Leffert, 2001; Benson et al., 1998; Edwards & Edwards, 1988; Leffert, 1997; Leffert et al., 1998; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995; Scales, 1999, 2000; Scales et al., 1999; Scales et al., 2001; Scales et al., 2000; Scales & Gibbons, 1996; Scales & Taccogna, 2000). Rosenberg and colleagues (1995) described global self-esteem as one's positive or negative mind-set of her or his whole self. Likewise, the leaders of the dance group also assumed that a child with high self-esteem is able to make her or his own choices; step into leadership positions; stand on her or his own; and take on various personal opportunities (ANCDG, personal communication, April 12, 2004). Researchers have
indicated that both increased assumption of leadership positions (Scales et al., 2000) and identity formation (Benson et al., 1998) result, at least in part, from increased self-esteem. Furthermore, Leffert and colleagues (1998) identified a relationship between lowered reports of both depression and suicide, and positive self-esteem. Edwards and Edwards (1988) pointed out the importance of primary prevention programs in creating opportunities for the enhancement of members' self-esteem. Considering the documented importance of self-esteem on one's overall psychological well-being, self-esteem was the internal developmental asset that was chosen by the Dance Group Research Team as one variable for this study (ANCDG, personal communication, April 12, 2004).

Literature on adult role models is limited (Bryant & Zimmerman, 2003; Scales & Gibbons, 1996), although researchers have argued that the presence of positive adult role models is important to the healthy development of children and adolescents (Benson, 1998; Benson & Leffert, 2001; Benson et al., 1998; Bryant & Zimmerman, 2003; Goodluck, 2002; Leffert et al., 1998; Lockwood, Jordan, & Kunda, 2002; Scales, 2000; Scales et al., 1999; Scales et al., 2001; Scales et al., 2000; Scales & Gibbons, 1996; Scales & Taccogna, 2000). Bryant and Zimmerman (2003) noted that positive adult role models provide support, share beliefs and values, model appropriate behavior, influence children, and provide an example for future positive outcomes. The leaders of the dance group in this study had further identified that positive adult role models are individuals in youths' lives who are educated, reliable, consistent, and caring (ANCDG, personal communication, April 12, 2004). Researchers noted the importance that adults play in
the socialization of children and adolescents (Bryant & Zimmerman, 2003; Scales & Gibbons, 1996). Furthermore, Scales and Gibbons (1996) identified the power of both adult family members and unrelated adults in the lives of youths. When interacting in dance group activities, the members of the dance group are surrounded by both familial and non-familial adults who serve as possible positive adult role models (ANCDG, personal communication, October 24, 2003). Considering the high level of interaction between dance group members and positive adults and the power that adult role models are reported to have on youth, the presence of positive adult role models was chosen by the Dance Group Research Team as the external developmental asset of study for the current project (ANCDG, personal communication, April 12, 2004).

Based on the literature, it may be argued that culturally-based primary prevention programs are effective at increasing developmental assets. The focus of this study is the examination of overall developmental assets, and more specifically, self-esteem and positive adult role models. Self-esteem and positive adult role models were compared in two groups of youths; one group that is participating in the culturally-based primary prevention program described in this paper and a comparison group that has not participated in the program.

**Hypotheses**

First, it was hypothesized that youth in the dance group will evidence higher self-esteem than those youth in the comparison group. Second, it was further hypothesized that youth in the dance group would report more positive adult role models than those youth in the comparison group. Lastly, it was hypothesized that the primary caregivers of
members in the dance group would report that their children possess more developmental assets than those reported by the primary caregivers of the non-member children.
Methods

Participants

Youth. There were a total of 42 youth participants, 19 dance group member participants and 23 non-dance group participants. All youth participants completed each questionnaire without requesting to terminate participation in the study. Twenty-two of the youth participants were female, while 20 were male (52% and 48% respectively; see Figure 2). Youth participants were limited to ages 10 to 14 years of age ($M = 11.93, SD = 1.40$; see Figure 3).
Figure 2. Gender of Youth Participants
Figure 3. Age of Youth Participants
Within the dance group members, youth participants averaged 11.53 years old ($SD = 1.42$). Eight participants in this group were male (42.1%) and 11 were female (57.9%). These participants' self-identified ethnicities included the following: Tlingit, Haida, Tsimshian, Aleut, African American, Caucasian, and Isleta-Pueblo. Eleven youth participants within the dance group identified being multi-ethnic and eight identified being Alaska Native. There were 29 members in the dance group within the 10 to 14 age range at the time of data collection; 10 were unable to participate in this study for various reasons, such as an inability to contact the parents of dance group members to obtain consent and dance group families traveling during the data collection process.

Each dance group participant received one movie pass to the local movie theater for their participation in this study. Participants were recruited by contacting the primary caregiver via e-mail from the membership list. Eligible dance group members who agreed to participate were informed that: 1) the study purpose was to evaluate the dance group; 2) study participation would last approximately 30 – 45 minutes; and 3) the study was to be conducted over a two-week period.

Within the non-dance group members, youth participants averaged 12.26 years old ($SD = 1.32$). Twelve participants in this group were male (52.2%) and 11 were female (47.8%). These participants' self-identified ethnicities included the following: Tlingit, Haida, Asian, Caucasian, Mexican, Filipino, Athabascan, and African American. Nine participants identified being multi-ethnic, six identified being AN, six identified being Caucasian, and two identified being Asian.
The non-dance group participants served as a comparison group, and consisted of individuals who were from the same community as the dance group members, and who were not presently or ever members of the dance group. Participants of this group were solicited via the snowball method (Mertens, 1998) from members of the dance group, both study participants and non-participants. The non-dance group participants received one movie pass to the local movie theater for their participation in this study. Any dance group member who invited another person to participate in the present study as a participant of the comparison group also received a movie pass. The youth who agreed to participate in the study were informed that: 1) the purpose of the study was to evaluate the dance group; 2) study participation would last approximately 30 – 45 minutes; and 3) the study would be conducted over a two-week period.

Adults. This study began with 52 adult participants, 27 primary caregivers of dance group members and 25 primary caregivers of non-dance group participants. All adult participants completed the interview process without requesting to terminate. However, two participants did not complete page two of the developmental assets check list, and their scores were therefore deleted from the analysis. Thus, the adult sample consisted of 25 participants in both groups. Thirty-eight of the adult participants were female and 12 were male (76% and 12% respectively). No age or ethnic demographic information was gathered from the adult participants.

Adult participants included the primary caregivers of youth participants in the dance group. Caregivers were any persons who identified themselves as the primary caregiver of a member of the dance group. Adult participants received fifteen dollars
($15.00) for their participation. These adult participants were identified from the membership list and contacted via e-mail. The adult participants were informed that the purpose of the study was to evaluate the effectiveness of the dance group. Participants were advised that study participation would last approximately one hour, and that the study would be conducted over a two-week period. Study participants in this group were asked to complete an additional survey instrument not connected to this thesis project, which extended the length of their participation by approximately 30 minutes.

The adult participants in the comparison group were the primary caregivers of non-dance group members. Caregivers were any persons who identified themselves as the primary caregiver of a youth in the comparison group. These participants received fifteen dollars ($15.00) for their participation. The adult participants were informed that the purpose of the study was to evaluate the effectiveness of the dance group. Participants were advised that study participation would last approximately 30 minutes, and that the study would be conducted over a two-week period. The adult participants of this group were contacted in tandem with the youth in the comparison group.

Setting

The present study examined a children’s AN dance group in SE AK, identified as a culturally-based primary prevention program. The dance group investigated in this study began when a local AN woman recognized a high level of AN youths experiencing low self-esteem (ANCDG, personal communication, October 24, 2003). Contending that many of the problems that AN youths face today stems in part from low self-esteem, as well as from a loss of tribal identity, this AN woman began the children’s dance group
focusing on the SE AN cultures (i.e., Tlingit, Haida, and Tsimshian tribes). Working together with an adult Native dance group, she founded the children’s dance group in 1995. Program implementation occurred through the individual efforts of this AN woman and other community volunteers (ANCDG, personal communication, October 24, 2003).

Membership in the program under investigation in the present study is open to children of all nationalities, under 18 years of age, including infants and toddlers (ANCDG, personal communication, October 24, 2003). At the time of this study, ethnicities within the dance group included Tlingit, Haida, Tsimshian, Athabascan, Caucasian, African American, and Isleta Pueblo. Furthermore, many of the members of this dance group were multi-ethnic (ANCDG, personal communication, October 24, 2003). At the time of this study, the program serviced approximately 90 families, including 150 children, ranging in age from infants to 18 years (ANCDG, personal communication, March 29, 2005). The program created and implemented policies, which included a requirement that a family member must accompany members to each group activity or event, and encouragement of the practice of Native Values identified by Soboleff (1998; ANCDG, personal communication, October 24, 2003). Table 1 is a list of the Native values encouraged by the leaders of this dance group.
Table 1. Native Values (Soboleff, 1998)

1. Be obedient; the wise never test a rule.
2. Respect elders, your parents, property and the nature around you. Also, respect yourself so others may respect you.
3. Be considerate and patient.
4. Be careful how you speak, for words can be either pleasing or like a club. Traditionally, when you speak, those listening can imagine seeing your clan family line.
5. Your food comes from the land and sea. To abuse either may diminish its generosity. Use what is needed.
6. Pride in family, clan and traditions is found in love, loyalty and generosity.
7. Share burdens and support each other. This is caring.
8. Trespass not on others rights, or offer royalty and/or restitution.
9. Parents and relatives are responsible for the family education of the children; men teaching boys, women teaching girls.
10. Care and good health are important for the success of the person or clan.
11. Take not the property of others; an error reflects on the family and clan.
12. In peace, living is better.
13. Through famine, ice age, sickness, war and other obstacles, unity and self-determination are essential to survival.
14. Good conduct is encouraged to please the spirit we believe is near.
15. Humor.
Different from many other Native dance groups in AK, the members of this dance group are exclusively children, with adults acting as the leaders and coordinators of the group (ANCDG, personal communication, October 24, 2003). The AN woman who founded the dance group in 1995 currently remains as the leader. In addition, the group has several AGLs who were actively recruited and appointed to their positions. The AGLs bring various resources to the dance group, each fulfilling a particular role within the group (ANCDG, personal communication, October 24, 2003). Cross (1998) described individuals performing functions similar to those of the AGLs as innate healers and helpers. Cross (1998) indicated that these healers and helpers are found in all cultures and are those from whom we seek advice, assistance, support, and comfort. Thus, the AGLs may act as these innate helpers and healers within the dance group.

Currently, the dance group practices weekly, as well as frequently engages in many other group activities such as potlucks, holiday parties, community service projects, and performing traditional songs and dances at various events (ANCDG, personal communication, October 24, 2003). Additionally, families of the dance group members work together to make the regalia (traditional dance outfits and props) used during the performances. The group also provides weekly study sessions for interested members, which includes tutors and other resources, to assist the member with school work. Thus, it is not uncommon for group members, their family, and dance group leaders to interact three to four times a week. On occasion, the group may interact up to six times in one week (ANCDG, personal communication, October 24, 2003). Activities of the dance group also include travel to sites across AK, the lower 48 states, and internationally,
performing songs and dances of the SE AN cultures. This dance group, as a primary prevention program, is unique in that it is a long-term program, whereas many prevention programs are short-term (e.g., Drug Abuse Resistance Education: DARE). Although many prevention groups, such as DARE, have been in existence for a long time the program interventions are typically short-term, and include brief intervention sessions. This dance group, in contrast, has been operating year-round since 1995; taking two-week breaks for the Christmas holiday, and focusing on long-term influence to improve the lives of the youth members (ANCDG, personal communication, October 24, 2003).

Elias (1995) expressed concern that short-term prevention programs may not be adequate to address the level of problems facing youths in the U.S. Indeed, other researchers have noted the importance of patience when implementing effective culturally-appropriate primary prevention programs, as implementation and the effect of such a program may take years (Edwards & Edwards, 1988).

The philosophy held by the group leaders is that involvement in cultural activities will act as primary prevention against high school drop-out, teen pregnancy, drug and alcohol abuse, and suicide by instilling developmental assets within the members (ANCDG, personal communication, October 24, 2003). The leaders of this group have identified four primary goals that are believed to act as agents of primary prevention:

1. keep the members busy;
2. at each group activity or event, reinforce the use of the Native Values (Soboleff, 1998);
3. teach the members about SE AN cultures to bring about cultural competence within the members; and,

4. involve member's family with all group events and activities (ANCDG, personal communication, October 24, 2003).

The dance group leaders agree that, first, if the members are busy with the dance group, they will have less time to engage in risky behaviors (ANCDG, personal communication, October 24, 2003). McDiarmid (1983) also recognized the value of providing activities for children to busy themselves. One benefit that has resulted from keeping the dance group members busy is that the members appear to have created a positive peer group (ANCDG, personal communication, October 24, 2003) that supports education, derides drug and alcohol abuse, and maintains a high level of tribal identity. Research has demonstrated that adolescents, in particular, are influenced by their peers' actions (Aloise-Young, Graham, & Hansen, 1994; Englander-Golden, Jackson, Crane, Schwarzkopf, & Lyle, 1989; Barber et al., 1999). Peer pressure is significant in both drug and alcohol use (Barber et al., 1999) and positive influence (Englander-Golden et al., 1989).

Second, the leaders hold the position that practicing Native Values (Soboleff, 1998) during dance group activities will enable members to incorporate these practices into daily life outside the group (ANCDG, personal communication, October 24, 2003). Third, the leaders assert that teaching the members about AN cultures provides grounding for the members. Indeed, researchers have identified the promise of culturally-based prevention and intervention for uplifting and encouraging youths (Brady, 1995; Edwards
Lastly, the leaders of this dance group contend that involving both the group members and their families in group activities is a vital component of instilling developmental assets (ANCDG, personal communication, October 24, 2003). Researchers have demonstrated the importance of adult, both familial and non-familial, presence in instilling developmental assets within youths (Benson & Leffert, 2001; Benson et al., 1998; Bryant & Zimmerman, 2003; Leffert et al., 1998; Scales, 1999; Scales et al., 2001; Scales & Gibbons, 1996; Scales & Taccogna, 2000; Zirkel, 2002). Thus, efforts made by the dance group leaders seek to increase developmental assets within the members by keeping them busy, instilling Native values, teaching about the cultures of SE AK, and incorporating family into group activities. The leaders of the dance group work within this model to maintain a culturally-based program of primary prevention (ANCDG, personal communication, October 24, 2003).

Design

This study was a mixed-methods, quasi-experiment that used a static group comparison (Mertens, 1998). In addition, the researchers used Community-Based Participatory Research methodology during the design and implementation of the present study (Dalton et al., 2001; McKay, 2004; Mertens, 1998; Minkler & Wallerstein, 2003; Mohatt, Hazel et al., 2004). Quantitative methods were used to identify whether youth participants self-reported as possessing self-esteem, as an internal developmental asset; to identify whether the youth participants self-reported the presence of positive adult role
models, as an external developmental asset; and with the adult participants, to identify developmental assets in the youths, as reported by the primary caregivers. To protect the confidentiality of individual dance group members, demographic information was obtained from historical data maintained by the dance group leaders. Non-dance group participants completed a confidential demographic questionnaire to collect like data.

Measures

Demographics. Demographics for the youth participants within the dance group were collected using historical data, in order to protect the confidentiality of individual participants. Demographic data collected for this group included age, gender, and ethnicity of the participant. Youth participants in the comparison group were asked to complete a demographic questionnaire containing data similar to that collected for the dance group participants. This questionnaire identified the age, the gender, and the ethnicity of the participant. The comparison group demographics questionnaire required approximately 1-2 minutes to complete. See Appendix A for the demographics questionnaire.

Rosenberg Self-Esteem Scale (RSES). All youth participants in this study completed the RSES, a 10-item, self-report scale to assess global self-esteem (Rosenberg, 1965, 1989; Chui, 1988; Dobson, Goudy, Keith, & Powers, 1979; Greenberg, Chen, Dmitrieva, & Farruggia, 2002; Hensley, 1977; Tomas & Oliver, 1999). This pencil and paper instrument requires approximately five minutes to complete (Rosenberg, 1989). The participants responded to statements related to overall feelings of self-worth or self-acceptance on a four-point Likert-type scale, with responses that ranged from 1 =
strongly agree to 4 = strongly disagree. The RSES has demonstrated high reliability (Chui, 1988; Goldsmith, 1986) and validity (Greenberger et al., 2003; Chiu, 1988; Goldsmith, 1986) in previous studies, and has been standardized for adolescents (Chiu, 1988; Hensley & Roberts, 1976; Rosenberg, 1965; Whiteside-Mansell & Corwyn, 2003). This measure was expected to yield the variable of youth global self-esteem, as an internal developmental asset. See Appendix B for the RSES.

*Positive Adult Role Models Measure (PARMM).* All youth participants in this study were assessed regarding the presence or absence of positive adult role models in their lives, using the PARMM, a pencil and paper measure. As no measure of positive adult role models was found in the current literature, the primary researcher created eight yes or no questions that required approximately five minutes to complete. These questions reflected the current literature on positive adult role models and in addition, two questions (number seven and eight) specifically referred to the dance group leaders' definition of positive adult role models. Because the PARMM was devised by the primary researcher, no data are available on reliability or validity. This measure was expected to yield the variable of positive adult role models, as an external developmental asset. See Appendix C for the PARMM.

*Developmental Assets (DA) Check List.* In addition, participants in both of the adult groups were asked to complete a check list of developmental assets that her or his child may possess. This measure was expected to assess primary caregivers’ perceptions of the number and type of developmental assets possessed by their children. Because no measure of adult perceptions of children’s developmental assets was found in the
literature, this check list was devised by the primary researcher based on findings compiled by the Search Institute ("Helping Kids Succeed," 2002). Thus, no data are available on reliability or validity of the check list. The primary researcher compiled the developmental assets check list using verbatim terminology for the asset titles and descriptors found in the book *Helping Kids Succeed – Alaskan Style* (2002). See Appendix D for the DA Check List.

**Procedure**

*Youth Data Collection.* Two undergraduate students from the University of Alaska Southeast (UAS) unrelated to the dance group were recruited as research assistants (RA) to collect data from the youth participants. These RAs were recruited to reduce the possible influence of the primary researcher on the youths' responses, due to the fact that the primary researcher was previously familiar with all youth members in the dance group. The participants were initially greeted in the meeting area, and then were escorted to the youth meeting room with the primary researcher and a RA. The primary researcher discussed the study, and obtained consent from the caregivers and assent from all participants. Participants in this study were also informed that participation could be terminated at any time without penalty. Both youth group participants were reassured that their primary caregivers would be available at any time during the interview process. At this time, any questions the youths or primary caregivers had were addressed by the primary researcher. Once consent and assent was provided from the caregivers and participants, the caregiver and the primary researcher departed to allow the youth participant to complete the questionnaires with the undergraduate RA. The informed
consent used in this study was reviewed and approved by the Institutional Review Board (IRB) at the University of Alaska Fairbanks (UAF).

The RA reviewed the instructions of the demographics, RSES, and PARMM questionnaires with the participant and remained close by to answer any questions the participant may have had while completing the questionnaires. After the participant completed the questionnaires, she or he was escorted from the youth meeting room to the meeting area.

*Adult Data Collection.* Due to limited interaction between the primary researcher and the caregivers of dance group members, it was not expected that the primary researcher would influence the responses of these adult participants. Thus, the primary researcher for this study conducted all adult data collection. The adult participants were escorted to the adult meeting room by the primary researcher after having provided consent to participate. Both adult group participants were asked to complete the DA check list. The primary researcher reviewed the instructions of the check list with the participant and remained close by to answer questions. When the participant completed the check list, she or he was escorted to the meeting room.

The caregivers and youths reunited in the meeting room after completing the interview process. At this time the primary researcher provided each participant with their gift for time spent in this study. At the end of this study, a report was distributed to all participants, dance group members, and family members to debrief participants regarding the purpose and findings of the study.

*Data Analysis*
Power Analysis. A power analysis (Mertens, 1998) was conducted to determine the sample size needed for the youth and adult participants in this study. It was determined that 45 youth participants and 50 adult participants were needed to maintain an alpha of .05.

Statistical Tests. Statistical analysis was conducted using the Statistical Package for the Social Sciences (SPSS, Version 13.0 for Students), to determine the statistical difference between the dance group members and non-dance group participants with regard to self-esteem, positive adult role models, and total number of developmental assets. Independent-samples T tests were conducted on both the RSES and PARMM variables, as well as the DA check list. Further exploratory analyses were not conducted due to the historical data collection method for the dance group members and their primary caregivers.
Results

*RSES*

All 42 youth participants completed the RSES. The RSES is scored on a continuum from 10 (low self-esteem) to 40 (high self-esteem). Participants' scores in this study ranged from 17 to 40. A majority of the respondents \((n = 34)\) scored above 30, indicating that many of the participants displayed high self-esteem. The overall mean RSES score for youth participants was 33.0 \((SD = 5.27)\). An examination of the distribution of RSES scores indicated that one participant had a RSES score approximately three standard deviations below the mean. This individual’s RSES score constituted a significant outlier, and was therefore eliminated from subsequent analyses. See Table 2 for means and standard deviations on the RSES.
### Table 2. Means and Standard Deviations (SD) of Variables

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<th>Member</th>
<th></th>
<th></th>
<th>Non-Member</th>
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<th>SD</th>
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<td>SD</td>
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<td>Mean</td>
<td>SD</td>
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<tr>
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<td></td>
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<td>0.57</td>
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<tr>
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<td></td>
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</table>
It was hypothesized that the members of the dance group would display significantly higher self-esteem than non-dance group participants. This hypothesis was not supported in the present study. Results indicated that the self-esteem of the dance group participants ($M = 32.50, SD = 4.00$) did not differ significantly from the self-esteem of the non-dance group participants ($M = 34.26, SD = 3.85$), $t(39) = 1.43, p = .16$.

**PARMM**

All 42 participants completed the PARMM. The PARMM is scored on a continuum of 0 to 8. Higher scores indicate that youth participants identified more positive adults in their lives, who are caring, inspirational, dependable, encouraging, and who have high school and/or college level education. Participants’ scores in this study ranged from 6 to 8. The most frequently occurring PARMM score was eight ($n = 32$), indicating that the majority of participants identified adults in their lives who are caring, inspirational, dependable, and encouraging. The overall mean PARMM score was 7.69 ($SD = .60$). See Table 2 for means and standard deviations on the PARMM.

It was hypothesized that the members of the dance group would report more positive adult role models in their lives than the comparison group. This hypothesis was not supported in the present study. Results indicated that the number of positive adult role models reported by the dance group members ($M = 7.83, SD = 0.51$) did not differ significantly from the number of positive adult role models reported by those in the comparison group ($M = 7.65, SD = 0.57$), $t(39) = -1.05, p = .30$.

*DA Check List*
All 52 adult participants agreed to complete the DA Check List, although two participants did not finish the second page, and their scores were not included in the analysis. The DA check list score ranges from zero (no assets) to 40 (all assets). The scores for this questionnaire represent the primary caregivers' perceptions of the number of assets her or his child possesses. Overall, participants' scores in this study ranged from 21 to 40, with a mean of 33.00 ($SD = 4.44$). See Table 2 for means and standard deviations on the DA check list. The most frequent score was 35 ($n = 8$). These scores indicate that many of the participants ($n = 42$) in this study reported having 29 or more assets. Figure 4 displays the number of developmental assets reported by both member and non-member caregivers.
Figure 4. Number of Developmental Assets Reported by Caregivers

- M = Caregiver of Member
- NM = Caregiver of Non-Member
It was hypothesized that the primary caregivers of dance group members would report that their children possessed more developmental assets than would the primary caregivers of non-members. Results indicated that primary caregivers of youth in the dance group reported the presence of significantly more developmental assets ($M = 34.84, SD = 4.07$) than did the primary caregivers of youth not in the dance group ($M = 31.92, SD = 4.40$), $t(48) = 2.44, p = .02$. While this hypothesis was statistically supported, findings did not indicate clinical significance.
Conclusion

This study sought to examine whether a culturally-based primary prevention program instilled developmental assets in youths who were participating in this SE AN dance group. Contrary to the first hypothesis, the study failed to show that self-esteem was enhanced in dance group member participants, as compared to the non-dance group participants. Similarly, study findings did not support the notion that dance group member participants would report more positive adult role models in their lives, than did the non-dance group participants. The third hypothesis of this study was statistically supported, in that primary caregivers in this study perceived that those children who participated in the dance group possessed significantly more development assets than children who did not participate in the dance group. However, clinical significance was not supported, as adults of both dance group members and non-dance group members in the present study reported the most beneficial number of assets within their children (i.e., 30-40 assets). Thus, both groups of youths in the present study appeared to possess more developmental assets than most youths in America (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998), contradictory to the findings of other researchers in the current literature on AN/AI youths (Mohatt, Hazel et al., 2004; May, 1990; Willeto, 2002).

Measures

Demographics. In the present study, demographics for the youths in the dance group were collected using historical information, in order to protect the confidentiality of individual participants. Those youth participants not in the dance group were asked to
complete a demographic questionnaire containing data similar to that collected for the
dance group members. Although this data collection method ensured the confidentiality
of dance group members, it reduced the predictive ability of the other measures. That is,
comparisons between groups could not be made on the specific variables of interest (i.e.,
self-esteem, positive adult role models, and developmental assets), based on demographic
data such as age, gender, and ethnicity. For example, it may have been helpful to
compare the number of developmental assets in the youth participants, based on age or
gender.

RSES. On the RSES, it was expected that the participants in the dance group
would self-report higher self-esteem than would the participants in the comparison group.
A majority of the respondents in this study self-reported high levels of self-esteem, with
no significant differences noted on self-esteem between groups. One explanation for this
finding is that the leaders of this dance group have indicated that they feel certain
activities within the group (e.g., performing and speaking in front of an audience) have
served to enhance self-esteem (ANCDG, personal communication, October 24, 2003). It
is possible, however, that dance group activities have actually enhanced self-confidence
or self-efficacy, rather than self-esteem. The additional administration of measures to
assess these constructs in the present study may have addressed this distinction. Another
possible explanation for the lack of a difference between groups on the RSES may be that
this instrument is a global measure of self-esteem. It is therefore possible that the dance
group focuses on a specific cultural aspect of self-esteem that this measure was unable to
detect. Future studies may detect such a difference by using a measure that is more culturally appropriate

*PARMM.* It was expected that participants in the dance group would self-report more positive adult role models in their lives, as compared to those youths in the comparison group. Although the dance group members reported having a slightly higher number of positive adult role models in their lives, as compared to the non-dance group participants, this difference was non-significant. Thus, all participants in the present study identified that they have adults in their lives who are caring, inspirational, dependable, and encouraging. Similar to the findings for self-esteem in these participants, data collection methods in the present study may have impacted these results. It is also possible that because positive adult role models are an ever present part of the dance group members’ lives, these youths may be unable to identify and assess the added positive influences that adults within the dance group provide. Another possible explanation for the lack of a detectable difference between groups in the present study may be related to the fact that this instrument was created by the primary researcher, using a yes/no answer method. It is possible that converting responses on this measure to a four point Likert-type scale would have provided a broader range of scores, and aided in the detection of a difference, if any were present. Finally, because this instrument was developed by the primary researcher, no reliability and validity data exist to support its use in reporting the presence of positive adult role models. Further studies should seek to explore the effectiveness of this instrument within varied populations and settings.
**DA Check List.** Using this check list, it was expected that primary caregivers of dance group members would report that their children possessed more developmental assets, when compared to the reports of caregivers for non-dance group youths. Primary caregivers of dance group members did report significantly higher numbers of developmental assets in their children, when compared to reports from caregivers of non-dance group members; although this difference was of statistical significance, it was not of clinical significance. Studies have indicated that only eight percent of America’s youths possess the most beneficial number of assets, 31-40 developmental assets (Benson et al., 1998). Interestingly, 80% (n = 40) of the youths in the present study were reported to possess the most beneficial number of assets, in the 30-40 range, which contrasts with the current literature (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998). Thus, the present study appears to have included a sample of youths in AK who are remarkably high functioning, in comparison to many youths in America today.

There are several possible explanations for the present findings on the DA check list. First, although the primary researcher did not expect to bias the adult participants’ responses during data collection, it is possible that this bias did in fact occur, and thus, may have impacted the results of the study. The use of an external researcher should be considered in future studies utilizing the present design. Further, because this check list was devised by the primary researcher directly from the list of developmental assets compiled by the Search Institute (“Helping Kids Succeed,” 2002); no data are available on reliability or validity of the check list. Future studies should seek to explore the effectiveness of this check list with other populations and within varied settings.
Comparisons to Existing Literature

Findings of the present study appear to support the existing literature; in that, participation in a culturally-based prevention program significantly increased the number of development assets in youth participants (Scales, & Gibbons, 1996; Scales et al., 2001). Other studies have demonstrated that an increase in developmental assets leads to diminished participation in risk behaviors (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998), as well as an enhancement of healthy behaviors (Benson & Leffert, 2001; Benson et al., 1998; Leffert et al., 1998; Scales et al., 2000). Thus, it is possible that participation in this culturally-based primary prevention program, which has been demonstrated to increase developmental assets in participants, may also reduce risk behaviors and enhance healthy behaviors in these youths. Future studies should seek to replicate this statistical finding within varied samples of Alaskan youths.

However, in contrast to the current literature, this study did not include findings of clinical significance using the DA check list. On average, the Alaskan youths in the present study were remarkably high functioning, in comparison to other youths in the U.S. today (Benson & Leffert, 2001). This finding may be very important, given that much of the current literature on AN/AI youths indicate that these populations are significantly more likely to engage in risk behaviors (Mohatt, Hazel et al., 2004; May, 1990; Willeto, 2002). One possible explanation for this finding could be that the community where this study took place encourages the implementation of development assets among its youth. However, it is also possible that this unusual clinical finding is the result of a measurement effect, if the caregivers of the dance group members were
indeed biased in their responses based on their association with the primary researcher. Future studies should include extensive prevalence sampling, to assess a wide range of functioning within AN youths, across diverse settings.

In addition, findings from the present study did not appear to support the literature which highlights the effects of culturally-based primary prevention programs on internal and external assets. Several studies have reported that internal assets are tools or resources within the youth that provide guidance in how to behave and how to make appropriate choices so that she or he may become self-regulating, whereas external assets are resources, such as relationships and opportunities, that are provided to youths to aid them in making healthy and astute decisions in life (Scales & Taccogna, 2000). Findings from the present study appear to indicate that this culturally-based primary prevention program does not instill the benefits of specific internal assets (i.e., self-esteem); nor does it appear to instill the benefits of specific external assets (i.e., positive adult role models). If in fact, the primary prevention program is effective in instilling specific internal (i.e., self-esteem) and external assets (i.e., positive adult role models), the scope of this study was unable to detect the programs’ possible effectiveness.

Strengths and Limitations

There are several strengths associated with the present study. First, this study was designed and implemented using Community-Based Participatory Research (Minkler & Wallerstein, 2003). This paradigm is increasingly being effectively utilized in research with Native and other indigenous populations (Dalton et al., 2001; Harrison, 2001; Minkler & Wallerstein, 2003). Second, the sample size (N = 92) was large enough to
ensure moderately robust testing of the hypotheses (Mertens, 1998). Third, the use of youth and adult participants from the dance group may also be viewed as a methodological strength due to the fact that this unique population had previously indicated having benefited from participation in a culturally-based primary prevention program. Fourth, the use of research assistants not affiliated with the dance group added to the veracity of the present research findings, given that the influence of the primary researcher, who was known by all members of the dance group, did not bias the data collection process for youth participants. Finally, the current literature appears to contain few investigations of the effectiveness of culturally-based primary prevention programs, particularly with AN populations. This study contributes to that limited literature.

Some consideration should be given to possible limitations of the current research. First, both the PARMM and the DA check list were devised by the primary researcher and thus no reliability and validity data exists for these instruments. It would have been beneficial to conduct this research using well-established measures of positive adult role models for youths and developmental assets as assessed by caregivers; however the primary researcher was unable to find such instruments in the public domain. Second, findings from the present study may reflect a self-selection bias. That is, there were 29 dance group members who met all eligibility criteria for participation in the present study; however, only 19 dance group members elected to participate. It is possible that those dance group members who participated may have characteristics different from those dance group members who did not participate in the present study. Third, use of the RSES to assess self-esteem may have been a limitation of the present
study. Despite the demonstrated reliability and validity of this instrument in other research, and the fact that it was normed on a similarly aged population, it may be that this measure is not culturally appropriate for the population of interest in this study.

Fourth, in addition to the collection of the caregivers' perceptions of the number of developmental assets their children possess, the present study may have been strengthened by the collection of data summarizing youths' self-reported developmental assets. Researchers may wish to consider collecting this complimentary data in future studies, possibly using the same measure implemented by researchers of the Search Institute. Fifth, the present study was conducted in only one community in the SE region of AK, and with a specific culturally-based primary prevention group, thus limiting the generalizabilitly of the findings. Future studies should be conducted in varied geographic locations and among varied cultural groups. Other limitations include the possibility that youths in this study may have been influenced by positive adult role models in other settings, which were not assessed when using the PARMM. In addition, no data was collected on the length of time that participants had been a member of the dance group. This time factor may have impacted the results of the present study, and enhanced any differences between dance group and non-dance group members on self-esteem and identification of positive adult role models. Lastly, although it was not expected that the primary researcher would bias the adult participant responses, it is possible that a positive bias effect occurred within the adult participants. Thus, future studies would benefit from the use of an external researcher.

Future Directions
Findings from the present study indicate several opportunities for possible further investigative research. One opportunity for future study would include the additional administration of a measure to assess self-confidence and self-efficacy, in tandem to self-esteem, which may help to address the distinction between these constructs among AN youths. Additional studies should seek to explore the effectiveness of the PARM/MM and the DA check list, which were devised by the primary researcher specifically for this study, in order to assess for reliability and validity within varied populations and settings. Researchers may wish to also consider collecting data which summarizes youths' self-reported developmental assets, as a complement to collecting data on caregivers' perceptions of their children's developmental assets. Finally, the present study focused on one community and one culturally-based primary prevention group. Future studies should be conducted in varied geographic locations and among varied cultural groups.

Concluding Comments

Indeed, culture is increasingly becoming an avenue that is used both in intervention and prevention methods (Hazel & Mohatt, 2001; Mohatt, Rasmus et al., 2004). Culture plays a large role in shaping individuals, as all human beings are immersed in culture (J. Gonzalez, personal communication, March 7, 2005). Providing culturally-based primary prevention programs has great potential for increasing balance and well-being, while decreasing risks individuals face daily (Brady, 1995; Edwards & Edwards, 1988; Hazel & Mohatt, 2001; May, 1990, 1996; Moran, 1999; Resnicow et al., 2000). This study concentrated on a culturally-based primary prevention program that focused on cultures within SE AK (i.e., Tlingit, Haida, and Tsimshian). However, it
should be noted that any culturally-based primary prevention program should be tailored to the culture of the population being served. It would seem that primary prevention programs that seek to implement prevention strategies with individuals from one culture, using a different culturally-based approach, may not be as effective.

The present study results did not support the notion that youths who participate in a culturally-based primary prevention program, such as the dance group described in this study, acquire developmental assets of clinical significance, as compared to youths who do not participate in such programs. In addition, investigation of self-reported specific internal and external developmental assets did not appear to result in benefits for those youths participating in this culturally-based primary prevention program. While it is evident that, within the scope of the present study, no apparent benefits for increasing developmental assets were found, this research highlights that the youths within this sample were remarkably high functioning. Considering these findings, it may be beneficial to first investigate factors that are contributing to the balance and wellness in the lives of these particular youths. Such factors may indeed encompass the essence of culturally-based primary prevention.
References


Appendix A
CG - Demographic Information

INSTRUCTIONS: Please identify what best describes you.

1. How old are you?

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tlingit</td>
<td></td>
</tr>
<tr>
<td>Haida</td>
<td></td>
</tr>
<tr>
<td>Tsimshian</td>
<td></td>
</tr>
<tr>
<td>Athabascan</td>
<td></td>
</tr>
<tr>
<td>Inupiaq</td>
<td></td>
</tr>
<tr>
<td>Yupiq</td>
<td></td>
</tr>
<tr>
<td>Aleut</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td></td>
</tr>
<tr>
<td>Other (identify)</td>
<td></td>
</tr>
<tr>
<td>Other (identify)</td>
<td></td>
</tr>
<tr>
<td>Other (identify)</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

RSES

INSTRUCTIONS: Please read each statement and circle the appropriate number of each statement depending on whether you strongly agree (SA), agree (A), disagree (D), or strongly disagree (SD) with it.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>strongly agree</th>
<th>agree</th>
<th>disagree</th>
<th>strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>On the whole, I am satisfied with myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2.</td>
<td>At times I think I am no good at all.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3.</td>
<td>I feel that I have a number of good qualities.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4.</td>
<td>I am able to do things as well as most other people.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5.</td>
<td>I feel I do not have much to be proud of.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6.</td>
<td>I certainly feel useless at times.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7.</td>
<td>I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8.</td>
<td>I wish I could have more respect for myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9.</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10.</td>
<td>I take a positive attitude toward myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>
Appendix C

PARMM

INSTRUCTIONS: Please read each question and circle yes or no according to you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you feel that you have adults in your life that you can look up to?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2. Do you feel that you have reliable (dependable) adults in your life?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. Do you feel that you have adults in your life who are consistently there for you?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4. Do you feel that you have adults in your life who care about you?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Do you feel that you have adults in your life that inspire (encourage) you?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Do you feel that you have adults in your life that provide guidance (help) for you?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Are there adults in your life who have a high school education?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Are there adults in your life who have a college education?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
Appendix D

DA Check List

INSTRUCTIONS: Please identify (Y/N) next to the asset that you believe your child may have acquired.

<table>
<thead>
<tr>
<th>Developmental Asset</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family support:</strong> Family life provides high levels of love and support.</td>
<td></td>
</tr>
<tr>
<td><strong>Positive family communication:</strong> Parents and youth communicate positively; youth is willing to seek advice and counsel from parents</td>
<td></td>
</tr>
<tr>
<td><strong>Other adult relationships:</strong> Youth receives support from three or more non-parent adults.</td>
<td></td>
</tr>
<tr>
<td><strong>Caring neighborhood/community:</strong> Youth experiences caring neighborhood and community.</td>
<td></td>
</tr>
<tr>
<td><strong>Caring school climate:</strong> School provides a caring, encouraging environment.</td>
<td></td>
</tr>
<tr>
<td><strong>Parent involvement in school:</strong> Parents are actively involved in helping child succeed in school.</td>
<td></td>
</tr>
<tr>
<td><strong>Community values youth:</strong> Youth believes that community adults value young people.</td>
<td></td>
</tr>
<tr>
<td><strong>Youth given useful roles:</strong> Youth are taught and give useful roles in community life</td>
<td></td>
</tr>
<tr>
<td><strong>Youth volunteers in the community:</strong> Youth gives one hour or more peer week to serving in the community.</td>
<td></td>
</tr>
<tr>
<td><strong>Safety:</strong> Youth feels safe in home, school, and neighborhood/community.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Developmental Asset</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achievement Motivation:</strong> Youth is motivated to do well in school.</td>
<td></td>
</tr>
<tr>
<td><strong>School engagement:</strong> Youth is actively engaged in learning.</td>
<td></td>
</tr>
<tr>
<td><strong>Homework:</strong> Youth reports doing one or more hours of homework per day.</td>
<td></td>
</tr>
<tr>
<td><strong>Bonding to school:</strong> Youth cares about her or his school.</td>
<td></td>
</tr>
<tr>
<td><strong>Reading for pleasure:</strong> Youth reads for pleasure three or more hours per week.</td>
<td></td>
</tr>
<tr>
<td><strong>Caring:</strong> Youth places high value on freely helping other people.</td>
<td></td>
</tr>
<tr>
<td><strong>Equality and social justice:</strong> Youth places high value on promoting equality and reducing hunger and poverty.</td>
<td></td>
</tr>
<tr>
<td><strong>Integrity:</strong> Youth acts on convictions and stands up for beliefs.</td>
<td></td>
</tr>
<tr>
<td><strong>Honesty:</strong> Youth tells the truth even when it is not easy.</td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility:</strong> Youth accepts and takes responsibility.</td>
<td></td>
</tr>
<tr>
<td><strong>Family boundaries:</strong> Family has clear rules and consequences and monitors youth’s whereabouts.</td>
<td><strong>Restraint:</strong> Youth believes it’s important not to be sexually active or use alcohol or drugs.</td>
</tr>
<tr>
<td><strong>School boundaries:</strong> School provides clear rules and consequences.</td>
<td><strong>Planning and decision-making:</strong> Youth has skills to plan ahead and make responsible choices.</td>
</tr>
<tr>
<td><strong>Neighborhood/community boundaries:</strong> Neighbors take responsibility for monitoring youth’s whereabouts.</td>
<td><strong>Interpersonal skills:</strong> Youth has empathy, sensitivity, and friendship skills.</td>
</tr>
<tr>
<td><strong>Adult role models:</strong> Parents, Elders, and other adults model positive, responsible behavior.</td>
<td><strong>Cultural competence:</strong> Youth knows and is comfortable with people of different cultural, racial, and ethnic backgrounds.</td>
</tr>
<tr>
<td><strong>Positive peer influence:</strong> Youth’s close friends model responsible behavior.</td>
<td><strong>Resistance skills:</strong> Youth can resist negative peer pressure and dangerous community influences.</td>
</tr>
<tr>
<td><strong>High expectations:</strong> Parents and teachers encourage youth to do well.</td>
<td><strong>Peaceful conflict resolution:</strong> Youth seeks to resolve conflict without violence.</td>
</tr>
<tr>
<td><strong>Creative and cultural activities:</strong> Youth is involved three or more hours per week in activities that include music, arts, crafts, or cultural activities.</td>
<td><strong>Personal power:</strong> Youth feels in control over “many things that happen to me.”</td>
</tr>
<tr>
<td><strong>Youth programs:</strong> Youth spends one hour or more per week in sports, clubs, or other organizations at school or in the community.</td>
<td><strong>Self-esteem:</strong> Youth reports having high self-esteem.</td>
</tr>
<tr>
<td><strong>Religious community:</strong> Youth is involved in one or more hours per week in religious services or spiritual activities.</td>
<td><strong>Sense of purpose:</strong> Youth reports that “my life has a purpose.”</td>
</tr>
<tr>
<td><strong>Time at home:</strong> Youth is out with friends “with nothing special to do” two or fewer nights per week.</td>
<td><strong>Positive view of personal future:</strong> Youth is optimistic about her or his personal future.</td>
</tr>
</tbody>
</table>