WE HAVE NO FINANCIAL RELATIONSHIPS TO DISCLOSE AND NO POTENTIAL CONFLICTS OF INTEREST TO DISCLOSE.

Written informed consent was obtained from primary caregivers using protocols approved by the Children’s Hospital Los Angeles Review Board.

The trial’s identifier is NCT01264718 (www.clinicaltrials.gov)
Objectives

1. The problem of teen suicide in the Filipino community
2. Parent engagement challenges
3. Development of a 14 min. culturally tailored video
4. Results of a randomized trial
Filipinos in the United States and California
Filipino Population Facts

• Filipino population is the second largest US Asian subgroup

• Largest Asian subgroup in California

• Los Angeles has over 374,000 Filipino persons

• One of the least studied Asian subgroups

• Filipinos are often called *The Invisible Minority*
Suicide Among Asian American & Pacific Islander (AAPI) Youth

“AAPI youth, ages 12-19 years are the only racial/ethnic group for whom SUICIDE is the leading cause of death, yet this is rarely discussed.”


Retrieved from https://webappa.cdc.gov/sasweb/ncipc/leadcause.html; Source: Center for Disease Control and Prevention, 2001
Leading Causes of Death in Asian or Pacific Islander Females

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age 10-14</th>
<th>Age 15-19</th>
<th>Age 20-24</th>
<th>Age 25-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional injuries 20.0% (tie rank 1)</td>
<td>Unintentional injuries 32.7%</td>
<td>Suicide 27.8%</td>
<td>Cancer 20.2%</td>
</tr>
<tr>
<td>2</td>
<td>Suicide 20.0% (tie rank 1)</td>
<td>Suicide 21.8%</td>
<td>Unintentional injuries 27.2%</td>
<td>Suicide 19.4%</td>
</tr>
</tbody>
</table>

“Connectedness and social capital together may protect against suicidal behaviors by decreasing isolation, encouraging adaptive coping behaviors, and by increasing belongingness, personal value, and worth, to help build resilience in the face of adversity.”

Parenting Intervention for Prevention of Behavioral Problems in Elementary School-Age Filipino-American Children: A Pilot Study in Churches

Joyce R. Javier, MD, MPH, MS,* Dean M. Coffey, PsyD,* Sheree M. Schrager, PhD, MS,† Lawrence A. Palinkas, PhD,‡ Jeanne Miranda, PhD§
2012 Pilot Study in Churches demonstrated that IY is Culturally Acceptable to Filipino Parents

Increased Positive Parent Discipline

Decreased Parental Stress

However, only 20% of eligible parents participated.
THEORY-BASED VIDEO INTERVENTION

GOAL:

to promote enrollment in real-world setting
Compared with a usual care video, a culturally tailored video based on the Health Belief Model and Theory of Planned Behavior would result in higher rates of actual enrollment in an evidence-based parenting intervention.
<table>
<thead>
<tr>
<th>Health Belief Model Mediators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>Perceived susceptibility to teenage problems scale (i.e., participation in risky sexual behavior, using illegal drugs, having thoughts about suicide)</td>
</tr>
<tr>
<td>Perceived Need: Severity</td>
<td>Spoth’s Severity of Teenage Problem Scale</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>Perceived Intervention Benefits</td>
</tr>
<tr>
<td>Perceived Barriers: Readiness for Change</td>
<td>Readiness for Change Scale</td>
</tr>
<tr>
<td>Perceived Barriers: Time and Scheduling Demands/Social Norms</td>
<td>Obstacles to Engagement Scale</td>
</tr>
<tr>
<td>Modifying Variables</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
</tr>
<tr>
<td>Age, gender, SES, education, immigrant status</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge and Theory of Planned Behavior Mediators: Attitudes, Subjective Norm, Behavioral Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
</tr>
<tr>
<td>Statistics regarding rates of suicide, drug use among Filipino youth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Attitudes, Perceived Behavioral Control</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes toward parent program, behavioral problems, Perception of ability to enroll &amp; participate in IY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Subjective Norm</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived social pressure to not engage in IY</td>
</tr>
</tbody>
</table>
DID IT WORK?
- To evaluate the efficacy of a theory-based, culturally-tailored video on actual enrollment in a parenting intervention among Filipinos

WHY DID IT WORK?
- To test theoretical mediators of intervention effect.
RANDOMIZED CONTROLLED TRIAL
- **Control:** usual care video developed by Incredible Years®
- **Pre/Post Survey**

INCLUSION CRITERIA
- Filipino parent or grandparent of a child ages 6-12 years old
- Resident of Los Angeles County

EXCLUSION CRITERIA
- Child with developmental disability

RECRUITMENT
- Recruited from clinics, churches, schools, community-based organizations, grocery stores, health/cultural events

PRIMARY OUTCOMES
- Intention to enroll
- Actual enrollment in the Incredible Years®
Recruitment described in
Journal of Immigrant & Minority Health

Sixteen research assistants recruited participants from five different categories of sites: elementary schools, primary care clinics, churches, CBOs, and other recruitment sites that included health fairs, cultural festivals, community children’s programs, the Philippine Consulate for Los Angeles, and word-of-mouth referral.
595 participants were assessed for eligibility (n=595)

378 were excluded
221 did not meet inclusion criteria
157 had other reasons

217 underwent randomization

111 randomly assigned to intervention group

1 was excluded due to drop out after pre-assessment

110 included in population that could be evaluated and underwent primary analysis

106 randomly assigned to control group

1 was excluded due to drop out after pre-assessment

105 included in population that could be evaluated and underwent primary analysis

Figure 1. Enrollment, randomization, and follow-up.

IY, Incredible Years. *including had no child, child < 6 or > 12 years old, not Filipino, had developmental disability. **including not interested took information without further follow-up
RESULTS: No significant differences between control and intervention after randomization

<table>
<thead>
<tr>
<th></th>
<th>Parent’s Birthplace</th>
<th>Child’s Birthplace</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S.</td>
<td>U.S.</td>
</tr>
<tr>
<td>Control (n=105)</td>
<td>14 (13%)</td>
<td>85 (81%)</td>
</tr>
<tr>
<td>Intervention (n=110)</td>
<td>10 (86%)</td>
<td>85 (77%)</td>
</tr>
<tr>
<td>Philippines</td>
<td>90 (86%)</td>
<td>99 (90%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>INTERVENTION</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td>(n=105)</td>
<td>(n=110)</td>
</tr>
<tr>
<td>Child Age</td>
<td>8.92 ± 2.19</td>
<td>8.73 ± 1.95</td>
</tr>
<tr>
<td>Parent Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19 (18%)</td>
<td>32 (29%)</td>
</tr>
<tr>
<td>Female</td>
<td>86 (82%)</td>
<td>78 (71%)</td>
</tr>
<tr>
<td>Child’s Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50 (48%)</td>
<td>51 (46%)</td>
</tr>
<tr>
<td>Female</td>
<td>55 (52%)</td>
<td>59 (54%)</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $20,000</td>
<td>20 (19%)</td>
<td>29 (26%)</td>
</tr>
<tr>
<td>$20,000 - 49,999</td>
<td>31 (30%)</td>
<td>42 (38%)</td>
</tr>
<tr>
<td>$50,000 - 99,999</td>
<td>36 (35%)</td>
<td>28 (26%)</td>
</tr>
<tr>
<td>&gt; $100,000</td>
<td>16 (16%)</td>
<td>11 (10%)</td>
</tr>
</tbody>
</table>
1. Primary outcome - actual enrollment (yes/no) examined with logistic regression analysis with intervention group as the primary predictor variable.

2. Path analysis was used to estimate the direct and indirect effects of all hypothesized predictors within a structural equation modeling framework.
RESULTS

DID IT WORK?

Parents in the intervention group had significantly greater odds of actual enrollment in the Incredible Years

<table>
<thead>
<tr>
<th></th>
<th>INTERVENTION</th>
<th>CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Enrollment</td>
<td>n=27 (25%)</td>
<td>n=12 (11%)</td>
</tr>
</tbody>
</table>

• OR = 2.667; 95% CI: 1.328-5.354
## RESULTS

### WHY DID IT WORK?

<table>
<thead>
<tr>
<th>Latent Variable</th>
<th>Construct</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERCEIVED SUSCEPTIBILITY</td>
<td>Participation in risky sexual behavior</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Occasionally using illegal drugs</td>
<td>0.864</td>
</tr>
<tr>
<td></td>
<td>Having thought about suicide</td>
<td>0.765</td>
</tr>
<tr>
<td>KNOWLEDGE</td>
<td>Suicidal behavior among Filipino youth</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Drug use among Filipino youth</td>
<td>0.976</td>
</tr>
</tbody>
</table>
Model Fitting of Health Belief Factors on Intention and Enrollment

RESULTS
RESULTS

Model Fitting of Health Belief Factors on Intention and Enrollment

Intention to enroll → Actual Enrollment

Knowledge → Intention to enroll

Susceptibility → Intention to enroll

Intervention → Knowledge

Indirect Through Knowledge β = 0.068

Indirect Through Susceptibility β = 0.014

N = 215

Χ² (df=17) = 51.298
p value = 0.0000
RMSEA = 0.097
CFI = 0.902
TLI = 0.839

*p < 0.05
RESULTS

1. The intervention video was significantly associated with perceived susceptibility ($B = .163; P < .05$) and knowledge ($B = .519; P < .05$).

2. Perceived susceptibility was positively associated with intention to enroll, and intention to enroll was in turn positively associated with actual enrollment.

3. Effect of intervention on enrollment was partially mediated by increased knowledge of Filipino adolescent behavioral health disparities (indirect $B = .068; P < .05$).
LIMITATIONS

• Relative effects of intervention compared with control video were small.
• Knowledge, susceptibility, and intention to enroll were self-reported and could be subject to social desirability bias among Filipinos.

CONCLUSIONS

• Theory-based video *increased enrollment* in an evidence-based parenting intervention by *producing shifts in knowledge of ethnic-specific health disparities*

• Community engagement = Critical Tool
  – Recruitment of understudied populations
  – Implementing evidence-based practices in real-world settings

• Sample Five minute Video Clip.
FUTURE DIRECTIONS

CREATING A CULTURE OF MENTAL HEALTH

We are preventing behavioral health disparities in an immigrant community through community partnerships.

PROJECT FOCUS:

- Behavioral Health
- Child Health
- Immigrant Health
- Mental Health

CLINICAL SCHOLARS

[From Left to Right]
JED DAVID, MS, GT
HORACIO LOPEZ, MD
AVIRIL SEPULEDA, MS, GT
JOYCE JAVIER, MD, MPH, MS
DEAN COFFEY, PsyD

- Facebook page / Shared definition of mental health
- Conference to promote healthy parenting
- Large-scale RCT with longitudinal outcomes
Special Thanks

Collaborators/Mentors
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Jeanne Miranda, PhD
David Takeuchi, PhD
Carolyn Webster-Stratton, PhD
Sheree Schrager, PhD, MS
Anna Lau, PhD
Lois Takahashi, PhD
Cary Kreutzer
Ana Jayme, Shelina Miranda (SIPA)

Funding: K23 HD071942 NICHD, KL2TR000131 NCRR/NCATS, American Academy of Pediatrics Community Access to Child Health, Tikun Olam Foundation, RWJF Clinical Scholars Program

CAB/Trainees/Volunteers
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Frank Aliganga
Jed David
Ellynore Florendo
Nicole Flores
Journne Herrera
Anjelica Lansang
Wen-ting Lin
Taryn Liu
Reginald Macapagal
Shelina Miranda
Mary Joy Onglatco
Chriselyn Palma
Angela Reyes
Mary Jane Tesoro
Reverend Enrique Ymson
QUESTIONS?