INTERVENTION RESEARCH TO IMPROVE NATIVE AMERICAN HEALTH

Thanks to everyone for sending their project updates for the second issue of the IRINAH newsletter. Innovative research, at various stages, is being conducted with organizations, schools, tribal communities, and online! We hope this summary of activities across IRINAH sites will continue to generate discussions, encourage new collaborations, and serve as a springboard for more ideas, proposals, and funded research that will benefit American Indians, Alaska Natives, and Native Hawaiians. Our research continues to meet the critical needs of Native communities, especially in these challenging times. A special thanks to Michael Woodward for taking on this project again and putting together our second edition that highlights the amazing work being conducted by IRINAH researchers and partners.

- Liz D’Amico, Dan Dickerson, Nanci Hemberger

FAMILY LISTENING PROGRAM: MULTI TRIBAL IMPLEMENTATION AND EVALUATION

RESEARCH HIGHLIGHTS

This multi-tribal quasi-experimental comparative longitudinal study was conducted over six waves within and across three southwest Native American communities involving 4th/5th graders and their parents/caregivers. We examined a culturally-centered and evidence-based intergenerational family prevention program called Family Listening, which was co-developed and implemented with three Tribal Research Teams from Jemez Pueblo, Mescalero Apache, and Ramah Navajo while utilizing a community-based participatory research approach with the University of New Mexico.

The focus of each family program was to strengthen cultural connections, increase family communication, and develop protective factors to reduce the initiation of substance use among child participants in a dinner-based program with their parents/care providers. The Apache and Navajo program is called Family Listening (FL) while the Pueblo program is called Family Circle (FC). The FL program comprises 12 sessions, and the FC program is 14 sessions. Each session was held in the evening for 2 hours and was implemented by trained tribal facilitators. Over 6 years, we successfully recruited over 600 program and comparison participants.

Below are key findings:

1. Child program participants improved their mental health compared to the children who did not participate;
2. Child program participants improved their ability to speak out for community wellness;
3. Parent program participants improved their coping skills;
4. Child program participants gained a greater understanding of their history and culture; and
5. Child program participants gained coping skills to seek help and make good choices in their lives.

FEATURED WORK


A publication addressing the experience of community action projects to promote family and community wellness in three Tribal communities in New Mexico is under review (Approval from Jemez Pueblo Governor; Ramah Navajo School Board, Mescalero Apache Tribal Council, Southwest IRB; & Navajo IRB).
A PRIMARY PREVENTION TRIAL TO STRENGTHEN CHILD ATTACHMENT IN A NATIVE COMMUNITY (MIWÉ PROJECT)

RESEARCH HIGHLIGHTS
Promoting First Relationships® (PFR; Kelly et al., 2008) is a strengths-based home-visit preventive intervention program for toddlers and their primary caregivers. It is an evidence-based program that has been tested and implemented primarily in the child welfare system but also in one American Indian reservation community using a wait-list control design (Booth-LaForce et al., 2020).

The present study is a randomized controlled trial of PFR compared with a Resource & Referral condition, carried out in two reservation-based Tribal communities. In order to adapt PFR to be culturally appropriate and to listen to the needs of the community, we held focus groups with Elders, parents, and those working with parents and children. Based on these groups and on input from our reservation-based Native staff, we adapted aspects of PFR training, delivery, and content (Oxford et al., In press). We successfully trained local Native staff to implement the intervention and control conditions and to collect the research data.

Our outcomes focus on changes in the quality of caregiver-child interaction; caregivers’ mental health, attitudes, and behaviors; and the children’s behavior problems and social competencies. Data collection has been completed and results will be forthcoming.

FEATURED WORK


WA’KAN YE’ZAH (LITTLE HOLY ONE): ENHANCING CAREGIVERS’ AND CHILDREN’S WELL BEING THROUGH AN EVIDENCE BASED AND CULTURALLY INFORMED PREVENTION INTERVENTION

RESEARCH HIGHLIGHTS
Little Holy One (LHO) is an intergenerational intervention that aims to promote known protective factors and reduce known risk factors for youth suicide and substance use, starting in early life. Guided by our research that shows that positive tribal identity and communal mastery are protective factors for suicide risk for Native American adolescents, LHO includes four lessons about Assiniboine and Sioux culture and traditions in its curriculum. A Tribal Advisory Board has led the process of developing the cultural lessons. In addition to cultural lesson development, we adapted four components from Common Elements Treatment Approach (CETA), an evidence-based intervention proven effective to reduce stress, depression, and trauma-related symptoms and four components from Family Spirit, an evidence-based Indigenous parent training program to promote positive early child development in Native American communities.

Teresa N. Brockie, PhD, RN, FAAN (PI)
Johns Hopkins School of Nursing, Member of the White Clay (A’íanin) Nation from Fort Belknap, Montana

Community Partner: Fort Peck Dakota and Nakoda Tribal Head Start, Poplar, Montana

Period of performance: April 2019 - January 2024
Funding agencies: National Institutes of Mental Health, Annie E. Casey Foundation

(Continued on page 3)
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This study will use a randomized control trial (RCT) with an embed...
RESEARCH HIGHLIGHTS

OPREVENT2 is a multi-level multi-component obesity prevention trial in six Native American (NA) communities in the Midwest and Southwest. Three communities were randomized to receive the intervention first and three served as comparison communities and received a delayed intervention. Extensive formative research and community engagement activities were undertaken to design intervention components to increase healthy food consumption and physical activity and reduce obesity, targeting adults. This included developing a school curriculum for grades 2-6, creating worksite physical activity opportunities, working with food stores to promote healthier foods, forming a community action committee focused on tribal policy, and use of community media and social media to reinforce messages from other intervention components. Over 600 NA adults who identified as their household’s main food shopper/preparer participated in the baseline data collection that included anthropometric measurements and questionnaires to evaluate diet, physical activity, and psychosocial factors.

The intervention was carried out in six phases from 2017-2018, and follow-up data collection recently ended, with a retention rate of over 82%. Preliminary results from the process evaluation show that a high level of “reach” and “dose delivered” was achieved with implementation of most of the components (except for the school curriculum), though some declined in fidelity over time. The varying levels of reach, dose, and fidelity in each intervention component is likely to have an impact on the outcomes of the study. The research team is currently analyzing impact data, and the intervention is now being provided to the comparison communities.

Website: https://healthyfoodsystems.net/projects/oprevent2/

FEATURED WORK


FOOD RESOURCE EQUITY AND SUSTAINABILITY FOR HEALTH (FRESH)

Aim 1. Characterize the Osage reservation food environment, using both objective and perceived measures, and assess the correlation of the food environment with prevalent obesity, hypertension, and diabetes.

Aim 2. Develop a culturally relevant gardening intervention and evaluate its efficacy in increasing vegetable and fruit intake (primary outcome) and reducing food insecurity, BMI, and blood pressure (secondary outcomes) among Osage families.
This study supported Osage Nation’s vision to align tribal agricultural policies with tribal health goals and simultaneously addresses healthy food production, access, and preference through the schools and families. The CBPR method was effective and well-received. A total of 190 Osage families participated (n=386 total parents and children). Highlights include developing a tribally influenced curriculum, continual use of the garden, and strong tribal partnership development with future planned projects.

Valarie Jernigan, DrPH, MPH (PI)

Tamela K. Cannady, MHA

Joy Standridge, MPH, RDN/LD

Period of performance: August 2013 - May 2018

Funding agency: National Heart, Lung, and Blood Institute

Highlights of our findings include:

1. Significant differences in perceived food environments;
2. Frequent shoppers noticed signs and purchased fruits and vegetables;
3. Signs used traditional language in marketing;
4. Improved objective and perceived measures of tribal food environments;
5. A stronger relationship developed between the tribe’s health and commerce;

(Continued on page 6)
6. Tribal intent to continue healthy marketing strategies and healthy food options; and
7. Created a strong tribal partnership for future interventions and development for future planned projects.

**FEATURED WORK**


Jernigan, V. B. B. (2015, November). *Using a health impact assessment to engage tribal leaders and inform the development of a healthy food retail intervention: The THRIVE Study.* Presented at the 143rd Annual Meeting of the American Public Health Association, Chicago, IL.

**KĀHOLO PROJECT: PREVENTING CARDIOVASCULAR DISEASE IN NATIVE HAWAIIANS**

**RESEARCH HIGHLIGHTS**

Native Hawaiians have considerably higher hypertension prevalence and cardiovascular disease mortality than non-Hispanic Whites. We developed a 6-month hypertension management program based on hula, the cultural dance of Native Hawaiians, in response to the need for culturally responsive interventions to address cardiovascular disease disparities. We used a community-based participatory research framework to develop the intervention, engage Native Hawaiians, and involve the highly regarded community of cultural dance practitioners. A two-arm randomized clinical trial was undertaken to test the effects of a cultural dance intervention on blood pressure and 10-year cardiovascular risk among 263 Native Hawaiians with previously uncontrolled hypertension but no cardiovascular disease.

This was the largest clinical trial undertaken with exclusively Native Hawaiians. All participants received brief heart health education before random assignment to intervention or to waitlist control. The intervention group received the cultural dance training program while the waitlist control group received only the initial education.

Finding highlights include:

1. A significantly greater reduction in systolic blood pressure (SBP) in the cultural dance group;
2. The cultural dance group average SBP began at a clinically defined “stage 2” and dropped to “elevated” at the end of program;
3. SBP improvements continued to hold 6 months after the intervention ended;

Joseph Keawe‘aimoku Kaholokula, PhD,* Ethnic/cultural affiliation: Kanaka Maoli (Native Hawaiian) (PI)

Investigators:

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f Hālau Mōhala ‘Ilīlima, Ka‘ōhao, HI

Period of performance: April 2015 - January 2020
Funding agency: National Heart, Lung, and Blood Institute

(Continued on page 7)
KĀHOLO PROJECT: PREVENTING CARDIOVASCULAR DISEASE IN NATIVE HAWAIANS

(Continued from page 6)

FEATUED WORK


PREVENTING ALCOHOL EXPOSED PREGNANCY AMONG URBAN NATIVE YOUNG WOMEN: MOBILE CHOICES

RESEARCH HIGHLIGHTS
Native WYSE (Women, Young, Strong, and Empowered) CHOICES (Changing High-risk alcOhol use and Increasing Contraception Effectiveness Study) is an alcohol-exposed pregnancy prevention program that translates CHOICES, an evidence-based targeted intervention, into an mHealth universal intervention for young urban American Indian/Alaska Native (AI/AN) women ages 16-20.

Recently, the Native WYSE CHOICES team completed its formative phase work and is now entering the mobile application development phase. During the formative phase, the Native WYSE CHOICES team conducted iterative (3 phases) in-depth interviews (IDIs) with urban AI/AN young women (n=32). We recruited participants through advertisements on social media platforms. We screened participants based on race as AI/AN alone or in combination with another race, age (16-20 years old), sex (female), place of residence (urban area with population greater than 50,000), language spoken (English), currently not pregnant, and not living on tribal land or reservation.

Highlights of IDI findings include:
1. Preference for a mobile app for the intervention compared to other mHealth delivery options, such as texting or an online program.
2. Interest in an intervention that provided more information on alcohol and contraceptive use.
3. Importance of receiving health information that was AI/AN-specific or tailored.
4. Interest in learning about medicinal and cultural practices of other tribes.

We are using these and other findings from the IDIs to inform the form and content of the mHealth application.

We anticipate the mobile adaptation will be completed by August 2020 and that recruitment for the randomized control trial will begin by October 2020.
SUPPORTING AI/AN MOTHERS AND DAUGHTERS IN REDUCING GESTATIONAL DIABETES RISK: STOPPING GESTATIONAL DIABETES MELLITUS IN DAUGHTERS (STOPPING GDM)

RESEARCH HIGHLIGHTS

Years 1-2: We conducted a qualitative needs assessment to understand perspectives from key stakeholders on how to culturally adapt an existing American Diabetes Association endorsed evidence- and theory-based, developmentally-tailored preconception counseling program for American Indian and Alaska Native (AI/AN) girls who are at risk for gestational diabetes mellitus (GDM). A feasibility pilot was conducted.

Years 3-5: We tested the newly developed Stopping GDM program (electronic video and book) in a multi-site randomized controlled trial with 5 of our academic and community partners. The sites recruited mother-daughter dyads to attend 4 sessions over 9 months. The total number of mother-daughter dyads recruited was 150; 46/150 completed Visit #4. Both dyad groups received questionnaires measuring knowledge, health beliefs, intentions, and behaviors related to GDM and reproductive health. Weight/height (Visits #1-4) and hemoglobin a1c (Visits #1, #4) were measured on the daughters. All participants received March of Dimes’ standard-of-care prenatal pamphlets. The control group received the full intervention at visit #4.

Preliminary baseline findings suggest improved knowledge and health beliefs in daughters and mothers, and improved intention for daughters to initiate discussion with a health care provider on preconception counseling and use of family planning. Analysis is ongoing.

Year 5: Dissemination of the Stopping GDM program to health care providers and AI/AN adolescent females at risk for GDM risk is underway.

A free recorded webinar on Stopping GDM is available at http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/cdr/Pages/Webinars.aspx.

The Stopping GDM program is available at no charge at www.stoppinggdm.com.

FEATURED WORK


The goal of the “Healthy Pregnancies Project” was to reduce tobacco use in pregnancy (of note, Alaska Natives do not use tobacco for religious or ceremonial reasons). Both tobacco users and non-users were enrolled. Sixteen villages participated with a goal of 352 women enrolled. Eight villages were assigned to receive the intervention and 8 to the usual care control group.

The intervention villages received an outreach/social media campaign along with individual calls delivered to enrolled pregnant women by Native Sisters/health educators. The study was successful in meeting the target sample size of 352 women enrolled. Retention was also high, with 82% completing the final 6-month postpartum assessment.

Overall, the program helped to raise awareness among the participants of the importance of having a healthy pregnancy. Because of the enhanced awareness of healthy pregnancies in the community as a result of this research, dissemination videos with a link to the study logo were created by the Yukon Kuskokwim Health Corporation (YKHC), focused on healthy pregnancies.

Native Sister educational materials were also distributed to control villages. Tobacco use outcomes and other study results are currently under tribal review.

FEATRED WORK


Healing Seasons is a randomized comparative effectiveness trial to evaluate HIV sexual risk behavior by directly addressing PTSD or substance use.

With input from local Native providers, tribal elders, and leaders, we adapted two evidence-based psychotherapies: (1) Narrative Exposure Therapy (NET), a trauma-focused therapy aimed at reducing PTSD symptoms and enhancing wellness; (2) Motivational Interviewing plus Skills Training (MIST), a substance use reduction treatment with cognitive behavioral therapy skills training (i.e., problem-solving, communication, coping with negative moods, and building positive social support networks), to reduce substance use and increase positive health behaviors.

In partnership with the Yakama Nation, we collaborate with tribal and non-tribal behavioral health programs where local providers deliver the 6-week NET/MIST intervention to Native Americans (NAs) ages 16 and older. We continue to recruit study participants while maintaining retention rates comparable to general U.S. population PTSD-substance use studies.

Study highlights include:

1. Two acceptable and feasible evidence-based interventions that:
   a. Present guidelines for providers on working with NA clients;
   b. Provide an understanding of historical trauma manifestation and how to acknowledge it in treatment;
   c. Highlight information about linkage to traditional and cultural support systems; and
   d. Ensure the cultural relevance of intervention-based examples, visuals, and teachings (e.g., incorporate indigenous stories, virtues, and traditional treatment strategies).

2. Community-wide recruitment strategies including locally designed recruitment materials; newspaper ads, radio announcements; presentations at local health and wellness service providers meetings, high schools, and colleges; personalized letters to providers; study promotion at health fairs, powwows, tribal events, and medical clinics.

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FEATURED WORK


INSTITUTES THAT CURRENTLY FUND OR HAVE FUNDED IRINAH PROJECTS INCLUDE:

National Cancer Institute
National Heart, Lung, and Blood Institute
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute on Minority Health and Health Disparities
National Institute of Nursing Research
National Institute of Environmental Health Sciences
National Institute of Mental Health
National Institute of Dental and Craniofacial Research
Office of Behavioral and Social Sciences Research
HEALING AND EMPOWERING ALASKAN LIVES TOWARD HEALTHY HEARTS [HEALTHH]

RESEARCH HIGHLIGHTS

HEALTHH is a cardiovascular disease prevention trial in the Norton Sound Region for Alaska Native adults who smoke. There are two active treatment arms, both utilize telemedicine-delivered motivational interviewing. One group focuses on tobacco use and physical activity; the other on heart medication adherence and a Native diet.

With 122 trips to the region, the study met its recruitment goal, randomizing 299 participants to a treatment condition; follow-ups end this year. HEALTHH findings to date include identifying:

1. Effective screening and enrollment strategies in rural Alaska, such as tabling in busy community areas, utilizing all forms of media (print, radio, social), and word-of-mouth;
2. Seasonal differences in tobacco use and mood, namely, colder seasons and fewer daylight hours are associated with greater depressive symptoms and smoking sooner upon wakening;
3. Cultural and social correlates of Native diet, including greater community connectedness;
4. Associations between substance use and depressive symptoms; and
5. Motivations for quitting smoking (health concerns, cost of tobacco, pregnancy) and factors contributing to relapse (addiction, stress, social).

Three NIH diversity supplement award studies also were completed within the HEALTHH project, including development of a culturally-focused Alaska Native Quality of Life measure (PI: Crouch); a multimedia enhancement to the standard consent form process for improved participant understanding (PI: Skan); and a community art project with local children conveying heart healthy messages (PI: Hess).

At the 2018 Society for Research on Nicotine and Tobacco meeting, the team had the privilege of meeting U.S. Surgeon General Jerome Adams.

FEATURED WORK


Research team with U.S. Surgeon General Jerome Adams
Qungasvik (koo-ngaz-vik)/Tools for Life is an intervention organized through a Yup’ik implementation model. The participating communities’ term for this Indigenous theory-driven model is Qasgiq (kuz-gik)/Communal House. The Qasgiq model mobilizes aspects of traditional Yup’ik culture and community process to deliver strengths-based health promotion strategies to foster youth and community resilience and well-being.

Intervention promotes growth in an empirically tested culture-specific model of protective factors important in prevention of co-occurring alcohol use and suicide risk among rural Yup’ik youth ages 12-18. The intervention is multilevel and implements modules delivered in one or more 1- to 3-hour sessions. Originally conceived as a four-year, two-community interrupted time series design, the study was expanded to a five-community dynamic wait-listed design leveraging SAMHSA grants and an NIAAA supplement.

Using a tribally directed, community-based participatory research process, the team has enrolled 625 youth.

Project accomplishments to date include:

1. Development and validation of culturally based, strengths-based measures for outcomes, including a measure specific to prevention of suicide risk, reported in five peer reviewed articles.

2. Elaboration of an Indigenous model of protection, theory of change, and implementation model reported in four peer reviewed articles.

3. In-depth ecological description of the intervention process with preliminary findings, reported in a 10-article peer reviewed special issue of the American Journal of Community Psychology.

4. Preliminary findings that demonstrated intervention impact through feasibility studies in two communities and effectiveness of high-intensity intervention in contrast to lower-intensity intervention in two communities, reported in two peer reviewed articles.

FEATURED WORK


Be Under Your Own Influence (BUYOI) is a media-based substance use prevention program developed for adolescent populations. Its messages, targeted to middle-school youth, emphasize non-use as an expression of personal identity and autonomy and the consistency of non-use with future aspirations. Using community-based participatory research, we adapted BUYOI for AI youth and tested the adaptation in three reservation communities (with two control communities).

While surface and deep structure adaptations were made, the original themes of autonomy and aspirations and the BUYOI tagline underlay all messaging. Local high school role models were featured in media products, and they engaged middle-school students in activities that delivered the campaign messages.

Findings indicated intervention effectiveness in delaying first time initiation of alcohol use and intoxication, but no effect was found for marijuana. However, increases in aspirations and autonomy did lower risk of marijuana use, indicating that these are useful constructs to target.

Findings from post-intervention focus groups, surveys of middle-schoolers, and adviser interviews indicated that localization of campaign materials through use of local high school role models and local visuals and media products was crucial to increasing awareness, likeability, and perceived effectiveness.

In order to allow extensive localization, we have created a digital, apps-based manual that incorporates localization of campaign materials without requiring outside technical assistance or resources or knowledge that would be beyond the reach of most AI high school students. We plan to test the feasibility of implementing this apps-based manual in a reservation-based AI school district.

FEATURED WORK


YAPPALLI: CHOCTAW ROAD TO HEALTH

Obesity and substance abuse are increasingly prevalent, costly, and deadly—fueling twin epidemics in Indian Country, particularly among southeastern Oklahoma Native women. To address this crisis and the dearth of evidence-based programs, we are testing the efficacy of, and completing research highlights

Yappalli
our final cohort for, Yappalli Choctaw Road to Health, a culturally derived, strengths-based, outdoor experiential obesity-substance abuse risk prevention and health leadership program for 150 adult Choctaw women across 5 Choctaw Nation regions in Oklahoma. Although the intervention targets individual behavioral change related to physical activity, healthful food habits, and substance misuse at the intrapersonal level, the intervention simultaneously engages Choctaw women to create environmental health leadership events at the community level. The 12-week curriculum culminates with Yappalli women participating in a 2-day culture camp followed by an 8-day Trail of Tears walk to solidify their group leadership skills and ritualize their development into community health leaders. Post-intervention monthly sessions support Yappalli women leading a health promotion event in their region. Research highlights include:

1. Creating a Choctaw-specific health promotion model for behavioral change grounded in ancient teachings.
2. Conducting a successful longitudinal study using a cluster randomized stepped-wedge design (30 women per region; N=150) to assess the intervention impact on primary aims.
3. Achieving a 96% retention rate across all cohorts.
4. Generating sustainable events—participant-created walking/hiking groups, online social media health challenges, community gardens, etc.; one group has led a walking club for 3 years.
5. Mentoring 11 Native students leading to co-authored publications, two grants, and one dissertation.

FEATURED WORK


 Timothy Thomas, Alaska Native Tribal Health Consortium (ANTHC) (PI)  
 Kathy Koller, ANTHC (PD)  
 Flora Sapp (Inupiaq), ANTHC (Research Nurse)  
 Lea Palmer, Rural Alaska Community Action Program, Inc. (RurAL CAP) (Research Dietician)  
 Chris DesNoyers, YKHC (Research Assistant)  
 Katrina Dominic (Yupik), YKHC (Research Assistant)  

Community partners:  
- RurAL CAP  
- Yukon-Kuskokwim Health Corporation (YKHC)

Period of performance: September 2017 - July 2022  
Funding agencies: National Institute of Nursing Research, Institutional Development Award (IDeA) program

Highlights to date include:  
1) Have hired a full-time dietician to work for RurAL CAP. Her task is to incorporate more traditional foods into the Head Start menus and home-based nutrition programs.
2) Have completed formative research and one round of

(Continued on page 15)
Some comments from Elders:

**“These foods are the healthiest – no preservatives, lots of vitamins, good for the heart, don’t cause diabetes, good for the blood, for healthy thoughts, and happiness.”**

**“They are part of the Native history and way of life. They help you sleep, keep you warm, and keep kids at a normal weight.”**

**“They are organic because they come directly from the earth.”**

3) Have completed one round of data collection, second round of data collection will be done in Spring 2020. Preliminary data indicate high proportion of 3- to 5-year-old children have BMI > 85th percentile.

Two publications addressing the formative work are in progress.

Centers for American Indian and Alaska Native Health, Colorado School of Public Health, University of Colorado Anschutz Medical Campus

- Nancy Rumbaugh Whitesell, PhD (PI)
- Nancy Asdigian, PhD (Co-I)
- Ellen Keane, MSPH, MA (Co-I)
- Nicole Tuitt, DrPH (Co-I)

Community partners: Missouri Breaks Industries Research, Inc., Manderson, SD

- Tracy Zacher, RN, Sicangu Lakota, Community Project Director
- Leslie Skinner, Oglala Lakota, Community Project Coordinator
- Marcia O’Leary, RN Community Project Supervisor, University of Montana
- Alicia Mousseau, Ph.D., Oglala Lakota, Consultant, Program Developer

Period of performance: April 2019 - February 2024

Funding agency: National Institute on Drug Abuse

Rigorously test the effectiveness of TG using a randomized controlled trial design. Comparison group families will receive a brief, culturally adapted family nutrition and exercise program developed for this study—Woyute Wašte (WW, good food).

Youth substance use outcomes for TG and WW families will be compared at 6-month intervals for 3 years to determine both immediate and sustained effects of TG. In addition, we will test the potential of TG to both reduce risk for suicidal ideation and attempts among youth and to leverage parental participation in the program to support their children as an opportunity to support reductions in parents’ own substance use. In short, we will test TG’s impact on risk for: (1) youth substance use; (2) youth suicide risk; and (3) problematic adult substance use.

**FEATURED WORK**


STRATEGIES FOR PREVENTING UNDERAGE DRINKING AND OTHER SUBSTANCE USE IN NATIVE AMERICAN TRIBAL COMMUNITIES

RESEARCH HIGHLIGHTS

This research program aims to implement and evaluate complementary interventions addressing underage alcohol, marijuana, tobacco and other drug use and abuse, and intoxicated driving among Indigenous youth residing in and around nine contiguous Indian reservations in rural Southern California.

The research team is evaluating the efficacy of a motivational interviewing intervention versus psychoeducation for reducing youth use of alcohol, marijuana, commercial tobacco and other drugs, and intoxicated driving. Our team is also implementing and evaluating a community mobilization and awareness intervention aimed at reducing social availability of these substances from adults, including immediate and extended family members.

Innovative mobilization and awareness efforts involving branded social media to reduce youth substance use have been created and disseminated. Short films created by local Tribal members have created new locally and culturally appropriate ways to return research findings to the community. Skill-building workshops focused on motivational interviewing for service providers in the communities and events reflecting on traditional foods and the repercussions of historical trauma are among recent community mobilization efforts.

Streamlining the intervention time commitment and working through local schools, Tribal after-school programs, health fairs, and other local institutions have increased engagement with youth in the clinic’s service area.

FEATURED WORK


Roland S. Moore, Ph.D., Pacific Institute for Research and Evaluation (PIRE) (PI)
Daniel J. Calac, M.D. (Pauma), CMO, Southern California Tribal Health Clinic (SCTHC) (PI)
Cindy Ehlers, Ph.D., The Scripps Research Institute (TSRI) (PI)
David A. Gilder, M.D., TSRI
Juliet P. Lee, Ph.D., PIRE
Pedro Tomas-Domingo, (Q’anjob’al Maya) B.S., B.A., CHES®, SCTHC
Gabrielle Seneres, B.S., SCTHC
Community Partner: SCTHC

Period of performance: July 2016 - March 2021
Funding agency: National Institute on Alcohol Abuse and Alcoholism, with co-funding from Office of Behavioral and Social Science Research