



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.

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Nina Wallerstein, Dr.P.H., UNM College of Population Health (PI)

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Orrin Myers, Ph.D., UNM Family and Community Medicine (Co-I)

Hope Johnson, UNM College of Population Health (Undergraduate Student)

Period of Performance: April 2014 - March 2020

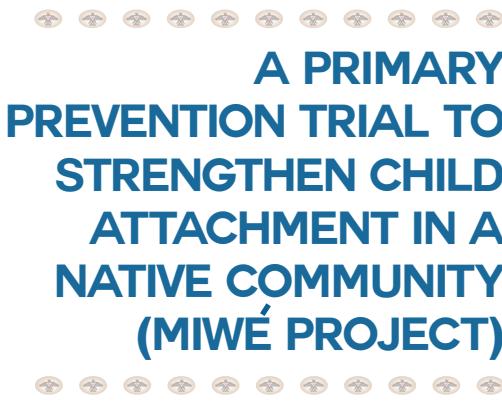
Funding agency: National Institute on Drug Abuse

FEATURED WORK

Belone, L., Rae, R., Hirchak, K., Cohoe-Belone, B., Orosco, A., Shendo, K., & Wallerstein, N. (In press). Dissemination of an American Indian culturally-centered community-based participatory research family listening program: Implications for global Indigenous well-being. *Geneology*.

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

Booth-LaForce, C., Oxford, M. L., Barbosa-Leiker, C., Burduli, E., & Buchwald, D. S. (2020). Randomized controlled trial of the Promoting First Relationships® preventive intervention for primary caregivers and toddlers in an American Indian community. *Prevention Science*, 21, 98–108. doi: 10.1007/s11121-019-01053-x

Oxford, M., Booth-LaForce, C., Echo-Hawk, A., Lallemand, O., Parrish, L., Widner, M., Buchwald, D., & the CATCH Project Team (2020). Promoting First Relationships®: Implementing a home visiting research program in two American Indian communities. *Canadian Journal of Nursing Research*. DOI: 10.1177/0844562120914424



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.

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WA'KAN YE'ZAH (LITTLE HOLY ONE)

(Continued from page 2)

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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,

FEATURED WORK

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. The intervention will consist of 12 weekly individual lessons taught to parents and children (ages 3 to 5) at Head Start facilities by Indigenous community health workers, a delivery strategy selected to enhance participant engagement, local acceptability, and sustainability.

This study will use a randomized control trial (RCT) with an embed-

MICUNAY: MOTIVATIONAL INTERVIEWING AND CULTURE FOR URBAN AMERICAN NATIVE YOUTH

RESEARCH HIGHLIGHTS

MICUNAY is a substance use prevention intervention integrating motivational interviewing and traditional practices for urban American Indian/Alaska Native (AI/AN) adolescents. MICUNAY was developed over one year with extensive input from AI/AN adolescents, parents, providers, and our Elder advisory board. We gathered important data on challenges and issues facing urban AI/AN youth in California, which helped us finalize the MICUNAY curriculum and conduct a randomized clinical trial (RCT) with 185 teens ages 14-18 across the state of California.

We were able to effectively utilize community-based participatory research principles, which resulted in successful partnerships with the communities, and provided us with the opportunity to educate participants and communities on how their involvement in this research study could help increase our understanding of what may enhance the health and well-being of urban AI/AN adolescents. We were also able to successfully recruit

and retain urban AI/AN adolescents into our RCT, helping to address the shortage of RCTs conducted among this population.

Some highlights of our findings include:

1. How identifying as AI/AN can affect health/well-being;
2. How being connected with the AI/AN urban community can help protect AI/AN adolescents from the adverse effects of discrimination and help to foster resilience;
3. How culturally appropriate programming can help to offset substance use among urban AI/AN adolescents;
4. The development of an innovative cultural identity scale designed for urban AI/AN adolescents; and
5. Providing training and the curriculum for MICUNAY free of charge on our Group MI for Teens website (www.groupmiforteens.org).

FEATURED WORK

D'Amico, E. J., Dickerson, D. L., Brown, R. A., Johnson, C., Klein, D., & Agniel, D. (2020). Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY): A randomized controlled trial. *Journal of Substance Abuse Treatment*, 111:86-99.

Brown, R.A., Dickerson, D.L., Klein, D.J., Agniel, D., & Johnson, C., & D'Amico, E.J. (2019). Identifying as American Indian/Alaska Native: Implications for adolescent behavioral health and well-being. *Youth & Society*. doi.org/10.1177/0044118X1984004



MICUNAY
MOTIVATIONAL INTERVIEWING AND CULTURE
FOR URBAN NATIVE AMERICAN YOUTH

Artist: Robert Young (Pueblo of Acoma)



ENGAGING TRIBAL POLICY MAKERS TO SUSTAIN IMPROVEMENTS TO THE FOOD AND PHYSICAL ACTIVITY ENVIRONMENT IN AMERICAN INDIAN COMMUNITIES (OPREVENT2)



Joel Gittelsohn, PhD, Johns Hopkins Bloomberg School of Public Health (JHSPH) (PI)

Marla Pardilla, MPH, MSW, JHSPH, and Navajo Nation tribal member (Co-PI)

Jacqueline Swartz (Ojibwe), JHSPH, Co-Investigator, Wisconsin field coordinator

Period of performance: April 2015 - April 2020

Funding agency: National Heart, Lung, and Blood Institute

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

Gittelsohn, J., Jock, B., Redmond, L., Fleischhacker, S., Eckmann, T., Bleich, S., ... & Caballero, B. (2017). OPREVENT2: Design of a multi-institutional intervention for obesity control and prevention for American Indian adults. *BMC Public Health*, 17(105). doi: 10.1186/s12889-017-4018-0

Setiono, F., Jock, B., Trude, A., Wensel, C. R., Poirier, L., Pardilla, M., & Gittelsohn, J. (2019). Associations between food consumption patterns and chronic diseases and self-reported morbidities in 6 American Indian communities. *Current Developments in Nutrition*, 3 (Suppl. 2), 69-80. doi: 10.1093/cdn/nzz067



FOOD RESOURCE EQUITY AND SUSTAINABILITY FOR HEALTH (FRESH)



Valarie Jernigan, DrPH, MPH (PI)

Jason George, MBA

Margaret Sisk, AA, Osage County Certified Master Gardener

Period of performance: May 2016 - December 2020

Funding agency: National Institute on Minority Health and Health Disparities

RESEARCH HIGHLIGHTS

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.

FRESH

(Continued from page 4)

Aim 3. Create and disseminate a Web-based multimedia manual and documentary film and evaluate their effectiveness in increasing tribal readiness and capacity to improve tribal food environments.

FRESH assessed vegetable and fruit intake, food insecurity, BMI, and hypertension in families living on the Osage Nation reservation in Oklahoma.

The intervention took place within the early care and education programs at the Osage Nation. Site managers and cooks worked with investigators to shape best-practice menus and training. Garden beds were built at sites (1 per classroom). Weekly online parenting classes were offered, as well as monthly cultural nights to discuss topics surrounding FRESH and food sovereignty. This study was guided by the principles of community-based participatory research (CBPR).

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.

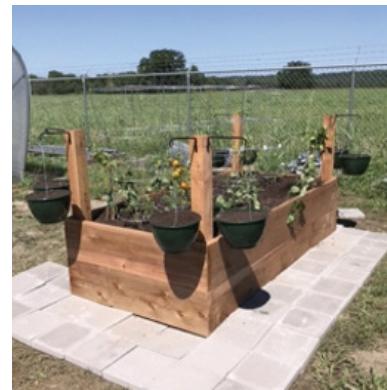
Resource Equity and Sustainability for Health Study. *Current Developments in Nutrition*, 4 (Suppl. 1), 12–22.

Sisson, S. B., Sleet, K., Rickman, R., Love, C., Williams, M., & Jernigan, V. B. B. (2019). The development of child and adult care food program best-practice menu and training for Native American head start programs: The FRESH study. *Preventive Medicine Reports*, 14, 100880. doi: 10.1016/j.pmedr.2019.100880



FEATURED WORK

Sisson, S. B., Sleet, K., Rickman, R., Love, C., Bledsoe, A., Williams, M., & Jernigan, V. B. B. (2019). Impact of the 2017 child and adult care food program meal pattern requirement change on menu quality in Tribal early care environments: The Food



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

TRIBAL HEALTH AND RESILIENCE IN VULNERABLE ENVIRONMENTS (THRIVE)

RESEARCH HIGHLIGHTS

Aim 1. Quantify the food and physical activity environments in two tribal communities in Oklahoma and assess the correlation of these two domains with prevalent obesity, diabetes, and hypertension.

Aim 2. Use participatory research methods to design, implement, and evaluate a multi-level convenience store-based intervention to increase the availability and intake of vegetables and fruits among tribal members.

Aim 3. Create a multimedia manual, website, and documentary film to guide tribes in implementing changes in their food and physical activity

environments, and survey audiences before and after screenings of the film.

THRIVE was a healthy food intervention to improve the food environment in the Cherokee and Choctaw Nation's convenience stores. The study design was a cluster control trial (2 intervention stores for each tribe (4 total) and 2 control stores for each tribe (4 total)). There was a longitudinal cohort study (1637 American Indian (AI) shoppers surveyed before and after intervention). Strategies included measuring the nutrition environment, as well as intervention strategies such as marketing, product placement, promotion, and pricing.

Highlights of our findings include:

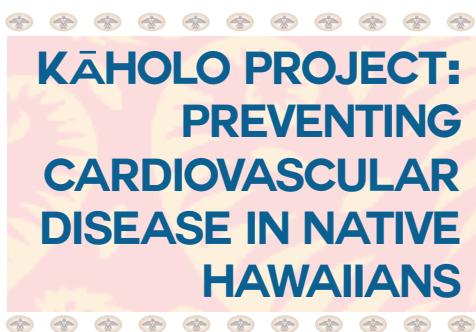
1. Significant differences in perceived food environments;
2. Frequent shoppers noticed signs and purchased fruits and vegetables;
3. Signs used traditional language in marketing;
4. Improved objective and perceived measures of tribal food environments;
5. A stronger relationship developed between the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

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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.



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.

FEATURED WORK

Jernigan, V. B. B., Salvatore, A. L., Williams, M., Wetherill, M., Taniguchi, T., Jacob, T., ... & Noonan, C. (2019). A healthy retail intervention

in Native American convenience stores: The THRIVE community-based participatory research study. *American Journal of Public Health, 109*, 132-139. doi: 10.2105/AJPH.2018.304749

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.



Joseph Keawe'aimoku Kaholokula, PhD.^a Ethnic/cultural affiliation: Kanaka Maoli (Native Hawaiian) (PI)

Investigators:

Mele Look, MBA ^{a, b}

Tricia Mabellos, DrPH ^a

Hyeong Jun Ahn, PhD ^b

Thomas Wills, PhD ^{a, c}

Todd Seto, MD ^{a, d}

Ka'imi Sinclair, MPH, PhD ^e

Māpuana de Silva ^f

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^b Department of Quantitative Health Sciences, John A. Burns School of Medicine, University of Hawai'i at Mānoa, Honolulu, HI

^c Cancer Prevention in the Pacific Program, University of Hawai'i Cancer Center, Honolulu, HI

^d The Queen's Medical Center, The Queen's Health Systems, Honolulu, HI

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^f Hālau Mōhala 'Ilima, Ka'ōhao, HI

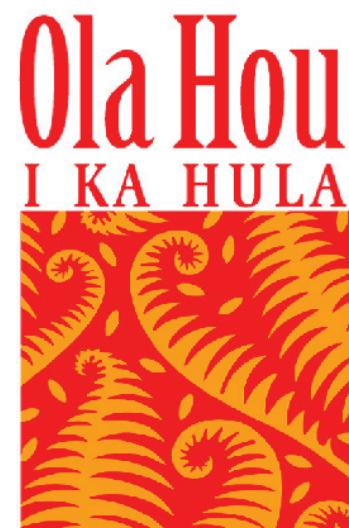
Period of performance: April 2015 - January 2020

Funding agency: National Heart, Lung, and Blood Institute



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;



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KĀHOLO PROJECT: PREVENTING CARDIOVASCULAR DISEASE IN NATIVE HAWAIIANS

(Continued from page 6)

FEATURED WORK

4. The program was extremely popular with a retention rate of 83%, which is very high considering the rigors of a clinical trial; and
5. A statistically significant lowering of risk for cardiovascular disease in the Ola Hou group.

Kaholokula, J. K., Look, M., Wills, T. A., de Silva, M., Mabellos, T., Seto, T. B., ... & Buchwald, D. (2017). KA-HOLO Project: A protocol for a randomized controlled trial of a native cultural dance program for cardiovascular disease prevention in Native Hawaiians. *BMC Public Health, 17*, 321. doi: 10.1186/s12889-017-4246-3

Kaholokula, J.K., Mabellos, T.M., Choi, S.-Y., Seto, T.B., Wills, T., de Silva, M., Dillard, A., Gonsalves, J., Austin

Seabury, A.A., Vegas, J.K., Haumea, S.L., Palakiko, D.-M., & Look, M.A. (2019). A cultural dance program proves efficacious for hypertension control: A randomized controlled trial. *Hypertension, 74(Suppl 1)*, P3054). https://doi.org/10.1161/hyp.74.suppl_1.P3054



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.

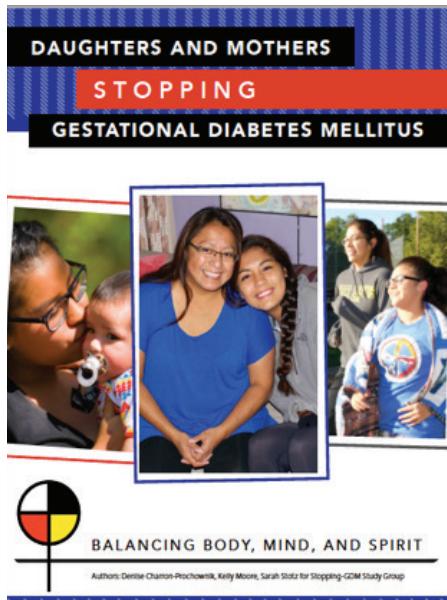




SUPPORTING AI/AN MOTHERS AND DAUGHTERS IN REDUCING GESTATIONAL DIABETES RISK: STOPPING GESTATIONAL DIABETES MELLITUS IN DAUGHTERS (STOPPING GDM)

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

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Denise Charron-Prochownik, PhD, RN, CPNP, FAAN, University of Pittsburgh, School of Nursing, Graduate School of Public Health (PI)

Academic/Community Partners:

Indian Health Care Resource Center of Tulsa, Tulsa, OK

Northern Navajo Medical Center, Shiprock, NM

Portland State University, Portland, OR/Native American Youth and Family Center, Portland, OR

Saint Regis of Mohawk Diabetes Center for Excellence, Akwesasne, NY

University of Oklahoma Harold Hamm Diabetes Center, Tulsa, OK/Cherokee Nation of Oklahoma

Denver Indian Health and Family Services, Denver, CO/Denver Indian Center, Denver, CO

Period of performance: August 2015 - April 2020

Funding agency: National Institute of Nursing Research

FEATURED WORK

Moore, K., Stotz, S., Nadeau, K. J., Terry, M. A., Garcia-Reyes, Y., Gonzales, K., Charron-Prochownik, D. (2019). Recommendations from American Indian and Alaska Native adolescent girls for a community-based gestational diabetes risk reduction and reproductive health education program. *Research Journal of Women's Health*, 6(1). doi: 10.7243/2054-9865-6-1.

Stotz, S. A., Charron-Prochownik, D., Terry, M. A., Gonzales, K., Moore, K., & Stopping GDM Study Group. (2019). Reducing risk for gestational diabetes mellitus (GDM) through a preconception counseling program for American Indian/Alaska Native girls: Perceptions from women with type 2 diabetes or a history of GDM. *The Diabetes Educator*, 45, 137-145. doi: 10.1177/0145721718821663.



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/cdtr/Pages/Webinars.aspx>.

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





COMMUNITY INTERVENTION TO REDUCE TOBACCO USE AMONG PREGNANT ALASKA NATIVE WOMEN



RESEARCH HIGHLIGHTS

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

Mayo Clinic, Rochester, MN

- Dr. Christi Patten (PI)
- Christine Hughes (Program Manager)
- Paul Decker (Biostatistician)

University of Minnesota, Minneapolis, MN

- Dr. Harry Lando (Co-Investigator)

Consultants

- Dr. Kenneth Resnicow, University of Michigan, Ann Arbor, MI
- Dr. Linda Burhansstipanov, Native American Cancer Research Center, Pine, CO

Community partners

- Yukon Kuskokwim Health Corporation (YKHC), Bethel, AK
- Chris Desnoyers, Dr. Joseph Klejka, and Rahnia Boyer (Co-Investigators)
- Lucinda Alexie and Agnes Roland (Study Coordinators)
- Mary Kailukiak and Sara Riley (Native Sisters/Health Educators)

Period of performance: July 2013 - August 2020

Funding agency: National Cancer Institute

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.



NATIVE SISTERS

A STUDY ON HEALTHY
PREGNANCIES

FEATURED WORK

Patten, C. A., Lando, H., Desnoyers, C. A., Barrows, Y., Klejka, J., Decker, P. A., ... & Burhansstipanov, L. (2019). The Healthy Pregnancies Project: study protocol and baseline characteristics for a cluster-randomized controlled trial of a community intervention to reduce tobacco use among Alaska Native pregnant women. *Contemporary Clinical Trials*, 78, 116-125. doi.org/10.1016/j.cct.2019.01.012

Patten, C. A., Lando, H. A., Desnoyers, C. A., Klejka, J., Decker, P. A., Bock, M. J., ... Burhansstipanov, L. (2019). Association of tobacco use during pregnancy, perceived stress, and depression among Alaska Native women participants in the Healthy Pregnancies Project. *Nicotine & Tobacco Research*, ntz189. doi:10.1093/ntr/ntz189

Healthy Pregnancy Study Update

Thank You!

We would like to sincerely thank you for your participation in the Healthy Pregnancies study. This study aims to help women in the YK Delta region to have healthy pregnancies. Sixteen villages and 352 Alaska Native women are participating. We appreciate the time you are taking to complete surveys.

Special points of interest:

- Thank you for your participation
- Introduce the study team
- Describe study progress
- Next steps



With your participation we will learn about what helps women to have healthier pregnancies.



The Mayo Clinic team is made up of Dr. Christi Patten, principal investigator, and Dr. Kenneth Resnicow, and Dr. Linda Burhansstipanov. We have a community advisory board who give input to the team on the study.

Study Team

At YKHC the team is made up of Dr. Christi Patten, study coordinator, and Dr. Kenneth Resnicow, and Dr. Linda Burhansstipanov. We have a community advisory board who give input to the team on the study.

Thank you for your participation! You are making a difference.



HEALING SEASONS: PREVENTING HIV AMONG NATIVE AMERICANS THROUGH THE TREATMENT OF PTSD & SUBSTANCE USE



Cynthia Pearson, PhD (Co-PI)

Debra Kaysen (Co-PI)

Kathy Saluskin MSW (Site PI, Yakama)

Community partners: Confederated Tribes and Bands of the Yakama Nation
– Behavioral Health program

Period of performance: September 2016 - June 2021

Funding agency: National Institute on Minority Health and Health Disparities

RESEARCH HIGHLIGHTS

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.

Pearson, C. R., Smartlowit-Briggs, L., Belcourt, A., Bedard-Gilligan, M., & Kaysen, D. (2018). Building a tribal-academic partnership to address PTSD, substance misuse, and HIV among American Indian women. *Health Promotion Practice*, 20, 48-56. doi: 10.1177/1524839918762122



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,

Judith J. Prochaska, PhD, MPH, Stanford Prevention Research Center (PI)

Neal Benowitz, MD, University of California School of Medicine (PI)

Matthew Schnellbaecher, MD, Alaska Native Medical Center (PI)

Jordan Skan, MS, (Tlingit) Alaska Native Medical Center (Diversity Supplement PI)

Maria Crouch, MS, (Deg Hit'an Athabascan) Alaska Native Medical Center (Diversity Supplement PI)

Community Partner: Norton Sound Health Corporation (NSHC)

Period of performance: April 2014 - June 2020

Funding agency: National Heart, Lung, and Blood Institute



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

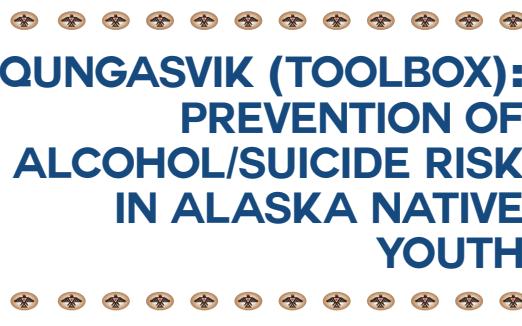
Crouch, M. C., Skan, J., David, E. J. R., Lopez, E. D. S., & Prochaska, J. J. (In press). Indigenizing quality of life: The Goodness of Life for Every Alaska Native research study. *Applied Research in Quality of Life*.

Prochaska, J. J., Epperson, A. E., Skan, J., Oppenzo, M., Barnett, P., Delucchi, K., Schnellbaecher, M., & Benowitz, N. L. (2018). The Healing and Empowering Alaskan Lives Toward Healthy-Hearts (HEALTHH) Project: Study protocol for a randomized controlled trial of an intervention for tobacco use and other cardiovascular risk behaviors for Alaska Native People. *Contemporary Clinical Trials*, 71, 40-46. doi: 10.1016/j.cct.2018.06.003



Research team with U.S. Surgeon General Jerome Adams





QUNGASVIK (TOOLBOX): PREVENTION OF ALCOHOL/SUICIDE RISK IN ALASKA NATIVE YOUTH

RESEARCH HIGHLIGHTS

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.



Stacy Rasmus, PhD, University of Alaska Fairbanks Center for Alaska Native Health Research (CANHR) (PI)

James Allen, PhD, University of Minnesota Medical School, Duluth Campus (PI)

Billy Charles, University of Alaska Fairbanks, Center for Alaska Native Health Research (CANHR) (Community Co-I)

Community partners: Alakanuk, Hooper Bay, Emmonak, Toksook Bay, Scammon Bay

Period of performance: August 2015 - July 2020

Funding agencies: National Institute on Alcohol Abuse and Alcoholism, with co-funding from the National Institute on Drug Abuse, and the Institutional Development Award (IDeA) program

Project accomplishments to date include:

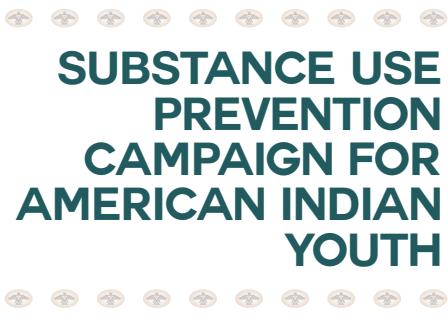
1. Development and validation of culturally based, strengths-based measures for outcomes, including a measure specific to prevention of suicide risk, reported in five peer reviewed articles.
2. Elaboration of an Indigenous model of protection, theory of change, and implementation model reported in four 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

Allen, J., Rasmus, S. M., Fok, C. C. T., Charles, B., Henry, D., & Qungasvik Team. (2018). Multi-level cultural intervention for the prevention of suicide and alcohol use risk with Alaska Native youth: A nonrandomized comparison of treatment intensity. *Prevention Science*, 19, 174–185. doi: 10.1007/s11121-017-0798-9

Rasmus, S. M., Trickett, E., Charles, B., John, S., & Allen, J. (2019). The Qasgiq Model as an Indigenous intervention: Using the cultural logic of contexts to build protective factors for Alaska Native suicide and alcohol misuse prevention. *Cultural Diversity & Ethnic Minority Psychology*. 25(1), 44–54. doi: 10.1037/cdp0000243



SUBSTANCE USE PREVENTION CAMPAIGN FOR AMERICAN INDIAN YOUTH



RESEARCH HIGHLIGHTS

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

Colorado State University

- Kathleen J. Kelly, PhD (PI)
- Linda R. Stanley, PhD (PI)
- Randall C. Swaim, PhD (PI)

Community partners:

Five schools on five reservations in the Northern Plains and Southwest

Period of performance: April 2014 - February 2020

Funding agency: National Institute on Drug Abuse

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

Crabtree, M. A., Stanley, L. R., & Swaim, R. C. (2020). The role of future orientation and self determination on American Indian adolescents' intentions to use alcohol and marijuana. *Prevention Science*. Advance online publication. doi: 10.1007/s11121-020-01104-8



Stanley, L. R., Kelley, K. J., Swaim, R. C., & Jackman, D. (2018). Cultural adaptation of the Be Under Your Own Influence media campaign for middle-school American Indian youth. *Journal of Health Communication*, 23(12), 1017-1025. doi: 10.1080/10810730.2018.1536730



YAPPALLI: CHOCTAW ROAD TO HEALTH



RESEARCH HIGHLIGHTS

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

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Michelle Aihina iki^sh Holhpokunna Johnson-Jennings, Ph.D., (Choctaw Nation of Oklahoma), Co-PI; Indigenous Studies and Community Health and Epidemiology in Medicine, College of Arts and Sciences, University of Saskatchewan

Sandra Ohoyo yvt Hasnakaya Maiya Stroud, B.A. Choctaw Nation of Oklahoma), Project Director, site Co-PI; Choctaw Nation Health Services Authority, Durant, Oklahoma

Community Partner: Choctaw Nation Health Services Authority, Durant, Oklahoma (Kristie Brooks, M.S., site PI)

Period of performance: June 2014 - May 2020

Funding agency: National Institute on Drug Abuse

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YAPPALLI

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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, on-

line 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

Schultz, K., Walters, K. L., Beltran, R., Stroud, S., & Johnson-Jennings, M. (2016). "I'm stronger than I thought": Native women reconnecting to body, health, and place. *Health & Place*, 40, 21–28. doi: 10.1016/j.healthplace.2016.05.001

Walters, K. L., Johnson-Jennings, M., Stroud, S., Rasmus, S., Charles, B., John, S., . . . & Boulafentis, J. (2020). Growing from our roots: Strategies for developing culturally grounded health promotion interventions in American Indian, Alaska Native, and Native Hawaiian Communities. *Prevention Science*, 21(Suppl 1), 54–64. doi:10.1007/s11121-018-0952-z



'GOT NEQIAQ?' BACK TO BASICS: ADDRESSING CHILDHOOD OBESITY THROUGH TRADITIONAL FOODS IN ALASKA

RESEARCH HIGHLIGHTS

The specific aims of this study include increasing the proportion of nutrient-dense traditional and non-traditional foods consumed, decreasing consumption of sugar-sweetened beverages, and reducing the proportion of Yukon-Kuskokwim children age 3-5 years in Rural CAP Head Start who are $\geq 95^{\text{th}}$ percentile for height/weight.

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 dietitian 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

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'GOT NEQIAQ?'

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data collection. Formative phase included focus group discussions and key informant interviews with parents, Elders, and store owners. Discussions addressed the barriers and enablers to traditional food consumption.

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.



EVALUATION OF AN OPTIMIZED INTERVENTION TO PREVENT EARLY SUBSTANCE USE AMONG AMERICAN INDIAN YOUTH: EXAMINATION OF EXPANDED IMPACTS ON YOUTH AND PARENTS - THIWÁHE GLUWÁŠ'AKAPI-

RESEARCH HIGHLIGHTS

With earlier IRINAH funding (R01DA035111; Whitesell, PI) we completed an intensive community-engaged process to rigorously adapt the Strengthening Families Program for Parents and Youth 10-14 for the cultural context of a Northern Plains AI community. This process created a program optimized for AI families, Thiwáhe Gluwáš'akapi (TG, sacred home in which family is made strong). In the optimization trial, we found preliminary evidence of positive outcomes for both parents and youth participating in TG.

These outcomes included increased parent-child communication (both general and specifically about substance use rules and values), more consistent discipline, improved family cohesion, increased youth well-being, and better substance use refusal skills. In the current IRINAH study (R37DA047926), we will



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

Ivanich, J., Mousseau, A. C., Walls, M., Whitbeck, L., & Whitesell, N. R. (2020). Pathways of adaptation: Two case studies with one evidence-based substance use prevention program tailored for Indigenous youth. *Prevention Science, 21(Suppl. 1)*, 43–53. doi: 10.1007/s11121-018-0914-5

Whitesell, N. R., Mousseau, A. C., Keane, E. M., Asdigian, N. A., Tuitt, N., Morse, B., ... & Kaufman, C. E. (2019). Integrating community-engagement and a multiphase optimization framework: Adapting substance use prevention for American Indian families. *Prevention Science, 20(7)*, 1136–1146. doi: 10.1007/s11121-019-01036-y





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-

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

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

Moore, R.S., Gilder, D.A., Grube, J.W., Lee, J.P., Geisler, J.A., Friese, B., ... & Ehlers, C.L. (2018). Prevention of underage drinking on California Indian reservations Using individual- and community-level approaches. *American Journal of Public Health*, 108 (8):1035-1041.

Gilder, D.A., Geisler, J.R., Luna, J.A., Calac, D., Monti, P.M., Spillane, N.S., ... & Ehlers C.L. (2017). A pilot randomized trial of Motivational Interviewing compared to Psycho-Education for reducing and preventing underage drinking in American Indian adolescents. *Journal of Substance Abuse Treatment*, 82:74-81.

