

# NCRE 2019



## Presentation Abstracts

**Allison-Burbank, Joshua**

University of Kansas Medical Center

**Ivarene Hurtado, I., Elliott, C., & Summers, D.**

**Early Language and Literacy Development in American Indian Children in Kansas: A Study of Kindergarten Readiness**

Poster Presentation

Poster 2.5

Friday 12:30-1:25

Grand Ballroom I

American Indian (AI) children experience higher rates of specific learning disabilities, including reading disability, during the elementary school years compared to other children in the United States (Alliance for Excellent Education, 2008; Collier, 2011). AI children enrolled in Region XI Head Start Programs, which consists of Tribal Head Start programs, are performing lower than children in other Head Start Programs in the areas of language, math, and early literacy based on the 2015 Fall AI/AN FACES study (Barofsky et al, 2018; Aikens, et al, 2017). This means that learning disability risk for AI children is present in the preschool years and warrants innovative responses from tribal early childhood programs to respond to these early signs of academic difficulty. A cross-sectional study was conducted during summer 2019 to examine important kindergarten readiness skills, including phonological awareness, language, and vocabulary in AI children from a federally recognized tribe in northeast Kansas. The test battery included static assessments from the 2015 Fall AI/AN FACES study supplemented by the Clinical Evaluation of Language Fundamentals – 2<sup>nd</sup> Edition, Preschool (CELF-P2; Wiig, Secord, & Semel, 2004) and the Predictive Early Assessment of Reading and Language (PEARL; Petersen & Spencer, 2014). Both the CELF-P2 and PEARL have been utilized recently with AI children and have been shown to provide a valid portrayal of language and phonological awareness skills. This study also evaluated relationships between cultural (e.g., cultural events) and home practices (e.g., daily literacy habits) and language and early literacy skill ability. The targeted sample was 15-20 AI caregiver and child dyads and children were eligible to start kindergarten in August 2019. Preliminary findings from this study will be presented.

**Around Him, Deana**

Child Trends

**Whitesell, N., Poes, M., Atukpawu-Tipton, G., & Kane, M.**

**Building Synergy across MUSE and HARC: Lessons from Tribal and Precision Home Visiting Research and Evaluation**

Paper Presentation

Session 3.2

Thursday 2:45-3:45

Colorado Ballroom I

The Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE) and the Home Visiting Applied Research Collaborative (HARC) formed following a renewed interest in home visiting research and evaluation ushered in by Congress' 2010 funding of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MUSE aims to articulate and test a conceptual model of home visiting in tribal communities, describing the influences shaping program planning and how programs are being implemented, and exploring what supports home visiting implementation in these contexts. HARC aims to expand the use of precision home visiting research nationwide to strengthen and broaden the impact of home visiting by using innovative research to differentiate the elements of home visiting that work best for diverse groups of families in diverse contexts. Broadly, this session will present an overview of each initiative and highlight new tools and resources. In addition, attendees will have an opportunity to offer feedback on emerging tools and be able to reflect on the intersections and opportunities to collaborate across the projects. Specifically, attendees will receive an update from MUSE and learn how its commitment to full participation of Tribal MIECHV grantees has driven the project's

design and progress. Next, attendees will learn how HARC encourages research in home visiting that explicitly defines and measures active ingredients, mediators, and moderators; efficiently tests program and research questions using innovative methods; and forms broad-based partnerships. HARC presenters will share tools and resources that promote this approach and lead a discussion of family engagement in research to support the development of a new toolkit. To close, presenters will reflect on lessons learned across projects and engage attendees in a discussion of how these projects may inform and support their work. Our goal is that attendees will apply this content more broadly within Tribal research, evaluation, and home visiting.

**Barofsky, Meryl**

Administration for Children and Families, Office of Planning, Research, and Evaluation

**Hoard, L., Walker, A., Bernstein, S., Malone, L., & the American Indian and Alaska Native Family and Child Experiences Survey Workgroup**

**Findings from the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AI/AN FACES) 2015 and Updates on AI/AN FACES 2019**

Paper Presentation                      Session 2.2                      Thursday 1:30-2:30                      Colorado Ballroom I

The American Indian/Alaska Native Head Start Family and Child Experiences Survey 2015 (AI/AN FACES 2015) was the first national study of Region XI AI/AN Head Start children, families, classrooms, and programs. Its design, execution, and dissemination was determined in consultation with a workgroup made up of Region XI Head Start directors, researchers, and federal staff. This presentation will include select findings from the 2015 study and updates on the plans for AI/AN FACES 2019 which will start collecting data in Fall 2019.

**Christensen Fullmer, Amber**

University of Alaska, Anchorage

**Intimate Partner Violence (IPV) in Alaska: A Focus on Perpetrators of IPV Using a Culturally-Competent Response**

Paper Presentation                      Session 2.3                      Thursday 1:30-2:30                      Colorado Ballroom II

Alaska is one of the most culturally diverse states in the United States of America. It is home to many tribes of indigenous peoples as well as a significant immigrant population representing virtually every culture on earth. Alaska also has the dubious honor of having the highest rate of intimate partner violence (IPV) and sex assault several years running. The rate of intimate partner violence and sex assault is significantly higher in Alaska's indigenous populations. The social, justice and correctional systems are failing to address the causative factors of IPV in the scope of perpetrator motivations. Little work is being conducted in a proactive, preventive arena – further entrenching harmful norms and values in our unique populations. This presentation will focus on identifying causative factors unique to IPV in indigenous populations. The concentration will be perpetrator traits, behaviors and causative factors in context of culturally diverse populations with emphasis on indigenous populations. An exploration of perpetrator identification, education, intervention and treatment modalities using an evidence-based, multi-disciplinary, culturally competent approach. Exploration of successful models in reducing recidivism in IPV in indigenous populations will be conducted. Intergenerational trauma and harm-reduction models with an emphasis on cultural norms and values will be explored.

**Clifford, Carrie (Fullbright Scholar)**

**Revitalising Indigenous Knowledge and Practices to Promote Health and Wellbeing: A Māori Perspective from New Zealand**

Paper Presentation                      Session 5.1                      Friday 1:30-2:30                      Evergreen I

This presentation offers an introduction to Māori language and culture, and an overview of the history of Māori in Aotearoa (New Zealand). Doctoral research examining the use of pūrākau (Māori narratives, storytelling) in mental health settings when working with young people will be reviewed as will the key role that revitalising cultural practise, such as storytelling, plays in promoting and maintaining wellbeing. This presentation will explore the therapeutic benefits of storytelling – a key part of oral indigenous cultures. Themes from recent interviews with mental health professionals across Aotearoa (New Zealand) about their use of Māori storytelling in mental-health settings will be shared, along with perspectives on the opportunities and challenges in this space, as well as opinions surrounding successfully integrating

pūrākau in mental health settings. The key outcome from this work is to promote and revitalise Māori approaches to health and wellbeing and advocate for the inclusion of such approaches in health settings and associated training programmes – this an essential step in decolonising our health systems and interactions with clients, to best enhance the wellbeing of our people.

**Cole, Ashley (NCRE Scholar)**

Oklahoma State University

**Clawson, A.**

**Tobacco Use Trajectories among American Indian Adolescents and Young Adults**

Paper Presentation                      Session 1.2a                      Thursday 10:45-11:45                      Colorado Ballroom I

Despite overall decreases in U.S. smoking rates over the past 50 years, American Indians (AIs) exhibit some of the highest smoking rates of all ethnic/racial groups. After examining tobacco use by age, 18.7% of AI high school students currently smoke, which is the highest smoking prevalence rate among high school students across ethnicity/race. Quit rates are lower in this population compared to other ethnic/racial groups, which may be due to earlier smoking initiation among AI youth. Explanations for earlier smoking initiation among AI youth include parental tobacco use (i.e., intergenerational transmission of tobacco use) and personal mental health symptoms. The present study aims to examine tobacco use trajectories and mental health correlates using data from the National Longitudinal Study of Adolescent Health (Add Health), which followed a nationally representative sample, including 337 AI youth and young adults, from ages 11-17 to 26-34 over four waves. Growth mixture models are used to examine smoking trajectories. Results will reveal classes of longitudinal patterned smoking behaviors among AIs. The present study also examines predictors of smoking trajectory classes, including demographic variables (e.g., age, sex, income, health insurance status), family variables (e.g., parental smoking, number of household smokers), peer smoking, and child mental health symptoms (e.g., baseline depressive symptoms and delinquency). Understanding patterns of smoking onset and duration, as well as smoking abstinence, in AI adolescents and young adults can inform existing, as well as the development of future, culturally-relevant smoking cessation interventions for AIs.

**Coser, Asheigh (NCRE Scholar)**

University of Oklahoma Health Sciences Center

**To Adapt, or Not to Adapt, That is the Question: Considering Implications to Adapting Evidence-Based Interventions for Tribal Communities**

Paper Presentation                      Session 2.1                      Thursday 1:30-2:30                      Evergreen I

Historically, there have been ongoing discussions among tribal communities, professionals, and mental health organizations centered on the question of whether current evidence-based interventions and treatment need adaptations to improve mental health outcomes among American Indian communities. Continued efforts to address these questions have resulted in the development of interventions for the general AI community and specific communities, the use of traditional standard protocols, and/or limited use of evidence-based treatments. Consequently, mental health services delivered in tribal communities may be highly variable from one community to another and the effectiveness of services relatively unknown. The consideration of treatment adaptations in addressing mental health and behavioral concerns is a fragment of a larger issue in reducing mental health disparities among tribal communities. The current presentation will explore published outcome data related to adaptations and modifications of evidence-based interventions among American Indian and other ethnic minority communities. Questions surrounding the efficacy of adaptations/modifications, long-term effectiveness, and comparison to standard treatment protocols will be examined and explored. Attendees will be invited to engage in a discussion of necessary components that help to inform treatment.

**Dayton, Andrew**

University of California, Santa Cruz

**Rogoff, B.****Indigenous Collaboration across Timescales**

Paper Presentation

Session 3.4

Thursday 2:45-3:45

Colorado Ballroom III

This presentation examines ways of interacting in Indigenous families. Recent studies find that fluid collaboration as an ensemble is an approach to interaction that may be more prevalent in Indigenous and Indigenous-heritage families and communities of the Americas (Correa-Chávez, Mejía-Arauz, & Rogoff, 2015; Dayton & Rogoff, 2016; Rogoff, 2014). Fluid collaboration occurs when participants establish the pace of shared activity mutually, with their moves flexibly adjusted and responsive to one another and to the demands of their shared endeavors. Two studies will be discussed that deepen the understanding of fluid collaboration. First, fluid collaboration at a timescale of fractions of seconds were observed. Guatemalan Mayan families were found to engage in fluid collaboration when exploring novel objects together more frequently than their European American middle-class counterparts (Dayton, Aceves-Azuara, & Rogoff, 2018). The fluidity of the Mayan family interactions was visible/codable at a scale of 200 microseconds per segment. These results comport with previous descriptions of collaboration in the organization and processes of children's collaboration at larger timescales in various Indigenous communities in the Americas. Ongoing research with Cherokee enclaves in Northeastern Oklahoma will be discussed, building on earlier descriptions of collaborative processes by Cherokee anthropologist Robert K. Thomas (1993). His observations and other ethnographic studies lead to the hypothesis that Cherokee children from these enclaves will engage in fluid collaboration at a microscale, especially if their families engage in flexible collaboration in the community.

**Denmark, Nicole**

Administration for Children and Families

Office of Planning, Research and Evaluation

**Beltangady, M. & Meyer, A.****Building a Learning Agenda for Tribal Home Visiting**

Paper Presentation

Session 1.3

Thursday 10:45-11:45

Colorado Ballroom II

In this session, ACF efforts to expand the evidence base around home visiting interventions in American Indian/Alaska Native communities will be described. Presenters will describe three ongoing learning activities; 1) supporting collaborative grantee-led evaluations; 2) leading the multi-site implementation evaluation of tribal home visiting; and 3) engaging grantees in the Continuous Quality Improvement Collaborative (adapted from the Breakthrough Series Collaborative model). Presenters will then lead the audience in a discussion around information needs from the field that can help inform the ongoing Learning Agenda.

**Elm, Jessica (NCRE Scholar)**

Johns Hopkins University

**Addressing Shortcomings of the Conventional ACEs Index in Relation to American Indian Health Inequities Research and Practice**

Paper Presentation

Session 3.1a

Thursday 2:45-3:45

Evergreen I

Over the past decade, adverse childhood experiences (ACEs) research has extended globally, driven policy agendas, and meaningfully contributed to service delivery planning (e.g., trauma-informed care). Despite the widespread recognition of ACEs influence on life course health, almost no research has interrogated the relevance of the conventional ACEs index (i.e., the Kaiser/CDC ACEs studies) in relation to extreme health disparities in Indian Country. This presentation summarizes limitations of the conventional ACEs index and begins to address concerns regarding the use of the conventional ACEs index in Indigenous population research. Empirical findings from two Indigenous samples that address five key domains relevant to understanding ACEs in Indigenous communities will be discussed. First, an ACEs construct using additional variables, not included in the conventional ACEs index will be discussed. Next, the clustering of ACEs using an expanded assessment of ACEs will be presented. Also, data on timing (age of first exposure/developmental stage), frequency, and

severity of ACEs will be shared. These dimensions will be examined in relation to a variety of mental health and behavioral outcomes that are critical in understanding Native health inequities. Health services, governance, and research implications will be considered. Examples of novel tribally-driven approaches for addressing ACEs and strengthening resilience will be provided.

**Hanson, Jessica**

University of Minnesota Medical School, Duluth Campus

**Use of the ORBIT Model to Outline Fetal Alcohol Spectrum Disorder Prevention Efforts with American Indian Communities**

Paper Presentation

Session 3.3

Thursday 2:45-3:45

Colorado Ballroom II

Drinking alcohol during pregnancy has the potential to cause negative outcomes in the developing fetus, including fetal alcohol spectrum disorders (FASDs), the umbrella term describing the range of diagnoses related to prenatal alcohol exposure. There have been a wide variety of efforts to prevent FASDs, including educational/media campaigns and case management efforts with highrisk, pregnant women. Within the past 20 years, the focus has shifted to working with preconceptual women using a dual-behavioral approach to reduce risky drinking and prevent unintended pregnancy. Many of these preconceptual health efforts work collaboratively with Indigenous communities, including American Indian, Alaska Native, First Nations, and Aboriginal communities. The goal of the presentation is to outline the broad spectrum of research in the preconceptual prevention of alcohol-exposed pregnancies with Indigenous communities by using the Obesity-Related Behavioral Intervention Trials (ORBIT) model as a guide. The presentation will outline specific research on FASD prevention with American Indian and Alaska Native communities in the Northern Plains and highlight what does and does not work with these community-based, public health programs. In addition, the audience will discuss opportunities for future research, including eHealth and web-based interventions; utilization of social support concepts in prevention; and dissemination and implementation research in tribal communities.

**Hautala, Dane**

University of Minnesota Medical School, Duluth Campus

**Walls, M.**

**Latent Trajectories and Profiles of Commercial Cigarette Smoking From Adolescence to Young Adulthood among North American Indigenous People**

Paper Presentation

Session 2.4

Thursday 1:30-2:30

Colorado Ballroom III

Indigenous youth show disparate rates of commercial cigarette use, which remains stable through adulthood. Despite this, few longitudinal studies exist that examine the course of cigarette smoking across multiple developmental periods. The purpose of this study was to examine prospective longitudinal trajectories of cigarette smoking frequency from early-adolescence (ages 10-12) to young-adulthood (24-27) among a sample of Indigenous people in the upper-Midwest of the United States and Canada. At ages 24-27, nearly two-thirds reported any smoking, and half reported daily or near daily smoking. Using latent class growth modeling, five trajectory groups emerged: (1) no/low-probability smoking, (2) adolescence limited, (3) early-onset, (4) mid-adolescent onset, and (5) late-adolescent onset. These latent trajectory groups varied by early-adolescent and young adult demographics, and current smoking characteristics. The results point to ways in which targeted public health strategies can be developed and implemented.

**Herman, Kaley**

University of Minnesota Medical School, Duluth campus

**The Long-term Resonance of Benevolent Childhood Experiences among Indigenous Young Adults**

Poster Presentation

Poster 2.1

Friday 12:30-1:25

Grand Ballroom I

Experiences in childhood have important impacts throughout the life course. Research with Indigenous communities has demonstrated the detrimental impacts of historical and intergenerational trauma and resulting Adverse Childhood Experiences (ACEs) that drive negative health and behavioral outcomes in adulthood. The concept of Benevolent Childhood Experiences (BCEs) provides an alternative opportunity to assess positive early life experiences and the impact

these experiences may have on wellbeing. The purpose of this study is to examine how BCEs impact Indigenous young adults' wellbeing. Participants are from the Healing Pathways (HP) Study, a longitudinal, community-based participatory research panel study with Indigenous families. The baseline (2002) HP sampling procedure involved contacting all families with a tribally enrolled adolescent aged 10-12 living on or within 50 miles of the reservations/reserves. Trained interviewers contacted participants and completed survey interviews annually from 2002 – 2010 (average adolescent age 11 – 18), then re-contacted participants in 2017 when the average age was 26 years. Data for the current analyses are derived from the 453 young adult participants interviewed at wave 9 of the study (2017 – 2018). Participants reported very high endorsement of BCE items, with 87% of the sample reporting that they had experienced six or more out of seven BCEs. We will present additional multivariate findings to explore dosage effects of increasing positive returns with accumulating BCEs and the stress-buffering effects of BCEs. Benevolent Childhood Experiences may be an important factor in wellbeing in early adulthood. High endorsement of BCE items can shift the too common, deficits-based narrative about Indigenous families by demonstrating overwhelmingly positive childhood experiences for the majority of participants.

**Hirshberg, Diane**

University of Alaska, Anchorage

Center for Alaska Education Policy Research at ISER

**Suralta, B. & Harvey, H.**

**Building More Culturally Responsive Early Learning Settings for Indigenous Children in Alaska: Initial Work of the Improving Childcare Outcomes Research Project**

Paper Presentation

Session 5.2

Friday 1:30-2:30

Colorado Ballroom I

The Improving Childcare Outcomes Research (ICOR) project is a Child Care and Development Block Grant (CCDBG) Implementation Research and Evaluation Grant initiative, funded by the Administration for Children and Families Office of Planning, Research and Evaluation. ICOR aims to create and evaluate professional development (PD) that strengthens the culturally responsive practice of educators providing early childcare (0-2) and Early Head Start services to low-income Alaska Native/American Indian families in Anchorage. As part of this effort, ICOR includes the development of standards, indicators, and evidence for culturally responsive practice in an early learning environment adapted from the Alaska Cultural Standards for Educators, which are written for K-12 educators. In this presentation we first will share findings from surveys and focus groups with parents served by Cook Inlet Tribal Council (CITC) on what they want in the care provided to their children, as well as a survey of childcare providers for CITC clients on the kinds of culturally responsive practices they use as well as the support they need to strengthen their practice. We then will share our draft adaptation of the Alaska Cultural Standards for Educators to early learning settings, including our rubrics for assessing proficiency in the standards, and our plans for assessing educators pre- and post- the professional development intervention. This is a work in progress and we are seeking input and feedback on this work.

**Hunter, Amanda (NCRE Student Scholar)**

University of Arizona

**The Effectiveness of Culturally-based After-school Programs on Health and Developmental Strengths among Indigenous Youth: A Systematic Review**

Poster Presentation

Poster 1.2

Thursday 12:30-1:25

Grand Ballroom I

When compared to the general population, Indigenous youth experience disparities in health and education that can lead to long term hardships and poor health. Participation in afterschool programs (ASPs) has proven to improve youth health and wellbeing in the general population and Indigenous youth that remain culturally engaged experience improved health and academic outcomes. However, there is a dearth of literature that evaluates the outcomes of recent culturally-based ASPs for Indigenous youth. The aim of this review was to identify culturally-based ASPs for Indigenous youth in recent literature and to assess the reported health and developmental outcomes of identified programs. The following questions were addressed: Have culturally-based ASPs been successful in improving the health and development of Indigenous youth? What outcomes have culturally-based ASPs been measuring to evaluate their programs? A literature search was conducted using predetermined terms in 4 databases. The study selection criteria included a focus on Indigenous youth (ages 5-18) and participation in a culturally based ASP. "Culturally-based" was determined by study description in the title,

abstract, or introduction. Results. 10 manuscripts representing 10 different ASPs met the inclusion criteria and were included in this review. Evaluated outcomes include substance abuse, self-constructs, and cultural identity. The results of the review suggest that culturally-based ASPs can positively impact outcomes related to substance abuse and developmental strengths. Program coordinators can find valuable implications for practice including the use of community advisory boards to ensure feasibility and sustainability of ASPs. Future research should focus on using standard outcome measures for substance abuse and should record stronger measures of academic and health outcomes.

**lisa, Erika**

University of Colorado Anschutz Medical Campus

Colorado School of Public Health

Abdel-Maksoud, M., Windsor, W.J., & Steinberg, R.

**Exploration of Regional Disparities in Preterm Birth Outcomes among American Indian and Alaska Native Women in Colorado**

Poster Presentation

Poster 2.2

Friday 12:30-1:25

Grand Ballroom I

American Indian/Alaskan Native (AI/AN) women are at higher risk of preterm birth than most other racial groups. The association between region of maternal residence and preterm birth among AI/AN women in Colorado has never been examined. A retrospective cohort study was conducted using all live singleton births to AI/AN women from the Colorado Department of Public Health and Environment (CDPHE) Colorado Birth Certificate Data Registry from 2007-2017. Cohorts of AI/AN births were defined by region of maternal residence to compare the difference in preterm birth risk between those living in reservation counties and those living in non-reservation counties. Adjustment was made for sociodemographic, economic, behavioral, and maternal health risk factors. Adjusted odds ratios and 95% confidence intervals were obtained using multivariable logistic regression. Results showed that births to AI/AN women living in non-reservation counties were 1.43 times as likely to be preterm birth compared to those living in reservation counties (95% CI: 1.13, 1.81). These findings suggest that living in a reservation county was protective against preterm birth among AI/AN women in Colorado.

**Kawennison Fetter, Anna (NCRE Student Scholar)**

University of Wisconsin-Madison

**Thompson, M.**

**Historical Loss and Native College Students: Impacts on Well-being and Psychological Distress and the Role of Cultural Connectedness**

Poster Presentation

Poster 1.1

Thursday 12:30-1:25

Grand Ballroom I

Historical loss has been identified as a culturally relevant stressor associated with negative health outcomes within Native communities. However, less is known about resilience in the face of historical loss. Culturally specific stressors such as historical loss may contribute to uniquely to Native American college students' mental health, well-being, and ultimately, retention. Culturally relevant protective and resiliency factors such as enculturation and ethnic identity have been shown to be associated with well-being factors within marginalized communities (Yoon et al., 2013; Rivas-Drake et al., 2014). The Indigenist Stress-Coping Model (Walters, Simoni, & Evans-Campbell, 2002), a culturally adapted stress and coping model, posits that these culturally relevant coping mechanisms will buffer against negative health impacts of historical loss. The current study seeks to test the pathways proposed by this model within a national sample of Native American college students. In addition, the model will be extended to examine resiliency in the form of well-being in addition to psychological distress. The data will be analyzed to test both moderation and mediation effects of the proposed cultural resources. Testing the Indigenist Stress-Coping Model including positive health as an outcome is an important step in understanding how and when Native American college students are thriving.

**Montag, Annika**

University of California, San Diego  
Indian Health Council, Inc.

**Romero, R., Jensen, T., Admire, A., Goodblanket, A., Whitten, C., Calac, D., Akshoomoff, N., Sanchez, M., Zacarias, M., Zellner, J., Campo, M., Lyons Jones, K., & Chambers, C.**

**Fetal Alcohol Spectrum Disorder (FASD) Prevalence in a Southern California American Indian Reservation-based Sample Not Different from National Estimates**

Poster Presentation                      Poster 2.3                                      Friday 12:30-1:25                                      Grand Ballroom I

Fetal Alcohol Spectrum Disorders (FASD) include physical, learning, and behavioral disabilities that represent a significant public health problem. Early intervention is crucial to avoid secondary disabilities, yet FASDs are frequently under-diagnosed or misdiagnosed. A recent study conservatively estimated the minimum prevalence of FASD in four regions of the U.S. to range from 1.1-5.0% among first-grade aged children; the NIH-NIAAA Collaboration on FASD Prevalence (CoFASP) study. Within CoFASP, an ancillary study was conducted to obtain an FASD prevalence estimate in a Southern California American Indian community. In 2016, American Indian children 5-7 years and their caregivers were recruited in collaboration with Southern California Tribal Health Clinic. Children were assessed for physical features and growth by a dysmorphologist and neurobehavioral testing was performed by trained psychometrists. Parent/guardian interviews assessed child behavior and prenatal exposures including alcohol. Of 488 eligible children, 119 families consented and 94 completed assessments. Results showed that participating children were an average of 6.61 ± 0.91 years old and 50.0% female. Birth-mothers comprised 85.1% of caregivers. Thirty-six percent were married and most had completed some college education or higher. Less than thirty percent of mothers reported consuming any alcohol in pregnancy; 19.1% met study criteria for risky alcohol exposure in pregnancy. The overall minimum prevalence of FASD in this sample was 4.1%. No cases of FAS were identified; 70% of the children classified as having an FASD met criteria for alcohol related neurodevelopmental disorder. Participants were self-selected and data may not reflect the entire population. However, the local Native staff used culturally congruent methods to raise awareness to encourage participation. Not all measures had been validated among AIAN. There was an unknown contribution of culture in the study. Prevalence estimates found in this sample are consistent with prevalence estimates noted in the general population CoFASP study.

**Montag, Annika**

University of California, San Diego  
Indian Health Council, Inc.

**Romero, R., Jensen, T., Calac, D., & Chambers, C.**

**How Our Arc of Research to Improve American Indian Child Health Has Been Informed and Defined by Community and Culture**

Paper Presentation                      Session 5.3                                      Friday 1:30-2:30                                      Colorado Ballroom II

Over the past nine years our team has worked to improve American Indian (AI) child health through a sequence of projects within a Southern California reservation-based community. Initial efforts sought to prevent harmful prenatal exposures and fetal alcohol spectrum disorders (FASD). This remains a focus but, in response to community requests, we have expanded our work to include support for AI individuals living with an FASD, their families, and communities. Our most recent project is a child development resource center focused on children with developmental disabilities and their caregivers. To address community priorities, we start by identifying and characterizing determinants within the community. Next we chose appropriate methods to address these determinants and implement them. Finally, we evaluate and refine our approach. Though the various stages of our research we employ resource assessment, focus groups and expert interviews, community advisory boards, community surveys, strategic collaborations with community groups, and have employed two randomized trials of interventions to reduce risky drinking and a limited FASD “prevalence” study. Our current multipronged approach to improve child health builds on lessons learned and consists of strategies to 1) increase awareness and understanding of FASD, perinatal exposures, and developmental disabilities among the community as a whole and among specific sub-groups, to 2) determine the needs and priorities of the community regarding services and support, to 3) identify and diagnose FASD and other developmental disabilities, to 4) connect individuals and families to existing services, to 5) establish local, relevant, meaningful support for individuals and their

families, and to 6) increase local capacity to handle all aspects. Throughout these projects, we have incorporated culturally congruent, community-specific concepts, motivations, materials, and methods. Projects to improve child health may benefit from a local approach where cultural concepts are respected. Data and materials will be presented.

**O'Keefe, Victoria**

Johns Hopkins Bloomberg School of Public Health

Center for American Indian Health

**Cwik, M., Goklish, N., & Barlow, A.**

**Sharing Our Apache Way of Life with Our Grandchildren and Future Generations: The Elders' Resilience Curriculum to Prevent American Indian Youth Suicide**

Paper Presentation

Session 4.4

Friday 10:45-11:45

Colorado Ballroom III

The Johns Hopkins Center for American Indian Health (CAIH) has partnered with the White Mountain Apache Tribe (WMAT) for more than three decades. This partnership has supported community-based participatory research and the development of a culturally tailored, comprehensive, sustainable public health approach to suicide prevention. Within this approach, culturally-informed suicide prevention/intervention activities have been implemented. The Elders' Resilience Curriculum was developed to reach WMAT youth, an age group at particularly high suicide risk, to address previous work by CAIH and WMAT emphasizing culture and school attendance as protective factors against suicide. The goal of the Elders' Resilience Curriculum is to decrease suicide-related outcomes and substance use among WMAT youth through a school-based program highlighting cultural strengths, delivered by elders. Elders present monthly 45-60 minute lessons on Apache knowledge, wisdom, and stories, to youth ages 11 to 15. This prevention intervention has reached more than 1,000 WMAT children/adolescents to date. Quantitative program evaluation data was collected via self-report measures after pilot implementation of the Elders' Resilience Curriculum. Results showed negative correlations between cultural identity, self-esteem, Apache hopefulness, holistic connectedness, and proximal suicide risk factors, including: aggressive behavior, substance use, mental health problems, and relationship problems with peers and family. These preliminary quantitative results provide strong support and rationale for a school-based suicide prevention model grounded in cultural strengths for WMAT youth. Future directions will be discussed, including identifying core components of this intervention and preparing for a future alternative intervention evaluation. The Elders' Resilience Curriculum is an innovative, culturally-driven, and strengths-based approach to suicide prevention and has great potential for adaptation for other Indigenous communities.

**Poola, Charlene (NCRE Student Scholar)**

Arizona State University

School of Social Work

**Adapting Evidence-based Treatments to Ensure Cultural Relevancy for American Indian Clients**

Poster Presentation

Poster 1.3

Thursday 12:30-1:25

Grand Ballroom I

There are federal mandates that are attached to funding that require the use of evidence-based interventions to treat mental health disorders to improve clinical outcomes. However, there is little knowledge about the effectiveness of evidence-based treatments (EBT) with American Indian/Alaska Native populations. According to the empirical literature the majority of the EBTs used with AI/AN populations have been culturally adapted, yet there is little research on how this happens. Thus, this research is designed to gather information on what processes mental health clinicians and cultural experts use to adapt EBTs to ensure cultural relevancy and appropriateness. This is an exploratory study using a qualitative research design with a semi-structured interview. A purposive sampling frame is used recruiting two rural and one urban American Indian behavioral health agency. Participants from these agencies must be a mental health clinician or a cultural expert who adapted an EBT. The researcher is in progress to obtain tribal institutional review board (IRB) approval. Once the study is completed the findings will be shared with tribal and university approval.

**Redbird-Post, Melody**

National Center on Tribal Early Childhood Development

**Providing Engaging Technical Assistance to American Indian and Alaska Native Child Care Development Fund (CCDF) Grantees**

Poster Presentation

Poster 2.6

Friday 12:30-1:25

Grand Ballroom I

This poster will provide an overview of the training and technical assistance (TA) strategies utilized by the National Center on Tribal Early Childhood Development (NCTECD) in order to support American Indian and Alaska Native (AI/AN) Child Care Development Fund (CCDF) grantees in implementing CCDF funds in order to meet the needs in their tribal communities. The Office of Child Care’s NCTECD provides training and TA to the 260 Tribal Nations who receive AI/AN CCDF funding. As a National Center within the Administration on Children and Families’ Early Childhood Training and Technical Assistance System, NCTECD provides support around the full implementation of the CCDF final rule, as reauthorized. One strategy has been the development of the *Roadmap to Reauthorization Final Rule Readiness Self-Assessment Tool*, which provides five distinct implementation stages that CCDF grantees could follow. NCTECD provides various training and technical assistance supports through different approaches in order to meet the needs of AI/AN CCDF grantees including collaboration with other National Centers to provide tribal adaptations for various TA resources.

**Richards, Jennifer (NCRE Scholar)**

University of Arizona

**Chambers, R., Begay, J., Begay, K., Neault, N., Tingey, L., & Barlow, A.**

**Formative Research to Inform the Development of an Intergenerational Strengths-Based Female Pathways Program for American Indian Girls**

Paper Presentation

Session 1.2b

Thursday 10:45-11:45

Colorado Ballroom I

Native American girls and women suffer significant psychosocial and reproductive health disparities. Utilizing a holistic and strengths-based approach, the Mother Daughter Program was developed through extensive formative work consisting of 18 In-Depth Interviews, 11 Focus Groups and 10 Community Advisory Board (CAB) meetings with two Native communities. Stakeholders were assisted in the development of sensitive curriculum content and CABs reviewed all aspects of the curriculum. The program promotes the development of positive identity and connection to culture among Native girls ages 8-11 and builds positive parent-child relationships in an effort to prevent substance use and unintended teen pregnancy. The program is currently being delivered by Family Health Coaches (local paraprofessionals from the two communities) in two formats, engaging the mothers and children in groups in a community location or dyads in the home. A total of 40 young girls and their mothers or female caregivers will complete evaluations after each session and upon completion of the program to assess feasibility, acceptability and preliminary impact of each format. This workshop will describe the unique formative process and results that informed curriculum development.

**Rowe, Gladys (NCRE Student Scholar)**

University of Manitoba

**Enacting Indigenous Principles and Values in Research and Evaluation: Reflections, Learning, and Challenges**

Poster Presentation

Poster 1.4

Thursday 12:30-1:25

Grand Ballroom I

This poster presentation will describe Indigenous principles and values enacted in several community driven and participatory research and evaluation projects in which the author held leadership roles over the last decade in Winnipeg, Manitoba, Canada. The poster will outline processes incorporated to ensure a participatory framework, the Indigenous principles that provided the foundation for these frameworks, and ongoing activities that contributed to the participation of families as critical voices directing research across various health priorities in the city. Lessons learned include: how to hold space for families to lead the projects, whose voice is being heard, and what resources are being used to support the equitable participation of community members in designing strategies for knowledge gathering, production, and mobilization. Much of this work as used many arts-based methods including photo voice, a tile mosaic, and a star blanket, poetry, mandalas, and collages. These methods have been centered as mechanisms for sharing stories that facilitate connection and understanding. This is a key aspect that can contribute to social change. Reflections on the strengths and

challenges posed in using Indigenous methodologies in participatory research in this context will be discussed and opportunities for future learning will be highlighted.

**Russette, Helen (NCRE Student Scholar)**

University of Montana

**Barriers and Facilitators to Family-child Engagement Activities among Children Prenatally Exposed to Drugs in an American Indian Community**

Poster Presentation

Poster 1.5

Thursday 12:30-1:25

Grand Ballroom I

Prenatal drug use increases neurobehavioral deficits in long-term learning and memory, externalizing and internalizing behaviors. American Indians and Alaska Natives (AIAN) experience high levels of trauma that may perpetuate drug misuse, resulting in unplanned pregnancies. Early caregiver/family-infant engagement promotes self-regulation, academic achievement, reduced internalizing and externalizing behaviors and developmental milestones. The hypothesis is that children, ages 0-3, with prenatal opioid or methamphetamine exposure who receive a high amount of caregiver/family-child engagement will have improved behavioral outcomes compared to their counterparts who do not receive a high amount of such exposures. The qualitative study goal is identifying barriers and facilitators to caregiver/family-child engagement activities across three domains (cultural/community, outside, and inside) among families in the Confederated Salish & Kootenai Tribes (CSKT) community. Community-based participatory research methods inform the study design and dissemination plan. The study is partnering with CSKT Early Childhood Services (ECS). A priori sampling using a purposive sampling strategy will be applied to recruit biological (n=12) and non-biological (n=12) parents of children with prenatal drug exposure, and biological parents (n=12) of children without prenatal drug exposure beginning June 2019. An in-person 27-item semi-structured interview tool will collect the following information regarding activities: types families participate in or would like to participate in; perceived child benefits; facilitators and barriers; benefits of programs (e.g., language immersion). Member-checking will occur to confirm responses are accurate and complete. A directed content analysis approach will identify most mentioned items. Data will be analyzed by study groups given the anticipated high between subjects variability. The CSKT community has innovative programs that promote family-child engagement during and after pregnancy, making this community positioned to identify resilience factors that improve long-term development among children with prenatal drug exposure. Study results will inform the subsequent quantitative study on community-relevant and culturally appropriate activities and ECS of potential unmet needs and priority areas.

**Schick, Melissa**

University of Rhode Island

**Spillane, N.**

**Correlates of Latent Classes of Substance Use among American Indian Students Living on or Near Reservations**

Poster Presentation

Poster 2.4

Friday 12:30-1:25

Grand Ballroom I

Substance use among American Indian adolescents is a significant public health concern, as they tend to report higher levels of substance use and increased negative consequences related to substance use compared to adolescents of other racial/ethnic groups. Stanley & Swaim (2018) identified four classes of substance use among American Indian adolescents living on or near reservations: nonusers; marijuana and cigarette users; alcohol, marijuana and cigarette users, and polysubstance users. The purpose of the present study is to examine differences across those classes of use on demographic characteristics and alcohol- and drug-related problems. Methods: Data included in the current study were drawn from the same dataset as was used in Stanley & Swaim (2018). Participants (N=3498, 47.8% female) completed a self-report survey, including substance use, demographic characteristics, and problems related to substance use. Protocols were approved by institutional IRB, tribal authority, school boards, and parental consent and child assent were obtained. Results showed significant differences were detected across substance use classes for alcohol.

**Schultz, Katie (NCRE Scholar)**

University of Michigan

**Ivanich, J., Mousseau, A., & Whitesell, N.**

**Social Network Analyses and Implications for Prevention Programming among American Indian and Alaska Native Adolescents: A Work in Progress**

Paper Presentation

Session 4.2

Friday 10:45-11:45

Colorado Ballroom I

This presentation will focus on a work in progress – development of a grant application drawing on innovations in social network theory to examine enhancements to strategies for preventing substance misuse, suicidality, and exposure to violence among American Indian and Alaska Native (AI/AN) adolescents in a reservation community. Presenters will offer background on social network analyses and how they have been used to understanding alcohol misuse, suicide, adolescent smoking, and violent behavior in non-AI/AN populations. Network formation, maintenance processes, and governing factors that contribute to network formation (homophily, reciprocity, and preferential attachment) will be presented. Implications for applying these theories and analyses among a reservation-based sample will also be described – governing network principles may not be as free to operate on reservations that are geographically isolated, have small age cohorts, and adhere to different cultural norms around social interactions. Geographic isolation, historical trauma, and rich cultural practices establish a context in which social relationships are at the forefront of reservation life, yet this population has been largely overlooked in relational literature. Documenting the processes that govern social connections among AI/AN adolescents informs the broader social network literature, but also informs prevention efforts that aim to capitalize on culturally resonant social relationships for improved health outcomes among this population with documented disparities in these key health domains (substance use, suicidality, and violence exposure). Given that this is a work in progress, presenters will also seek input on the design

**Shrestha, Umit**

University of Colorado Anschutz Medical Campus

Colorado School of Public Health

**Hanson, J. & Weber, T.**

**Community Perceptions of an Alcohol-Exposed Pregnancy Prevention Program for American Indian and Alaska Native Teens**

Paper Presentation

Session 5.4

Friday 1:30-2:30

Colorado Ballroom III

A community needs assessment during a tribally-led Changing High-Risk Alcohol Use and Increasing Contraception Effectiveness Study (CHOICES) intervention highlighted the need to reduce risk for alcohol exposed pregnancy (AEP) among American Indian and Alaska Native (AIAN) adolescent girls. The CHOICES for American Indian Teens (CHAT) Program aimed to reduce the risk of AEP among AIAN teens in one Northern Plains tribal community. The CHAT team adopted an iterative process to modify the tribally-led CHOICES curriculum for AIAN teens. This paper describes the iterative process as well as the community perception towards AEP prevention among AIAN teens. The CHAT team conducted several levels of formative, qualitative research, including one-on-one interviews (n=15) with community members, AIAN elders and school counsellors; and three focus groups with AIAN adolescent girls (n=15). Qualitative data analysis identified several recommendations that centered on making the information regarding alcohol and birth control appealing to teens; ensuring confidentiality of the participants; making the program culturally relevant; and inclusion of boys in the program. This study outlines various components prioritized by community members in creating a culturally-relevant and age-appropriate AEP prevention program and provides community perceptions of AEP prevention for the teens in this community.

**Saniguq Ullrich, Jessica**

University of Washington

**Alaska Native Child Wellbeing within ICWA Preference Placements**

Paper Presentation

Session 3.1b

Thursday 2:45-3:45

Evergreen I

An Indigenous Connectedness Framework was developed through a conceptual analysis of Indigenous child wellbeing. Connectedness is the interrelated welfare of an individual, family, community and natural environment (Mohatt, Fok, Burket, Henry & Allen, 2011) and directly aligns with the purpose of ICWA. This study continues theory development of the Indigenous Connectedness Framework by focusing on the experience of ICWA preference placements that Alaska Native (AN) foster care alumni, AN relative caregivers, and AN foster parents have had. It was hypothesized that ICWA preference placements helped children advance their connectedness to family, community, environment, ancestors/future generations and spirit, which is linked to an overall sense of wellbeing. The explanatory mechanisms between child wellbeing and the Indian Child Welfare Act (ICWA) preference placements have been understudied. The aims of this study utilize the Indigenous Connectedness Framework to both deductively and inductively analyze Alaska Native (AN) youth, relative caregiver and tribal foster parent perspectives of child wellbeing. Deepening our understanding of the direct actions and relationships that support child wellbeing within ICWA preference placements could help improve child welfare outcomes for AN children. This study is currently in progress and so far the information received could indicate the need to shift how child welfare agencies think about child safety. Safety of a child's physical wellbeing is important, and so is the safety of a child's emotional, mental, spiritual and collective wellbeing. Child removal is problematic. While the intention is to protect children from harm, child removal could be inflicting just as much, if not more harm than the maltreatment they experienced. Many AN relatives and foster parents help to shield children from the harmful effects of child removal through Indigenous Connectedness teachings and activities and they deserve more support than what they are currently receiving.

**Walls, Melissa**

Johns Hopkins University

**Sittner, K., Hautala, D., Elm, J., & Gonzalez, M.****Trajectories of Indigenous Substance Use over the Early Life Course: Results from the Healing Pathways Study**

Paper Presentation

Session 4.3

Friday 10:45-11:45

Colorado Ballroom II

Key findings related to early life course substance use will be reported using data from the Healing Pathways study, a prospective, 11-wave, longitudinal, community-based participatory research project with 8 Indigenous communities. Participants included "target adolescents" and at least one of their primary caregivers who were interviewed annually for eight years beginning in 2002 (baseline n=735, mean age=11.1 years); adolescent participants were interviewed again in their mid-to-late-twenties from 2017-2020. Descriptive psychiatric epidemiological data on substance use disorders, group-based trajectory modeling of substance use trajectories, and intergenerational patterns of substance use and recover will be presented. In addition, audience members will be engaged in a structured group brainstorming session to solicit ideas for extending this study to include a focus on family processes related to Indigenous development and substance use across three generations.

**Whitesell, Nancy**

University of Colorado Anschutz Medical Campus

Colorado School of Public Health

**Keane, E., Asdigian, N., Tuitt, N., Mousseau, M., Zacher, T., & Kaufman, C.****Family-based Substance Use Prevention Adapted for Young American Indian Adolescents: Early Evidence for the Effectiveness of the Thiwáhe Gluwáś'akapi Program on Risk Factors for Early Initiation**

Paper Presentation

Session 1.4

Thursday 10:45-11:45

Colorado Ballroom III

American Indian (AI) youth face disproportionate risk for early substance use but effective programs for early prevention are lacking. To address this gap, the Thiwáhe Gluwáś'akapi (TG) program - translated as "sacred home in which family is made strong" - was adapted from the Iowa State Strengthening Families Program for Parents and Youth 10-14. Cultural

kinship teachings were incorporated to reinforce messages about family connections and responsibilities. Three additional adaptations (tribal language for kinship terms, Facebook groups to reinforce program messages, and removing the substance use session) were systematically evaluated. TG was implemented from September 2015 to December 2017 with 136 families, including 197 adults and 169 youth from 12 rural communities on a Northern Plains reservation. Adults and youth completed baseline surveys 1- 2 weeks prior to participation (T0); post-program surveys 1-2 weeks after participation (T1); and follow-up surveys 6 months later (T2). In addition to youth substance use, the primary outcome of interest, surveys assessed proximal outcomes believed to mediate program effects, including substance use attitudes and refusal skills; measures of parent-child relationships and parenting practices (parental communication about alcohol and drugs, monitoring, discipline); measures of family dynamics (cohesion, conflict resolution, expressiveness); and well-being. This study used linear mixed modeling techniques to examine T0 to T1 change in proximal outcomes among youth and adults. Findings showed positive program effects on youth's reports of well-being and substance use resistance skills. They also revealed positive changes in adults' reports of many parenting practices and indicators of family dynamics. These results provide initial support for the effectiveness of the adapted TG program. Next steps will be discussed, including a randomized controlled trial of the TG program using a similar set of immediate and long-term outcomes, as well as an expanded set of outcomes related to youth suicide risk and parent substance use.