

CENTER FOR HEALTHY COMMUNITIES



FALL 2019
NEWSLETTER



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Communities Continue PRC Legacy

Dr. WILLIAM LAMBERT



Native STAND educators recommend curriculum enhancements (story, next page)

The incorporation of culture and existing community resources when addressing issues of health and well-being is especially critical in indigenous public health. Our PRC's partnership approach to research has been its greatest strength, and is the reason why programs have had meaning and endure in communities. Our primary partner, the Northwest Portland Area Indian Health Board (NPAIHB), is instrumental in centering the knowledge and capacity of communities. It takes time to develop trusting and equal relationships of scientists from both the community and university.

Each community in the 43 member tribes of the NPAIHB is unique, requiring partnership building to ensure fit and ownership at the local level, incorporating the individual tribe's history, culture, and political

context. While there have been challenges, our shared commitment to improving the health of communities has allowed us to find ways to work hand-in-hand and develop disease prevention solutions that are practical and live on in tribal communities.

Over the 15 year life of the Center for Health Communities, we have strived to conduct prevention research that serves tribal communities in meaningful ways. Foremost, we have tried to listen to the community voice, which has determined the choice of research topics. For example, addressing vision and hearing health were critically important to tribes of the Northwest, because preventing vision and hearing loss not only has a direct health benefit to older adults, but reduces social isolation of elders and protects the inter-generational transfer

(continued on page 7)

Educators Help Native STAND THRIVE!

MICHELLE SINGER AND JENNIFER SEAMANS

In mid June, youth from several Native STAND programs attended the THRIVE conference hosted by Northwest Portland Area Indian Health Board. Native STAND educators also made the trip to attend a concurrent work session for the purpose of providing in-depth feedback on the Native STAND curriculum and teaching strategies, and to weigh in on preliminary project findings from educator interviews and youth participant pre- and post- questionnaires.

PRC Data Manager Megan Skye gave an overview of preliminary Native STAND findings (see page 4-5). Educators asked questions, reflected on and helped interpret results

in the context of implementation experiences, which also enabled PRC staff to respond to questions with additional analyses and data.

An additional goal of the work session was to brainstorm and clarify specific curriculum enhancements for the second phase of Native STAND under Healthy Native Youth (see next page). Discussion centered on reaching teens via text messaging and social media, connecting parent/caregiver communication into the curriculum, and related topics that educators would like to see covered in future Healthy Native Youth Community of Practice webinars and phone calls.



(Left, right, and below) Educators reflect on their implementation experiences while discussing curriculum enhancements.




Native STAND Testimonials

During the June work session, professional media producer Issac Trimble (Apache/Yaqui) asked educators and youth to reflect on their implementation of Native STAND.


Subscribe to **Healthy Native Youth** social media updates (Facebook, Instagram, Twitter) to hear what youth and educators say about Native STAND!

Video testimonials will be posted this fall.


Angelina Jiapsi Alvarez
Native STAND Youth: Healthy Relationships



Vurlene Notsinneh-Bowekaty
Native STAND Elders: Talking with Youth about Sex



Robby Bill
Native STAND Elders: Getting Vulnerable



Enhancing Native STAND for LGBTQ2S+ Inclusivity

JENNIFER SEAMANS

As the Native STAND curriculum has been tested and implemented in tribal communities, educators reported on ways they modified the curriculum to better meet the needs of youth participants. Over the three years of Native STAND programs evaluated by the Center for Healthy Communities, 9% of youth participants identified their sexual orientation as LGBTQ+ or Two-Spirit, with an additional 14% stating that they were unsure or questioning. About 1% also identified as transgender or non-binary. Accordingly, one of the areas of Native STAND curriculum enhancement currently prioritized is LGBTQ2S+ affirmation and inclusivity.

To assist with making Native STAND and other curricula more inclusive and supportive of LGBTQ2S+ Native youth, the Northwest Portland Area Indian Health Board (NPAIHB) Healthy Native Youth program offers excellent resources. The first is a text messaging service for LGBTQ2S+ youth (*below*). NPAIHB also recently released a handbook for Two-Spirit/LGBTQ+ inclusivity in collaboration with Seattle Children's Hospital Center for Diversity and Health Equity.

"Celebrating Our Magic" (right) is a comprehensive, practical guide designed for LGBTQ2S+ youth, families and relatives, as well as providers serving youth, such as Native STAND educators! The guide complements the Native STAND curriculum with culturally specific perspectives and resources to support the medical, mental health, and social needs of LGBTQ2S+ youth. This guide is highly recommended for anyone using the Native STAND curriculum.



Healthy Native Youth's LGBTQ2S+ text messaging service

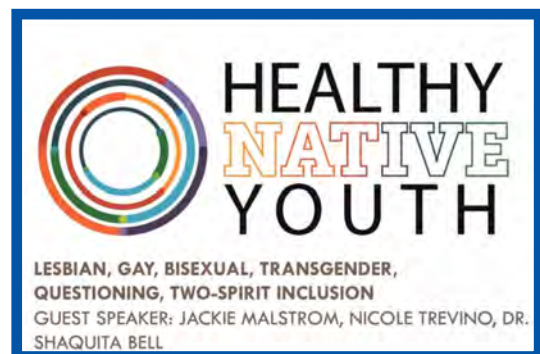


The handbook is available for download at <http://www.npaihb.org/2slgbtq/> under Print Materials.

In addition to Celebrating Our Magic, one of the recent Healthy Native Youth Community of Practice phone calls focused on LGBTQ2S+ inclusivity with guest speakers Jackie Malstrom (Akimel O'odham/Yaqui), Nicole Treviño, and Dr. Shaquita Bell, MD (Cherokee). In the recording of the hour-long April 2019 discussion, speakers cover these topics:

- Identity and the importance of language
- What Two-Spirit means, past and present
- What inclusion looks like in our communities, and in programming for AI/AN youth

Click on the image below or visit <https://www.youtube.com/watch?v=xdfJjiDv0bY> to view the recording.





Native STAND: Progress Toward Evidence-Based Practice

MEGAN SKYE AND JENNIFER SEAMANS

As the PRC prepares to wrap up, our team is working hard to finalize the evaluation of Native STAND as it has been implemented at 48 sites nationally. The last five years have been an important test of how this curriculum is able to serve and adapt to the needs of tribal communities.

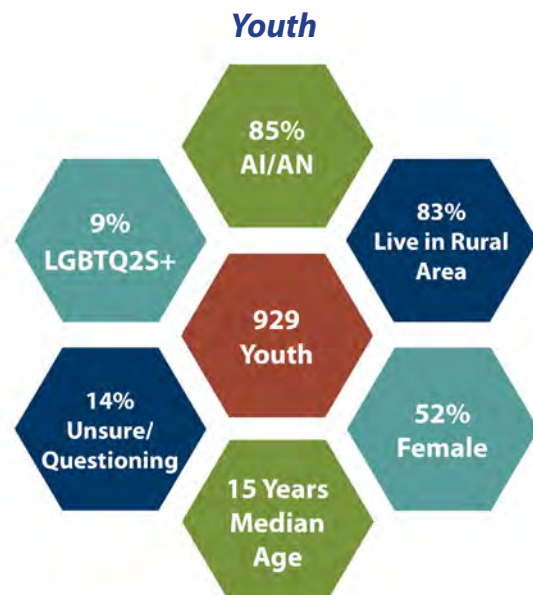
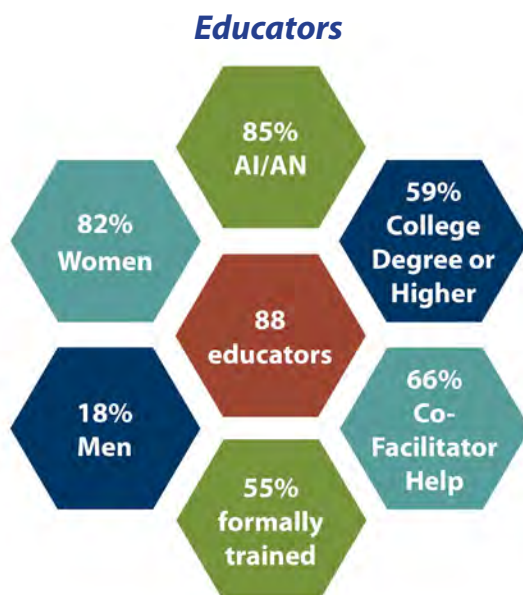
Through our dissemination efforts, we will present our analysis of PRC program outcomes for critique by other public health experts. Publication of peer-reviewed articles is expected to result in Native STAND being nationally recognized as a best practice for AI/AN adolescent sexual health, a designation that means tribal communities and organizations will be better positioned to receive funding and support for Native STAND in the future.

How have we accomplished this? Over the last 3 years, Native STAND educators and youth participants at 48 sites have volunteered time and energy to provide feedback through pre- and post-

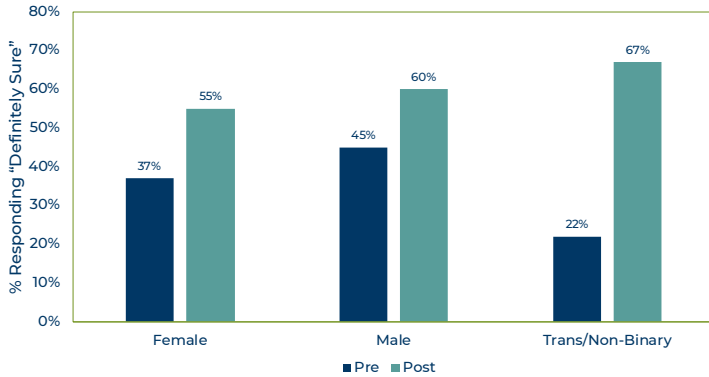
questionnaires, group phone calls, individual check-ins on implementation progress, and interviews on barriers and facilitators to implementation. The **RE-AIM** evaluation framework, which looks at **Reach, Effectiveness, Adoption, Implementation, and Maintenance**, guides our analysis. On this and the following pages, we're excited to highlight a few Native STAND results! We have shared more detailed results in a comprehensive report delivered to educators and tribal communities. Northwest Portland Area Indian Health Board will safeguard the data for future needs.



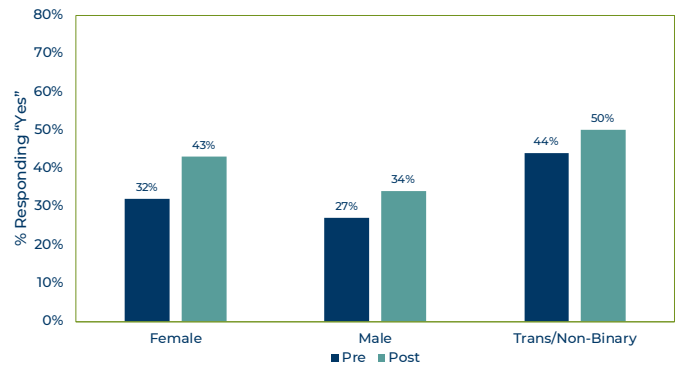
Reach: Profile of Native STAND Implementation Participants, 2015-2019



Effectiveness: Pre/post questionnaire differences



More participants of all genders had **confidence in using a condom correctly** after completing Native STAND compared to before the program.



More participants of all genders reported **having a conversation about sex with their friends** after completing Native STAND compared to before the program.

Adoption: Community support for Native STAND

43%

“Strongly Agreed” their organization was committed to implementing Native STAND

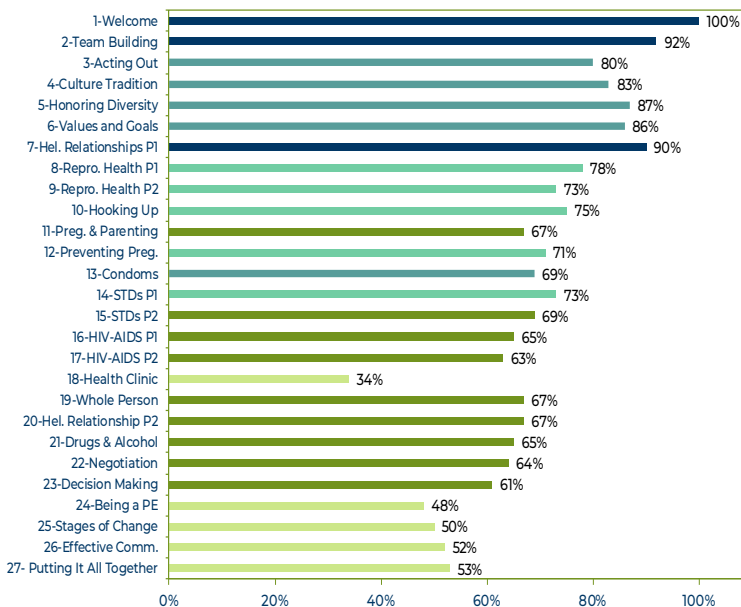
14%

“Strongly Agreed” the community was invested in the success of Native STAND

65%

implemented within the first year after training; **23%** implemented in year 2 or 3

Implementation: How Native STAND was delivered in the community setting



% of implementations that used each lesson*

**based on implementations that reported curriculum fidelity*

Maintenance: Barriers to implementation

38% site logistics, including space & scheduling

36% changes in primary educator

31% organizational leadership/capacity changes

27% changes in other key staff

Maintenance: Facilitators to implementation

47% Native STAND project staff support

40% ability to provide incentives for students

36% sharing resources and knowledge with other educators

33% shared educator role with another person

SIPs Innovate to Improve Community Health

JENNIFER SEAMANS

CDC PRC support includes access to funds for special interest projects (SIPs). In the 2014-2019 cycle, three innovative projects were awarded SIP funding through the Center for Healthy Communities. We are excited to see these SIPs continue to grow and serve communities!

As part of the national **Healthy Brain Research Network**, the **Sharing History through Active Reminiscence and Photo-Imagery (SHARP)** study led by Dr. Raina Croff at OHSU has earned local and national press and accolades. The African American community in Portland is experiencing one of the highest rates of gentrification in the country, leading to displacement and disruption of community institutions in historically Black neighborhoods. SHARP celebrates Black health and history in community walks, which show promise as a means of improving cognitive health through physical activity, social engagement, and community reminiscence.

Get future SHARP project updates at www.sharpwalkingstudy.org.



Photo credit: OHSU/Kristyna Wentz-Groff

(Above) SHARP participants reminiscence on a community walk near Martin Luther King, Jr. Elementary School.

Oregon Community Cancer Research Collaborative:

As part of the national Cancer Prevention and Control Research Network, OR-CCRC is designed to address the cancer prevention, early detection and survivorship needs of rural, American Indian and Alaskan Native, and other underserved communities through community-based research, training, dissemination and implementation, and evaluation activities. The OR-CCRC is the only CPCRN site in the nation that has developed an advisory board. Additionally, OR-CCRC held successful **Putting Public Health Evidence in Action** trainings to enhance communities' capacity to implement evidence-based interventions. Additional OR-CCRC projects supported HPV vaccination community-clinical linkages and colorectal screening. **More information on OR-CCRC and similar work happening across the country is available at www.cpcrn.org.**

Sexual Health Messaging Project:

This SIP aims to determine the preferred messages, messengers, and channels for promoting sexual health among adolescents. Conducted through a dynamic partnership between the Center for Healthy Communities, University of Texas at Health Science Center at Houston, Northwest Portland Area Indian Health Board, and Portland State University, the research team has been exploring culturally specific sexual health messaging for LGBTQ2S+, AI/AN, Black/African American, Hispanic/Latinx youth. In the time remaining this budget year, the team is analyzing an extensive literature review alongside 22 youth focus groups while also conducting a Delphi survey process with subject matter experts. A report of findings will be released in Winter 2020, which may be used to inform a national adolescent sexual health campaign in the future. Information on this project will be available on the PRC website (www.oregonprc.org) through June 2020.

Though the closure of the PRC means the end of the current project phases, we are glad that they will continue to grow under other funding support.

I've found that the older we get, the more we isolate. We don't make new friends, we're feeling more isolated and lonely...things are changing so fast. **[SHARP] helped me to become re-engaged.**

- SHARP Participant

Communities Continue the PRC Legacy

(continued from page 1)

of knowledge, traditions, and language. Similarly, our research program in adolescent sexual health was selected to protect the sacred resource of children and youth. Each of these research areas was grounded in years of relationship-building and knowledge exchange with hundreds of tribal health professionals who attended our annual Summer Research Training Institute funded by the NIH NARCH program and the NCI.

Our first 5-year program was the Vision Impairment Prevention project which assessed vision health and delivered state-of-the-science vision screening to communities. Non-mydratiac cameras were purchased for reservation and urban clinics, and sophisticated telemedicine systems were established to transmit images of patient’s retinas to ophthalmologists for evaluation. This approach not only made advanced eye care available to underserved populations, but also prevented progressive vision loss due to diabetes. Our next program of research, Listen 4 Life, promoted hearing health in tribal children by teaching ways to avoid exposure to loud sounds using the award-winning Dangerous Decibels curriculum in

reservation and urban Indian schools in the Pacific Northwest (*see photos below*).



Every person who contributed to the research projects of the PRC, whether a community member or leader, a tribal or university scientist, can take pride in the achievements of our PRC and the lasting impacts that our programs have on the communities that we serve.

We continued our focus on youth health in our third research program, Native STAND, a sexual and reproductive health curriculum delivered to 48 communities in 16 states, including Alaska. Each of the three cycles of research increased community capacities for running prevention programs in their local areas. Our lessons learned have been shared with tribal health professionals through trainings, workshops, and conference presentations, as well as journal articles,

so that everyone – practitioners, communities, and researchers – can benefit.

Every person who contributed to the research projects of the PRC, whether a community member or leader, a tribal or university scientist, can take pride in the achievements of our PRC and the lasting impacts that our programs have on the communities that we serve.



Above: Dangerous Decibels hearing loss prevention program at Warm Springs elementary school, 2010.



Above: Native STAND manager Michelle Singer co-presents at the 2019 Tribal Health Conference in Tulsa, OK, with educators Michael Logan, Nasheen Sleuth, and youth.

August CDC Site Visit and SIP Meeting Showcase PRC Partnerships

PRC STAFF

In early August, program officers from the Center for Disease Control and Prevention (CDC) visited Portland for the purpose of reviewing Oregon PRC progress during the 2018-2019 fiscal year. Over the course of two days, NPAIHB and OHSU hosted presentations on core research and SIP project outcomes, a thorough administrative report, evaluation steps, and lessons learned. As program staff from partner organizations and institutions teamed up to deliver presentations, CDC staff were witness to the choreography and collaboration that has been a hallmark of the Center for Healthy Communities.

Without missing a beat, the Sexual Health Messaging SIP team, comprised of staff at OHSU, PSU, NPAIHB, and the University of Texas-Houston Health Science Center, began meeting the next day to conduct reconciliation of coding as well as planning for a Delphi process for the project. Delphi is a way of finding consensus among a panel of experts. In this project, the process was used to integrate a review of the literature on sexual health messaging with findings from focus groups that reached 138 youth, with particular attention to the messaging preferences and needs of AI/AN, Black/African-American, Hispanic/Latinx, and LGBTQ2S+ youth.

What's Next for PRC Staff?

While the closure of the PRC may be bittersweet, PRC staff are excited to continue to serve in research and training programs that improve the health and well-being of AI/AN and other communities.

Center for Healthy Communities Director **Dr. Tom Becker** and Assistant Director **Dr. Bill Lambert** will remain as Epidemiology teaching and research faculty in the OHSU-PSU School of Public Health. They will continue the dissemination of PRC findings while supporting new funding and research opportunities in partnership with NPAIHB and other groups.

Megan Skye, Center for Healthy Communities Data Manager, will begin working in the OB-GYN department at OHSU. She will support research investigating how reducing barriers to healthcare improves health in underresourced communities.



Jennifer Seamans, Center for Healthy Communities Research Assistant, will begin an internship at the Northwest Portland Area Indian Health Board. She will conduct epidemiologic analyses of motor vehicle accidents occurring on/near tribal lands in the Pacific Northwest, as the final requirement for her completion of the MPH in Epidemiology at OHSU-PSU School of Public Health.



Caitlin Donald, Center for Healthy Communities Program Manager, will move to the Northwest Native American Center of Excellence at OHSU. At NNACoE, she will manage and grow the Center to further its mission of recruiting, training, and retaining American Indian/Alaska Native individuals in the health professions.



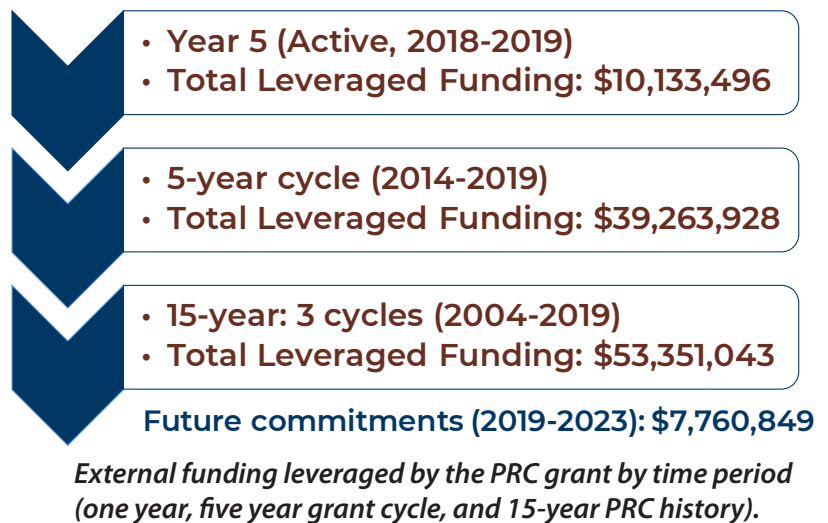
PRC Grows Value from CDC Investments

JENNIFER SEAMANS

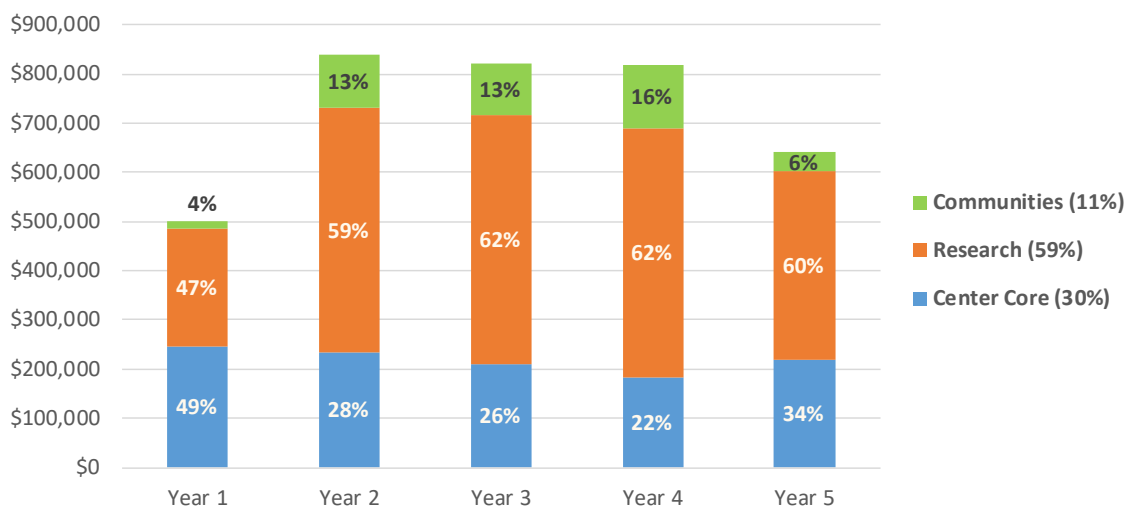
In fifteen years as a CDC Prevention Research Center, the Oregon PRC Center for Healthy Communities received approximately \$10.8 million in funding from the Centers for Disease Control and Prevention (CDC). As part of our accountability to communities, we are pleased to report on how this funding has been used. Grants awarded to the PRC Center for Healthy Communities have been used to cultivate additional grants and partnerships that have brought in additional in-kind value of time.

This year alone, PRC-affiliated programs brought in \$10,133,496 in grant funding. Over the fifteen years that the PRC has existed, these partnerships have matched an extraordinary \$53,351,043 from affiliated programs, in-kind time, and community donations.

The total leveraged funds do not include the in-kind value of time donated by Native STAND educators. Educators spent an average of 123 minutes preparing and delivering each lesson with 1,613 lessons taught. At the national average hourly rate for health educators, this is an additional in-kind donation of nearly \$4.4 million over the last four years.



Center for Healthy Communities Core Spending by Year



In keeping with the PRC Center for Healthy Communities grounding in community based participatory research methods, we also prioritized sharing funding directly with participating AI/AN communities. Between 4% and 16% of CDC grant

funds for the PRC each year were given directly to communities to support implementation of the core research project, Native STAND. These numbers were lower in the first and final years only because of project ramp-up and closeout.

FROM THE DIRECTOR

DR. TOM BECKER

I hope this newsletter finds readers in good spirits, ready to meet new challenges that Fall brings. As we near the closure of the Center for Healthy Communities at the end of this month, I reflect on the history of CDC Prevention Research Centers (PRCs), recount some highlights of our own PRC, and recognize those who were instrumental along the way.

The national PRC program is a network of 25 research centers that serve a vital role within the public health system. These projects have been critical in improving population health outcomes, developing innovative approaches to preventing chronic diseases, and advancing population health science. Success has been possible because community partners drive the selection of research project topics, implementation of the research programs, and translating and interpreting research findings in community and policy contexts.

Our first project as a PRC in 2004-2009 focused on vision health and visual impairment, the second leading cause of disability among American Indian/Alaska Native (AI/AN) people in the Northwest. Poor vision from any cause can greatly impact quality of life, and few tribes have an eye care provider. The collaboration between Northwest Portland Area Indian Health Board (NPAIHB), the PRC, and Dr. Steven Mansberger of Devers Eye Institute and OHSU delved into this previously unexplored field in ocular public health. We conducted multiple studies with tribal community partners, including surveys of eye diseases using different screening tests, determination of the impact of eyeglass availability on quality of life, and assessment of the use and accuracy of telemedicine, in which a picture is taken of the eye and sent electronically to an off-site eye specialist who recommends care. The last study was conducted among tribal people with diabetes, who are at higher risk for blindness. Peer-reviewed findings revealed that telemedicine works better than usual care for diabetics who require regular eye exams.

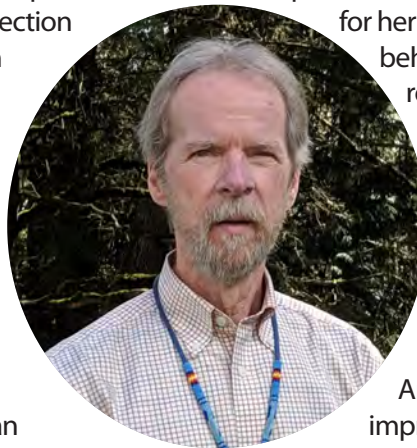
From 2009-2014, our next project assessed hearing health among Pacific Northwest tribal communities, followed by implementation of a noise-induced hearing loss prevention program among tribal youth. The powerhouse behind the studies was Dr. William Martin. Billy's training was in physics and neuroscience, but he embraced community and population-based hearing health when he co-founded the Dangerous Decibels noise-induced hearing loss and

tinnitus prevention program. Concerns about hearing loss expressed by NPAIHB delegates created the opportunity to demonstrate the power of community-based public health initiatives. Dr. Martin recalls, "I was honored to be able to work with regional tribes in our Listen for Life project. This project was the first of its kind in the field of public health. It has been rewarding to see the sustained impact of the partnerships, particularly since tribal people experience hearing loss at such high rates."

The current project, Native STAND, came out of NPAIHB's research on tribal youth health under the leadership of Dr. Stephanie Craig Rushing. Stephanie is nationally recognized for her work in curricula to address high-risk sexual behavior, alcohol and substance use, and healthy relationships, such as Native STAND (*see page 4-5*). In addition to the core research, one of the Special Interest Projects (SIPs) also prioritized this topic (*see page 6*).

Along the way, several SIPs have developed culturally appropriate programs to improve community health. The SHARP project focuses on healthy aging among the African American community in Portland, concurrently improving physical activity while celebrating community resilience through reminiscence. Other SIPs have centered tribal health issues. We are awed by the successes that have resulted when investigator dedication is paired with community willingness to engage as active participants in research.

The list of people who have made all this possible is much longer than this page allows. The PRC would never have gotten off the ground without the relationships and trust cultivated over several decades by Northwest Portland Area Indian Health Board staff, officers, delegates, and tribal community members. Additional thanks go to administrative staff and faculty at OHSU and PSU, advisory committee members, CDC project officers, IRB members, students, and individual study participants. We also recognize and honor the original tribal inhabitants of this region, and elders—past, present, and future. We hope that in the near future, people and funding will once again align to continue these valuable contributions to the field of public health and chronic disease prevention among tribes and other communities.



Tom Becker
Tom Becker

PART(NER)ING THOUGHTS:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD STAFF REFLECT ON 15 YEARS OF BUILDING HEALTHY COMMUNITIES WITH OREGON PRC



It's been a pleasure working alongside colleagues at the PRC to design, evaluate, and disseminate culturally-relevant health curricula for AI/AN youth. The Native STAND study has been truly groundbreaking work. I look forward to future collaborations with OHSU and the AI/AN Sexual Health Workgroup, to continue to provide training and technical assistance to support the uptake and utilization of Native STAND and other healthy decision-making curricula across the U.S. These programs are making a difference!

Stephanie Craig Rushing

Director, Healthy Native Youth; Co-Investigator, Native STAND



I think the most important aspect of creating partnerships like that of the PRC and NPAIHB is mutual respect of knowledge. All parties should come to the relationship with sincere humility and a desire to determine what is needed by both parties. The relationship must be mutually beneficial for the long term.

Our long standing summer research institute partnership has helped launch the successful careers of many AI/AN staff and researchers. The quality of education that was provided through the partnership between NPAIHB and the PRC was without parallel for short summer courses and represented an outstanding partnership between a tribal organization and an academic partner. The mutual respect between the PRC staff and the NPAIHB staff was and will continue to be outstanding.

Hopefully partnerships between the PRC and tribes will continue through other mechanisms. The training of AI/AN professionals will last for many years to come and will be a benefit to tribal communities for many generations.

Victoria Warren-Mears

Director, NW Tribal Epidemiology Center

Northwest Portland Area Indian Health Board



Indian Leadership for Indian Health



The PRC has been a broadening and unifying force in developing collaboration between the NPAIHB and OHSU. As it reaches its end, we trust the spirit and capacity of that collaboration will continue.

Jacqueline Left Hand Bull

Administrative Officer



Although the Prevention Research Center began just before I became the Executive Director for the Northwest Portland Area Indian Health Board, I have always been supportive of the center's efforts. Tom approached me with information about subsequent rounds of funding opportunities after the first projects on vision impairment had ended, and I was enthusiastic about continuing the partnership that had already begun. The following projects on hearing health and on Native STAND dissemination and implementation were topics of great importance to our tribes. We hope to see the PRC reawakened when the time is right and funding comes along. Meanwhile, we look forward to continued collaborations with PRC colleagues.

Joe Finkbonner

Executive Director

CENTER FOR HEALTHY COMMUNITIES NEWSLETTER

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Data Manager.....Megan Skye, MPH, CCRP
Research Assistant.....Jennifer Seamans, MST, MPH cand.

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Our mission is to address the health promotion and chronic disease prevention needs of tribal and other underserved communities through community-based participatory research, and through training, dissemination, and evaluation activities.

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