

Findings & Lessons Learned From Pilot Grant Awardees



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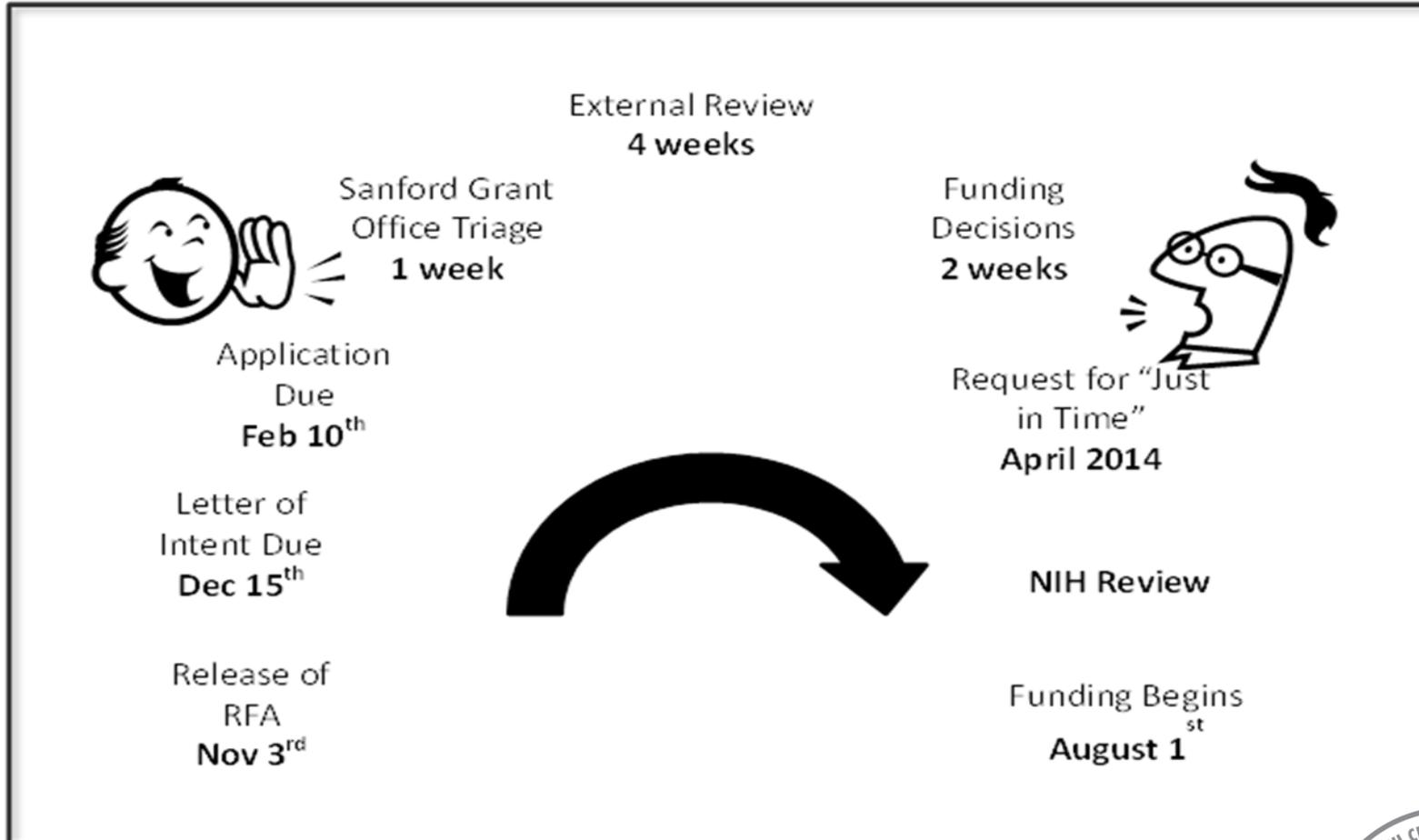
**All work was supported by NIMHD under award number U54MD008164 (PI – Elliott)

CRCAIH Pilot Grants Program

- To fund cutting-edge **transdisciplinary** research that will address the significant health disparities experienced by American Indians in South Dakota, North Dakota and Minnesota.
- Projects will embrace a “**social determinants of health**” theme leading to the improvement of **American Indian health**.
- Have a strong potential for future funding, including sustainability and growth of the project



Pilot Grants Process



**Dates from the 2015 Pilot Grants Program are used to illustrate the process.

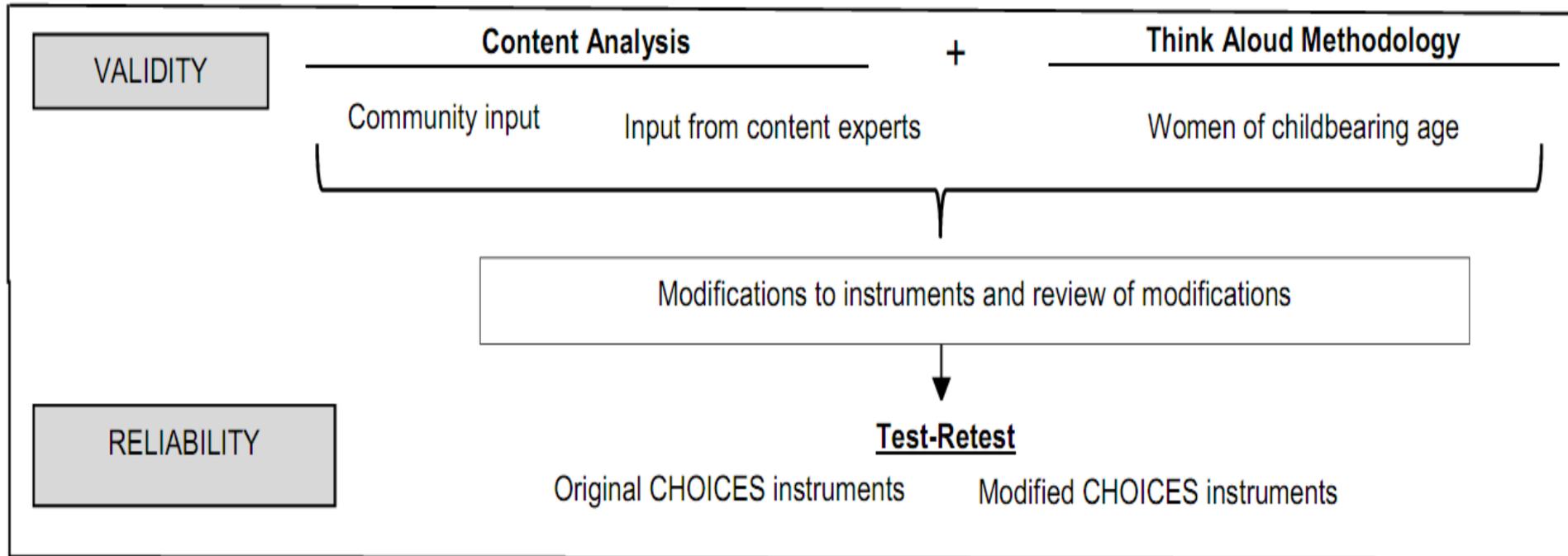
Establishing Survey Validity and Reliability for American Indians through “Think Aloud” and Test-Retest Methods

Jessica D. Hanson, PhD
Associate Scientist
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Design

Figure: Validity and Reliability Methods



Findings

- **Changes to measures**
 - Wording changes (“depressed” has negative connotations)
 - Need context to questions (what does “physically tense” mean? Too vague)
 - Clarify/more detail on types of birth control and drink size
 - Readiness rulers – questions/layout were confusing
- **Test-Retest**
 - Agreement statistics for alcohol questions regarding temptation and confidence slightly better for the modified version.
 - Agreement statistics for contraception questions regarding temptation and confidence slightly higher for original version.
 - No other significant differences.
- **Changes made to OST CHOICES materials.**





Assessing the Impact of Lay Patient Advocate Training in Tribal Communities



H. Bruce Vogt, M.D., Principal Investigator

Jay Memmott, Ph.D., MSW, ACSW, Co-Principal Investigator

Jarod Giger, Ph.D., MSW, LMSW, Project Evaluator

Cassity Gutierrez, Ph.D., Project Manager

Jason Lemke, MS, Development Specialist/Program Evaluator

Becki Lemke, BA, Education Coordinator

Project Design

- Three project aims
- Curriculum (four modules) developed by curriculum committee with input from American Indian Community
- Four tribal community sites
- Project Manager taught adult educators on site
- Delivery by Adult Educators through incorporation into existing adult education classes on site
- Hypothesis -- students participating in health literacy and self-advocacy training will demonstrate increased levels of patient activation over baseline.
- Evaluation by use of Patient Activation Measure (PAM) and Technology Acceptance Model (TAM)



Findings

- 220 total participants
- Data collection at baseline (pre-test), 4 weeks and 8 weeks post-curriculum delivery (repeated measures design)
- Patient Activation increased over time (supported hypothesis)
- Good intercorrelations for PAM, Behavioral Intent, Perceived Usefulness, and Perceived Ease of Use
- Perceived Usefulness was greatest predictor of Patient Activation



Is my healthcare making me sick? Microaggressions in American Indian Health Care.



John Gonzalez, PhD – Principal Investigator

Bemidji State University

Pearl Walker, MPH – Project Coordinator

Project Aims and Design

- What are the types of microaggressions Americans Indians experience in healthcare settings?
 - (who, when, & where?)
- Are microaggressions related to wellness and health outcomes?
- Conduct four focus groups (8 participants each)
 - Identify the types of microaggression
 - Create an interview protocol (assessment)
- Interview 50 Community Members
 - Identify the prevalence of microaggressions
 - Identify the impact on healthcare utilization and wellbeing



Findings

- 22 types of Microaggressions in health settings
- Prevalence rates:
 - 95% at least 1 microaggression; 50% 10+ microaggressions; 70% at least 5 microaggressions
- Most common:
 - negative attitude - 78.7%; talk down to - 68.1%; treated as dishonest - 68.1%' differential treatment - 66%; avoid discussing culture/insensitive to culture - 30%
- Wellness
 - Hist. Trauma, treated like drug addict, social support insensitive to culture
- Health (chronic pain)
 - # health issues, drug addict, treated dumb, cultural ID, dignity/respect, uncomfortable/uneasy, neg. attitude, blame race/culture



School-based Mindfulness with American Indian Youth



Alicia Mousseau, PhD – Principal Investigator
Little Wound School, Oglala Sioux Tribe

Specific Aim 1

- Pilot a mindfulness curriculum among American Indian students to determine feasibility, refine details, and maximize fit within the community.
 1. Classroom Availability
 2. Management
 3. Conflicts of Interest
 4. Facilitator Mindfulness Background and Openness to Mindfulness
 5. Program Evaluation & Research



- Specific Aim 2: Examine the effect of the mindfulness curriculum on risky behaviors, including substance use and unsafe sexual behaviors.
 - Results: Students in the mindfulness cohort 1 had a significant increase in smokeless tobacco use compared to those who did not have the mindfulness curriculum from time 1 to time 2 of data collection. Other substance use and unsafe sexual behaviors were not significantly different in the mindfulness cohorts compared to the students who did not have the mindfulness class.
- Specific Aim 3: Examine the effect of the mindfulness curriculum on retention.
 - Results: Retention could not be examined as the school's attendance software was not accurate. Thus, we were unable to examine the influence of the mindfulness curriculum on retention.
- Specific Aim 4: Gather data and prepare for a randomized control trial of the mindfulness curriculum with other American Indian middle and high schools.
 - Results: Data was gathered at three time points. Unfortunately, data was not consistently collected during these three time points, resulting in a small number of participants.



Q&A

<http://www.crcaih.org/pilot-grants.html>

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