



# CAIRHE

CENTER FOR AMERICAN INDIAN AND RURAL HEALTH EQUITY



Photo by Carter Ellis

## WE CAN ONLY SUCCEED BY WORKING TOGETHER



Alex Adams

There isn't a day that goes by when I'm not reminded of what a polarized, disengaged, and fractious society we've become. We talk *past* one another, not *to* one another. We volunteer help only in the direst of emergencies. And we've somehow accepted a norm that says to get ahead, we have to shove someone else behind.

Of course  
I'm speaking

generally, and there are outstanding exceptions to these trends everywhere you look, but there's no denying that the concepts of teamwork and camaraderie are not what they once were.

So I wasn't surprised when themes of *collaboration*, *communication*, and *education* emerged from workshop discussions at September's Montana Health Research Summit, sponsored by CAIRHE and Montana INBRE (see story on page 2). We are starved for togetherness! When faced with the immense challenges of addressing health disparities and improving health outcomes in our state, the participants in that struggle believe that we have to combine our strengths and engage with one another.

No single entity can go it alone.

The same is true for the individual careers of our research faculty.

At the University of Wisconsin School of Medicine and Public Health, where I spent the first 20 years of my career, a culture of mentoring—and *team* mentoring, at that—was the undisputed standard. Trying to succeed on your own was not only frowned upon, but was also the quickest path to failure.

I've found that MSU doesn't have the same kind of mentoring culture (again, with lots of notable exceptions), but we at CAIRHE are working to change that. Mentoring of investigators is a large part of what we do as a center, and in time we hope our approach will spread outward across campus.

We will succeed by helping others get ahead.

I am challenged and humbled by the powerful words of Anna Whiting Sorrell at our September Summit, when she exhorted us to show up, listen, collaborate, take things to heart, remember that silence is OK, and be assured that while the pain of one is the pain of all, the *joy* of one is also the joy of all. (You can find a video of her amazing talk on CAIRHE's website.)

There is no clear path to health equity, but we must make a start. I hope you'll join us as—together—we work with our partners around the university and state to make Montana a healthier and more connected place.

Alexandra Adams, M.D., Ph.D.  
Director and Principal Investigator

*“Mentoring of investigators is a large part of what we do as a center, and in time we hope our approach will spread outward across campus.”*


**CENTER NEWS**

## STATE HEALTH RESEARCHERS GATHER FOR INAUGURAL SUMMIT

Nearly 100 health researchers, public health professionals, and community representatives convened in Big Sky on September 14-16 for the Montana Health Research Summit, an event co-sponsored by [CAIRHE](#) and [Montana INBRE](#).

Designed to promote networking and collaboration among researchers and key stakeholders from across the state, the Summit featured presentations, informal meeting time, and workshop discussions in the areas of mental health and substance abuse, environmental health, nutrition and food sovereignty, and infectious diseases.

Brian Bothner, Ph.D., director and principal investigator of Montana INBRE, opened the conference by asking for participants' active involvement. "This weekend should be a meeting of the minds," Bothner said. "We need to seek out one another, make our work known to others, and learn about the work of researchers with similar interests. We want to hear about the needs in tribal and non-tribal rural communities, then find new ways that we can continue to work together."

### SENSE OF COMMUNITY

One common theme in many of the [Summit's presentations](#), which were spread over two days, was the importance of strong partnerships in community-based participatory research (CBPR) projects. Jack Westfall, M.D., director of the [High Plains Research Network](#) at the University of Colorado School of Medicine, said research done in collaboration with communities and remote medical practices requires "windshield time," or hours of driving for face-to-face meetings with partners—even for an appointment of only a few minutes. It's a crucial first step in building trust, he said.



Jack Westfall addresses a full house on the first morning of the Montana Health Research Summit.

"You can't make people trust you overnight," Westfall explained. "But you can trust them, and you can be trustworthy. Trust is a gift we give people. The way that we, as academics, get people to trust us is to give trust and be trustworthy."

Daniel Dickerson, D.O. (Inupiaq), a research psychiatrist with the Integrated Substance Abuse Programs at UCLA, described two of his current abuse prevention projects serving urban American Indians in Los Angeles. Both projects integrate evidence-based

treatment with cultural activities, such as drumming, that have intense meaning and can't be used casually.

"We have to be very mindful not to misuse traditional practices or represent them the wrong way," Dickerson said. "So that's where CBPR is so important. We always look to the community and ask them what would be appropriate, what they would like, and how we should carry out that intervention the right way, in a way that's respectful."

Anna Whiting Sorrell (Confederated Salish and Kootenai), director of operations, planning, and policy for the Confederated



Salish and Kootenai Tribal Health Department, made a heartfelt plea for cooperation with tribal communities. Speaking from the perspective of a community suffering from a recent suicide epidemic, Whiting Sorrell spoke, in part, on the principle "The heart of the problem lies in the community, and the solution will come from the same."

"But how does that happen?" she asked the audience. "The challenge for you is to figure out how we make that happen." Culture alone won't save a community in crisis, she said, because if it were true, the health disparities so prevalent today wouldn't exist. "We have to understand what is underneath that. What has *caused* the suicides and the substance abuse in our communities. How do we heal that? How do we let people heal that? And once that is healed, you can figure out what the best practice is to give voice to that. Help us come up with that."

Her moving speech received a standing ovation.

The following evening, Dennis Donovan, Ph.D., director of the [Alcohol and Drug Abuse Institute](#) at the University of Washington, described a successful culture-based intervention to reduce substance use among American Indian youth. As principal investigator of the [Healing of the Canoe](#) project, Donovan worked closely with the Suquamish and Port Gamble S'Klallam Tribes in Washington for more than a decade—the very sort of partnership that Whiting Sorrell had encouraged at the conference the day before. Over the past three years, Healing of the Canoe has expanded to a training program involving 317 people from 43 tribes.

"In the end, tribal members said of us, 'We told them what we needed them to do, and then they did it,'" Donovan said. "To me, that's a pat on the back, and one we're very appreciative of."

### BROADENING THE HEALTH PIPELINE

Other presenters spoke on the greater inclusion of Native voices in U.S. health professions as a way to advance health equity. Erik Brodt, M.D. (Minnesota Ojibwe), of the School of Medicine at Oregon Health and Science University (OHSU) noted that the number of American Indian/Alaska Native applicants to U.S. medical schools has declined by 70 percent since 1996. "If this was happening to any other underrepresented or disadvantaged



community, people would be losing their jobs,” he said. He added that American Indians make up a fraction of 1 percent of faculty at U.S. medical schools, where mentors are few and historical examples of successful programs to educate American Indians in medicine are almost nonexistent.

Brodt directs the [Northwest Native American Center of Excellence](#), which works to increase Native voices in health professions, in part, by recruiting AI/AN students and faculty to medical schools. Two affiliated programs, [We R Native](#) and [We Are Healers](#), connect with 55,000 Native youth subscribers on social media, a number that’s “growing every single day,” he said.

OHSU houses the only government-funded Native American center of excellence for health professional education, Brodt said. “I take that as a charge to collaborate, not to isolate,” he explained. “I want to try and identify ways that we can work together to advance this initiative. My vision is to create a forum where we can share ideas and come up with solutions so that we can also work with Montana on this.”

Later in the day, Montana INBRE and moderator Ann Bertagnolli, Ph.D., presented a panel discussion featuring four Native graduate students from MSU: Robert Dorsey, Melinda Smith, Francine Spang-Willis, and Dionne Zoanni. Building on Brodt’s themes, they described their own paths in STEM and health disciplines and the challenges and opportunities they’ve faced. Spang-Willis, a graduate student in Psychology, credited her faculty mentor at Rocky Mountain College, the late Arthur DeRosier, Ph.D., for inspiring her as an undergraduate.

“His willingness to create a space for me to share my voice and knowledge is one reason why I have a passion for learning and for helping people today,” she said.

### FROM FUNDING TO FINAL DELIVERY

The Summit was not without content on the nitty-gritty of research activity. “As researchers, we all know the importance of grant funding,” said **Alex Adams**, M.D., Ph.D., director of CAIRHE. “If we don’t have the money for what we want to do in our communities, even the best of ideas won’t get off the ground.”

Her remarks prefaced a two-hour grant-writing workshop by Jared Jobe, Ph.D., a Virginia-based consultant who draws from his storied career as a scientist and program officer at the National Institutes of Health (NIH) and other federal agencies. Jobe advised junior faculty to not lose sight of the science behind the laudable work they hope to do in communities.

“The NIH doesn’t fund programs; they fund *experiments*,” he said, adding that investigators should always design the science of a proposal first, followed by the personnel, timeline, and budget.

Aaron Wernham, M.D., CEO of the [Montana Healthcare Foundation](#), focused the public health discussion squarely on Montana by referencing some early data from the recent State Health Assessment and the forthcoming [State Health Improvement Plan](#) by the Montana Department of Public Health and Human Services (DPHHS). Wernham encouraged faculty investigators to involve not only their partner communities in the research process, but also stakeholders across the health delivery system—including Medicaid and other state personnel, tribal health directors, Indian Health Service officials, and hospitals and clinics.

“You can have the most effective intervention in the world, but if you’re not delivering it effectively, it’s not improving health,” he said. “As you’re designing research, be thinking about stakeholders that may help you understand where the intervention you have in mind fits into the delivery system.”

State officials from DPHHS were among those attending workshop discussions at the end of the Summit focused on the current state of research in Montana in areas of mental health and substance abuse, environmental health, nutrition and food sovereignty, and infectious diseases. The workshops highlighted many areas of progress, but clearly there is a lot of work yet to be done and significant room for statewide collaboration, the discussion moderators reported.

**Monica Skewes**, Ph.D., associate professor in MSU’s Department of Psychology and a CAIRHE investigator, co-moderated the mental health and substance abuse discussion with **Matt Byerly**, M.D., director of the [Center for Mental Health Research and Recovery](#). Skewes said one of the biggest challenges



Erik Brodt discusses his efforts to increase the number of Native students in health professions.

in their discipline is figuring out evidence-based treatments that work in unique communities beset by substance abuse, suicide, and related crises. “In general, we need to treat not just an individual to get them to change, but instead treat the family, the community, and the whole system to give rise to better health,” Skewes said.

Later this year, Summit organizers will disseminate talking points from each workshop discussion, Adams said.

### FIRST STEP ON A LONG ROAD

Results from a post-Summit evaluation survey indicate that participants found the conference valuable as a forum for new ideas and networking. For example, 93 percent of respondents rated the quality of presentations (now available as [videos online](#)) as either high or very high. “Overall, I thought the Summit was a great opportunity to connect,” said one participant.

Bothner and Adams both emphasized that the Summit was only a first step. “We can’t expect a single conference to change the course of health research in our state overnight,” Bothner said. “But it’s our hope that this initial meeting will start to bring health researchers, communities, and tribal, state, and county officials closer in a spirit of true cooperation and partnership for the benefit of all.” 

## RESEARCH

## CAIRHE ADDS 3 PILOT PROJECTS FOR 2017-18, CONTINUES FUNDING FOR 3 MORE

CAIRHE has added three pilot projects to its funded research for 2017-18, bringing its total number of pilot projects to six. As part of the additions, four investigators are receiving research support from the Center for the first time.



Carmen Byker Shanks

Funding began September 1 at the start of CAIRHE's fourth year as a center. The new investigators are **Carmen Byker Shanks**, Ph.D., RDN, associate professor in the Department of Health and Human Development; **Neha John-Henderson**, Ph.D., assistant professor in the Department of Psychology; **Maggie Thorsen**, Ph.D., assistant professor in the Department of Sociology and Anthropology; and **Andreas Thorsen**, Ph.D., assistant professor in the

Jake Jobs College of Business & Entrepreneurship.

CAIRHE also is continuing past-year pilot project support for Drs. **Colter Ellis**, **Kaylin Greene**, **Kelly Knight**, and **Monica Skewes**.



Neha John-Henderson

"We're delighted to bring four talented new investigators into our center this year," said CAIRHE Director Alex Adams. "Each is pursuing a line of research that is new to us, which will broaden our reach into new areas of the state and region."

In her project [Promoting Dietary Quality at FDPIR Through a Fruit and Vegetable Intervention](#), Byker Shanks will implement a multi-phase effort to increase dietary quality among local participants in the Food Distribution Program on Indian Reservations (FDPIR) on the Flathead Reservation of the Confederated Salish and Kootenai Tribes. Her work builds on several years of collaboration with local partners and MSU scientist Selena Ahmed, Ph.D. Byker Shanks and Ahmed received CAIRHE funding in 2016 for a dissemination project (see Fall 2016 Newsletter).

John-Henderson's project, [Understanding the Relationship Between Sense of Belonging and Health in the Blackfeet Tribal Community](#), will continue secondary data analyses of a stress and health dataset on the Blackfeet Reservation to uncover how sense of belonging to the local community may associate with biomarkers of disease risk. The data were collected by Blackfeet Community College students with support of a Native American Research Centers for Health (NARCH) grant from the National Institutes of Health.



Maggie Thorsen

[Multi-Criteria Evaluation of Efficiency, Access, and Outcomes at Health Centers](#), the project led by Maggie and Andreas Thorsen, will improve understanding of how variation across federally qualified health centers impacts efficiency and patient health outcomes. Their work will develop models to better understand

the strengths and challenges facing Montana's integrated healthcare system, and it should yield policy recommendations for improving health and reducing disparities in Montana, Maggie Thorsen said.



Andreas Thorsen

"Population health inequalities are impacted by how well our healthcare system delivers services to all people," she said. "We feel that there are many complex problems facing our healthcare system that require solutions from multiple disciplines."

All pilot projects were submitted as applications in April 2017 in response to CAIRHE's Request for Proposals last

December. Each funded proposal received prior approval from the CAIRHE External Advisory Committee and the NIH. Funding is for one year, with the possibility of competitive renewal for an additional year.

## CALL FOR PROPOSALS ISSUED FOR PILOT PROJECTS AND RESEARCH PROJECTS

CAIRHE has issued its annual Request for Proposals for one-year pilot projects and, this year only, for five-year research projects as well. The latter, if selected, will form the basis for CAIRHE's renewal of its NIH Centers of Biomedical Research Excellence (COBRE) grant, to be submitted in September 2018.

Proposals are due March 11, 2018.

Project ideas should be consistent with CAIRHE's mission of reducing health disparities in tribal and/or nontribal rural communities, and they should have a high likelihood of leading to independent funding from external (non-MSU) sponsors. CAIRHE welcomes proposals from faculty in any department at MSU.

For complete details and instructions, visit <http://www.montana.edu/cairhe/rfp/index.html>. Applicants for five-year research projects must meet with CAIRHE leadership prior to beginning a proposal.



CAIRHE investigators and staff recently attended the NIH IDeA Western Regional Conference in Jackson, Wyo., which included a poster session titled "Ending American Indian Health Disparities." Community Research Associate **Emily Salois**, MSW (pictured), and Gyda Swaney, Ph.D., of the University of Montana produced this popular poster on community-based participatory research partnerships with tribal communities. At the same meeting, CAIRHE Director **Alex Adams**, M.D., Ph.D., gave a keynote address titled "Research Collaboration as a Means of Ending Health Disparities."



## PROJECT HIGHLIGHTS

Here's a brief summary of activity among CAIRHE's faculty investigators during the summer and fall.

**Elizabeth Rink**, Ph.D., MSW ([The Fort Peck Sexual Health Project](#)), reviewed the results from her team's in-school survey of youth on the Fort Peck Reservation with the project's community advisory board (CAB), which made recommendations for further analysis. Following extensive discussion with tribal partners, Rink wrote an R01 grant proposal for an intervention project at Fort Peck called *NenUnkUmbiEdaHiYedo* ("We Are Here Now") and submitted it to the National Institutes of Health in August. News about potential funding will follow in January. For the remainder of the year, Rink's project will fine-tune a pilot test of the "We Are Here Now" intervention in Brockton, Mont., in conjunction with Brockton High School, the CAB, Fort Peck Community College, and the Fort Peck Language and Culture Department. Rink is working on three manuscripts related to her CAIRHE project.

The [Guardians of the Living Water](#) project, under the direction of **Vanessa Simonds**, Sc.D., completed its third-annual summer camp on the Crow Reservation, where camp leaders guided students as they tested water quality in and around their homes and at a local spring, then presented results to their parents. The project's after-school program this year will focus on increasing critical health literacy skills among youth who have attended one or more of the previous sessions. Simonds and her project team have submitted two manuscripts that are under review. In addition, they made two presentations at the annual meeting of the American Public Health Association in Atlanta in early November.

**Elizabeth Kinion**, Ed.D., MSN ([Increasing Access to Oral Health Care ...](#)), staged final recruiting for her project on the Fort Belknap Reservation. In early November Kinion and former student Jennifer Show, DNP, presented a talk at a continuing dental education conference in Great Falls, Mont.

**Colter Ellis**, Ph.D., and **Kelly Knight**, Ph.D. ([Responding to Secondary Trauma ...](#)), continue to meet regularly with CABs in Southwest Montana and on the Blackfeet Reservation. Earlier this year they completed a Blackfeet community needs assessment and presented at Days of the Piikani at Blackfeet Community College. In November they will make two invited presentations about their ongoing work: one to Montana Concerns of Police Survivors and a second in Washington, D.C., at a meeting of the Administration for Children and Families, an agency of the U.S. Department of Health and Human Services. Ellis and Knight also are revising two manuscripts for publication; drafting toolkits for their dual projects; and developing a survey for secondary trauma.

**Kaylin Greene**, Ph.D. ([Substance Use and Driving Among Rural Young Adults](#)), published a report, *Drinking and Driving in the Big Sky State: Key Insights from Young Adults*, for dissemination among communities and other stakeholders across Montana (see page 7). She also has two papers related to her CAIRHE project currently under review.

**Maggie Thorsen**, Ph.D., and **Andreas Thorsen**, Ph.D. ([Multi-Criteria Evaluation of Efficiency, Access, and Outcomes at Health Centers](#)), submitted a paper for consideration at the Population Association of America annual meeting. They also will adapt the

paper for submission to a peer-reviewed journal. A portion of their CAIRHE pilot project contributed to an October presentation at the Institute for Operations Research and Management Sciences annual meeting in Houston. They have hired a graduate research assistant, **Srinivasan Sridhar**, and are preparing a grant application for possible submission to the Patient-Centered Outcomes Research Institute early next year.

**Carmen Byker Shanks**, Ph.D. ([Promoting Dietary Quality...](#)), has been conducting weekly research team meetings and has partnered with the Western Montana Growers Coop to source fresh and local fruits and vegetables for the project's intervention. To date, the project has completed 1 month of pre-intervention work and is currently in month 2 of the intervention, which includes nutrition education. She and her team are finalizing a manuscript about dietary quality on the Flathead Reservation. Byker Shanks received U.S. Department of Agriculture funding as co-principal investigator



John Doyle (center), a member of the Crow Environmental Health Steering Committee, engages students with storytelling during the Guardians of the Living Water summer camp.

Photo by Veina Pickett

for a Montana Team Nutrition training grant. She has published three papers this year related to a short-term dissemination project (with Selena Ahmed, Ph.D.) funded by CAIRHE in Summer 2016.

**Monica Skewes**, Ph.D. ([The Fort Peck Substance Abuse and Resilience Project](#)), and her team have been collecting survey data at Fort Peck since May, with about 150 surveys completed to date. Following analysis and preparation of manuscripts for publication, they will use the findings in a future grant proposal. She presented at the annual convention of the Western Psychological Association last spring. In other work, Skewes will lead a subcontract to MSU as one part of an NIH NARCH grant to Northwest Indian College in Bellingham, Wash. The goal of that project is to understand resilience and recovery from opioid dependence among three Coast Salish reservation communities in Washington State.

CAIRHE mentor **Jessi Smith**, Ph.D., was awarded an NIH R01 grant as co-PI for a project titled "Promoting Motivation for Underrepresented Groups in Undergraduate Biology and Chemistry Courses." 🌻

## PEOPLE

## FRANCES KIM JOINS CAIRHE, OFFERS VITAL SUPPORT TO MULTIPLE PROJECTS

**Frances Kim**, a 2017 MPH graduate from Columbia University, has joined CAIRHE as project coordinator, currently serving two of the center's research projects.

Since joining CAIRHE in July after moving directly from New York, Kim has assisted **Vanessa Simonds**, Sc.D., and her [Guardians of the Living Water](#) project with data management and analysis, as well as on-site assistance with student programs on the Crow Reservation. Among other activity, that project team is preparing a paper for submission this fall.



Frances Kim

Kim also assists **Elizabeth Kinion**, Ed.D., and her [oral health project](#) at the Fort Belknap Reservation through participant recruitment efforts and data management using REDCap, a Web application for building and managing databases. REDCap is new to MSU, and Kim will become

CAIRHE's resident expert serving all of its projects.

"Public health has been a pivotal career inspiration for me," Kim said. "The idea that I can create changes on a community level is great, but I also feel like this job allows me to help dismantle institutionalized barriers to minority groups receiving care—more specifically through CAIRHE's community-based participatory research focus. I think I've been incredibly lucky working at CAIRHE so soon after my MPH. It's not very common, at least in my graduate program in epidemiology and applied biostatistics, to have such an involved and dynamic public health role."

A native of Toronto who moved to San Diego at age 15, Kim has adjusted quickly to the smaller size and slower pace of Bozeman. "It doesn't hurt that I can leave my house and see mountains all around to climb and just admire on a daily basis," she said.

Director **Alex Adams** said that Kim's expertise will be a boon to CAIRHE's project leaders. "Having someone to manage data collection in our communities in a secure, compliant, and thoughtful way allows our investigators to focus on their science and community partnerships with confidence," she said. "We are delighted that Frances has had an impact right away."

## CAIRHE INTRODUCES NEW EXTERNAL EVALUATOR, DR. JULIE LUCERO OF UNR

**Julie Lucero**, Ph.D., MPH, assistant professor in the School of Community Health Sciences at the University of Nevada, Reno, has begun work as CAIRHE's external evaluator, providing crucial formative and summative assessments of the center's progress.

As a community-based participatory research investigator who works with American Indian, Hispanic, and LGBT communities,

Lucero pursues her own research looking for modifiable social determinants to reduce the impact of health inequities within marginalized populations. Other current research explores the role of trust in promoting effective processes and outcomes in



Julie Lucero

community-academic partnerships. Prior to her current position at UNR, Lucero completed post-doctoral studies at the University of New Mexico and served as associate director of the Center for Participatory Research at the UNM Health Sciences Center from 2009 to 2015.

In her evaluation work for CAIRHE, she is assisted by UNR graduate student **Kathrine Wright**.

Along with the External Advisory Committee and Mentor Council, the evaluation team will serve as important advisers to CAIRHE Director Alex Adams—helping to ensure that the center is effective in meeting its goals and objectives, said **James Burroughs**, CAIRHE program coordinator.

"Dr. Lucero understands what we're trying to do as a center," Burroughs said. "As we look ahead to our next five years, she will be able to provide us with valuable impartial guidance on what we're doing right and where we can be better."

Lucero and Wright attended the Montana Health Research Summit in Big Sky in September, and they will return to Bozeman in February to meet with CAIRHE investigators.

## AMBER NOSEEP SERVES AS CAIRHE'S STUDENT RESEARCH ASSISTANT

**Amber Noseep**, an MSU undergraduate from Fort Washakie on the Wind River Reservation in Wyoming, joined CAIRHE in June as the center's student research and administrative assistant.

A nursing major who will enroll in the BSN program at the MSU College of Nursing, Billings Campus, next May, Noseep assists Grants Management Specialist **Maya Bronston** with bookkeeping and Project Leader **Vanessa Simonds**, Sc.D., with research tasks.



Amber Noseep

"I always thought of research as reading peer-reviewed journals and working in a lab," said Noseep, who is Eastern Shoshone. "Working with Dr. Simonds has helped me experience research in a different way."

After receiving her nursing degree in 2020, Noseep plans to work in an emergency room setting for a year and then apply to graduate school in nursing anesthesia.

"In a short time Amber has been a great asset to our office," Bronston said. "We're pleased to have her help, and we know she's going to do great work in her nursing career one day." 🌸

# DID YOU KNOW?

CAIRHE is an interdisciplinary research center that draws its current project leaders and mentors from seven different departments, colleges, and centers at MSU and the University of Montana.

## OUTREACH AND ENGAGEMENT

### CAIRHE, MONTANA INBRE APPOINT NEW RURAL COMMUNITY RESEARCH ASSOCIATE

**Susan Higgins**, M.S., has joined CAIRHE and Montana INBRE as a community research associate, part of both programs' ongoing effort to build research relationships among rural communities in Montana.

Higgins will work closely with faculty investigators, facilitating their productive, trusting partnerships with local groups according to best practices in community-based participatory research, said CAIRHE Director **Alex Adams**.



Susan Higgins

"Sue is a proven organizer and a catalyst for cooperative projects of any kind," Adams said. "She will bring people together around the state to help our two programs develop and refine the research that Montana needs."

By focusing on rural, non-tribal communities, Higgins will complement longtime CRA **Emily Salois**, MSW, who is a respected adviser to faculty and tribal partners around the state. Together Salois and Higgins will strengthen the Community Engagement Core at a time of significant research growth at MSU, Adams said.

Higgins brings to the position a 35-year background in natural resources management and policy in Montana, including recent consulting work and eight years of program management with the Center for Large Landscape Conservation and The Tributary Fund, where she facilitated research activities, among other duties. She has authored guides for practitioners and educators, as well as a recent paper on best practices for research scientists working in faith and indigenous communities.

"I am honored to take on the work for CAIRHE and INBRE to connect their outstanding research capabilities to the real and vital on-the-ground healthcare needs of our rural Montana communities," Higgins said. "Learning from communities about what makes science and research relevant to them, and bridging that story, is about the most exciting work we can do."

Higgins will be based on the MSU campus in Bozeman, with frequent travel around the state. On her first day on the job in early November, she represented CAIRHE and INBRE at the 2017 Montana Healthy Communities Conference in Helena. She resides in Bozeman with her family.

### GREENE PUBLISHES PROJECT REPORT FOR COMMUNITIES, OTHER STAKEHOLDERS

CAIRHE project leader **Kaylin Greene**, Ph.D. ([Substance Use and Driving Among Rural Young Adults](#)), has published a report for a statewide layperson audience from her study of alcohol and marijuana use and driving among young adults.

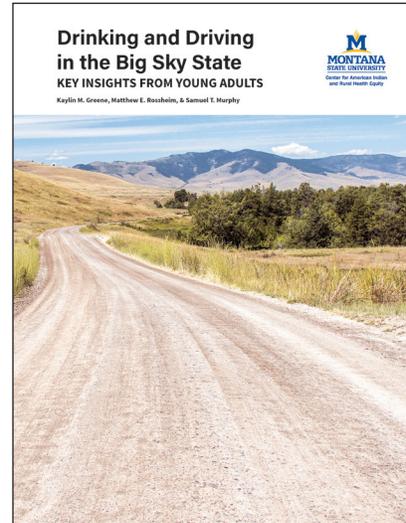
The report, *Drinking and Driving in the Big Sky State: Key Insights from Young Adults*, states that Montana has one of the highest self-reported rates of driving after drinking too much—nearly twice the national average. As a result, Montana has one of the highest rates of young adults killed in crashes that involve

alcohol-intoxicated drivers. Greene co-authored the report with collaborator Matthew Rossheim, Ph.D., of George Mason University and MSU research assistant **Samuel Murphy**.

"In addition to getting these results back to communities,"

Greene said, "we've shared this report with diverse groups—from public health providers to DUI Task Force members across the state of Montana."

Greene's study has determined that young adults believe that drinking and driving is different in rural areas compared to more populous parts of the state. Because they believe that harming someone else is less likely with fewer drivers on the road, for example, young drivers



may think that the behavior is excusable and tolerated by others, including law enforcement.

Other portions of the report examine when and why young people drink and drive, why some young adults choose not to

### Why do some young people choose not to drink and drive?



#### FEAR OF HARMING OTHERS

The risk of causing serious harm to another person is one of the main reasons why young adults do not drink and drive. Concerns about the welfare of others have various sources. Some young people say that their upbringing or morals cause them to think about the well-being of other drivers on the road. Other young people describe community tragedies or personal experiences that cause them to fear drunk driving. Similarly, young people do not want to hurt themselves and therefore avoid drunk driving.

#### LEGAL AND FINANCIAL REASONS

A fear of legal consequences is a signifi-

cant deterrent to drunk driving. This fear is heightened in locations with greater police presence and enforcement. Young people also recognize that DUIs are expensive and that a crash can require replacing a vehicle and other damaged property. Furthermore, young people see how a DUI citation could get in the way of their life goals. For instance, getting a DUI citation could result in job loss and interfere with higher education plans.

#### REPUTATION

Some young people worry that a DUI citation could ruin their status in the community. Young adults do not want to be viewed as troublemakers, and many fear that drunk

driving could destroy their reputation. This concern is particularly apparent in small, tight-knit communities where news of a DUI spreads quickly. On a family level, the potential for disappointing one's parents following a DUI arrest also keeps young adults from driving after drinking.

#### PEER PRESSURE

Young people often pressure their friends to avoid driving if they have been drinking. Sometimes a friend will actively prevent another person from driving after drinking by taking the person's keys.

## OUTREACH AND ENGAGEMENT

drink and drive, and what programs currently address the problem. Suggestions for new initiatives include addressing Montana's excessive drinking culture and the culture of drinking and driving in rural areas.

The full report is available on [Greene's project page](#) on CAIRHE's website. 



**Cultural Crossroads:** U.S. Route 2, spanning more than 2,500 miles across the country, connects the Blackfeet Reservation (home to CAIRHE partners) with northern Montana. You'll find this signpost near the Museum of the Plains Indian in Browning, Mont. (Photograph by Colter Ellis)

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The “Guardians,” student participants in the Guardians of the Living Water summer camp, learn about Apsáalooke history and culture—while having lots of fun—at Pretty Eagle Point on the Crow Reservation. See page 5. (Photograph by Velma Pickett)

