EMBRACING THE POWER OF STORY IN SCIENCE

When my kids were little, I made up stories for them at bedtime. Often these were sequential stories so that they looked forward to hearing what would happen next, and most of the characters were animals having adventures or getting lost and finding home. Once my husband, Erik, even used my story of a baby moose to calm down one of his pediatric patients during a procedure in the ER. I find myself returning to story now both in my team’s research dissemination work with children and families, Turtle Island Tales, as well as in my speaking.

Last November, I decided that I needed to learn how to better engage audiences online. I was feeling really adrift without that visual connection to audience. With some coaching, I began to tell my stories in my presentations. Having set this intention, I’ve been invited to give eight presentations for local, regional, and national audiences—ranging from laypeople to health professionals—in the past five months. While it’s been a lot of work and a stretch out of my comfort zone, I’ve learned a lot about communicating with diverse audiences in a new, more impactful way.

Given that so much science communication we’re producing is falling on deaf or politicized ears these days, I believe we need to learn how to use story to really engage and impact our listeners. At first, I found this revealing of self in my stories to be strange and difficult. Used to the comforts of PowerPoint and data, I found it hard to begin simply with a story, and it felt too open and unscientific. But after trying this in different ways and with different stories—such as why I’m engaged in climate change work, experiences with my own mentors, and why I do what I do—it’s felt really important to be real, to be myself, and to truly connect with all those faceless listeners on the webinars.

In telling my stories, I have carefully thought beforehand about what would resonate most with my listeners and what would help them stay engaged with the topic. My longest talk, a national keynote for health and extension professionals, was nearly an hour, and fortunately I had a lot of practice with my storytelling before this one. I began with my story about why I started working with Native communities, and then I added a menu of what they should be listening for during the talk. I ended with how their story would help reinvigorate, reimagine, and continue to support their communities. I’ve also learned the technique of starting with me, moving to we, and ending with you. I find this to be a really excellent way to think about engaging my audience.

We build and share CAIRHE’s stories through our good work, our writing, and our community engagement and public outreach. As you contribute to our center’s mission, or that of your own organizations, I encourage you to tell your own stories as individuals, as parents, and as scientists. It can make your work, and ours, come alive and resonate in ways we have just begun to imagine. You have a story to tell, and the world needs to hear it!

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

For Healthy Communities Under the Big Sky
SKEWES WINS $3.2 MILLION GRANT TO TEST SUBSTANCE USE INTERVENTION

From MSU News Service

After more than a decade spent studying addictive behaviors, psychologist Monica Skewes thought she had seen the complete spectrum of human addiction. But even with her extensive experience investigating smoking, drinking, and other addictions, Skewes was surprised when she arrived in Montana in 2014 to find many people in one American Indian community living in recovery against all odds. People healing from methamphetamine addiction, for example, lived among current users and somehow managed to stay drug-free.

“I couldn’t even conceive how they could do that,” said Skewes, Ph.D., associate professor in Montana State University’s Department of Psychology and a principal investigator for CAIRHE. “There’s a resilience and strength that people have there, and even since then I’ve been trying to understand what those strengths are and how they can help community members toward recovery.”

Although American Indians have one of the highest rates of abstention from alcohol and drugs among any population, Native communities also experience serious health disparities associated with alcohol and drug use disorders, often a result of intergenerational and historical trauma, Skewes said.

Effective treatments are critically needed in these communities, she explained, but few evidence-based interventions have been developed or tested with American Indians and grounded in local culture. Even fewer take advantage of the communal strengths that Skewes and her community partners observe daily.

In March Skewes received a five-year, $3.2 million grant from the National Institute on Drug Abuse, part of the National Institutes of Health, to test one such treatment—a unique approach to recovery that she and her research team have developed over years of preliminary studies.

By increasing access to effective localized treatment, this latest research could improve health and decrease disparities related to substance use disorders among underserved Native communities in Montana and nationwide, she said.

“The goal of the intervention, Skewes said, is to provide opportunities for participants to reconnect with their families, community, and culture as they recover.”

“Our intervention is focused on planning for recovery and building a full, rich, satisfying life that’s incompatible with substance use.”

By building up protective factors, like a strong cultural identity and sense of belonging to the community, there will be less space available for substance use and more support for recovery,” she said.

Using data from Skewes’s four CAIRHE-sponsored preliminary studies, which date from 2014 to the present, the team has worked closely with a community advisory board at Fort Peck to understand what the community believes causes addiction and how tribal members recover from substance use problems, often without formal treatment. The risk and protective factors the team identified in those studies will be the focus of the Indigenous Recovery Planning intervention.

“Infusing cultural content into a pilot adaptation of Relapse Prevention was critical, as we continue to see evidence of cultural identity as a resiliency factor for American Indians,” said Adriana Ricker, MPH. Skewes’s longtime collaborator at Fort Peck and a member of the local advisory board. “Through storytelling, intervention is focused on planning for recovery and building a full, rich, satisfying life that’s incompatible with substance use.”

“Rather than trying to deliver a solution, we hope to expand opportunities and provide alternatives to people who can then find a way that works for them.”

Skewes hopes the research will open new avenues to wellness that community members might not currently know how to access.

“This research casts light on an often overlooked consequence behind as the pandemic continues.”

Not surprisingly, with food hoarding rampant in the early weeks of the pandemic, respondents declared a decline in food availability, particularly in remote communities, Byker Shanks said. About 77% of respondents indicated that some of the foods they needed were unavailable. Nearly half of the respondents reported buying more food out of fear or anxiety (see graphic at left).

The survey results, released in December under the title The Impact of COVID-19 on the Health of Montanans, include the responses of 1,944 participants between April and September 2020. The research received grant support from CAIRHE.

“This was the first of its kind in Montana to report about the immediate impacts of COVID-19 on food security,” said lead researcher Carmen Byker Shanks, Ph.D., a CAIRHE investigator and assistant professor in MSU’s Department of Health and Human Development. “In addition, we investigated a variety of health variables, since the causes and consequences of food insecurity are multifaceted. To build solutions to food insecurity in our state, we must understand the entire scope of the issue.”

Byker Shanks leads a separate CAIRHE project that aims to increase the availability of healthy foods at two rural Montana food pantries while promoting nutritious diets to decrease health risks. When the pandemic reduced her ability to work with her food pantry partners last year, she pivoted a portion of her research to include the statewide survey. The project is supported by a three-year, $464,943 grant from the National Institutes of Health.

The survey’s most significant findings is the reported increase in food insecurity. Prior to the pandemic, 11% of the survey respondents were food-insecure, while 18% reported food insecurity during the pandemic.

“Recommendations to stock up on food and limit trips to the grocery store aren’t possible for those who can’t afford to purchase large amounts of food, or who live in communities without access to a consistent food supply,” Byker Shanks said. “COVID-19 requires considerable and rapid behavioral shifts for everyone, including food management skills to cook more, plan ahead, and reduce waste. Not everyone has the resources to navigate our new situation.”

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A statewide survey conducted by Montana State University researchers during the COVID-19 pandemic determined what food security—having consistent access to enough food for an active, healthy life—has decreased substantially among Montanans. At the same time, anxiety and other feelings of mental distress are on the rise.

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Byker Shanks’s co-investigators on the survey project are Michelle Groecke, Ph.D., assistant professor in the Department of Health and Human Development and an MSU Extension specialist; Justin Shanks, Ph.D., former faculty at the MSU Library; Eliza Ricker, MPH, CAIRHE research project manager; and graduate research assistant Kimberly Scanlon.

“This research casts light on an often overlooked consequence of COVID-19, which is greater food insecurity and anxiety among many sectors of our rural population that are already facing health disparities,” said Alex Adams, M.D., Ph.D., director of CAIRHE and a nutrition specialist. “It should be an important tool for those who are working to make sure underserved populations aren’t left behind as the pandemic continues.”

During the early months of 2020, the research team developed the online survey to assess the impact of COVID-19 on Montanans’ food security, health behaviors, and health outcomes, then distributed it statewide through email and social media beginning in late April.

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Beyond the pandemic’s particular effect on food security in Montana, the survey also explored the broader impact on the well-being of respondents. For example, 34% reported financial hardship due to COVID-19, and 37% said they had engaged in negative health behaviors, such as increased alcohol consumption and more screen time, since the start of the pandemic.
This 26-item measure has excellent reliability and construct validity, recently published in the *Implementing an Internet-Based, Cognitive Behavior Therapy Intervention in School Settings* (IGI) to assess complicated grief symptoms and healing from loss. Police seeking to reduce the impact of vicarious trauma. Knight and her research team also collected data on school policy, procedures, and events that facilitated or hindered the implementation of the Youth Thrive program. Analysis is underway to understand the potential impact of the Youth Thrive program on symptoms of anxiety, depression, and co-occurring disorders. Franklin and her research team also collected data on school policy, procedures, and events that facilitated or hindered the implementation of the Youth Thrive program. Analysis is underway to understand the potential impact of the Youth Thrive program on symptoms of anxiety, depression, and co-occurring disorders. Franklin and her team conducted three studies during the year to reach the end result, with the most recent activity involving a study to administer the IG1 to 600 AI/AN participants who had experienced the loss of someone close to them. These data were used to conduct a factor analysis and psychometric testing of the new measure.

Through continuing data analysis from previous survey work, Skewes and her team identified relationships between historical trauma and substance use outcomes. The team has contributed new data to the literature on historical trauma.

This CAIRHE project will conclude in August, with Skewes and her team completing three nationwide invited presentations and two national presentations; this includes the University of Washington’s School of Medicine and Institute of Translational Sciences, that partner with vulnerable communities hardest hit by the COVID-19 pandemic. 

RECRUITMENT AND ENROLLMENT ARE UNDERWAY FOR RADx-UP STUDY

CAIRHE and its research partners in Montana and Washington have begun activity as part of their two-year grant from the National Institutes of Health to examine COVID-19 testing strategies among underserved populations in Montana and Washington. The grant of $1,797,140 to CAIRHE is part of the NIH $8.4 billion Rapid Acceleration of Diagnostics initiative, or RADx, created in the early weeks of the COVID-19 pandemic to address the need for scalable testing and rapid introduction of new technologies. A component targeting underserved populations known as RADx-UP funds community-engaged, projects, including CAIRHE, that partner with vulnerable communities hardest hit by the pandemic. 

The CAIRHE grant, awarded last November, is one of 70 RADx-UP grants nationwide and the only one in Montana. Its project title is “Protecting Our Community: A Pragmatic Randomized Trial of Home-Based COVID-19 Testing with Native American and Latino Communities.” CAIRHE and MSU lead the study, in partnership with the University of Washington’s School of Medicine and the Institute of Translational Health Sciences (ITHS), the Fred Hutchinson Cancer Research Center in Seattle; and Salish Kootenai College and the Confederated Salish and Kootenai Tribes at the Flathead Reservato
VERNON GRANT: FROM LIFE’S CLEARING, A PATH OF HOPE AND HARD WORK

By James Burroughs

In the clearing stands a boxer
And a fighter by his trade
And he carries the reminders
Of every glove that laid him down
Or cut him till he cried out
In his anger and his shame,
“I am leaving, I am leaving.”
But the fighter still remains.

—“The Boxer” by Simon & Garfunkel

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etting Vernon Grant to talk about himself isn’t always easy at first. Right away it’s clear there’s a fundamental modesty that holds him back—or, at the very least, a wisdom and a knowledge of life’s humbling lessons that go way beyond his years. At 39, for all he’s seen, he’s still a young guy. He talks with pride about how, as an avid hunter, he provides meat for his family, just as Blackfeet hunters have done for generations. “It’s in our DNA,” he says. (And he’s got two freezer fulls of elk meat to show for it.) But amid the doubts and the inertia, something about the past 15 months, spent in relative isolation during the pandemic, has given him some clarity about his path. To his CAIRHE support and his K award he recently added a one-year research project grant from Montana INBRE. He’s on course to write and submit an R01 grant in the next three years, something he says he’s committed to doing.

And on top of all that, he’s getting married. He and Chelebra Brave Rock, who works as a nurse for St. Ignatius Tribal Health, quietly got engaged last May and plan to marry as soon as her family can travel freely again. She and they hail from the Blackfeet Nation, one part of the historical Blackfoot Confederacy located north of the Canadian border. Due to COVID restrictions, movement across the boundary is still kept to a minimum.

So here on the threshold of his 40s, Vernon’s year is proving to be a time and place for pause. A deep breath in the clearing before the start of the next round. He’s committed to doing something about his wisdom (again, beyond his years) to know when to sit back and reflect on what life deals you. About all that seems certain to him is that the decades to come will be spent somewhere in service to his people, a family tradition that goes back at least as far as his great-grandfather, followed by his grandmother Fred Grant, a former tribal councilman, now gone, whose legacy Vernon respects and admires so much.

What seems certain to everyone else is that this guy is going to be a remarkable elder one day. This wise young man of 39, the bloodied fighter who remains, might as well have Elders In Training worn on his soul. But it wasn’t the sleep researcher in training who sat down with me one morning from his home in Arlee, Montana.

The title for your K01 grant is Developing, implementing, and evaluating a mixed-methods community-based participatory research sleep intervention in families with K-1st grade children living on the Blackfeet Indian Reservation. For years you’ve been interested in physical activity and wellness. Why and when did sleep come into the picture? V.G.: When I selected as a T32 research fellow at the University of Wisconsin, Dr. Adams was working on her R01 project titled Healthy Children, Strong Families. The study was assessing several health behaviors, including physical activity, screen time, diet, and sleep, among others. Naturally I was drawn to the physical activity component and was charged with taking the lead on analyzing and writing about that aspect of the project. But as I became more involved with the study, I got more and more interested in sleep and how sleep impacts health. As I worked on the data that assessed physical activity as the main outcome, I included sleep as a secondary outcome. This led me to author one of the first papers that reported on both physical activity and sleep in an American Indian population.

Throughout my postdoc, I studied the sleep literature to learn how important sleep is to our overall health. I looked back on my 12 years of formal collegiate education and recalled how I was sleep-deprived for the majority of my time as a graduate student. I wanted to learn more about sleep not only to inform my future studies on sleep, but also to help myself in that area since I knew I wasn’t getting enough sleep.

Fast-forward a few years, and now my focus is solely on sleep. Physical activity will always be something I assess in my work, but I now have an immense interest in sleep. In fact, I’m expanding on my skills in sleep assessment and will be learning polysomnography in Dr. Jason Carter’s sleep laboratory at MSU in the coming years. This is something that excites me, and I’m really looking forward to it.

Vernon Grant: From Life’s Clearing, a Path of Hope and Hard Work.
These deaths extend to nearly every family on the Reservation. The pandemic has taught us many lessons, mainly that our health is the most important commodity we have. Our people on the Blackfeet Indian Reservation—and all reservations, I believe if individuals maintain a healthy lifestyle, they’re much more likely to fight off illnesses and live a quality life. I’ve always said that “my health is my wealth.” I hope that, if anything, this has brought an awareness of how important it is to keep our bodies healthy in order to fight off disease and viruses. I know that even healthy people have succumbed to COVID-19, but I believe if individuals maintain a healthy lifestyle, they’re much more likely to fight off illnesses and live a quality life.

Part of your passion in life is inspiring others. For you, community-based participatory research is not only about developing solutions to problems from within the community, but also inspiring others to continue the work. What makes you successful at that, and should it be part of everyone’s practice of CBPR?

I wouldn’t say that I’m successful, but I will say that I try my best at everything I do. One of my old boxing coaches always said, “Hard work pays off.” He drilled that into my head. All these lessons I learned in boxing also translate to life and anything I do. I think developing solutions to problems in a community-based setting is one of the hardest things to do. People can spend a lifetime working in one community and barely scratch the surface in addressing problems that exist. I think it takes hard work and dedication to impact change. But it’s impossible for one person to do it—it has to be a collective or community effort. I can’t do this work alone. Everything I’ve accomplished this far in my journey has been because of the help I received from numerous people. I have so many people to thank. One of my biggest hopes is that I’ll be able to help others in their careers just as I’ve been helped to get where I am today.

How has the pandemic changed your outlook on the health disparities that already existed on the Reservation? Most of your work is conducted remotely. How do you plan to use the coming year? Not only was research training shut down, but our research training has been shut down, too. I think the biggest takeaway that this year has taught me and my family is that everyone should have a wicked stock of toilet paper. One must get toilet paper at all costs! I’m talking, like, hoarding that stuff until the next apocalypse.

One of my old boxing coaches always said, “Hard work pays off.” He drilled that into my head. All these lessons I learned in boxing also translate to life and anything I do. I think developing solutions to problems in a community-based setting is one of the hardest things to do.” How has the pandemic changed your outlook on the health disparities that already existed on the Reservation? The pandemic has taught us many lessons, mainly that our health is the most important commodity we have. Our people on the Blackfeet Indian Reservation—and all reservations, for that matter—were hit hard, with numerous people contracting the virus and many families having to bury their loved ones. I know that was really hard for our community.

These deaths extend to nearly every family on the Reservation. I’ve always said that “my health is my wealth.” I hope that, if anything, this has brought an awareness of how important it is to keep our bodies healthy in order to fight off disease and viruses. I know that even healthy people have succumbed to COVID-19, but I believe if individuals maintain a healthy lifestyle, they’re much more likely to fight off illnesses and live a quality life. I appreciate all the love and support I get. I’m very blessed and fortunate to be in the position I’m in. I know what it’s like to be poor and to have no direction in life. I can relate to a lot of people on the rez. That’s why I agree to do these types of things—not to talk about myself, but in the hope that some kid on the rez reads this stuff and it shows them that no matter where they come from and what circumstances they’re facing now, they can find a better path not only for themselves, but for their family and people.

Have you seen the CAIRHE logo around the state during COVID-19? You might have caught a glimpse of one of these posters, or perhaps seen a flyer on how to interpret COVID-19 test results. As one part of a state grant to MSU in Fall 2020, CAIRHE (under the leadership of Dr. Selena Ahmed) and partners at Salish Kootenai College developed culturally relevant COVID-19 educational materials, including posters and information sheets, for college students and rural and tribal communities. The materials are free to use and share. More examples like those above are found on CAIRHE’s website.
language lessons, and smudging, an energy cleansing practice, we were able to highlight the collective resilience in every participant's story and provide them with tools and resources for cultural restorative pathways on the Fort Peck Reservation."

Over three years, Skewes's team will test the effectiveness of CBPR in a clinical trial among 15 tribal members with substance use disorder. The study will assess if and how IHR changes alcohol and drug use, as well as how it influences related outcomes, such as quality of life. In addition, the research will examine the effects that certain cultural factors—such as American Indian identity, spirituality, and communal mastery—may have on treatment. At the end of the study, they'll evaluate IHR's acceptance in the community. That'll help Skewes and her team adapt it to other communities with similar cultural values and barriers to treatment.

"I've seen that change that substance use problems have caused for Native families and communities, and the devastation people experience when they lose a loved one," Skewes said. "But addiction is a treatable chronic health problem, and people can and should recover. There are many pathways to recovery, and what works for one person may not work for another."

Skewes hopes the project will open new avenues to wellness that community members might not currently know how to access. "Rather than trying to deliver a solution, we hope to expand opportunities and provide alternatives to people who can then find a way that works for them," she said.

Ian Handley, Ph.D., chair of the Department of Psychology, also said that Skewes's latest work has "considerable potential to positively impact Native communities."

"This grant award serves as a testament to the importance of the team's foundational and future work, and it exemplifies the positive impact Native communities," said Handley.

(*Skeens R01 Award" continued from p. 2)

On April 22 at the home of Director Alex Adams, CAIRHE presented Benor Skewes with a Pendle- eren 12th in recognition of her 2021 grant. As the same time the Center recognized Skewes’s graduate student, Jenee Gerner, Ph.D. (right), who successfully defended her dissertation on April 4. Skewes received the award for her project, titled "Scaling Up Measurement to Confront Food Insecurity in the USA" that outlines strategies to bolster measurement of food security. In their report on the Montana survey findings, Byker Shanks and her MSU co-investigators make similar recommendations for state and local policymakers. Those recommendations include leveraging policy and programmatic support to promote food security, retooling food systems to ensure adequate food for all; formulating research and the use of federal aid; making mental health resources more readily available; communicating to Montanans through a variety of methods; and creating support systems to encourage positive habits.

"This moment in time highlights a food insecurity crisis that's existed for decades," Byker Shanks said. "We have a responsibility to solve an inexcusable issue in a society where enough food and resources are available, but we don't distribute them equally to everyone."

To learn more about the survey, visit montana.edu/cairhe/projects/byker-shanks/CVID-19-food-insecurity.html.

(*Research Highlights" continued from p. 4)

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The short piece on the National Public Radio member station presented an overview of the study in its earliest stages. "We decided to work on home-based testing, realizing that no vaccine is 100 percent effective, and new variants of the virus may mean that outbreaks could happen for months to come."

Effective testing with higher rates of acceptance could be the key to sustainable resilience amid COVID-19 and similar illnesses in vulnerable communities. "The outcomes from this study will have long-term benefits even once we have COVID-19 behind us," Adams said."

Aim 1 will determine the cultural, social, behavioral, and economic barriers and facilitators to SARS-CoV-2 testing among the communities, then culturally adapt home-based testing educational and outreach materials. To date, nearly all key informant interviews and focus groups have been completed in each study location, and analysis of the data collected is underway.

The study's second research aim is the completion of a clinical trial to test the effects of active delivery (via trusted community members) vs. passive delivery (via mail) on the completion rates of home-based testing. Recruitment for that trial—which will include 200 participants in each study community—has just begun.

Despite the prevalence of COVID-19 vaccines and loosening of public health restrictions in recent weeks, the need for effective testing will not go away, said Adam Adams, M.P.H., Ph.D., director of CAIRHE and principal investigator for the Protecting Our Community study. "Vaccination rates are not yet where they need to be, and interest appears to be waning, which is troubling," Adams said. "We may continue to see periodic spikes of cases across the country, and acceptance of the vaccine may remain low in certain communities. Also, no vaccine is 100 percent effective, and new variants of the virus may mean that outbreaks could happen for months to come."

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(*Research Highlights" continued from p. 4)
Dr. Erik Adams and Sue Higgins uncovered CAIRHE’s Health Education and Research Bus (HERB) on May 14 after a long winter hibernation. HERB is open for business beginning this summer.