

Native AIR

Native Communities – Alcohol Intervention Review

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March 14, 2018



Project Description

- National Institute on Alcohol Abuse and Alcoholism (NIAAA) initiated ***Native AIR*** project (Native Communities* – Alcohol Intervention Review)
 - Collect, evaluate, and summarize peer reviewed published research on prevention or treatment interventions that include data on alcohol misuse (sometimes alcohol not the primary focus).
 - Develop a website to disseminate this information
 - Goal is to assist tribal leaders, health professionals, and program staff review and implement scientifically tested interventions in their communities (End-Users)

*e.g. American Indian, Alaska Native, Native Hawaiian, Pacific Islanders and other indigenous people of the United States



Methodology

1. Collect prevention and treatment intervention peer reviewed literature focusing on Native American communities with alcohol outcomes
2. Recruit *Subject Matter Experts (SMEs)* to review the literature
3. Solicit input from potential end-users, what information they need to know
4. Develop an electronic coding sheet survey instrument to facilitate the review of the literature
5. Fetal Alcohol Spectrum Disorder (FASD): pilot review of the literature – 7 interventions



Website Demo

FASD Pilot



Native Communities – Alcohol Intervention Review

Fetal Alcohol Spectrum Disorder (FASD) Prevention Interventions

Intervention	Description	Cultural Engagement	Costs	Outcomes
<p>1. Educational Intervention</p> <p>1. Ma et al. 1998</p>	<p>FAS prevention program that used educational materials (videos, study guides, flyers and brochures) to target Native American middle schoolers.</p> <ul style="list-style-type: none"> • Setting: Local/Community, School • Level: Medium Sized Group (10-50) • Participants: Adolescents, Native, Male and Female • Staffing Needs: Credentials – Not specified; Background - Educator • Research Design: Pre-/Post-intervention data • Developmental Stage of Research: Early Stage 	<p>Cultural Inclusion: Medium</p> <p>TCBPR: Low</p>	<p>Startup: Medium (\$\$)</p> <p>Maintenance: Low (\$)</p>	<p>Medium/ Mixed Level of Change</p>
<p>2. Screening, Brief Intervention, and Referral to Treatment (SBIRT)</p> <p>2a. Montag et al. 2015 (ACER) 2b. Montag et al. 2015 (AJPH) 2c. Gorman et al. 2013</p>	<p>Culturally tailored, web-based Screening and Brief Intervention and Referral to Treatment (SBIRT) intervention administered to AI/AN women of child bearing age.</p> <ul style="list-style-type: none"> • Setting: Region, Clinic • Level: Individual • Participants: Young Adult, Adult, Native, Female • Staffing Needs: Not specified • Research Design: Randomized controlled experimental design • Developmental Stage of Research: Early Stage 	<p>Cultural Inclusion: Medium</p> <p>TCBPR: Medium</p>	<p>Startup: Medium (\$\$)</p> <p>Maintenance: Low (\$)</p>	<p>Medium/ Mixed Level of Change</p>

Legend

[Details](#)

Level: How was the intervention administered e.g. individual level, group level, or multiple ways

Developmental Stage of Research: How well developed is the research evidence

Cultural Engagement: Inclusion - Inclusion of cultural content

TCBPR - Tribal and community participation in research

Costs : Startup - Initial expenses involving setting up the intervention and infrastructure

Maintenance - Outlays for maintaining the intervention

Outcomes: Were there no changes, positive or negative changes, and the stability of the changes

[End Demo](#)

Native Communities – Alcohol Intervention Review

Fetal Alcohol Spectrum Disorder (FASD) Prevention Interventions

Intervention	Description	Cultural Engagement	Costs	Outcomes
<p>3. Nationwide Primary Prevention</p> <p>3a. May & Hymbaugh 1989 3b. May & Hymbaugh 1982</p> <p>Note: This intervention was reviewed using an earlier version of the coding scheme</p>	<p>A nation-wide FASD primary prevention project employing public education, training of clinicians, establishing clinics and referrals, and developing prevention materials for Native American and Alaska Native school children, prenatal women and community groups.</p> <ul style="list-style-type: none"> Setting: Local/Community, State, Region, National, Clinic, School, Rural, Reservation Level: Multi-Level Participants: Child, Adolescent, Young Adult, Adult, Native, Male and Female Staffing Needs: Credentials - Advanced/Licensed Degreed Professional, Certified Professional; Background – Educator, Community Leader Research Design: Program Evaluation 	<p>Cultural Inclusion: Medium</p> <p>TCBPR: Low</p>	<p>Start up: High (\$\$\$)</p> <p>Maintenance: Medium (\$\$)</p>	<p>Low Level of Change</p>
<p>4. Enhanced Case Management</p> <p>4. May et al. 2008</p>	<p>Case management (CM) intervention provided to women at high risk of drinking during pregnancy as a part of a comprehensive FAS epidemiology and prevention program in four American Indian communities in the Northern Plains states.</p> <ul style="list-style-type: none"> Setting: Reservation Level: Individual Participants: Young Adult, Adult, Native, Female Staffing Needs: Not Specified Research Design: Pre-/Post-intervention data Developmental Stage of Research: Early Stage 	<p>Cultural Inclusion: None</p> <p>TCBPR: Low</p>	<p>Startup: High (\$\$\$)</p> <p>Maintenance: Medium (\$\$)</p>	<p>Medium/ Mixed Level of Change</p>

Legend

[Details](#)

Level: How was the intervention administered e.g. individual level, group level, or multiple ways

Developmental Stage of Research: How well developed is the research evidence

Cultural Engagement: Inclusion - Inclusion of cultural content

TCBPR - Tribal and community participation in research

Costs : Startup - Initial expenses involving setting up the intervention and infrastructure

Maintenance - Outlays for maintaining the intervention

Outcomes: Were there no changes, positive or negative changes, and the stability of the changes

[End Demo](#)

Fetal Alcohol Spectrum Disorder (FASD) Prevention Interventions

Intervention	Description	Cultural Engagement	Costs	Outcomes
<p>5. Media Campaign and Remotely Delivered Screening and Brief Intervention (CHOICES)</p> <p>5a. Hanson et al. 2012 5b. Hanson et al. 2013</p> <p>Note: This intervention was reviewed using an earlier version of the coding scheme</p>	<p>After a media campaign to prepare and recruit Native women the intervention consisted of motivational interviews administered by phone and self-guided change workbooks. Personalized feedback provided on risk for alcohol exposed pregnancy due to poor birth control use and drinking.</p> <ul style="list-style-type: none"> Setting: Region, Rural, Reservation Level: Individual Participants: Young Adult, Adult, Native, Female Staffing Needs: Credentials - Not Specified; Background - Community Members Research Design: Program Evaluation 	<p>Cultural Inclusion: Medium</p> <p>TCBPR: Medium</p>	<p>Startup: High (\$\$\$)</p> <p>Maintenance: Low (\$)</p>	<p>Medium/ Mixed Level of Change</p>
<p>6. Personally Delivered Oglala Sioux Tribe (OST) CHOICES Program</p> <p>6a. Hanson et al. 2017 6b. Hanson et al. 2016 6c. Hauge et al. 2015</p>	<p>Oglala Sioux Tribe (OST) CHOICES Program is a culturally adapted version of an evidence based intervention (EBI) to reduce alcohol exposed pregnancy (AEP) by reducing drinking and/or improving birth control use. The intervention was administered to non-pregnant American Indian women at risk for AEP in midwestern Northern Plains areas.</p> <ul style="list-style-type: none"> Setting: Local/Community, Urban, Reservation Level: Individual Participants: Young Adult, Adult, Native, Female Staffing Needs: Credentials not specified; Background – Community Members Research Design: Pre-/Post-intervention data Developmental Stage of Research: Early Stage 	<p>Cultural Inclusion: Medium</p> <p>TCBPR: High</p>	<p>Startup: High (\$\$\$)</p> <p>Maintenance: Medium (\$\$)</p>	<p>Medium/ Mixed Level of Change</p>

Legend

[Details](#)

Level: How was the intervention administered e.g. individual level, group level, or multiple ways

Cultural Engagement: Inclusion - Inclusion of cultural content

TCBPR - Tribal and community participation in research

Costs : Startup - Initial expenses involving setting up the intervention and infrastructure

Maintenance - Outlays for maintaining the intervention

Outcomes: Were there no changes, positive or negative changes, and the stability of the changes

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Fetal Alcohol Spectrum Disorder (FASD) Prevention Interventions

Intervention	Description	Cultural Engagement	Costs	Outcomes
<p>7. Comprehensive Program for High-risk Women</p> <p>7. Masis and May 1991</p>	<p>This comprehensive FAS prevention program included presenting education materials; screening for alcohol use in prenatal clinics; case management, counseling, personal support, social and medical services for women at risk.</p> <ul style="list-style-type: none"> • Setting: Clinic, Reservation • Level: Individual • Participants: Adolescent, Young Adult, Adult, Native, Female • Staffing Needs: Not Specified • Research Design: Pre-/Post-intervention data • Developmental Stage of Research: Early Stage 	<p>Cultural Inclusion: Low</p> <p>TCBPR: Low</p>	<p>Startup: High (\$\$\$)</p> <p>Maintenance: High (\$\$\$)</p>	<p>Medium/ Mixed Level of Change</p>

Legend

[Details](#)

Level: How was the intervention administered e.g. individual level, group level, or multiple ways

Developmental Stage of Research: How well developed is the research evidence

Cultural Engagement: Inclusion - Inclusion of cultural content

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Outcomes: Were there no changes, positive or negative changes, and the stability of the changes

[End Demo](#)

1. Educational Intervention

Article/Reference: [Ma et al. 1998](#)

Description: The intervention consisted of an education based FAS prevention program for Native American adolescents, grades 6 through 8. Based on a needs assessment, a program was developed that consisted primarily of presenting educational materials (videotape, 19-lesson curriculum guide, project flyer, and informational program brochures). It was assumed the intervention was presented in a classroom setting.

Participants/Setting: Out of 90 randomly selected participants, 85 students completed pre and post evaluations. The intervention was conducted in two middle schools with reportedly high percentages of American Indian/Alaska Native students. It was unclear how many Native as well as non-Native students participated.

Staffing: School-based delivery of the intervention suggests that educational staff delivered the curriculum. Credentials of those delivering intervention or level of education were not specified, they were likely the middle school teachers with some education training.

Outcomes: The intervention changed knowledge and attitudes in the positive direction. Changes in knowledge were greater than changes in attitude. Only percentages of change were reported but not averages or if these differences were statistically significant. There was a mixed level of change; the ranges were 7% to 48.2% for change in knowledge and 5.4% to 30.3% for change in attitude. No average of change was reported.

Cultural Engagement: Professionals, who were not members or leaders of the community, participated in the initial needs assessment. There was also no Native youth input in the development of the curriculum. Native American cultural elements were repeatedly integrated into the prevention materials but details are lacking.

Costs: Start-up costs would include development of an educational curriculum, video, print materials, and training of prevention facilitators. If not incorporated into a school's existing curriculum this intervention could be expensive to maintain. It would require funds to pay salaries of intervention facilitators, and renting of school space.

Developmental Stage of Research: The curriculum and video were tested in just two schools, indicating a fairly early stage of development. Statistical significance is not reported so inference must be made based upon wide ranging percent change with no control/comparison condition.

Potential: The study describes a promising educational program for FASD prevention. The evidence base could be improved by adding more follow ups, statement of statistical significance, and having a control group. The intervention appears transportable to different Native communities, but the content of the materials may need to be adjusted from region to region.

2. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Article(s)/Reference(s): Primary 2a: [Montag et al., 2015](#); Secondary 2b: [Montag et al., 2015](#); Associated 2c: [Gorman et al., 2013](#)

Intervention Description: This was a culturally tailored, web based Screening and Brief Intervention and Referral to Treatment (SBIRT) administered to Native women of child bearing age (18-45 years). All the women completed an assessment prior to being randomly assigned to an intervention or control group. The 20-minute intervention consisted of completing a web-based assessment which was used to inform individualized feedback on the respondents' risk for an alcohol exposed pregnancy (AEP), the impact of alcohol on a fetus, physical and financial costs of alcohol, and how their drinking compared to other Native American women.

Setting/Participants: 263 participants were recruited from three AIAN health clinics located in Southern California. It was not clear if they were from urban or rural (reservation based) locations. Their socioeconomic status and tribal background was not described.

Staffing: This intervention would require someone with computer skills to set up the web based system. Once the intervention is developed, information technology (IT) maintenance staffing is the primary staffing need.

Outcomes: The first report (see 2a) informed that both intervention and control groups reduced their drinking and risk for AEP and there was no significant improvement for the intervention group. When the data were reanalyzed (see 2b) comparing participants with low and higher baseline depression scores, it was found that depressed women significantly reduced drinking in response to the intervention.

Cultural Engagement: Focus groups (see 2c) were held to culturally adapt the SBIRT intervention but it is not clear if the adaptations were surface or more comprehensive. Native images and videos of AIAN mothers of FASD children were included to provide a personal narrative element as an important component of the intervention.

Costs: Local adaptation and development of web materials, IT setup, and maintenance is required. Start-up costs for web-based interventions tend to be quite high including several highly qualified staff members to develop a web interface for an intervention. Once developed, limited staffing needs beyond IT maintenance and updating to keep materials contemporary is needed.

Developmental Stage of Research: This SBIRT appears potentially effective for a subgroup of AIAN women experiencing depression but not for all AIAN women in general. The treatment as usual control group is described as having received "assessment only" but "all participants had the opportunity to request referral for treatment to a professional substance abuse counselor." The rate of treatment involvement is not reported for either group. This leaves open the possibility that differences in treatment could account for both lack of intervention effects in study 2a or the enhanced effect for depressed women in study 2b.

Potential: While this web based adaption of SBIRT is transportable and feasible, it is unclear if it is more effective than assessment only or why it displayed modest effects with AIAN women with depression. This intervention could be utilized in Indian Health Services clinics but would have to be modified to different regions for cultural appropriateness. It is noteworthy that participating in an assessment that focuses on drinking (without intervention or focus on birth control) may be sufficient to decrease risky drinking-based vulnerability to AEP.

3. Nationwide Primary Prevention

Article(s)/Reference(s): Primary 3a: [May & Hymbaugh \(1989\)](#); **Associated 3b:** [May & Hymbaugh \(1982\)](#)

Description: This is a nation-wide FASD primary prevention project employing public education and training of trainers to, in turn train local interventionists to target Native American and Alaska Native school children, prenatal women and community groups. Educational materials included pamphlets, slide shows, movies and discussions. Trainings varied from 30-60 minute sessions for school age children. Prenatal and community groups training varied from to 30-minute to 6-hour sessions with multiple media exposure.

Setting: The early part of this prevention program focused on clinical and community-level activities in the Southwestern United States. These activities included individual and group training of clinicians and community members and delivery of the prevention to at-risk moms as well as broader community. The later part of the program ramped up training activities to cover all Indian Health Services (IHS) service areas (urban and rural) in the US. The intervention was delivered in prenatal clinics, schools, and community settings.

Participants: Participants included groups of elementary and secondary school students; women in their first pregnancy, and community people. No specific details are provided on age range of community people or if non-Natives were included. The study suggests that materials were developed for males as well as different levels of education.

Staffing: FAS experts provided the first level of training. Local community members were then trained. These were drawn from many backgrounds but mostly professionals like teachers, nurses, counselors and mental health professionals, physicians and health educators.

Outcomes: It appears to be effective for some tribes. Pilot findings included statistically significant increase in and retention of FASD knowledge at 2-4-month follow-ups. But results varied by location. While for some tribes, it appeared changes were substantial, others didn't experience much change in knowledge.

Cultural Engagement: Prevention materials were developed with specific tribal groups in mind, e.g. use of tribal specific illustrations, different cultural versions of pamphlet(s) and posters etc. Some material was translated into Navajo. Preference was given to local interventionists, and some group sessions were conducted in Navajo language.

Costs: Start-up costs are high; large volume of print and electronic materials created and disseminated, plus travel and training costs. The intervention requires FAS specialists; trainers need certifications, to train several community members from various areas to reach the entire community. This would be costly. Maintenance would depend on retention of trained personnel and cost of materials.

Potential: The "training the trainers" model has been employed in tribal communities. But buy-in by clinicians, leadership, and community members is needed for the full potential to be realized. This particular intervention was a good model of how to train trainers so as to disseminate information across multiple groups. It appears to be feasible and can be adapted to specific community needs. Results suggest it can be effective.

4. Enhanced Case Management

Article/Reference: [May et al. 2008](#)

Description: The intervention consisted of Case Management (CM) enhanced with motivational interviewing strategies delivered to women at high risk for drinking during pregnancy as part of a comprehensive FAS epidemiology and prevention program. Participants were in the CM for an average of 17.2 months. Case management was delivered to individuals in person and over the phone.

Setting/Participants: The setting was four American Indian communities in Northern Plains states. 137 Native women of mean age of 25 participated. The women were screened for high risk of drinking while pregnant, including prior FASD births. Half the participants had less than high school/GED education; roughly half were single.

Staffing: The field staff (a prevention site manager and a case manager at each of four sites) were trained and overseen by a licensed social worker who also provided supervision and coordination of activities. Other than the social worker, no specific background is indicated.

Research Design: This study employed 6 and 12 month follow-ups following baseline assessments. It was not a random sample. There is a lot of missing data due to loss to follow up and it is not clear if this protective effect was reliable over the course of pregnancy.

Outcomes: This study enrolled a high-risk sample and showed positive results among a subset of participants. Thirty-one percent of these women entered some type of formal alcohol or drug treatment. Both quantity and frequency of alcohol consumption was reduced at 6 months but the drinking reports at 12 months were higher than at baseline for remaining participants. The majority of pregnancies resulted in normal deliveries. The moderate level of change at 6 months among variables linked to fetal protection were difficult to draw conclusions about due to missing data.

Cultural Engagement: No cultural engagement is mentioned, but there was mention of community leader support for prevention and case management.

Costs: The costs were not specified, but two workers per location multiplied by four, plus a trainer/supervisor providing lots of training and quality assurance falls somewhere between Medium and High.

Developmental Stage of Research: Spotty data impeded full demonstration of the power of CM in Tribal communities, yet the overall conclusion that there were only 1-2 documented cases of FASD in a sample of over 100 suggests that this approach is promising.

Potential: Because the basic principles of case management and motivational intervention are theoretically sound and have shown some efficacy, the results point to the need for wider testing of this approach. If combined with cultural tailoring to broaden the appeal, and greater incentives for remaining in the program and completing assessments, this case management approach would be worth testing in more Native communities.

5. Media Campaign and Remotely Delivered Screening and Brief Intervention (CHOICES)

Article(s)/Reference(s): 5a. [Hanson et al. \(2012\)](#); 5b. [Hanson et al. \(2013\)](#)

Description: Development and dissemination of a culturally and linguistically appropriate social media campaign (see 5b) served as both a universal prevention program for FASD and a recruitment tool for the prevention intervention. The campaign included culturally tailored posters, billboards, radio ads and interviews, brochures, newspaper ads, t-shirts and pens. The prevention intervention (see 5a), CHOICES, is an evidence based screening and brief intervention to prevent alcohol-exposed pregnancy (AEP). It was delivered remotely to non-pregnant Native women using telephone calls and mailed materials, focused on use of birth control and drinking.

Setting/Participants: The media campaign and intervention was conducted among three American Indian tribes in the Northern Plains. There was some suggestion of rural. The media campaign, which was delivered to all residents of the tribal communities, facilitated recruitment for the individual level intervention. Women of child bearing age participated in the intervention and a subset of these, who were recruited via the media campaign, provided feedback on the media campaign.

Design: The CHOICES intervention employed a pre-post program evaluation design without random assignment or comparison group.

Effectiveness: All alcohol measures reported to have decreased significantly; average reduction for the range of questions was 26 to 17%. Women engaging in unprotected sex reduced from 29% to 10% in first 3 months. Women at risk for AEP reduced from 54% to 35%. But this was tempered by extremely high loss to follow up; the number of participants dropped from 231 to 51 by the final follow up.

Cultural engagement: Inclusion - The media campaign was based on focus groups with tribal members, administered by 3 tribal liaisons and included Native language in title of campaign and radio, images specific to pregnancy, themes and cultural events i.e., Powwow.
T/CBPR - Intervention was administered to tribes that expressed interest and approval prior to implementation, but the article did not include description of cultural inclusion in the intervention.

Costs: Initial costs include development and dissemination of FASD awareness media campaign, costs for MI workbooks and mailing and phone, and for training of staff in MI techniques. Maintenance costs are not likely to be high if trained staff are retained but costs of phone contact are unclear.

Potential: Project CHOICES is an evidence-based intervention with high impact potential, particularly when employed in combination with a culturally appropriate media and recruitment campaign. Despite the lack of a comparison group and high dropout, this intervention and phone-based interventions in general for remote and rural communities hold great promise. As this intervention may be relatively inexpensively applied, it has a high impact to cost ratio potential.

6. Personally Delivered Oglala Sioux Tribe (OST) CHOICES Program

Article(s)/Reference(s): Primary 6a: [Hanson et al. 2017](#); Secondary 6b: [Hanson et al. 2016](#); Associated 6c: [Hauge et al. 2015](#)

Description: A cultural adaption version of an evidence based intervention to reduce alcohol exposed pregnancy (AEP) by reducing drinking and/or improving birth control. Administered to non-pregnant American Indian women. The Motivational Interviewing (MI) based intervention consisted of either two or four sessions of face to face personalized feedback on drinking and pregnancy risk. Participants tracked drinking, sexual activity, and contraception use in and received birth control referrals.

Setting/Participants: 3 midwestern Northern Plains Indian settings, which included 2 Oglala Lakota (Pine Ridge) reservations and one close by urban setting. Participants were American Indian females (n=193, mean age 29 years) at risk for having an alcohol-exposed pregnancy, i.e., able to become pregnant, consuming large amounts of alcohol, not using contraception or not using it correctly, and sexually active with a male.

Staffing Needs: Tribal communities decided who should deliver the intervention, and chose existing health workers/clinic staff from a variety of fields and specialty training backgrounds. It was unclear if certain level of education was needed to implement the program, as it requires some MI training.

Research Design: Pre-/post-intervention data collected; participants were recruited using non-random methods. Followed up at 3 and 6 months.

Outcomes: At least half of participants were no longer at risk for AEP at the 3-month follow-up. A somewhat larger proportion were at risk for AEP at the 6-month follow-up. Results were affected by loss to follow-up but suggested a significant decrease in AEP risk, mostly due to increased use of birth control and not a reduction in drinking.

Cultural Engagement: Incorporated community input including, adding local images and data to the curriculum; adjusting readability level and changing wording of the survey and activity measurements; and including the most common types of alcohol consumed in the communities and what birth control is available at the local clinics. Intervention staff consisted of community members. The program is described as tribally run.

Costs: Costs involve training of interventionists, space for training and intervention, curriculum, and telephones. If using local health providers then the costs could be potentially lower if embedded in existing services.

Developmental Stage of Research: Though lacking a comparison group, this intervention shows promising results and strong indicators of community acceptability and readiness for this type of program.

Potential: OST CHOICES demonstrates transportability; materials would need to be modified to keep the intervention geographically appropriate. One potential limitation is that a community must be open to inclusion of birth control. This intervention is impressive because it demonstrated that a Native community was open to including a birth control component in an FASD prevention intervention.

7. Comprehensive Program for High-risk Women

Article/Reference: [Masis & May 1991](#)

Description: The Tuba City FAS Prevention Project was a comprehensive prevention program that, while including some FAS prevention education and screening in prenatal clinics, focused on prevention among high risk women to reduce fetal alcohol effects (FAE) and FAS. After screening, women at high risk, were referred for intensive prevention services to avoid more alcohol affected children. These services included case management, counseling, personal support, social and medical services, such as alcohol treatment and contraception.

Setting/Participants: The intervention was conducted at the Tuba City Service Unit (TCSU) serving women residing on Navajo and Hopi reservations. Primary focus of this program were individual, at-risk pregnant women. The program maintained contact with 39 of 48 referred women who ranged in age from 16 to 41. They also measured healthy birth outcomes. So, in some sense, fetuses were also participants.

Staffing: Trusted community residents made up majority of the staff. The staff were Navajo prevention workers, case managers, counselors, and clerks. Participants received counseling, personal support, and social services referrals. A dysmorphologist was employed to diagnose FAS in infants born to the participants during the program; this was most likely someone at MD or PhD level.

Research Design: The program assessed drinking before and 18 months after the intervention in the 39 women as well as birth status of their newborns. Pre-test data was not clear, but post-test data describes self-reported drinking.

Outcomes: Approximately 1/3 of the women retained (32 of 39 originally enrolled) were drinking as heavily as before the intervention. Over 50% were abstinent from drinking and 12.5% reported drinking reduction. A large percentage were still not using birth control. The program however achieved high acceptability ratings.

Cultural Engagement: The Navajo language was used in recruitment materials and by the Navajo interventionists. There is no mention of Hopi adaptations. The incorporation of natural helpers helped bridge the gap between mainstream and Navajo culture.

Costs: Overall costs could be high because of the need for a dysmorphologist, staff trainings and corresponding preparation of presentations and materials. Maintenance costs also seem high because they would include funding for detox and alcohol treatments, FAS diagnostic clinic staff, and clinic rooms etc. It is unclear that what level of training and/or what degree of involvement is necessary for staff.

Potential: This program demonstrates feasibility. It is a very ambitious prevention program because it includes trainings, recruitment efforts, brief and longer interventions with pregnant women, and assessments of newborns. There was high retention and some suggestion of reduced drinking. However, details are insufficient to fully assess the scope, cost, or promise of the program.

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Legend Details - Response Options

- **SETTING** Place(s) in which the intervention was employed
Local/Community, Region, State, National, Clinic/Healthcare Setting, Social Services, School, Rural, Urban, Reservation
- **LEVEL** Number of participants per session
 - Individual**
 - Small Group (0-10)** = e.g. couples, families
 - Medium Group (10-50)** = e.g. extended families or a single classroom
 - Large Group (50 or more)** = e.g. entire schools or community
 - Multi-level** = e.g. an intervention including community mobilization, individual sessions, and enhanced policing
- **PARTICIPANTS** Demographic description of the people that *provided data* about this intervention
 - Age:** Fetus (Conception – Birth), Child (0 – 12), Adolescent (13 – 17), Young Adult (18 – 59), Adult (26 – 59), Senior (60 and older)
 - Native Status:** Native, Non-Native
 - Sex:** Male, Female, Both
- **STAFFING** Credentials or background of personnel prior to involvement in the intervention
 - Credentials**
 - Advanced Degree (post BA) Professional** = Advanced academic credentials such as PhD, MD, or MS
 - Certified Professional:** Credentials or certifications that do not require a post BA degree
 - Background**
 - Educator** = Classroom teacher/educator, teacher’s aide
 - Community Leader** = Influential in community such as a tribal leader, community expert, Elder, traditional healer
 - Community Member** = Parent, extended or nuclear family members, peers
- **RESEARCH DESIGN**
 - No pre-intervention data** = No data collected prior to intervention; only post-intervention data reported
 - Pre-/post-intervention data** = Data collected prior to and after intervention, with no comparison group
 - Quasi experimental design** = Data collected prior to and after intervention compared with a *non-random comparison group*.
 - Randomized controlled experimental design** = Data collected prior to and after intervention; *random assignment* to intervention and *control group*.
- **OUTCOMES**
 - Negative Change** = the situation worsened
 - No Change** = no change(s) at all
 - Low Level of Change** = Little change and unstable
 - Medium/Mixed Level of Change** = Moderate change, relatively stable
 - High Level of Change** = Moderate to higher change which holds up after 2 follow ups
- **CULTURAL ENGAGEMENT**
 - Cultural Inclusion:** Use of culturally based or traditional elements, beliefs and practices of the participating community in the intervention
 - TCBPR (Tribal or Community Based Participatory Research):** Inclusion of community or tribal members in process of developing and delivering intervention, research and measurement
- **COSTS**
 - Start-Up Costs:** Initial expenses involving setting up the intervention and infrastructure
 - Maintenance Costs:** Expenses for maintaining the intervention

Legend Details - Response Options (Continued)

- **DEVELOPMENTAL STAGE OF RESEARCH** How well developed is the research evidence
 - Early stage - Suggestive research** = Feasibility demonstrated but limited ability to draw strong conclusions; preliminary evidence in research with one or more significant limitations in group equivalence and the control of extraneous variables/confounds
 - Mid Stage - Promising research practice** = Moderate ability to draw strong conclusions based on research that adequately addresses group equivalence and control of extraneous variables and confounds
 - Mature Stage - Demonstrated efficacy** = High ability to draw strong conclusions based on well-designed research that effectively addresses group equivalence and control over extraneous variables and confounds
- **POTENTIAL** Does the intervention show promise. Is further implementation feasible given local resources and cultural acceptability? Is the intervention transportable?

DRAFT

[End Demo](#)

Back to Table: [Intervention 1](#), [2](#), [3](#), [4](#), [5](#), [6](#), [7](#)

SPR 2017 BB Audience Feedback

- Important, promising, excellent, and worthwhile endeavor
- Great initiative
- A great tool
- An important resource for community and academic partners alike
- Looking forward to testing it out
- A great resource for disseminating important work



SPR 2017 BB Questions/Suggestions

- Add more (native?) images, spread out text more, use bullets

Yes

- Will it be searchable?

Yes

- Create Timeline or a History page that shows the development of prevention intervention research over the years, and what will it look like in future?

Maybe? Part of intro

- Can the articles be clumped by interventions on the website?

Done

- Can we have a tactful evaluation of the preventions?

Done



SPR 2017 BB Questions/Suggestions

- Preemptive contact info for the authors on front page should be provided.

Part of having citation – authors contact email on citation

- Any indication that the intervention was urban or rural?

Part of coding

- Can End-users who have tried the interventions contact each other?

No

- Any indication that the interventions were ground up, grassroots?

ONLY C/TBPR

- Is transportability and transferability of the interventions reported?

Yes



Moving Forward

- **Solicit input** and feedback from Tribal Representatives, Subject Matter Experts (SMEs) and End-Users
 - **Content and format of reviews**
- Continue the literature review process for Prevention and Treatment literature (75 articles).
- **Expand number of reviewers**
 - SMEs in prevention or treatment interventions
 - Enlist editors to oversee and administer each of these two literatures
- Develop and disseminate the NativeAIR website
 - **How to publicize/promote webpage?**
 - **Hard copies?**
 - **Other suggestions?**



TAC Feedback/Final Thoughts

- Change Mission to Strategic Objective
- Some articles may be difficult to obtain
- Answer: not sure how to resolve



Acknowledgements

- Troy Zarcone, Ph.D.

Health Science Administrator

Office of Science Policy and Communication

National Institute on Alcohol Abuse and Alcoholism

- Aamna Bhatti, M.S.

Program Analyst

Office of the Director, Minority Health & Health Disparities

National Institute on Alcohol Abuse and Alcoholism



Questions?

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