Native Center for Alcohol Research & Education (NCARE) Webinar Series

Agenda

• Welcome, Overview of Initiative for Research and Education to Advance Community Health (IREACH) and Partnerships for Native Health (5 minutes)

• Native CARE Presentation: Harm Reduction Talking Circles (HaRTC) for Urban American Indians and Alaska Natives with Alcohol Use Disorder (45 minutes)

• Question and Answer, Closing (10 minutes)

• Post-webinar survey link

This research is supported by the National Institute on Alcohol Abuse and Alcoholism under Award Number P60AA026112
Initiative for Research and Education to Advance Community Health (IREACH)

“We challenge the status quo and advance community health through partnerships and collaboration.”

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IREACH Structure

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Partnerships for Native Health

• Community-based research and education to improve health and reduce health disparities among American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders
• Prototype for program development for new and novel programs at Washington State University
• Focus on achieving health equity
• Community outreach and engagement
• Training and education
• ~160 partners: tribal colleges, Native organizations, tribes, and universities

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Satellite Centers

Pacific Northwest Satellite Center
Ka`imi Sinclair, PhD, MPH (Western Cherokee)
Seattle, WA

Rocky Mountain Satellite Center
Ursula Running Bear, PhD (Rosebud Sioux)
Denver, CO

Plains Satellite Center
Valarie Blue Bird Jernigan, PhD (Choctaw Nation of Oklahoma)
Tulsa, OK

Southwest Satellite Center
Steven Verney, PhD (Tsimshian)
Tassy Parker, PhD, RN (Seneca Nation)
Albuquerque, NM

Alaska Satellite Center
Denise Dillard, PhD (Inupiat)
Anchorage, AK

Northern Range Satellite Center
Tiffany Beckman, MD (Leech Lake Band of Ojibwe Indians)
Minnesota, MN

Southeast Satellite Center
Turner Goins, PhD (Catawba)
Cullowhee, NC

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Research Topics

- Alcohol dependence
- Substance abuse prevention
- Smoking and nicotine dependence
- Suicide prevention
- Mental and behavioral health
- Homelessness
- High blood pressure
- Diabetes
- Stroke risk reduction
- Cervical cancer prevention
- Colorectal cancer screening
- Cognitive impairment and Alzheimer’s disease

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NCARE aims to optimize alcohol intervention research for public health in general and our Native community partners in particular. We accomplish this goal by collaboratively engaging with Research Project teams and the Pilot Projects to conduct research that yields high-quality data while simultaneously meeting the unique needs of our partners.

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Randomized Clinical Trial of Harm Reduction Talking Circles (HaRTC) for Urban American Indians and Alaska Natives with Alcohol Use Disorders

Lonnie A. Nelson, Ph.D. (Washington State University)
Susan E. Collins, Ph.D. (University of Washington)
together with our Community Consultants and the Seattle Indian Health Board

This research is supported by the National Institute On Alcohol Abuse And Alcoholism of the National Institutes of Health under Award Number P60AA026112
Origin Story

UW Life Enhancing Alcohol-management Program (LEAP)
1811 Eastlake Housing First Program

“Harm-reduction housing”

- Owned and operated by DESC
- Houses 75 of King County’s top utilizers of publicly funded services
- Residents permitted to drink in their units
- Chronically homeless individuals with severe alcohol use disorders
- No treatment or abstinence requirements

www.desc.org/1811.html

Housing First was associated with...

Over $4m in tax-payer savings over the first year  (Larimer et al., 2009)

Significant decreases in alcohol use and related problems  (Collins et al. 2012)

Significant reductions in jail days and jail bookings  (Clifasefi, Collins & Malone, 2013)

Significant reductions in EMS use  (Mackelprang, Collins & Clifasefi, 2015)

There were no significant differences in outcomes between AI/ANs and non AI/ANs.
Despite the clear positive effects of Housing First...

...many residents still experienced alcohol-related problems.

Adapted from Collins et al (2012)
Housing First!

What comes second?
How can honor the wisdom, strength and lived experience in this community?

Researching topics of importance to the community

Involving community stakeholders in research design and implementation

Capitalizing on all stakeholders’ unique strengths

Combining knowledge and action to achieve social change

Pragmatic in practice, Transformative in spirit.

Wallerstein, Duran, Oetzel & Minkler (2017); Collins et al (2018)
Multiphase CBPR Approach

**Phase I:**
Listening to the community

**Phase II:**
Developing approaches with the community

**Phase III:**
Testing effectiveness of the approach

**Phase IV:**
Disseminating & Implementing programs sustainably
Phase I sample description

- 44,181 resident participants
- 22% ($n=8$) women
- Mean age 53.15 yrs
- 9% Latinx

![Pie chart showing self-reported racial identity](image)

- American Indian/Alaska Native/First Nation: 21%
- White/European American: 21%
- Black/African American: 11%
- Native Hawaiian/ Pacific Islander: 2%
- More than one race: 2%
- Other: 43%

Clifasefi et al (2016)
Phase I Findings

“Harm reduction is the only thing that works…”

“There’s a lot of Natives here, and Natives understand Natives…”

Culturally appropriate programming through LEAP

Harm reduction approaches provide alternate pathways to recovery

Harm reduction refers to a low-threshold and “user-driven” set of compassionate and pragmatic approaches to reduce substance-related harm and improve quality of life for affected individuals and their communities without requiring abstinence or use reduction.

Collins et al (2011); Marlatt (1998)
What is LEAP?

**Leadership Opportunities**

LEAP Advisory Board, 1 x month: voted upon and appointed members (UW, DESC residents, staff and management)
LEAP Researcher Meetings 1 x month: UW + all 1811 residents
Welcoming Committee: 1811 residents helping other residents, more structured orientation for new residents
Collaborative hiring through LAB of Meaningful Activity Coordinator
Harm Reduction training (theory & practice): DESC Staff + LAB members
Cultural humility training (DESC Staff + LAB members)

**Meaningful activities**

- LEAP Art Collective: Artist collective to support residents expressing themselves through visual arts, writing and music (2 x week: facilitated by a Meaningful Activities Coordinator that LAB hired)
- Community Garden
- LEAP Speakers Series, 1 x month (speakers/topics identified by the community)

**Recovery and healing**

- “Pongo Poetry” Writing Sessions, Weekly
- Harm Reduction one on one counseling - helping people with their own goals (development of a 4 session weekly one on one intervention)
- Harm reduction groups - helping people learn how to reduce alcohol problems (2x month)
- Talking Circle (2 x month)
- Mindfulness Based Harm Reduction (8 week pilot program)
Talking Circles
Based on Traditions of Plains Indians, Widely Embraced Across Different Native Cultures
Harm Reduction Talking Circles (HaRTC)
Pilot HaRTC at 1811 Eastlake

- We conducted 8 HaRTC sessions
- 23% of residents attended at least once
- Mean of 6 participants per HaRTC session
- Topics included:
  - Shaping your future/What do you want to see happen for yourself?
  - Protecting yourself and your community
  - Taking care of your health
  - Living in a good way

Participants’ responses to HaRTC:

- It was “beautiful”
- It gave them “a connection to [their tribal] culture”
- It is “a hell of a lot more useful than an AA meeting”
- That “it can be used in communities where there is conflict”
- It gets people “involved so they don’t just sit around and drink”
Current Study Plan

In Partnership with the Seattle Indian Health Board
Multi-Phase Structure

Phase I: Listening to the community
- Summer/Fall 2018

Phase II: Developing approaches with the community
- Winter 2018

Phase III: Testing effectiveness of the approach
- Spring 2019 - 2022
Phase I: Identifying points for adaptation

- Individual interviews with SIHB leadership
- Individual interviews with SIHB patients with AUDs
- Focus groups with SIHB staff members
- Conduct conventional content analysis to identify points for optimal adaptation
Phase II: Adapting and finalizing HaRTC

Assemble CAB

Review qualitative findings with CAB

Refine and finalize intervention manual with CAB

Pilot HaRTC
### Phase III: Testing HaRTC Effectiveness

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<tr>
<th>Aim</th>
<th>Evaluate HaRTC effectiveness compared to services-as-usual control group</th>
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<td>Design</td>
<td>2-arm, partially nested, longitudinal RCT of HaRTC vs services-as-usual arms with baseline, posttest, 1-, 3- and 6-month follow-up assessments</td>
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<td>Multilevel structural equation models will test group effects on pre-post difference scores</td>
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<td>Participants</td>
<td>280 SIHB patients meeting criteria for current AUD</td>
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<td>Measures</td>
<td>Alcohol outcomes (peak quantity, frequency, alcohol-related harm, EtG/creatinine ratio)</td>
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<td>Quality of life (QOLS, EQ-5D-5L)</td>
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<td>Cost-effectiveness</td>
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Current Status – Year 1

- Completed 30 individual patient interviews
- Currently conducting phase 1 key informant interviews and focus groups with SIHB management and staff
- Assembling community advisory board at SIHB
- Beginning Phase 1 qualitative analysis
Perspectives of HaRTC Community Partners
Thank You!
NCARE Webinar Series

Thank you for your participation!

Our next webinar will be January 31st, 2019 12pm-1pm PST

Topic: Contingency Management

Presenter: Michael McDonell, PhD. Washington State University

Please send your webinar ideas to native.care@wsu.edu

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