

BODY WISDOM: BODY, MIND, & SPIRIT

Body Wisdom: Body Mind, & Spirit project comprised of two studies that build upon each other to learn about the health needs of emerging adults. Each project is described below.

Community Needs Assessment for Chlamydial Screening among Young Native Women Living on a Rural Reservation.

Funder Institute of Translational Health Sciences (ITHS) 6/15/2014 – 6/14/2015

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Chlamydia trachomatis infection (“chlamydia”) is the most common curable sexually transmitted infection in Washington (WA) State. Untreated, genital chlamydia in women can progress to cause infertility, chronic pelvic pain, and ectopic pregnancy. However, approximately 85% of women infected with chlamydia have no symptoms, and thus, screening asymptomatic women for chlamydia is key to preventing these sequelae. Racial/ethnic disparities in the incidence and prevalence of chlamydia are profound. In WA, incidence rates among American Indian and Alaskan Native (AIAN) women are approximately three-fold those among non-Hispanic white women.¹ The goal of this study is to gather preliminary data to inform the development an intervention to increase chlamydial screening and treatment among AIAN women living on or near the reservation (hereafter referred to as “Native women”). The long-term goal of this work is to reduce the morbidity caused by chlamydia and decrease racial disparities in the burden of chlamydia among Yakama women.

Aim 1. To assess the perceptions and preferences of young (14-25 year-old) Native women related to chlamydial screening and treatment.

Rationale. An intervention to improve chlamydia diagnosis and treatment among Yakama women is most likely to be effective if it is developed in partnership with the community and responsive to the current perceptions and preferences of young women in the community.

Methods. We will address this aim with a mixed methods study by conducting focus group interviews with 20 women and individual surveys with 150 women (age 14-25).

Hypothesis. Misunderstandings about key aspects of chlamydia will be common (>33% prevalence) in the population. Most women will prefer non-traditional screening modalities, (e.g. home-based self-obtained swab collection), a menu of options for receiving results at the time of screening (e.g. text message, phone call, internet-based), and the option to receive expedited treatment in a convenient location if the screening test is positive.

Aim 2. To obtain community leader and health partner input on the design of a chlamydia screening intervention for Native women.

Rationale. Community leaders have the wisdom to guide our team in developing a program that is responsive to community needs. Obtaining input and “buy-in” from community leaders, health system leaders, and public health partners early in the intervention development will increase the program’s eventual effectiveness.

Methods. We will conduct interviews with key community leaders and partners, including tribal elders, community-based organization leaders, health and wellness advocates, medical directors of major clinics on and around the reservation, and health department partners.

Hypothesis. We do not have a hypothesis as this is an exploratory aim.

A Community Approach to Enhancing Adolescent Health among Rural American Indians

Funded: National Institute of Mental health (NIMH) 6/15/2014 – 6/14/2015

PI Cynthia Pearson

Many AIAN youth never receive services for mental health problems resulting from traumatic events, violence exposure and maltreatment, potentially magnifying risk for other negative health consequences, such as teenage pregnancy, sexually transmitted infections and human immunodeficiency virus (STI/HIV). This application responds to the IHART fellowship call to address mental health outcomes and STI/HIV risk among American Indians and Alaska Natives. The goal of this one-year study is to assess community readiness and obtain preliminary data to inform the development of a sexual and mental health program for AIAN adolescents.

Readiness is the degree to which a community has the capacity and is prepared to take action on an issue and consists of six dimensions that influence preparedness. Assessing the six community readiness dimensions helps communities identify needs and develop strategies to address adolescent sexual health and trauma-related mental health concerns. Study data will benefit tribal and rural communities and the mental health and STI/HIV prevention field for AIAN youth. If successful, findings from this exploratory study will facilitate a community and academic partnership to expand treatment capacity and enhance sexual and mental health among AIAN youth living in a rural tribal community.

The study aims are to:

1. Assess community capacity and readiness to develop an adolescent sexual health and trauma-related mental health (TR-MH) program. To measure community capacity and readiness we will conduct in-depth interviews with 25 key stakeholders (i.e., tribal leaders, service providers, and influential parents). The six key dimensions of community readiness are (a) efforts currently in existence, (b) community knowledge of efforts, (c) leadership involvement and support, (d) community climate/attitude toward the issue, (e) knowledge about the causes, consequences, and local implications, and (f) dedicated or available resources to support efforts.
2. Identify youth knowledge of STI, awareness and perception of sexual health (i.e., STI risk, testing strategies) and mental health services, and motivation and behavior to use services. We will conduct sharing circles among 40 AIAN youth (ages 15-24) who have low academic standing, high school absenteeism, a teen pregnancy, or received substance use or behavioral counseling prior to 18 years of age.