Interventions for Health Promotion & Disease Prevention in Native American Populations

Research Areas of Interest

Cancer | Heart, Lung, Blood | Alcoholism and Alcohol Abuse | Drug Abuse | Mental Health | Nursing | Environmental Health Sciences

National Cancer Institute | Native American populations have the lowest 5-year cancer survival rate and highest percentage of disseminated and ill-defined cancers of any other population in the U.S. Poorer cancer survival rates have been attributed to many factors, among them inadequate access to health care, geographic isolation, later stage of detection, underutilization of treatment, poverty, and social and cultural barriers. The National Cancer Institute (NCI) is interested in applications that focus on both individual and community interventions relating to primary and secondary (screening) cancer prevention. It is important that researchers consider the context in which people live and develop interventions that can improve overall health and result in better health outcomes as they relate to cancer.

National Heart, Lung, and Blood Institute | The National Heart, Lung, and Blood Institute (NHLBI) is interested in applications that evaluate interventions of health risk factors that contribute to cardiovascular and pulmonary morbidity and mortality including smoking, poor dietary intake, sedentary behavior, hypertension, dyslipidemia (elevated LDL, total cholesterol, and/or triglycerides), sleep disorder, and chronic obstructive pulmonary disease or COPD. Primordial, primary and secondary prevention of cardiovascular disease, and evaluation of interventions that address multiple cardiovascular risk factors in a comprehensive program, especially those at risk for cardiovascular disease, are particularly encouraged.

National Institute on Drug Abuse | The National Institute on Drug Abuse (NIDA) supports research across a broad range of disciplines to significantly improve prevention and inform policy. NIDA seeks to continue the support of theory-driven intervention development for American Indian, Alaska Native, and Hawaii Native populations to reduce the burden of drug abuse and related conditions. We encourage the development of novel, ground-up prevention approaches and culturally adapted effective practices intended to support the prevention of drug use and its consequences such as drug-related HIV infection. NIDA encourages research with regard to the unique prevention needs of individuals in urban and rural communities. Furthermore, NIDA encourages research that recognizes the distinctive prevention needs of individuals across the developmental spectrum, as well as research that thoughtfully considers the role of sex and of the needs of LGBT populations in prevention interventions. Successful drug abuse prevention intervention efforts often target a variety of substances broadly; however, it is acceptable to address specific substances in cases where there are unique prevention strategies involved and/or specific community concerns. In either case theory-based approaches grounded in an understanding of community-level behavior change are essential.

Shobha Srinivasan, Ph.D. 301-435-6614 ss688k@nih.gov
Jared B. Jobe, Ph.D. 301-594-6776 jobe@mail.nih.gov
Barbara Wells, Ph.D. 301-435-0147 wellsbd@mail.nih.gov
Aria Davis Crump, Sc.D. 301-443-6504 acrump@nida.nih.gov
**National Institute on Alcoholism and Alcohol Abuse**

When considering Native Americans as a whole, the epidemiologic data suggests a pattern of risky alcohol use including heavy, bingeing, and early onset drinking. The CDC reported that from 2001 to 2005, alcohol-attributed deaths accounted for 11.7 percent of Native American deaths. The National Institute on Alcoholism and Alcohol Abuse (NIAAA) is interested in prevention interventions that seek to:

- Reduce high risk drinking and alcohol use
- Promote moderate drinking
- Postpone onset of drinking among youth
- Prevent any alcohol use among pregnant women

**National Institute on Mental Health**

The National Institute of Mental Health (NIMH) is interested in applications relevant to preventive interventions in Native American communities in both nonAIDS and AIDS research areas.

Examples of specific areas of interest for NIMH are included below. NIMH recommends, for both nonAIDS and AIDS, that applications proposing an adaptation to existing interventions should provide an empirical rationale for the need for and focus of the adaptation, consistent with NAMHC Workgroup Report recommendations on intervention adaptation (http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/reports/fromdiscoverytocure.pdf) and consult with relevant Institute Program Staff.

**nonAIDS**

- Develop and test empirically informed preventive strategies and implementation approaches to support sustained use of science-based interventions
- Explore the expansion of science-based interventions that preempt or prevent mental disorders, including suicide
- Develop culturally appropriate interventions for increasing engagement in mental health services and linkage to care across Tribes and geographical regions
- Use mobile or IT interventions to increase use of evidence-based mental health care for individuals in hard-to-reach remote communities
- Explore which factors promote resilience and prevent mental disorders in persons at extreme social disadvantage to develop preventive intervention targets

**AIDS**

- Develop and test interventions to address the prevention, care and treatment needs for gay men, men who have sex with men (MSM) and other high-risk vulnerable individuals from indigenous communities
- Develop and test interventions based on the mechanisms that explain HIV-related disparities (e.g., factors like stigma, social/sexual networks, access to and quality of health care, characteristics of health biology)
- Develop novel multilevel preventive interventions and/or combination biomedical-behavioral approaches to advance HIV prevention and care within those Tribal communities most impacted by HIV
- Explore operations research to focus on barriers, facilitating factors, and outcomes of scaling-up HIV prevention interventions with known efficacy; and improve uptake and effectiveness of efficacious interventions, particularly for individuals in hard-to-reach remote communities

**National Institute of Nursing Research**

The National Institute of Nursing Research (NINR) is interested in interventions that promote and improve the health of individuals, families, communities, and populations. Specific topics that would be appropriate to this FOA and of interest to the NINR include, but are not limited to:

- Assess behavioral and social risk factors and responses to treatment, including the identification of biomarkers (e.g., neurohormonal markers for differential responses to behavioral interventions); identify susceptibility genes for such risk factors, and design interventions to moderate risk
- Identify and develop individual and family interventions designed to sustain health-promoting behaviors over time (e.g., prevention of obesity; prevention of HIV/AIDS transmission)
- Design intervention studies using community-based approaches to facilitate health promotion/risk reduction behaviors (e.g., families with special needs, such as parents or caregivers of persons with chronic illness or developmental disabilities)

Elucidate mechanisms underlying health disparities and design interventions to eliminate them, with attention to issues of geography (rural and remote settings), minority status, underserved populations, and persons whose chronic or temporary disabilities limit their access to care.

**National Institute of Environmental Health Sciences**

The National Institute of Environmental Health Sciences (NIEHS) is interested in interventions aimed to reduce the impact of environmental exposures on diseases and disorders among NA populations. In addition to testing impacts of interventions on exposure reduction, applicants also are encouraged to examine impacts on interim preclinical markers of disease when possible. Proposals may include, but are not limited to, projects focused on:

- Development and testing of culturally-sensitive health promotion strategies and interventions designed to educate tribal leaders and people about environmental hazards and encourage behavior change to reduce or eliminate exposure
- Testing of existing low cost, sustainable methods for providing safe alternatives to contaminated drinking water and food and/or remediation of contaminated water, air and/or soil
- Testing the impacts of policy-level decisions and interventions which are likely to influence environmental exposure levels and associated health outcomes
- Development and testing of programs to train and build the capacity of community health workers and local health care professionals to assist tribal members in identifying unhealthy environments and/or environmentally-induced illness and ways to intervene