Dear TCU Institute Participants,

AIHEC is pleased to host its 3rd Annual Behavioral Health Institute. This Institute builds upon previous years’ Institutes and the experiences of the first cohort of the five Tribal Colleges and Universities (TCUs) who were funded to build their research capacity in behavioral health. These first five TCUs are Cankdeska Cikana Community College, Diné College, Oglala Lakota College, Northwest Indian College, and Stone Child College. It is with great appreciation that these colleges have stepped forward to initiate research projects and are willing to share their experiences during this week. A second cohort of six TCUs has joined this research capacity initiative this year and include: Aaniiih Nakoda College, Fort Peck Community College, Haskell Indian Nations University, Ilisagvik College, Keweenaw Bay Community College, and Tohono O’odham Community College.

AIHEC is greatly appreciative of the National Institute for Health (NIH) and the Indian Health Service, for its NARCH VII award. This award has allowed AIHEC to fund this annual institutes and promote the research capacity building at the individual college level. It is our goal to eventually be able to assist all of the TCUs in their efforts to build research capacity in behavioral health as there is a critical need to effectively address this area in Indian country.

I would also like to offer a special note of appreciation to Stone Child College for hosting this event. AIHEC recognizes that it takes extra effort to make this institute a success and we are grateful for the work that is done to share the culture of the community and the college.

Sincerely,

Carrie Billy
President & CEO
American Indian Higher Education Consortium
Historical Trauma and Community Based Participatory Research
Building Capacity and Integrating Knowledge at Tribal Colleges and Universities

The American Indian Higher Education Consortium Native American Research Centers for Health (AIHEC NARCH) Project is designed to build the research capacity in behavioral health at the Tribal Colleges and Universities (TCUs). An important component of this effort is the provision of an annual Behavioral Health Institute to provide professional development in behavioral health research theory, practice, and technical assistance. This is the third institute of this nature and the content is driven primarily by those TCUs who were successful in competing for support to establish research initiatives in behavioral health. There are currently two cohorts of TCUs who have developed research projects. The first cohort is made up of five TCUs: Cankdeska Cikana Community College, Diné College, Northwest Indian College, Oglala Lakota College, and Stone Child College. The second cohort was recently established and this group consists of: Aaniiih Nakoda College, Fort Peck Community College, Haskell Indian Nations University, Ilisagvik College, Keweenaw Bay Ojibwa Community College, and Tohono O’odham Community College. These eleven TCUs are the beginning of a TCU behavioral health research network.

In developing the NARCH Project, AIHEC recognized two important factors with regard to behavioral health research. The first was the impact of historical trauma that American Indian communities have experienced and continue to experience. This is an important concept to recognize in doing research in this field. In addition, AIHEC recognized that American Indians are traditionally collective societies whose decisions are made by the group or by elders, and not on an individual basis. This dynamic is an important cultural process to consider in designing research and found that the use of Community-Based Participatory Research (CBPR), when operationalized in American Indian communities facilitated tribes as equal partners with regard to research resulting in tribal communities participating in the identification of the problem, the research design, the selection of measures, subjects and findings.

Definition of CBPR
CBPR and related approaches, i.e., Participatory Action and Community-Engaged Research, is defined by the Kellogg Foundation as a “collaborative approach that equitably involves all partners in the research process…with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.” Not a set of methods, CBPR is an overall orientation which fundamentally changes the relationship between researchers and researched.

Purpose and Structure of the Institute
The Institute will meet for four and a half days, May 23 to May 27, 2016. The goal of this Institute further the development of research capacity in behavioral health for TCUs through presentations,
research experience of Cohort One TCUs, small group breakouts, interactive activities, reflections on readings, and reflection on one’s own research experience. Participants will gain an appreciation of the impact of historical trauma and CBPR strengths and challenges, as well as learn hands-on skills necessary for participating effectively in CBPR projects. Both academic discussions and experiential exercises will reflect a commitment to co-teaching and co-learning.

Learning Objectives

By the end of the course, participants will be able to:

• Identify some of the key elements resulting in the distrust of behavioral health research in American Indian communities.

• Describe the role of historical trauma and its impact in behavioral or mental health for American Indian communities.

• Discuss the major principles of CBPR.

• Define potential issues regarding research in American Indian communities and solutions to address issues and concerns.

• Distinguish the need for the protection of human subjects and the role of Institutional Review Boards.

• Differentiate data collection methodology and qualitative and quantitative analysis.

• Appraise behavioral health related curriculum that has been developed with respect to American Indians and factors in curriculum development.

• Determine critical factors in scholarly writing to disseminate research results.

• Identify potential dissemination journals and resources.

• Initiate construction of a behavioral health network through individual contacts.
Instructors/Presenters

Nate St. Pierre, Ed.D.
President, Stone Child College

Cynthia Pearson, Ph.D.
Research Associate Professor and Associate Director of Research, Indigenous Wellness Research Institute, University of Washington

Janet Gordon, Ph.D.
Researcher/Evaluator/Adjunct Faculty, Research and Evaluation, Montana State University

William Freeman, M.D./M.P.H.
NARCH Project Director, Northwest Indian College

Al Kuslikis, M.A.
Senior Associate for Strategic Initiatives, AIHEC

Billie Jo Kipp, Ph.D.
President, Blackfeet Community College

Teresa McCarty, Ph.D.
Professor, Education and Kneller Chair in Education and Anthropology, University of California, Los Angeles

Natasha Floersch, B.A.
Journal Manager, American Indian and Alaska Native Mental Health Research

Myra Parker, Ph.D., J.D.
Assistant Professor, Center for the Studies of Health and Risk Behavior in the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine

Joan LaFrance, Ed.D.
President, Mekinak Consulting; co-author, AIHEC Indigenous Evaluation Framework

Patricia Conway, Ph.D.
Evaluator, Cankdeska Cikana Community College

Mark Bauer, Ph.D.
Professor, Diné College

Teresa LaFromboise, Ph.D.
Professor, Developmental and Psychological Sciences in the Graduate School of Education; affiliated faculty member, Child Health Research Institute, School of Medicine, Stanford University

LaVerne Parker, M.S.
Instructor, Rural Health Program, Stone Child College

Michael Yellow Bird, Ph.D.
Director, Tribal and Indigenous Peoples Studies Program; Professor, Department of Sociology and Anthropology, North Dakota State University

Deborah His Horse is Thunder, Ed.D.
NARCH Project Director, AIHEC
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<tr>
<th>Time</th>
<th>Title/Description</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
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</thead>
</table>
| 9:00 am | Welcome  
*Blessing & Introductions*  
*Overview of Institute*             | Nate St. Pierre, Ed.D., President, NARCH Project PI, Stone Child College  
Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC | Where are you from?  
What do you hope to gain from this training? |
| 9:45 am | American Indian Historical Experience with Research  
*Overview of American Indians experience with research in the past and its contribution to distrust.* | Nate St. Pierre, Ed.D., President, NARCH Project PI, Stone Child College | Didactic Presentation and Group Discussion  
READINGS:  
| 10:30 am | Break                                                                             |                                                                              |                                                                                         |
| 10:45 am | Historical Trauma and Behavioral Wellness Among American Indians and Alaska Natives  
*Colonization of AI/AN communities included community massacres, genocidal policies and practices, pandemics from the introduction of new diseases, forced relocation, forced removal of children though Indian boarding school policies, and prohibition of spiritual and cultural practices. Historical Trauma refers to the biological and mental health impacts of these events on AI/AN populations. This session provides a broad overview of historical trauma in the context of AI/AN communities, and compares and differentiates historical trauma from multi-generational trauma.* | Myra Parker, Ph.D., J.D., Assistant Professor, Center for the Studies of Health and Risk Behavior in the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine | Didactic Presentation and Group Discussion  
READINGS:  
| Noon   | Lunch                                                                              |                                                                              |                                                                                         |
### Monday, May 23, 2016—Introduction to Building Research Capacity: Historical Trauma and CBPR

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<th>Presenter(s)</th>
<th>Activities and Readings</th>
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<tr>
<td>2:45 pm</td>
<td>Break</td>
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<tr>
<td>3:00 pm</td>
<td>Effectively Working with IRBs</td>
<td>William Freeman, M.D., NARCH Project Director, Northwest Indian College</td>
<td>HOMEWORK: Write down one idea for how you would use CBPR in a behavioral health project at your tribal college.</td>
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<tr>
<td>4:00 pm</td>
<td>Closing the Circle</td>
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### Tuesday, May 24, 2016—Building Research Capacity: Review Boards and Data Analysis

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<th>Presenter(s)</th>
<th>Activities and Readings</th>
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<tr>
<td>9:00 am</td>
<td>Greet the Day</td>
<td>Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC</td>
<td>One-word check in.</td>
</tr>
<tr>
<td>9:30 am</td>
<td>Protection of Human Subjects</td>
<td>Cynthia Pearson, Ph.D., Research Associate Professor and Associate Director of Research, Indigenous Wellness Research Institute, University of Washington</td>
<td><strong>READING:</strong> <em>Code of Federal Regulations</em>, Title 45, Public Welfare Department of Human Services and Part 46, Protection of Human Subjects.</td>
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<tr>
<td>10:30 am</td>
<td>Break</td>
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## Tuesday, May 24, 2016—Building Research Capacity: Review Boards and Data Analysis

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<th>Time</th>
<th>Title/Description</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
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</table>
| 10:45 am | IRB Experiences  
This facilitated discussion regarding experiences with both tribal and TCU IRBs will focus on learning from our experiences. | FACILITATOR: Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC  
RESPONDENT: William Freeman, M.D., NARCH Project Director, Northwest Indian College | Experiences of Cohort One TCUs with their respective TCUs. |
| Noon   | Lunch                                                                             |                                                                               |                                                                                        |
| 1:00 pm | Qualitative Research: Strengthening Your Data Collection and Analysis  
This interactive session will use actual data from one of the TCU’s Research Projects to describe the types of qualitative research analysis that can be done. | Joan LaFrance, Ed.D., President, Mekinak Consulting; co-author, AIHEC Indigenous Evaluation Framework | (Sessions repeated to allow for smaller groups and to facilitate greater interaction.) |
|        | Quantitative Research: Crunching Numbers and Analyzing Results  
This interactive session will use actual data from one of the TCU’s Research Projects to describe the types of quantitative research analysis that can be done. | Janet Gordon, Ph.D., Researcher/Evaluator/Adjunct Faculty, Research and Evaluation, Montana State University |                                                                                        |
| 2:30 pm | Break                                                                              |                                                                               |                                                                                        |
| 2:45 pm | Qualitative Research: Strengthening Your Data Collection and Analysis  
Repeat of 1:00 pm session | Joan LaFrance, Ed.D., President, Mekinak Consulting; co-author, AIHEC Indigenous Evaluation Framework | (Sessions repeated to allow for smaller groups and to facilitate greater interaction.) |
|        | Quantitative Research: Crunching Numbers and Analyzing Results  
Repeat of 1:00 pm session | Janet Gordon, Ph.D., Researcher/Evaluator/Adjunct Faculty, Research and Evaluation, Montana State University |                                                                                        |
| 5:00 pm | Wahkpa Chu’gn Buffalo Jump Tour  
Wahkpa Chu’gn is a prehistoric buffalo jump dating back to 2,000 years before present. Generally recognized as the best-known site regionally documenting several early cultures, this tour includes a demonstration of a method of stone boiling buffalo meat. |                                                                                   | Tour location: 3993 6th Street West, Havre, MT, (behind Holiday Village Mall on Highway 2 West). |

## Wednesday, May 25, 2016—Building Research Capacity: Current Practices

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<thead>
<tr>
<th>Time</th>
<th>Title/Description</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
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</table>
| 9:00 am | Greet the Day  
Thoughts from yesterday’s discussion? | Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC |                                                        |
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<th>Time</th>
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<th>Presenter(s)</th>
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<tbody>
<tr>
<td>10:15 am</td>
<td>Break</td>
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<tr>
<td>10:30 am</td>
<td>Neurodecolonization: Examining the connections between mindfulness practices and traditional Indigenous knowledge and contemplative practices</td>
<td>Michael Yellow Bird, Ph.D., Director, Tribal and Indigenous Peoples Studies Program; Professor, Department of Sociology and Anthropology, North Dakota State University</td>
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<tr>
<td>Noon</td>
<td>Lunch</td>
<td>NOTE: Student participants will have lunch together.</td>
<td></td>
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<tr>
<td>1:15 pm</td>
<td>Applying Positive Community Norms</td>
<td>Mark Bauer, Ph.D., Professor, Diné College</td>
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<tr>
<td>3:00 pm</td>
<td>Resources to Help Close the Gap Between Research and Effective Practice in Behavioral Health</td>
<td>Al Kuslikis, M.A., Senior Associate for Strategic Initiatives, AIHEC</td>
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### Wednesday, May 25, 2016—Building Research Capacity: Current Practices

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<th>Title/Description</th>
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<tbody>
<tr>
<td>5-7:30 pm</td>
<td>Picnic Dinner&lt;br&gt;Stone Child College has arranged for a picnic dinner in Beaver Creek Park. Cultural presentations and activities will be provided in addition to the meal.</td>
<td>Stone Child College Elder Advisors and Other Cultural Experts</td>
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### Thursday, May 26, 2016—Building Research Capacity: Curriculum

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<tr>
<th>Time</th>
<th>Title/Description</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
<th>Readings</th>
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<tbody>
<tr>
<td>9:30 am</td>
<td><strong>American Indian Life Skills Curriculum</strong>&lt;br&gt;AILS is a Native American based framework for life skills development and suicide prevention. Like many life skills programs, AILS strives to instill self-respect and self-esteem, teach communication and conflict management skills, encourage goal setting and future planning, etc. AILS also has a specific focus on self-harm and suicide, both in understanding personal issues conducive to suicide such as depression and loss of hope, and suicide awareness and prevention or intervention in others.</td>
<td>Teresa LaFromboise, Ph.D., Professor, Developmental and Psychological Sciences in the Graduate School of Education; affiliated faculty member, Child Health Research Institute, School of Medicine, Stanford University</td>
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<tr>
<td>10:30 am</td>
<td>Break</td>
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### Thursday, May 26, 2016—Building Research Capacity: Curriculum

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<thead>
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<th>Time</th>
<th>Title/Description</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:45 am</td>
<td><strong>Review of Relevant Curriculum in Behavioral Health at TCUs</strong></td>
<td>Billie Jo Kipp, Ph.D., President, Blackfeet Community College</td>
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<td>Overview of current behavioral health certificates and degree programs at TCUs is presented with an emphasis on Blackfeet Community College.</td>
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<tr>
<td>Noon</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:30 pm</td>
<td><strong>Historical Trauma Course Series</strong></td>
<td>LaVerne Parker, M.S., Instructor, Rural Health Program, Stone Child College</td>
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<td></td>
<td>Stone Child College presents its three course series on historical trauma: 1) Theory of HT; 2) Cycles of Trauma and Addiction; and 3) Researching the Phenomenon of HT.</td>
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<tr>
<td>3:00 pm</td>
<td><strong>Break</strong></td>
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<tr>
<td>3:15 pm</td>
<td><strong>Knowledge Sharing Through Curriculum</strong></td>
<td>Billie Jo Kipp, Ph.D., President, Blackfeet Community College</td>
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<td>This is a facilitated discussion about curriculum development need, process, and issues to address when teaching behavioral health. This session will also ascertain what and how to share curriculum among the TCUs.</td>
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<tr>
<td>4:00 pm</td>
<td><strong>Closing Comments</strong></td>
<td>Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC</td>
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### Friday, May 27, 2016—Next Steps in Behavioral Health Research Capacity Building

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<tr>
<td>9:00 am</td>
<td><strong>Greet the Day</strong></td>
<td>Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC</td>
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<td></td>
<td>Presentation: writing peer-reviewed journal articles including knowing your audience, defining your message, presentation of evidence, and effective writing tips; and also includes advice from an editorial perspective.</td>
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<tr>
<td>10:30 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:45 am</td>
<td><strong>First Cut: A Journal Manager’s Perception of Quality Research</strong></td>
<td>Natasha Floersch, B.A., Journal Manager, American Indian and Alaska Native Mental Health Research</td>
<td>Author Guidelines for the AI/AN Mental Health Research</td>
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<td>Presenter shares her experience as a manager for a major mental health journal with regard to reviewing potential articles for publication.</td>
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<tr>
<td>Noon</td>
<td><strong>Lunch</strong></td>
<td>Deborah His Horse is Thunder, Ed.D., NARCH Project Director, AIHEC</td>
<td>Set intentions for further work together.</td>
</tr>
</tbody>
</table>

*Thank You and Safe Travels!*
(References on Flash Drive)


*Spirit Lake Nation Comprehensive Community Assessment 2015*


American Journal of Health Behavior

The *American Journal of Health Behavior* is an online journal. Moreover, only electronic submissions are accepted. Use the “Submit and Track Manuscripts” link to submit manuscripts for review.

**MANUSCRIPTS**

Manuscripts are accepted with the understanding that they are submitted solely to the Journal and have not been previously published elsewhere. All pages should be numbered. Manuscript should consist of INTRODUCTION, METHODS, RESULTS, and CONCLUSIONS/DISCUSSION. The manuscript should end with Human Subjects Approval Statement, Conflict of Interest Disclosure Statement, Acknowledgments, References, Tables, and Figures. Use Arabic numerals throughout. Use “AMA Manual of Style” 10th Edition as your guide.

**LENGTH**

Manuscript should not exceed **5000 words** (approximately **18 typed double-spaced pages**) excluding the title page, abstract, references, tables, and/or figures. If the manuscript exceeds these limits, please contact the Editor-in-Chief.

**TITLE PAGE**

The title should be concise but informative (**do not exceed 75 characters including spaces**), not in caps, not in lower case with only the first letters of each word capitalized.

**ABSTRACT**

The entire abstract should consist of five sections (Objectives, Methods, Results, Conclusions, Key words) and not exceed a maximum of **200 words**, including all five headings. The abstract should state the purposes of the study or investigation, basic procedures, main findings, and the principal conclusions. It should emphasize new and important aspects of the study or observations. Place no more than six key words or short phrases that will assist in cross-indexing directly after the abstract.

**HUMAN SUBJECTS STATEMENT**

ANY research that involves human subjects must have institutional review board (IRB) approval. Include a human subject statement indicating institutional review and approval document number, if possible, or statement of exempt status. Moreover, if no IRB is acknowledged, the manuscript will be returned to the authors.

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- Consultancies;
- Travel grants, speaking fees, writing fees, and other honoraria;
- Paid expert testimony for one side in an adversarial proceeding (this does not include testimony as a factual witness in a civil or criminal case);
- Patents granted, pending and applications, whether or not generating royalties;
- Stock ownership, investment in related “sector” funds, or stock options, including those of immediate family members but excluding diversified mutual funds and investment trusts; and
- Membership on private sector scientific or other advisory boards, whether paid or unpaid.

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In disclosing these financial arrangements to editors, authors can include dollar amounts even though they will not be printed in the journal. Editors may choose to exclude this information from publication, but in no case should an editor or author consider an arrangement irrelevant based on its size alone.

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Authors may have strongly-held views about the article being submitted for publication. Authors should consider disclosing and editors may choose to print any affiliations or expressions of these views that may be relevant. These may be personal, political, or intellectual and may include any expression of strongly held views relevant to the subject of the submission. Such disclosures may be original, or they make reference to opinions previously expressed in books or monographs, op-eds or public comments, or to sworn testimony before or lobbying of legislators or legislative bodies. Non-financial conflicts of interest that should be disclosed also include membership or affiliation with non-governmental organizations that have an interest in the submission.
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Conflict of interest disclosure relies on the honor system. Editors do not have the time or other resources to be financial auditors or ideological arbiters. Successful disclosure policies depend on the good will and integrity of authors. In all cases of failure to disclose a relevant conflict of interest of which the editors become aware, they will publish an editor’s note that becomes part of the permanent record of that article. In those rare cases where editors uncover a willful desire to conceal financial conflicts of interest, the editors will disallow publication by the author(s) in *American Journal of Health Behavior* for a period of up to three years.

ACKNOWLEDGMENTS
List the sources of support in the form of (a) person(s), grants, equipment, or drugs; and (b) note disclaimers, if any, including notices of the manuscript’s prior appearance as a preliminary report or abstract.

REFERENCES
References should be numbered consecutively in the order in which they are mentioned in the text. No reference should be given more than one number. Identify references in text by superscript Arabic numerals. Avoid using abstracts as references. References to papers accepted but not yet published should be designated as “in press”; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should not be cited. Avoid citing a personal communication unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. Authors should obtain written permission and confirmation of accuracy from the source.

Use the style of the examples below. The titles of journals should be abbreviated according to the style used in Index Medicus. A period should follow each journal listing and all book titles are italicized. A list of these abbreviations can be obtained from the Medline website.

If a journal title does not appear in Index Medicus, the full title should be used. Do not guess or make up journal abbreviations. For secondary sources, direct quotations, and citations from books or reports, give specific page numbers. Remember, cite personal communications in text only, giving the source and date. If communication is an e-mail: provide sender’s address. Specifically, references should be listed in the following manner:

**JOURNAL PUBLICATIONS OF four AUTHORS (list all four)**

**PUBLICATION OF MORE THAN four AUTHORS (list only three followed by et al)**

**BOOKS**
QUOTED CHAPTER IN BOOKS

REPORTS

WEB PAGE

FIGURES
Number figures consecutively in the order of their first citation in the text. Letters, numbers, and symbols should be clear and even throughout and of sufficient size that each item will still be legible when reduced for publication. Titles and detailed explanations belong in the legends for figures, not embedded in the figures themselves. If a figure has been published, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Permission is required irrespective of authorship or publisher, except for documents in the public domain. Be sure each figure is cited in text and note where you believe the figure should be placed.

TABLES
Type or print out each table, double-spaced, on a separate sheet of paper. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Be sure each table is cited in text and note where you believe the table should be placed. Do not use internal horizontal and vertical rules. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all abbreviations used in each table. For footnotes, use the following lower case letters, in the alphabetical sequence: a, b, c, d, e, f, etc. If you use data from another published or unpublished source, obtain permission and acknowledge it fully.

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Abbreviations and nomenclature should conform to the latest edition of the American Medical Association Manual of Style. Abbreviations should be kept to a minimum in the text and should be defined at first usage. Periods are not used after abbreviations (eg, mm, mL). Generic names are preferred for drugs.

REVIEW PROCESS
To decrease bias during the editorial process, we employ the classic double-blind peer review process. Referees selected are professional scholars in the disciplines of health behavior, education, and promotion; public health; sociology; nursing; medicine; psychology; or dentistry.
• Upon receipt, a manuscript is assigned a reference number.

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• The Editor-in-Chief transmits reviewer evaluations and comments to the corresponding author within four weeks. The Journal has an acceptance rate of approximately 19–21 percent.

Final disposition of the manuscript rests with the Editor-in-Chief.

IMPACT FACTOR
2001—.2
2002—.5
2003—1.149
2004—.61
2005—.64
2006—.89
2007—1.282
2008—1.357
2009—1.472
2010—1.572
2011—1.308
2012—1.176
2013—1.317
MANUSCRIPT PREPARATION
1. General Guidelines

• Manuscripts are accepted only in English. Any consistent spelling style may be used. Please use single quotation marks, except where ‘a quotation is “within” a quotation’.

• The journal welcomes the submission of papers of up to 7,000 words maximum, as well as shorter papers of about 3,000 words. The references (usually no more than 30) are to be included in the word count. Title, abstract, figures and tables are excluded from the word count. Manuscripts that greatly exceed word limits will be critically reviewed with respect to length. Authors should include a word count with their manuscript.

• Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgments; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).

• Abstracts of a maximum of 300 words, structured under the headings Objective(s), Design, Result(s) and Conclusion, are required for all manuscripts submitted. If they so wish, authors are welcome to prepare an abstract in a second language, where appropriate, alongside the abstract in English.

• Each manuscript should have no more than 15 keywords for both languages used.

• Search engine optimization (SEO) is a means of making your manuscript more visible to anyone who might be looking for it. Please consult our guidance here.

• Section headings should be concise and numbered sequentially, using a decimal system for subsections.

• All authors of a manuscript should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the cover page of the manuscript. One author should be identified as the corresponding author. Please give the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the manuscript is accepted. Please note that the email address of the corresponding author will normally be displayed in the manuscript PDF (depending on the journal style) and the online manuscript.

• All persons who have a reasonable claim to authorship must be named in the manuscript as co-authors; the corresponding author must be authorized by all co-authors to act as an agent on their behalf in all matters pertaining to publication of the manuscript, and the order of names should be agreed by all authors.

• Biographical notes on contributors are not required for this journal.
• Please supply all details required by any funding and grant-awarding bodies as an Acknowledgment in a separate paragraph as follows:

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This work was supported by the <Funding Agency> under Grant <number xxxx>.

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This work was supported by the <Funding Agency #1> under Grant <number xxxx>; <Funding Agency #2> under Grant <number xxxx>; and <Funding Agency #3> under Grant <number xxxx>.

This Acknowledgment should appear on the title page of the manuscript.

• Authors must also incorporate a Disclosure Statement which will acknowledge any financial interest or benefit they have arising from the direct applications of their research.

• For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms must not be used.

• Authors must adhere to SI units. Units are not italicized.

• When using a word which is or is asserted to be a proprietary term or trade mark, authors must use the symbol ® or TM.

• Authors must not embed equations or image files within their manuscript

2. Style Guidelines
• Journal utilizes Standard Style 1; a quick guide can be found online

• Journal reference style is Chicago Author-Date

• Word templates are available for this journal. If you are not able to use the template via the links or if you have any other template queries, please contact authortemplate@tandf.co.uk

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3. Figures
• Please provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.

• Figures must be saved separate to text. Please do not embed figures in the manuscript file.

• Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).

• All figures must be numbered in the order in which they appear in the manuscript (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labeled (e.g. Figure 1(a), Figure 1(b)).

• Figure captions must be saved separately, as part of the file containing the complete text of the manuscript, and numbered correspondingly.
The filename for a graphic should be descriptive of the graphic, e.g. Figure 1, Figure 2a.

Illustrations (including photographs, graphs and diagrams) should be referred to as Figures and their position indicated in the text (e.g. Figure 3). Each numbered in Arabic numerals. The captions should include keys to symbols and should make interpretation possible without reference to the text. Figures should ideally be professionally drawn and designed with the format of the journal (248×175 mm) in mind and should be capable of reduction.

Tables should be numbered in Arabic numerals, and their position indicated in the text (e.g. Table 1). Each table should have a short, self-explanatory title. Vertical rules should not be used to separate columns. Units should not appear in the body of the table. Any explanatory notes should be given as a footnote at the bottom of the table.

4. Graphical Abstracts

*Ethnicity & Health* authors now have the option of including a graphical abstract in their paper. The purpose of a graphical abstract is to give the reader a clear idea of the content of the article by means of an appropriate image.

- The graphical abstract should have a maximum width of 525 pixels. If your image is narrower than 525 pixels we recommend placing this on a white background 525 pixels wide to ensure the dimensions are maintained.

- Graphical abstracts must be saved separate to text. Please do not embed graphical abstracts in the manuscript file. Files should be saved as one of the following formats: .jpg, .png, or .gif.

- The file name for a graphical abstract should be descriptive, e.g. GraphicalAbstract1

5. Publication Charges

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Colour figures will be reproduced in colour in the online edition of the journal free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply. Charges for colour pages in print are £250 per figure ($395 US Dollars; $385 Australian Dollars; 315 Euros). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($80 US Dollars; $75 Australian Dollars; 63 Euros).

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7. Supplemental Online Material
Authors are encouraged to submit animations, movie files, sound files or any additional information for online publication.

- Information about supplemental online material

Manuscript Submission

Ethnicity & Health welcomes original contributions from all parts of the world on the understanding that their contents have not previously been published or submitted for publication elsewhere.

All submissions should be made online at Ethnicity and Health’s ScholarOne Manuscripts site. New users should first create an account. Once logged on to the site, submissions should be made via the Author Centre. Online user guides and access to a helpdesk are available on this website.

Manuscripts may be submitted in any standard format, including Word and EndNote. These files will be automatically converted into a PDF file for the review process. LaTeX files should be converted to PDF prior to submission because ScholarOne Manuscripts is not able to convert LaTeX files into PDFs directly. All LaTeX source files should be uploaded alongside the PDF.

Authors should prepare and upload two versions of their manuscript. One should be a complete text; the other should have all information identifying the author removed from files to allow them to be sent anonymously to referees. Upload the anonymised version as a “Main Document” and the complete text as a “File not for Review”.

Any external funding should be clearly indicated in the submission. Wellcome Trust, Medical Research Council and National Institute of Health mandates surrounding free access to funded research will be honored by the journal.

Ethnicity & Health also considers reviews as well as original research articles, and the Editorial team expect reviews to follow standard reviews protocols (PRISM, Cochrane criteria, etc).

Letter of Submission

Authors are requested to send a description of how their paper fulfills the journal’s aims as a separate letter to the editors of no more than 500 words.

All submissions must be in the style of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (International Committee of Medical Journal Editors, 5th ed., N Eng J Med 1997; 356: 309-15). Papers should be double spaced, with margins of at least 2.5 cm (1 inch). All pages must be numbered. The first page should include the title of the paper, first name, middle initial(s) and last name of the author(s), for each author a short institutional address, and an abbreviated title (for running headlines within the article). At the bottom of the page give the full name and address (including e-mail address) of the author to whom all correspondence (including
proofs) should be sent. The second page should repeat the title and contain an abstract of not more than 300 words. The third page should repeat the title as a heading to the main body of the text. The text should normally be pied into sections with the headings: Introduction, Methods, Results and Discussion. Long articles may need subheadings within some sections to clarify their contents.

Authors are requested to nominate up to three independent reviewers. Please submit suggested reviewers with your manuscript, together with their e-mail addresses.

(NOTE: More information regarding anonymous peer review is available online.)

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Updated 26 September 2014, Journal of American Indian Education—Author Guidelines
SUBMIT A MANUSCRIPT

JAIE encourages dialogues among researchers and practitioners through research-based articles elucidating current educational issues and innovations. JAIE also invites original scholarly essays advancing a point of view about an educational question or issue, when supported by cited research literature; original reviews of literature in under explored areas; original expository manuscripts that develop or interpret a theory or issue; and Reports from the Field. Studies grounded in Indigenous research methodologies are especially encouraged.

All empirical studies must document: (1) the use of accepted ethical protocols for research with human subjects; and (2) site-specific approvals, including research and/or IRB approvals required by Native nations, tribes, or bands as well as schools and school districts, where appropriate. Please use the term most appropriate to the Indigenous group or people to whom the manuscript refers. American Indian/Alaska Native, Native American, Native Hawaiian, and Indigenous are acceptable terms when referring to Indigenous peoples of the United States.

Feature-length Manuscripts

Original scholarly manuscripts should be 7,500–8000 words total, including references and endnotes, if any.

Reports from the Field/RFTF

Original scholarly manuscripts up to 5,000 words providing descriptive, evaluative, and/or policy-oriented analyses of innovative education models and practices may be considered as Reports from the Field. Reports should be up to 5,000 words, including references and endnotes, if any. RFTFs provide a venue for exploring promising practices, program evaluations, policy considerations, and innovative examples of Indigenous education. RFTFs specifically seek to build our knowledge of education models for practitioners engaged in creating equitable educational opportunities for Indigenous children, families, and communities. As internal and external pressures continue to create challenges for Indigenous education, these reports from the field provide examples of both the possibilities and the constraints in implementing Indigenous self-determined education. Submissions may be empirically-based or address more general issues of policy and practice. All submissions should be situated within current scholarship relevant to the particular program, policy, or practice being addressed and should include recommendations or lessons learned. On the advice of the editors, some reports may be paired with commentaries from other researchers and practitioners to further the dialogue around Indigenous education issues.

Formatting

Prepare manuscripts according to the most recent *Publication Manual of the American Psychological Association* (6th ed.) (http://www.apastyle.org/manual/index.aspx). Format manuscripts in Microsoft Word and blind for anonymous peer review; manuscripts not blinded or appropriately formatted will be returned. Authors must certify that the manuscript is not being considered by another publisher. Correct formatting includes pagination, double-spacing, appropriate sub-headings, and correct citation and reference forms. Please see the JAIE Format Guidelines for assistance; these guidelines do not include all the detail provided by the APA *Publication Manual*. 
All manuscripts must be submitted electronically to jaie@asu.edu. Submit the manuscript as one Word document, including title, abstract (150 words maximum), and text (do not send a pdf). Please blind the manuscript for peer review. Do not include author name(s) on or in the manuscript, including the in-text citations and references.

In separate Word documents, provide:
1. Biographical statement(s) for each author (50 words each);

2. Contact information for each author, including author name, affiliation, email address, snail mail address; and phone number.

Manuscripts will be considered throughout the year and, if accepted, will be published in any of the three issues at the direction of the editorial staff. There is no remuneration for JAIE contributors; authors will receive two free copies of the issue in which the manuscript is published. Additional copies (up to 10) of the journal in which the manuscript was published may be purchased at a discounted rate. For more information see the University of Minnesota Press website.

Source: https://jaie.asu.edu/content/submit-manuscript
American Indian and Alaska Native Mental Health Research Journal

American Indian and Alaska Native Mental Health Research is a professionally refereed scientific journal. It contains empirical research, program evaluations, case studies, unpublished dissertations, and other articles in the behavioral, social, and health sciences which clearly relate to the mental health status of American Indians and Alaska Natives.

Journal Submission Guidelines
These guidelines were updated in July, 2012. Several changes were made. Please read the guidelines carefully to ensure that your submission complies with the most recent updates.

General Considerations
• Manuscripts should stress new data, comparisons with previous data, and their relevance to American Indian and Alaska Native mental health. The emphasis here is on development of positive mental and social functioning of American Indians and Alaska Natives through understanding of relevant processes and conditions.

• Emphasis will be placed on those now living in the United States, but residents of Canada, the Pacific Islands, or Central or South America will not necessarily be excluded.

• Many different kinds of articles are accepted under these guidelines. For example, recently published articles include:
  ◊ "It runs in the family": Intergenerational transmission of historical trauma among urban American Indians and Alaska Natives in culturally specific sobriety maintenance programs (Volume 18, Issue 2, 2011)
  ◊ HIV/AIDS among American Indians/Alaska Natives living in Montana: A descriptive study (Volume 18, Issue 1, 2011)
  ◊ Assessing health-related quality of life in Northern Plains American Indians: Prominence of physical activity as a health behavior (Volume 17, Issue 1, 2010)

What to Include
• Create all documents in Microsoft Word or a compatible program.

• Documents should measure 8 ½” by 11”, be double-spaced throughout, and have 1” margins on all sides.

Cover Letter
• Include a cover letter in your submission. The manuscript will be peer-reviewed anonymously; therefore, identifying information should appear ONLY in the cover letter.

• Save the cover letter as a separate file.

Title Page/Abstract/Key Terms
• Include a cover page with:
  ◊ the title of the manuscript,
◊ an abstract of 100 words or less, and
◊ four to five key terms.

- Do NOT include identifying information on this page.

**Manuscript**
- Manuscripts should average 5,900 words; however, relevant and concisely written manuscripts of any length will be considered.

- Manuscripts will be peer-reviewed anonymously; therefore, do not include identifying information on any pages. Include such information in the cover letter.

- Follow the conventions of the Publication Manual of the American Psychological Association (APA), 6th edition. Manuscripts not following these conventions will not be considered.

- Please note that APA 6th edition guidelines now require a DOI (digital object identifier) number or URL to be included in the reference list for each journal article. Please be sure to include this information, as CAIANH staff cannot provide it.

- Save the manuscript as a single file, including the title page and all tables, figures, and graphics.

- Follow U.S. spelling conventions, and spell-check the entire manuscript.

- The term "American Indians and Alaska Natives," abbreviated to AI/ANs (rather than "Native Americans"), should be used in the absence of specific tribal affiliation to refer to descendants of pre-Columbian natives of the Western Hemisphere. This usage is in keeping with the 1977 National Congress of American Indians and the National Tribal Chairmen’s Association resolution regarding the preferred designation of the Indigenous populations of the contiguous United States. The term "Native" can also be used to refer to both American Indians and Alaska Native peoples.

- A standardized list of other frequently used terms and abbreviations can be found online (requires Adobe Acrobat). Manuscripts should also follow these conventions, where applicable.

- Please note that APA policy prohibits an author from submitting the same manuscript for concurrent consideration by two or more journals. Authors submitting a manuscript previously considered for publication in another APA journal should note this fact in the cover letter.

- APA policy also prohibits duplicate publication (i.e., publication of a manuscript that has already been published in whole or substantial part in another journal).

**How to Submit Your Manuscript**
The Journal now accepts submissions via the Web, using msTracker. All authors are encouraged to submit online.

1. Go to www.msTracker.com
2. Click “Submit Manuscript” at the bottom of the page
3. Choose American Indian and Alaska Native Mental Health Research from the list of journals
4. Click “Submit”

5. Complete the short form and attach your manuscript (instructions and help are provided)

6. Authors who are unable to use msTracker should contact AIANP.journalmanager@ucdenver.edu

The Review Process
• All manuscripts will be subject to editing for clarity, adherence to guidelines, and bias-free language.

• The peer review process generally takes 8–10 weeks. If we anticipate that it will take substantially longer, we will contact the corresponding author.

• Once a manuscript is accepted and finalized, it will be published in the next issue of the Journal that has space available. Consistent with current publishing trends, articles are published via the Internet in electronic form, and are available to the general public. The established website for the Journal, http://ucdenver.edu/caianh, is a component of the Centers for American Indian and Alaska Native Health. All articles published in the Journal are available from this site.

• All U.S. and international copyright laws remain in effect.

Special Note on the National Institutes of Health Public Access Policy
According to the National Institutes of Health (NIH), “As of April 7, 2008, all final peer-reviewed manuscripts arising from NIH funds must be submitted to PubMed Central upon acceptance for publication.”

Staff of American Indian and Alaska Native Mental Health Research encourage NIH-funded authors to comply with this policy.

NIH-funded authors may submit articles to PubMed Central immediately upon publication (i.e., there is no embargo). We will notify you when your article is published.

Please note that we do not submit articles to PubMed Central; this is the authors’ responsibility. We also do not accept any responsibility for sanctions faced by NIH-funded authors who fail to comply with PubMed Central guidelines.

For more information on NIH’s public access policy, please visit http://publicaccess.nih.gov/.

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Manuscript Preparation
Manuscripts submitted to the Journal of Health and Social Behavior should not exceed 10,000 words in length, including: (1) title page, (2) abstract, (3) text, (4) notes, (5) references, (6) tables, and (7) figures. Please keep in mind that if your tables are lengthy and/or you have horizontal tables, this will affect the page count and you may be asked to reduce the length of your manuscript. All pages must be typed and double-spaced (including notes and references). Margins must be at least 1 inch (i.e., line length must not exceed 6 1/2 inches). Please use Times New Roman font, 12-point type size. The object is to provide reviewers and editors with easy-to-read text and space for notes. It is the responsibility of authors to submit manuscripts in the proper JHSB format (see below). Manuscripts not submitted in adherence to the length requirements or to JHSB format will be returned for revision. Additional details on preparing and submitting manuscripts to JHSB are published in the American Sociological Association Style Guide, Fourth Edition (ISBN 0-912764-31-3), available from the ASA Bookstore (http://www.asanet.org/bookstore).

1. For all new submissions and revisions, the first page of the manuscript should be a blinded title page (author(s) names, affiliations, acknowledgments, credits, and/or grant numbers should be removed). Include title, total word count (include all text, notes, and references; do not include word counts for tables or figures), number of tables, number of figures, and running head (short title, fewer than 55 characters with spaces). If the manuscript is conditionally accepted or accepted for publication, please include the authors’ names and institutions (listed vertically if there is more than one author) on the title page. Use an asterisk (*) at the end of the title for the title footnote at the bottom of the title page. The title footnote includes the name and address of the corresponding author, acknowledgments, credits, and/or grant numbers.

2. The abstract must be fewer than 150 words. The abstract should include the sample size, study design (e.g., survey, in-depth interviews), and the source of the data.

3. The text of the manuscript should begin on a new page headed by the full title. Notes, references, tables, figures, and appendices appear in separate sections following the text, in that order. Since manuscripts are evaluated through an anonymous peer review process, authors
must remove identifying references or material. When citing your own work, please write “Smith (1992) concluded...,” but do not write “I concluded (Smith 1992)....” Please either blind or remove citations of working papers or papers in progress.

a. **Headings and subheadings** in the text indicate the organization of content. Major headings should include: Background, Data and Methods, Results or Findings, Discussion, References; no heading for introduction. Generally, three heading levels are sufficient. See recent issues for examples.

b. **Citations** in the text should provide the last name of the author(s) and the year of publication. Include page numbers for direct quotes or specific passages. Cite only those works needed to provide evidence for your assertions and to refer to important sources on the topic. In the following examples of text citations, ellipses (…) indicate manuscript text:

- If author's name is in the text, follow it with the year in parentheses: “Duncan (1959)…”
- If author's name is not in the text, enclose the last name and year in parentheses: “…(Gouldner 1963).”
- Pages cited follow the year of publication after a colon: “…(Ramirez and Weiss 1979:239–40).”
- Provide last names for joint authors: “…(Martin and Bailey 1988).”
- For three authors, list all three last names in the first citation in the text: “…(Carr, Smith, and Jones 1962).” For all subsequent citations use “et al.” throughout: “…(Carr et al. 1962).” For works with four or more authors, use “et al.” throughout.
- For institutional authorship, supply minimum identification from the complete citation: “…(U.S. Bureau of the Census 1963:117).”
- List a series of citations in alphabetical order or date order separated by semicolons: “…(Burgess 1968; Marwell et al. 1971).” Use consistent ordering throughout the manuscript.
- Use “forthcoming” to cite sources scheduled for publication. For dissertations and unpublished papers, cite the date. If no date, use “n.d.” in place of the date: “…Smith (forthcoming) and Oropesa (n.d.).”
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c. Notes should be numbered in the text consecutively using superscript Arabic numerals. If referring to a note earlier or later in the text, use a parenthetical note: “…(see note 3).”

d. Equations in text must be typed. Use consecutive Arabic numerals in parentheses at the right margin to identify important equations.

4. **Notes** should be typed or printed, double-spaced, in a separate “NOTES” section and should appear after the text but before the references. Begin each note with the Arabic numeral to which it is keyed in the text. *Authors should not use the “note” function in Word.* Notes can
a. Explain or amplify text.

b. Cite materials of limited availability.

c. Append information presented in a table.

d. Avoid long notes. Consider
   i. Stating in the text that information is available from the author.
   ii. Depositing the information in a national retrieval center and inserting an appropriate note.
   iii. Adding an appendix

5. References follow the text in a separate section headed “REFERENCES.” All references cited in the text must be listed in the reference section, and vice versa. Publication information for each must be complete and correct. It is authors’ responsibility to make sure that all information provided in the reference section is complete and correct. List the references in alphabetical order by authors’ last names; include first names and middle initials for all authors. If there are two or more items by the same author(s), list them in order of year of publication. For repeated authors or editors, give the author’s (or editor’s) full name in all subsequent references. If the cited material is unpublished but has been accepted for publication, use “Forthcoming” in place of the date, and give the name of the journal or publishing house. For dissertations and unpublished papers, cite the date and place the paper was presented and/or where it is available. If no date is available, use “N.d.” in place of the date. If two or more works are by the same author(s) within the same year, list them in alphabetical order by title and distinguish them by adding the letters a, b, c, and so on, to the year (or to “Forthcoming” or “N.d.”). For works with multiple authors, only the name of the first author is inverted (e.g., “Jones, Arthur B., Colin D. Smith, and James Petersen.“). List all authors; using “et al.” in the reference section is not acceptable. A few examples follow. Refer to the American Sociological Association Style Guide and recent issues of JHSB for additional examples:

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6. **Number tables** consecutively throughout the text. Insert a note in the text to indicate the placement (e.g., “Table1 about here”). Type each table on a separate page. Each table must include a descriptive title and headings for columns and rows. Do not use abbreviations for variable names or column and row headings within tables. Align numbers in columns by decimal. Gather general notes to tables as “Note:”; use a, b, c, and so on, for table footnotes. Use asterisks *, **, and *** to indicate significance at the p < .05, p < .01, and the p < .001 levels, respectively, and specify one-tailed or two-tailed tests. **Tables must be in an editable format.**

7. **Number figures** consecutively throughout the text. Insert a note in the text to indicate placement (e.g., “Figure1 about here”). Each figure should include a title or caption. Do not use abbreviations within figures. Figures must be executed by computer or by graphic artist in black ink. Contact the JHSB office to discuss preferred file formats for computer-generated files.

**IMPORTANT**

All figures (including all type) must be legible when reduced or enlarged to widths of 2 9/16 inches (one column width) or 5 5/16 inches (full page width).
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8. Appendices should be lettered to distinguish them from numbered tables and figures. Include a descriptive title for each appendix (e.g., “APPENDIX A. Variable Names and Definitions”).

Tribal College Journal of American Indian Higher Education

Tribal College Journal Features
Tribal College Journal (TCJ) seeks feature articles addressing the themes posted on its website (tribalcollegejournal.org). All feature articles must involve tribal colleges in some way. Possible feature article topics are specified on the website, but alternative topics on each theme are welcome. We seek both long features (2,500–3,000 words) and shorter features (1,500–2,000 words).

Specific feature subjects are decided upon one month before the deadlines. Before writing an article, send the editor (editor@tribalcollegejournal.org) a brief 100 word abstract explaining your idea and how you plan to approach the topic. The journal’s thematic approach requires us to carefully plan each issue to assure an appropriate mix of articles.

Articles should focus as much as possible on a person or the people involved with the project, or the program being discussed. We prefer for you to use a lot of quotations and/or anecdotes to illustrate your point. For examples of features to emulate, we recommend you consult past editions of TCJ and contact the editor to discuss topics in greater detail.

Please use only 12 point Times New Roman font with no extra formatting. All articles should subscribe to the American Psychological Association’s (APA) writing style guidelines (see http://www.apastyle.org/).

Tribal College Journal Departments
Besides articles addressing an issue’s theme, TCJ also seeks submissions for its regular departments. Below is a listing, with descriptions.

Media Reviews (450 words)
The media reviews department illuminates recent publications or films in American Indian studies, including language, history, culture, education, literature, art, research methodology, biography, archaeology, etc. Please include title, author, number of pages, publisher, and year of publication. At the end of your review, please provide a one sentence author blurb about yourself. Follow the format in past issues. We also need a 300 dpi scan of the cover. Keep in mind that many of our readers are college librarians and instructors seeking new materials. Tell them whether you recommend the media item for classroom use or for TCU libraries.

On Campus (250–500 words)
This department focuses on news items at tribal colleges. We also accept longer featurettes with a more enduring interest. Since we are quarterly, all pieces for this department should remain interesting and relevant three months from the time they are written. Include contact information at the end.

Profile (1,200 words)
Focus on a person who has made a contribution to American Indian higher education or the tribal college movement. Use many quotes. The article should address the person’s work, but the focus should be on the person. Note how they solved a central problem. Include tribal affiliation, age, and
family information. At least one well-composed, high resolution photo should accompany article. The theme of an issue will influence the profile we select.

**Research (2,000–2,500 words)**

We are happy to announce the return of our research department. We accept submissions on a broad range of topics in a variety of disciplines so long as they pertain to American Indian education, or are studies conducted by tribal college researchers and are relevant to tribal communities. All submissions should contain in-text citations per APA style guidelines. Currently, we do not send articles out for peer review, but rather conduct an in-house evaluation of the article, its methodology, and its suitability for TCJ.

**Resource Guide (1,500–5,000 words)**

Each issue TCJ publishes a web-exclusive resource guide that investigates various sources relating to the theme of the corresponding issue. The resource guide typically follows one of two formats: 1.) The guide begins with a short 500 word introduction on the state of the field for a particular theme, followed by a comprehensive bibliography of available sources, including books, journal articles, other scholarly studies, websites, etc. 2.) The guide may also be formatted as an annotated bibliography, which focuses on a shorter list of references and offers a basic, paragraph-long overview for each cited source. Please use regular paragraph format with no hanging indents.

**Talking Circle (1,200 words)**

Share a successful intervention, a classroom project, specific methodology, or instructional approach that has worked in a tribal college classroom or department. We are interested in facilitating faculty discussion about their work.

**TCJ Student (600–1,200 words)**

This department is devoted to student creative writing, including fiction, nonfiction, and poetry. Students who submit work for this department must be enrolled at a tribal college.

**Voices (750 words)**

This department is devoted to first person opinions about issues in Native education. We are especially interested in hearing the voices of tribal college students, administrators, staff, and faculty; other voices are welcome as well.

**OTHER PERTINENT INFORMATION FOR WRITERS**

**Audience**

*Tribal College Journal’s* audience is quite diverse. While the stories should serve the tribal colleges’ staff, students, faculty, and administrators, TCJ is also read by other educators, legislators, college donors, and the general public.

**Style and Technical Requirements**

We seek both storytelling and academic styles for our articles. The first priority is readability, engaging our diverse readership with an intriguing, gripping story. Images are vital in this process. TCJ will only publish well-composed, high resolution photographs. Such images draw in readers and will make your article more compelling.
Whenever an Indian person is mentioned, include the tribal affiliation in parentheses when possible. Italicize non-English words only the first time they appear. Articles must be submitted by email as Word.doc attachments; please use the default settings on Microsoft Word as your format, but be sure to use Times Roman font. Use italics as necessary, but avoid unnecessary formatting (different sizes and fonts, boxes, margins, etc.), which we ultimately have to remove. When citing electronic sources obtained over the Internet, give information sufficient for retrieval of book/article/material.

Use active verbs in your writing. The active voice is usually more direct, concise, and vigorous than the passive (see Strunk and White, *The Elements of Style*). Keep sentences clear and concise. We are counting on you for accuracy, storytelling ability, willingness to provide more details or a rewrite upon request, and meeting deadlines. This is an internationally distributed magazine with thousands of readers, not a newspaper or newsletter, so please provide your best work.

As noted above, be sure to follow the American Psychological Association’s (APA) citation guidelines. See http://www.apastyle.org/.

**Photo and Image Guidelines**

For printing purposes, *Tribal College Journal* requires high resolution photos in jpeg or tiff formats. For charts or graphs we also accept high resolution pdf files. Please do not send low resolution images such as those from a website or gif images. These may look great on the computer screen, but will come out fuzzy and blocky in a print publication.

Assuming you are using a digital camera, please use the highest image resolution on your camera. Choose large file size—more resolution is better. If your camera allows you to choose a pixel size, the minimum should be 1024 x 768. We would prefer 2048 x 1536 or higher. Note for professionals: Please do not provide images larger than 5 MB.

Do not shoot into the sun. Fill the viewing frame—the people are often more important than the background; get close enough so we can see faces. A photo with two to four people is usually better than a photo of a group.

If you are using flash, remember that the built-in flash on most cameras is effective only up to about 20 feet. In low light situations like inside conference rooms or classrooms, change the ISO setting to 400 if possible. For outdoor conditions use the standard ISO setting of 100.

Email the photos to: editor@tribalcollegejournal.org in separate messages. If you have a lot of images, please contact us for instructions about our FTP site or about setting up a shared Dropbox link.

**Payment**

The rate of payment varies depending upon the complexity of the story, whether it is submitted on time, the quality of the writing, and whether the work is part of the writer’s job requirements. No payment is made for voices or research articles. Note: Payments are made after publication.
Editing
Most articles require editing for length, clarity, or style and will be returned to the writer for at least one round of revisions. TCJ reserves the right to edit submissions as deemed necessary by the editorial staff.

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American Educational Research Journal—Section on Social-Institutional Analysis

Thank you for agreeing to review a manuscript for the Social and Institutional Analysis section of AERJ (AERJ-SIA). The AERJ-SIA editorial team has created this guide to support your review of the assigned manuscript.

As you read and review this manuscript, please consider AERJ-SIA’s mission and scope:

*The Social and Institutional Analysis section of AERJ (AERJ-SIA) publishes scholarly research that addresses significant political, cultural, social, economic, and organizational issues in education. This section publishes research analyzing the broader contextual and organizational factors affecting teaching and learning, the links between those factors and the nature and processes of schooling, and the ways that such “external” domains are conceptualized in research, policy, and practice. The section invites manuscripts that advance the theoretical understandings of the social and institutional contexts of education and that encompass the diverse communities of schooling and educational research to achieve social justice in education.*

Please use the following categories to focus your feedback to the editorial team and manuscript author(s).

**REVIEW CATEGORIES**

**Objectives or Purposes**
Does the manuscript address critical political, cultural, social, economic, and organizational issues in education? Does the manuscript offer new insights on these issues?

**Perspective(s) or Theoretical Framework**
Is the manuscript well grounded in current research, theory, and practice? Is the theoretical framing adequate? If not, what additional information would improve the manuscript?

**Methods, Techniques, or Modes of Inquiry**
Is the manuscript methodologically sound? Please provide an explanation for any critiques that you offer.

**Data Sources, Evidence, Objects, or Materials**
Is the manuscript supported by relevant data?

**Results and/or Substantiated Conclusions or Warrants for Arguments/Point of View**
Do the findings match the conclusions drawn? If not, what other evidence is required?

**Scientific or Scholarly Significance of the Study or Work**
Will this manuscript be useful to scholars and practitioners with an interest in political, cultural, social, economic, and organizational issues in education?

**Organization and Writing Style**
Is the manuscript clearly organized and presented in a coherent and comprehensible way?
Please provide a critical and constructive review of the manuscript, focusing your comments particularly on the following criteria:

- **Appropriateness of the manuscript for JAIE's audience:** Is the manuscript highly relevant and of interest to those involved in American Indian/Alaska Native (AI/AN) and Indigenous education?

- **Significance:** Does the manuscript address critical issues in AI/AN/Indigenous education?

- **Contributions and insights:** Does the manuscript reflect current research, theory, and practice and offer new insights on AI/AN/Indigenous education?

- **Quality of scholarship:** Is the manuscript conceptually and methodologically sound, and supported by relevant data?

- **Organization and writing style:** Is the manuscript clearly organized and presented in a coherent and articulate way?

- **Utility:** Will this manuscript be useful to scholars and practitioners in AI/AN/Indigenous education?

Please rate the manuscript, in tandem with the comments you make in your review, as follows:

- **Publish, largely as is:** Only minor copy-editing is required.

- **Accept, with changes noted:** The manuscript clearly merits publication in *JAIE* but requires specific revisions.

- **Revise and resubmit:** The manuscript is not acceptable in its current form, but has value and should be returned to the author(s) for substantial revision.

- **Reject with encouragement to revise:** The manuscript has potential, but requires such substantial revision of content and organization that the revision would result in a new manuscript.

- **Reject:** The manuscript is clearly not appropriate for *JAIE*.

Please support your rating with substantial comments and information, especially if your recommendation concerns major revisions or rejection. Your comments will be shared anonymously with the author to document our rationale to accept or not accept the manuscript. You can return your comments directly to us as a Word document (“doc” or “docx”) at the address below.

If you feel you will be unable to complete the review by [date], or if you have any questions, please let us know at your earliest convenience. We can be reached by email at jaie@asu.edu. Thank you in advance for your professional and timely review.
The AIHEC NARCH project is designed to establish sustainable tribally-centered partnerships between TCUs and the tribal communities they serve and the behavioral health research and intervention community. It will develop the capacity of TCUs to employ Indigenous Community Based Participatory Research (ICBPR) methods, using the AIHEC Indigenous Evaluation Framework, and identify and implement culturally-appropriate evidence based interventions. The project will assist TCUs in establishing and developing sustainable, community- and culturally-based behavioral health research and academic programs, and will disseminate information about behavioral health intervention and research relevant to TCUs and their communities.

The American Indian Higher Education Consortium’s (AIHEC) NARCH VII project will also establish a vital, effective, and sustainable behavioral health network involving Tribal Colleges and Universities (TCUs), mainstream university partners, and tribal communities through which significant behavioral health issues will be addressed using Indigenous Community-Based Participatory Research methods. The AIHEC NARCH VII project’s network of colleagues and resources will include faculty, staff, and students at the nation’s 37 TCUs, University of New Mexico’s Center for Rural and Community Behavioral Health, the University of Washington’s School of Public Health, Washington State University’s School of Nursing, and other behavioral health research and education resources. Through the TCU Behavioral Health Network, TCUs will (1) access curriculum, evidence-based strategies, professional development resources, and (2) gain support for implementing community-based research and intervention activities to address critical behavioral health issues that are destroying too many American Indian and Alaska Native (AI/AN) families and threatening the very future of our sovereign Tribal nations.

The goals of this project include:

- Improving the quality of behavioral health services provided to AI/ANs through use of a science-based empirical approach to intervention development and evaluation founded on tribal values and culture;
- Establish a community of practice in behavioral health at the nation’s 37 TCUs;
- Establish TCUs as an essential tribally-centered component of the national behavioral health research and education infrastructure;
- Support TCUs in engaging their communities in the identification, development, and implementation of behavioral health intervention strategies based on traditional cultural values and sensibilities;
- Support establishment of a TCU behavioral health research and education career pipeline component to recruit, support, and provide key linkages for AI/AN students to pursue careers in behavioral health;
- Empower tribal communities to develop and control the research agenda and connect that research to tribal values and needs—thereby significantly increasing the validity and usefulness of the research—which will promote trust and the understanding within
AI/AN communities that health-related research can be tribally-driven, tribally-focused, and tribally-conducted serving the common good rather than supporting practices that perpetuate inequality and social injustice; and

- Promote the integration of Indigenous knowledge and Western knowledge.

All United States-based TCUs will have the opportunity to participate in the important work of developing and sharing effective intervention models that address the specific needs and cultural sensibilities of their tribes and tribal communities. The education component of the project will establish the capability of TCU faculty and students to conduct research and develop and enhance their education programs to prepare students for careers in health services and health-related research.

The AIHEC NARCH Project uses a cohort model to begin building the research capacity of the TCUs with five TCUs selected for cohort one in 2014. These five TCUs are: Cankdeska Cikana Community College (North Dakota), Diné College (Navajo Nation), Northwest Indian College (Washington and Idaho), Oglala Lakota College (South Dakota), and Stone Child College (Montana). A second cohort of six TCUs was established in 2016 which includes: Aaniiih Nakoda College (Montana), Fort Peck Community College (Montana), Haskell Indian Nations University (Kansas), Ilisagvik College (Alaska), Keweenaw Bay Community College (Michigan), and Tohono O’odham Community College (Arizona).
Cankdeska Cikana Community College

Research Team
Project Investigator: Stuart Young, M.S.
Project Evaluator: Patricia G. Conway, Ph.D.

Overview
The Cankdeska Cikana Community College Behavioral Health Research Development (CCCC BHRD) Project was designed to build infrastructure to conduct behavioral health research at Spirit Lake, to better address behavioral health needs identified by the community, and pilot the research and education program that is developed. Cankdeska Cikana Community College was chartered in 1974 by the Spirit Lake Dakota Nation and is located in Benson County of North Central North Dakota.

Process
The CCCC BHRD project has three goals:

1. Increase the capacity of Cankdeska Cikana Community College (CCCC) to teach research skills and conduct behavioral health research, through staff development and the creation of behavioral health research education opportunities for students;
2. Increase student ability to understand and conduct behavioral health research through course offerings and a summer research project; and
3. Increase knowledge regarding behavioral health needs and research support for developing interventions based on those needs.

The CCCC BHRD began summer 2014 and the researchers and faculty will implement the program through the 2014/2015 Academic Year utilizing a formative evaluation component that is designed for project improvement and a summative evaluation component that will provide for additional research development and implementation. A comprehensive community needs assessment was completed.

Status Report
The Cankdeska Cikana Community College Behavioral Health Research Development (CCCC BHRD) Project has met its goals and objectives, as outlined in the initial work plan, with the exception of dissemination activities. The project increased capacity of CCCC to teach research skills and conduct behavioral health research. Two faculty participated in annual grantees meetings; planning, implementing, and dissemination of results for the two research projects, and taught courses including research modules. Student ability to understand and conduct behavioral health research was increased through modules in CCCC course offerings. Also, students participated in the two research projects, including workshops teaching skills in data collection and analysis, planning a research project with a research work group, collecting data through individual interviews, analysis of the results using SPSS, and dissemination of results locally, regionally, and nationally.
The research studies led to increased knowledge regarding behavioral health needs. The results were used in a successful grant application to SAMHSA for funding to initiate a student behavioral health support program at CCCC.

The next step is completion of two articles, one on pain and behavioral health issues; the second on behavioral health issues in tribal communities.
Diné College

Research Team
*Project Director: Mark C Bauer, Ph.D.*
*Project Co-Director: Laura McClenny*
*Staff Member: Donald Chee*
*Student Research Assistants: Anthony Benally, Amber-Rose Waters*

Overview
The project at Diné College is part of the TCU Behavioral Health Research Network and has specific aims to 1) coordinate a behavioral health needs assessment of students at Diné College, and 2) initiate partnerships between the faculty in Public Health and Social and Behavioral Science and with other key individuals at the College to address the issues identified in the needs assessment through education, research and community-based interventions. The project team consists of faculty from the areas of public health and social/behavioral science, and staff of other college health promotion programs. Other partners include the College’s Student Success Program, a community coalition for health communities, a local non-profit, the Montana Institute and the NARCH-funded BASICS study on issues of substance use and abuse among tribal college students being conducted by the University of Washington (UW).

The main activities of the assessment are to collaborate with the ongoing BASICS study to obtain data on substance abuse risks and behaviors of our students and to supplement that with a survey modeled after the Positive Community Norms (PCN) approach developed by the Montana Institute. The PCN style survey gathers data from about positive, protective factors of students, and uses that data to inform a health promotion campaign to foster the positive behaviors. The partnering activities include participation and dialog with partners and joint professional development efforts.

Update on Implementation and Outcomes
The UW BASICS study on issues of substance use and abuse among tribal college students initially surveyed 107 of our students in the spring of 2015. In a second wave at the beginning of the Fall 2015 semester, 405 additional students took the survey. The UW research team and Diné College Motivational Interviewers have worked on a poster with Alcohol and Drug Prevention messages. These posters will be printed and distributed to all Diné College campuses. The data will then be available for our project to use for local analysis.

The Positive Community Norm Survey developed by this project was administered to 292 students during the 2014/2015 academic year. While our sample was smaller than we had planned (21 percent of the student body), we did find that it was representative of the age, sex and campus demographics of the overall student body. Therefore we are relatively confident that the survey findings have some validity. We found “protective factors” that exist within the student population, factors that are underestimated as the strong “norm” that they are. Two examples include mentoring young people and caring for elderly family members. We also found strong norms among students who say, “I know how to limit my interaction with drugs and alcohol…”
and with engaging in regular exercise. The team is now designing a revised survey focusing more on these protective factors. The Navajo Nation Human Research Review Board has approved these additional surveys. The Clicker Technology system will be used to instantly collect data directly into the computer from classrooms of students. We have contracted one of our partners at the San Juan County Partnership to assist us in carrying out the new survey and campaign, as well as the Montana Institute for technical support, guidance, and advanced data analysis.

**Collaborative Activities and Professional Development**

The AIHEC project team is working with the Student Success Department and college administration to develop a marketing campaign that announces the positive norms our students share at Diné College through social media, posters, PSAs and the college website. These will be designed to be data-based and reiterative to validate the best student behaviors in ways to better align campus norms. Professional development has included community partners, college staff, faculty, and students in pursuing the goal of a Positive Community Norms model for our campuses.
Northwest Indian College

Research Team
Student Researchers: Bobby Lind, Hiram Small Legs, Marie Badilla
Project Director: William Freeman
Faculty: Fawn Little Sky, Leilani Ignacio
Project Coordinator: Colleen Berg
Project Consultants: Jeffrey King, Dave Oreiro
Internal Evaluator: Tami Chock

Overview
The Northwest Indian College (NWIC) Behavioral Health Research Network project used Community Based Participatory Research (CBPR) to develop, implement, analyze, and report the results of an NWIC student behavioral health survey while mentoring students to conduct research.

Process
- Three students were recruited to participate as student researcher for two years.
- Mentors discussed with the students the importance and nature of human research protection for individuals and tribal communities as well as the CBPR process. Each took (and passed) the NIH Human Research Protections certification course.
- The students developed the questions that they and other students would want to have asked, based on their own experience and their discussions with other students. The non-students on the team suggested a few additional questions. The survey included questions about personal behavior. Great care was taken from the beginning to ensure anonymity of all respondents.
- The entire Research Team reviewed a behavioral health survey instrument that our consultant (Jeff King) has used in the past in both an urban Native American Community in a large city and in a rural small American Indian Pueblo. The students and the team took sections from Dr. King’s questionnaire, modified as needed, and added to the survey. The entire team then refined all questions. In this entire process, the students were quite engaged in, and largely led, every step of the entire research process.
- The students helped write the Informed Consent document, helped recruit members for the College Action Board (CAB), which included faculty, administration and students. They also were taught about applying for a research protocol review with the Institutional Review Board (IRB) and preparing for the review meeting. Students were also instrumental in helping to recruit students to take the survey.

The Survey
Starting in late June 2014 through mid-November, the Research Team discussed, modified, and further developed the NWIC student behavioral health survey. The student and team modifications included: 1) expand the focus to emphasize strengths and resilience; 2) add the topics of the effects of the traumas of personal and tribal histories; 3) include questions specific for Indian College
students (e.g., financial aid), disability, thinking about historical trauma, etc.; and 4) shorten the survey. We also had extensive discussions about demographics and how to select demographic factors to include in the survey; great care was taken to not permit statistical identification on any respondent using a combination of demographic factors (e.g., gender plus being the only respondent older than 70 years age of that gender).

As the team prepared to launch the survey, we developed a list of logistics questions to include in Survey Monkey, mostly to protect student identification. The team developed a plan of intervention DURING the survey (for emotionally difficult questions) so that those taking the survey will obtain direct help if needed.

The survey was pretested twice, by two sets of students unfamiliar with the survey, to help further refine both the content and format of the online survey.

After updating the survey to its third draft, our College Action Board (CAB) reviewed it and we incorporated their excellent recommendations. The CAB was comprised of NWIC faculty, staff and administrators. The revised survey was then presented to the college’s Administrative Leadership Team and was again further refined.

The Final Survey was launched March 19, 2015.

The Research Team is now in the process of data analysis. We have employed various biostatistical analyses and cross analysis of answers to determine the profile of successful students with a strength-based approaches to their academic and personal experiences, as well as identify possible areas for the College to improve student success as implied from the survey.

**IRB**

The Northwest Indian College’s IRB reviewed and approved the research (with conditions that the project can easily meet) October 9, 2014. Our final approval was given March 16, 2015 through the two-person expedited review of a “minor modification to the protocol.” The submission included the Final Survey, the revised informed consent document and recruitment documents. The next IRB review will be of our data dissemination.

**Evaluation**

Our internal evaluator attends some of our weekly meetings, interviewed everyone involved in the project and developed a Formative Evaluation report for the project.

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Oglala Lakota College

Overview
The purpose of the Behavioral Health Research project conducted by Oglala Lakota College (OLC) is threefold:

1. Learn about the behavioral/mental health issues and needs of OLC students;
2. Increase the knowledge and capacity of OLC students and faculty regarding behavioral health issues and research; and
3. Develop behavioral health curricula based on historical trauma.

Progress
Whereas the first project year was devoted to the preparation of the study, the actual data collection took place in the first half of the second year. Two questionnaires were administered September–October 2015 to survey perceptions of OLC student behavioral health needs: The Student Survey received 109 responses and the Faculty/Counselor Survey was completed by 58 individuals. In November 2015, one focus group was conducted on the Pine Ridge Reservation with eight students and one instructor participating, and a second focus group took place off the reservation at OLC’s He Sapa College Center in Rapid City. Three students, one instructor and one counselor attended this session; a snowstorm affected participation.

Preliminary Findings
Students, faculty and counselors were asked to indicate the main behavioral/mental health issues of OLC students. Stress-related problems were mentioned by far the most often (by 80 percent of respondents), followed by substance-related problems and depression (both 56 percent). Institutions of higher education are under increased pressure to improve retention, persistence, and completion rates. Students were therefore asked whether their academic performance has been affected by their own or someone else’s emotional/behavioral problems. Half of the students reported that their performance has been impacted by their own problems.

Currently, OLC offers no mental/behavioral health services except for an occasional talking circle. Survey participants were therefore asked if they think that OLC should offer more services. A large majority, 85 percent of students and 67 percent of faculty/counselors, expressed that they would like OLC to offer more.

Next Steps
The research team will continue analyzing the data. The findings will be used to develop educational materials for college staff, students, and community members and to make recommendations to better meet students’ mental and behavioral health needs.
Stone Child College

Overview
The American Indian Higher Education Consortium Native American Research Centers for Health (NARCH) Program, Stone Child College (SCC) Behavioral Health Research Network Project, herein after SCC Behavioral Health Research Network Project, is a tribal community-based research initiative that will identify, develop, pilot, and evaluate intervention strategies and models that address significant Chippewa Cree behavioral health issues, especially related to substance abuse and mental health, on Rocky Boy’s Indian Reservation in Montana. This work will assist in bridging the gap between National Institute of health funded research and practice of Indian Health Services through dissemination of tribally-centered adaptation of evidence-based practices. It will be administered by SCC, an eligible tribal college. Specific efforts will be made to advance the behavioral health treatment, prevention, education, and research careers of SCC faculty and students.

Results

Objective 1—Needs Assessment: Stone Child College will conduct a Behavioral Health Needs Assessment.
Stone Child College administered a Community Health Needs Assessment in 2012 to determine the health needs of the Rocky Boy’s Indian Reservation and to build a public health infrastructure. Stone Child College partnered with the Montana Wyoming Epidemiology Center to complete this project. Two hundred and eighty-eight (288) households were surveyed out of 808 households in Rocky Boy. Approximately 94 percent (189) were enrolled Chippewa-Cree: 62 percent were females, 38 percent males. Fifty-seven percent of the respondents were between the ages of 22–44 and ten percent were elders 60 years of age and older. The top three health priorities identified in this survey were 1) behavioral health, 2) diabetes, and 3) alcohol/substance abuse. Following this survey, a strategic plan was developed and adopted by the Chippewa Cree Wellness Coalition to address the findings.

Objective 2—Research Program: Stone Child College will initiate a student-driven community-based research program that focuses on substance abuse and mental health treatment and prevention, with a special emphasis on historical trauma, through the development of AA Human Services—Behavioral Health Research Option. This objective was fully met through the development of an Associate of Science degree in Rural Public Health. This Associate of Science degree was approved first as a Certificate degree in Rural Health but further refined January, 2016, to change to an Associate of Science degree in Rural Public Health. This degree incorporates research, introduction to public health, and three rural health courses titled Biskanewin Ishkode.

Objective 3—Research Infrastructure: Stone Child College will establish a base level behavioral health research infrastructure through the development of a SCC Office of Institutional Research, as evidenced by operational plan, policies and procedures, staff records, and project reports. An Office of Institutional Research has been developed with policies and procedures for SCC’s IRB. All information related to research projects conducted at SCC will be housed in this office.
Aaniiih Nakoda College

Overview
Aaniiih Nakoda College (ANC) students exhibit varying degrees of academic achievement. While some students make the Dean’s list, engage in undergraduate research, and serve in various academic clubs, other students frequently repeat courses, have low attendance, withdraw from courses, or withdraw from the College altogether. Struggling students risk not graduating from college, exhausting all grant funds, and potentially not earning as many job opportunities as college graduates. Therefore, this study seeks to examine the potential behavioral health factors related to anxiety (school-related or not school-related) and persistence levels of current ANC students in order to capture a picture of students’ challenges that need to be addressed in order to help them succeed in college, particularly at ANC. Community focus groups will be used to determine the final research questions and future design of this study. A future Institutional Review Board (IRB) will be completed to design a survey instrument to measure anxiety and persistence levels and other factors that impact students’ educational success. We hope this project will inform needed student retention programs and behavioral health support practices that are currently unavailable at ANC.

Data Collection
A focus group will be formed of twelve people from the Fort Belknap Community who are American Indian. No gender is specified. This group of twelve people will be comprised of two ANC students, one administrative staff person from ANC (preferably from academics or student services), one professional in a human services field, one community elder, and seven open-recruitment members (open-recruitment members will be recruited randomly from the community and do not need to have any specific jobs, titles, or positions within the community or school).

Data Analysis
After the recording is transcribed or notes are compiled into one document, the transcriptions will be reviewed by all researches, PI and co-investigators. Each researcher will write notes, questions, and initial conclusions. The research team will meet to review their analysis to develop a consensus of major themes or conclusions. When these conclusions are finalized, the research team will decide if another focus group discussion is needed. If so, another focus group discussion will be scheduled. The research team will present the conclusions to the group for further discussion and/or clarification. Otherwise, a summary of conclusions will be shared with the focus group, and researchers will encourage any additional comments or suggestions.

When a consensus has been reached about the conclusions of the focus group, the next stage of the process will begin. A new IRB will be drafted, and the complete study design completed. The outcome of this study is to gather specific research questions and define what we want to “measure” in terms of anxiety/persistence that will guide the development of a survey instrument that can be used to potentially measure students’ anxiety and persistence levels at ANC.
Fort Peck Community College

Overview
The research objective aims to introduce a mindfulness-based intervention to American Indian and Alaska Native (AI/AN) college students and measure efficacy in reducing stress-related symptoms related to identified risk factors as well as build resiliency factors to better manage or prevent future symptoms.

The purpose of the proposed research is to 1) adapt a mindfulness-based stress reduction program to target unique risks and needs of AI/AN college students at Fort Peck Community College (FPCC), 2) assess feasibility and initial efficacy for improving coping/resiliency, reducing perceived stress and associated physical, psychological, and emotional conditions in college students, and 3) provide data on feasibility, acceptability, initial efficacy, and pilot data for a larger-scale treatment study.

Goals
The proposed project consists of three phases:

**Phase I:** Student researchers will have an opportunity to submit an initial project design to the Fort Peck Tribes Institutional Review Board (IRB). The project will involve a qualitative exploration, through focus groups, of key themes emerging from student perceptions to guide adaptation and implementation of the intervention protocol. Results of these focus groups will also be used to supplement the measurement protocol with specific identified factors.

**Phase II:** Will involve professional consultation and training with certified and experienced professionals around the program components included in the mindfulness-based intervention including yoga and mindfulness practices. For the purposes of this initial study, the study team members with training and/or certification in the primary components of mindfulness-based interventions will administer the actual intervention.

**Phase III:** Will be the early stage pilot wait list control trial investigating post-course, three and six month outcomes. Participants will be individuals attending at least one course at FPCC and will participate in an eight week mindfulness-based stress reduction program. Feasibility and acceptability will be measured by attendance, assignment compliance and feedback. The student researchers will work to identify specific recruitment, screening, assessment procedures and tools, randomization factors, intervention conditions, and follow-up procedures. Following the completed interventions series, a data analytic plan including data management and analyses will be completed with documentation of results.
Haskell Indian Nations University

Overview
Haskell Indian Nations University will use AIHEC-NARCH funding to create a behavioral health campus initiative, Generation Indigenous Liberation. This initiative will be based upon the principles of Liberation Psychology, in a participatory manner for purposes of undertaking transformative action and advancing social justice; particularly for interpersonal violence issues on campus. Twenty first century Native America faces significant behavioral health challenges including socio-economic disparities, interpersonal violence, substance abuse, psycho-spiritual distress, and physical health issues. Haskell Indian Nations University students come from communities significantly impacted by these behavioral health challenges, so a significant component of this project will be on the development of a behavioral health needs assessment to document and address baseline data that will define the content to be focused on in the development and implementation of research infrastructure in Haskell’s Behavioral Health Initiative. A critical review and analysis of the Native American behavioral health literature, with an eye towards implications of historical trauma will be conducted. The concept of historical trauma will elucidate the psycho-spiritual distress, including internalized oppression, as the sequelae of unhealed wounds from 500 years of physical and cultural genocide. Student interns will assist in the process and receive intensive academic training in behavioral health research methodologies, particularly in community participatory approaches. Additionally, the project will engage local American Indian communities in community-based research approaches designed to identify, develop, pilot and evaluate research strategies and models designed to address behavioral health community issues.

Progress
Haskell has identified a project coordinator and two student interns who are currently undergoing the federal background check necessary per government regulations. This set-back has put the project on hold in terms of the duties of the project coordinator. Once staff is cleared, they will facilitate the development and process of research, assessment, analysis, and dissemination of project. Staff will begin the process by reviewing the assessment tools provided by Cohort One, as well as other assessment tools available.

The project director met with the Title IX director, the Rape Victim Care Center of Lawrence, and Haskell Counselor Monica Jackson to begin working on partnerships. SAMSHA recently conducted a dialogue at Haskell on prescription drug use and this focus group proved to be a good avenue to address this behavior such as prescription drug use. This format is being considered as an initial format to gather anecdotal information from students.

Staff will participate in an online human subject’s ethics training. Information was shared with the project coordinator and student interns about the upcoming training for NIH Visit Week (July 11–15, 2015), a one week summer enrichment program. Additionally, the project director, and possibly the project coordinator, will attend the Society for Prevention Research 24th Annual Meeting held in San Francisco, CA, May 31–June 3, 2016.
Ilisagvik College

Overview
Ilisagvik’s Student Success Center was one of six awardees of the TCU NARCH grant. Ilisagvik’s grant proposal focused on addressing the aims of the project by initiating a community based research project assessing the behavioral health needs of North Slope residents, assessing the desire and need for a dedicated counseling center at the College and implementing workshops on behavioral health in North Slope villages.

The North Slope Borough (NSB) of Alaska is populated primarily by indigenous Iñupiat Eskimos (76.4 percent)\(^1\), and the majority of Ilisagvik College students are Alaska Native. In Barrow and the seven other North Slope villages, community is vitally important and serves as an indicator of the health and wellbeing of individuals that comprise the villages. As the North Slope Borough Baseline Community Health Analysis Report states, “in . . . indigenous communities . . . the mental health of the community, rather than the individual, is central to the definition of health.”\(^2\) As with many Native communities, individuals in the NSB villages are affected by alcohol and drug abuse. Thirty-five percent of Iñupiat household heads in Barrow reported that the effects of drugs and/or alcohol had hurt a household member.\(^3\) Depression and anxiety also occur in the North Slope region, and are among the highest in the state\(^4\), among other mental and behavioral health concerns. Ilisagvik College recognizes the integral importance of establishing a body of research and behavioral health data in order to better serve its students. The College’s students have diverse backgrounds; some are traditional college age, while others are older with established families and careers. Many students are first-generation attendees, and enter college unprepared for the academic rigor required to earn a degree. Ilisagvik College Student Success Center is committed to supporting the students and providing a welcoming and healthy environment for students to succeed. Ilisagvik desires to participate in the TCU cohort in hopes of empowering students and North Slope residents through behavioral health knowledge, as well as to engage in research and collaborate with other TCUs to serve tribal communities as a whole.

Goals
Since this is the first research that Ilisagvik College will be conducting, we are learning many things necessary to be able to complete this project. We have one student researcher “on board,” and are seeking a second student. Project Director Kelly is completing the application to the NWIC Institutional Review Board (IRB), NIH training for Protecting Human Research Participants; learning how to conduct focus groups, assembling a research committee, creating alliances with the Borough Integrated Behavioral Health Department and other relevant agencies, preparing and planning for Behavioral Health Summer Camp, and engaging in ongoing professional development in order to properly and ethically participate in community-based research.

\(^3\) Ibid. 222.
Keweenaw Bay Ojibwa Community College

Overview
The goal of this project is two fold: 1) build capacity in Keweenaw Bay Ojibwa Community College (KBOCC) staff and students to conduct research on behavioral health, and 2) support the introduction of culturally appropriate and informed adaptations of evidence-based, best and promising practices to meet identified behavioral health needs. Needs assessment is an important research tool and initial step in designing interventions. Keweenaw Bay Ojibwa Community College proposes to conduct a college-specific needs assessment following a community-wide assessment conducted in academic year 2014–2015.

In 2014, Baraga County organizations and individuals concerned with youth behavioral health formed a county-wide Communities That Care group, conducted a community needs survey, and began efforts to address priority needs. The survey results showed that six risk or protective factors varied significantly from national norms:

- Perceived availability of drugs
- Community disorganization
- Low perceived risk of drug use
- Low commitment to school
- Low pro-social involvement
- Low interaction with pro-social peers

Progress
The community prioritized Perceived Availability of Drugs and Low Commitment to School as areas to be addressed initially among the county youth. Priorities for college students are anticipated to differ and assessing the specific behavioral health needs of this group is considered necessary for developing effective interventions. Several objectives will be addressed in the first year of the project: 1) assess implementation of 2015–2016 planned behavioral health initiatives, 2) identify priorities for meeting student behavioral health needs, 3) identify training/curricula to build capacity to meet an additional identified high-priority behavioral health need, 4) identify and adapt intervention and outcomes measures, and 5) collect outcomes/effectiveness data on both planned and newly developed behavioral health programs and services.

In year two, objectives addressed will be to: 1) implement student training to build capacity, 2) build staff capacity to provide student services and training, 3) implement an intervention to address an identified need, 4) allow students to collect data on the impact of implemented interventions, 5) assist students in collaboratively developing a conference presentation to share the intervention models and their impact, and 6) initiate an advisory board to continue to inform KBOCC about community needs, priorities and acceptance of interventions.
Tohono O’odham Community College

Overview
The Tohono O’odham Community College (TOCC) AIHEC NARCH project will conduct community-based, participatory research on behavioral health issues that may affect TOCC students’ ability to succeed in college. Retention and graduation rates are low, and there is primarily anecdotal evidence that behavioral health problems are a major factor. The project will provide the means to identify the behavioral health issues that affect student retention through a class that will provide students with in class and fieldwork education on conducting community-based, participatory research on behavioral health issues affecting TOCC students. The research results will provide data to address the issues so that TOCC administration can develop appropriate supports for students to improve health and retention.

The target population for the project are those students identified by the College Early Alert Retention System (EARS) as at risk for class failure and students who have dropped out of TOCC within one year of the start date of the project. The entire student body may be recruited to take part in focus-groups or other means of obtaining qualitative and quantitative data. A critical strategy to facilitate students’ completing individual classes successfully was establishing and expanding EARS. EARS was first implemented in 2010 on a limited basis, and then expanded for all students enrolled in all classes by the fall of 2014. Expansion was possible due to TOCC establishing a Retention Coordinator position for the first time in its history in 2013.

Leading reasons for students identified as at-risk since the inception of the EARS program are:

- Poor attendance
- Missing or late turning in assignments
- Distracted, inattention
- Personal/family issues

Of the 130 students seen by Counselor Orville Aldrich in the academic year 2014–2015 (most of whom were referred through the EARS program), he estimated that at least 60 percent have depression. Counselor Aldrich stated in a personal communication (July 2015) that many do not understand that they are depressed until he describes symptoms of depression to them. The project will provide the resources to identify clearly specific behavioral health issues in the TOCC student population.

For the great majority of students who do not live on campus it is only known anecdotally if a student might have a substance abuse issue, or be living in an unhealthy environment. TOCC has limited student housing that opened in the fall of 2012 when construction of the first buildings on the new campus was completed. There have been several incidents of students living on campus using alcohol and drugs and several being expelled from student housing.
Goals
Student researchers will be recruited to participate in the project through several means. Students who have completed at least one class in psychology, substance abuse, or social welfare will be eligible, as the background will be a needed prerequisite for the research class. A class will be offered, such as SSE210, Community Organization and Development that can be tailored to provide instruction in community-based, participatory research methods. It is a three-credit class, but can be modified for additional credit to incorporate hours for lab, or field work. A class specific to research methodology and practice at an advanced level will also be designed. The sequence will be designed so that students can be paid as Interns for the project during the summer, using the skills learned in the classroom for extensive field work.

Status
The Adjunct Instructor who was to be the project director (PD) for this project is not available. The Department of Education will fund the instructor part of a 1.0 FTE Social Service position so that the project director will spend approximately 20 percent time as PD in Year One, and 80 percent time in designing the research classes and teaching those classes plus at least one of the prerequisite classes. A highly qualified individual currently teaching a course in Program Evaluation for TOCC has been identified and it is expected that the position will be filled within 30 days.

The project will collaborate with the Tohono O’odham Nation Department of Health and Human Services (DHHS), and has begun discussions with its leadership on new programs and courses including a Behavioral Health Technician certificate, a Prevention Certificate, and a basic certificate in Public Health. The DHHS has a renewed Meth and Suicide Prevention Intervention (MSPI) grant funded by the Indian Health Service and will be training TOCC Interns on basic prevention skills. The NARCH grant project director will collaborate with the MSPI project director to ensure coordination of activities.

There are a number of TOCC students who have completed prerequisite classes for a course such as Community Organization and Development—that course is expected to be offered this summer with at least eight students enrolled, so that student participation in community based participatory research in social services will be established on the TOCC campus within the time frame proposed for the NARCH project.
Nathaniel St. Pierre, Ed.D., is an enrolled member of the Chippewa Cree Tribe of Montana. He has a bachelor’s degree in business, a master’s degree in education, and a doctorate in education. All three degrees were earned from Montana State University. As a former college instructor, he taught courses in business, education, history, and Native American studies. As an independent consultant, he specializes in training and technical assistance for community-based participatory research, evaluation, cultural competence, and substance abuse prevention. Most of his career has focused on American Indian issues, students, programs, and services. He has also been a researcher, program evaluator, and an academic dean.

Dr. St. Pierre is currently the president of Stone Child College in Box Elder, Montana.
Cynthia Pearson

Research Associate Professor Cynthia Pearson, Ph.D., is the Director of the Research at the Interdisciplinary Indigenous Wellness Research Institute where she collaborates with indigenous scholars in the development of research policies and directs iterative data analysis on historical and cultural determinants of physical and mental health among American Indians and Alaska Natives. Her expertise is in designing tribally-based health studies from an ecological perspective that emphasize social, economic, political, environmental, and historical determinants of health.

Dr. Pearson’s research focuses on the conduct of ethical research and designing culturally grounded interventions. She is the Principle Investigator (PI) of ETHICS: Ethics Training for Health in Indigenous Communities Study (R01HD082181), designing a human subject certification training for AAN community researchers and past fellowship with Fordham University Ethics Center HIV Prevention Research Ethics Training Institute. Dr. Pearson’s research also explores how the intersecting risk of substance use, historical and lifetime trauma, and HIV risk is buffered by culture, place and community. As PI, she is working with a rural tribal community in a three year pilot project (R34DA034529) to culturally adapt and pilot an empirically supported trauma-focused treatment, Cognitive Processing Therapy (CPT) for PTSD, substance use and HIV/STI sexual risk behavior.

Dr. Pearson meets community members where they are and identifies community ways of knowing and resources to create innovative sustainable interventions. She is the principle investigator or co-investigator on multiple federally-funded grants using a community engaged approach closely collaborating with tribal communities across the United States promoting American Indians and Alaska Natives wellness.
Janet Gordon Ph.D., is a researcher/evaluator and adjunct faculty at Montana State University teaching Statistics and Research Methods courses. She has a doctoral degree in Education and 30 years of experience as a research scientist. Dr. Gordon’s research background includes the development of constructs and valid/reliable instruments for measurement, analysis and interpretation and presentation of those results to inform and educate policymakers and the general public alike. She works with Washington State’s Office of the Superintendent of Public Instruction on state assessment issues and informs Washington State legislature. Most recently she led the effort in Washington State to develop a research-based measurement method to evaluate school administrators that was adopted by the Association for Washington State Principals and accepted by legislature known as the Principal Evaluation Framework.

Dr. Gordon currently evaluates several National Science Foundation grants and Department of Education grants. She was the lead researcher in a Department of Health and Human Services grant that guided a non-profit organization to achieve the highly coveted National Registry of Evidence-Based Practices certification awarded by the Substance Abuse and Mental Health Services Administration.

Dr. Gordon has lived in Indian Country and her work extends out to many Native American and Latino communities in the United States and indigenous communities in the Hawaiian and Pacific Islands.
William Freeman

William L. Freeman, M.D./M.P.H., has been in Indian health his entire medical career. In his summer between first and second years of medical school, he worked for the Swinomish Indian tribal community to develop and do a health survey of its members, as requested by the tribal chairman. After his residency (Family Medicine) and MPH (Health Services Research), he served in the Indian Health Service (IHS) for more than 25 years, first at the Lummi Indian Tribal Health Center (1977–1990) then director of the IHS Research Program (retired 2002).

He supported and promoted community-based participatory research (CBPR) with American Indian and Alaska Native people and tribes, and did qualitative and quantitative research. He also was chair of the IHS Institutional Review Board (IRB).

Since “retirement,” he serves Northwest Indian College, a Tribal College and University (TCU), as human protections administrator and program director for its Center for Health.

His research and professional interests include: resiliency and strengths of Native people; CBPR; ethics of research involving Native people and communities; research by, with, and for TCUs; and the concerns and desires of individual and community participants in research.

Because he is a living kidney donor (non-directed, 11/2008), he also has both a professional and personal interest in the care of living organ donors before and after donation and the ethics of living kidney donation. He currently serves on the United Network of Organ Sharing (UNOS) Living Donor Committee, and will soon serve on UNOS’s Ethics Committee.

He and his wife, Carolyn Robbins, are privileged to live on the Lummi Reservation, with the proud Lummi people.
Al Kuslikis

Al Kuslikis, M.A., is Senior Associate for Strategic Initiatives at the American Indian Higher Education Consortium, the association of the nation’s 37 Tribal Colleges and Universities (TCUs). An important part of Mr. Kuslikis’ work involves identifying strategies for supporting research, education, technology transfer, and community development programming at the nation’s TCUs particularly through partnerships among the Tribal Colleges and the larger stakeholder community—including federal, tribal and state agencies, higher education institutions, organizations, and businesses. Mr. Kuslikis has accumulated over twenty years of experience in American Indian higher education, beginning with his work at Diné College on the Navajo Nation.
Billie Jo Kipp

Billie Jo Kipp, Ph.D., is president of Blackfeet Community College. She had been associate director for Mental and Behavioral Health at the Center for Native American Health, University of New Mexico.

Dr. Kipp has a doctoral degree in clinical psychology. Her research has focused on the effects of a Blackfeet cultural and language immersion program on Blackfeet children’s intelligence, racial identity, and self-esteem.

Additionally she has investigated the differences of crystallized intelligence and fluid intelligence in American Indian children and American Indian children with a diagnosis of Fetal Alcohol Syndrome.

Her research on building capacity for diabetes management in tribal communities focused on the reduction of health disparities among minority populations.

Dr. Kipp is committed to culturally responsive research and providing research that is useful for tribes.
Teresa McCarty

Teresa McCarty, Ph.D., is the GF Kneller Chair in Education and Anthropology and Affiliate Faculty in American Indian Studies at the University of California, Los Angeles.

Dr. McCarty began her work in American Indian education as an educational liaison for the Fort McDowell Yavapai Nation and a bilingual curriculum developer for the Navajo Rough Rock Community School.

At the University of Arizona and Arizona State University, she served as co-director of the American Indian Language Development Institute and Center for Indian Education. She has also served as editor of American Educational Research Journal, Anthropology and Education Quarterly, and coeditor of Journal of American Indian Education.

Dr. McCarty’s books include A Place To Be Navajo—Rough Rock and the Struggle for Self-Determination in Indigenous Schooling, “To Remain an Indian”: Lessons in Democracy from a Century of Native American Education (with K. Tsianina Lomawaima), and Language Planning and Policy in Native America.

She lives in Los Angeles with her husband, John Martin, and has two grandchildren, Zachary and Ben.
Natasha Floersch, B.A., is journal manager of the American and Alaska Native Mental Health Research. She is the first point of contact at this esteemed journal with the responsibility of reviewing new manuscript submission and making recommendations to the Editor-in-Chief. Ms. Floersch also coordinates the peer review process and manuscript revision process.

Ms. Floersch also serves as a professional research assistant at the Centers for American Indian and Alaska Native Health at the University of Colorado Anschutz Medical Campus. In addition, she is the technical mentor for the Native Telehealth Outreach and Technical Assistance Program teaching program participants to develop websites and digital stories addressing health issues in Native communities.
Myra Parker

Myra Parker (Mandan-Hidatsa-Cree), Ph.D., J.D., is an assistant professor in the Center for the Studies of Health and Risk Behavior in the Department of Psychiatry and Behavioral Sciences, in the University of Washington School of Medicine. She also works at the Indigenous Wellness Research Institute at the University of Washington School of Social Work.

Dr. Parker received her B.A. in Human Biology from Stanford University. She received a J.D. from the James E. Rogers College of Law at the University of Arizona in 2001, with an emphasis in Federal Indian Law. She received her M.P.H. from the Mel and Enid Zuckerman School of Public Health at the University of Arizona in 2002. Dr. Parker graduated with a Ph.D. in Health Services from the University of Washington School of Public Health in 2010.

Dr. Parker has worked for over ten years on tribal public health program implementation, and coordination with tribal communities in Arizona, Idaho, and Washington, as well as with tribal colleges and universities across the United States. She has over five years experience in tribal public health research. Prior to embarking on a career in research, Dr. Parker worked for five years in the policy arena within Arizona state government, in tribal governments, and with tribal working groups at the state and national level.

Her research experience in public health involves Community Based Participatory Research, cultural adaptation of evidence-based interventions, and disparities research. She received a Robert Wood Johnson Foundation New Connections Junior Investigator grant in 2011, one year into her post-doctoral fellowship. Dr. Parker’s research in this project focused on alcohol related fatalities and tribal cross-jurisdictional agreements with local non-Native communities. She has provided trainings to tribal health department staff, tribal research teams, and urban Indian service delivery teams. She has also provided indigenous health research training to University of Washington students from undergraduates through Ph.D. students.

As an enrolled member of the Mandan and Hidatsa tribes, she is aware of the historical health practices and misconduct perpetuated on tribes in the United States, as well as other minority and disenfranchised populations. Her background in law and policy has informed a broader understanding of the principles of ethics as well as honed her skills in identifying methods to address the disparities in research control and access through the use of formalized agreements. She has experience in working with tribes in their ongoing efforts to balance the collective rights of communities and individuals.
Joan LaFrance

Joan LaFrance, Ed.D. is owner of Mekinak Consulting, a management and evaluation service in Seattle, Washington specializing in educational program evaluation, research, and management studies. Mekinak Consulting has a long history of evaluation of programs in Tribal Colleges and Universities, tribal and Indigenous communities, and for non-profit organizations. With support from the National Science Foundation through a grant to the American Indian Higher Education Consortium, Dr. LaFrance conducted the research and co-authored the book *Indigenous Evaluation Framework: Telling Our Story in Our Place and Time*. Currently, she is conducting research on the application of the Indigenous Evaluation Framework in three tribal college communities.

Dr. LaFrance is a member of the Turtle Mountain Band of Chippewa. She received her doctorate at Harvard University, and a master’s degree of Public Administration from the University of Washington. She was a founding member of the Indigenous Peoples in Evaluation TIG in American Evaluation Association, and believes that traditional Indigenous voices and values will make significant contributions to evaluation theory and practice.
Patricia Conway

Patricia Conway, Ph.D., M.S.W, Senior Research Scientist, conducts research and program evaluation with health and behavioral health programs in health, including behavioral health, issues, and factors that influence health. In addition to working with the CCCC AIHEC TCU Behavioral Health Research Development Project, she worked with a community team to conduct the Enhanced Evaluation of the Standing Rock Sioux Tribe’s Men’s and Women’s Health Screening Days; the North Dakota IDeA Network for Biomedical Research Excellence Evaluation; the Wiconi Ohitika (Strong Life) Youth Suicide Prevention Project Evaluation; the University of Minnesota Native Americans into Medicine Project; and the Increasing Capacity and Enhancing Tribal Innovation Project.

Dr. Conway has published articles and books and presented in the areas of behavioral health, especially with Native Americans; pregnancy prevention; grandparent caregivers; rural health, accountable communities for health; interdisciplinary teaming; orphan train riders; and health and behavioral health strategies to prevent poor outcomes.

She has worked as a social worker in the fields of child welfare, family violence, mental health, AIDS, health, gerontology, loss and grief, disabilities. She was a social work educator between 1983 and 2006.

Dr. Conway has conducted training, research, and program evaluations for private non-profit and public agencies.

Dr. Conway has a B.A. in Social Work and a Master of Social Work from the University of Oklahoma and a Ph.D. in Social Work from the University of Texas at Austin.

She enjoys her family, pets, gardening, reading, knitting, and traveling.
Mark Bauer

Mark C. Bauer, Ph.D., has over 30 years of service with Diné College, the tribal college for the Navajo. Dr. Bauer co-developed the associate of science degree in public health at Diné College, as well as a certificate in public health. Additionally, he founded the Summer Research Enhancement Program that engages American Indian students in learning and applying quantitative and qualitative research skills in behavioral and public health research.

Dr. Bauer serves on the Navajo Nation Human Research Review Board, the Institutional Review Board for the Navajo Nation. He also serves on various working groups with the Navajo Division of Health in areas of cancer prevention, surveillance surveys, and workforce development to help determine collaborative solutions to address the Navajo Nation’s epidemiological and public health needs.

He remains an active researcher in areas of cancer prevention, nutrition and rural health.

Dr. Bauer has received numerous awards over his career, including the 2010 training award given by the Native Research Network “to recognize the training program that demonstrates excellence in recruiting, retaining, and training Native investigators to engage in Native Health Research.”
Teresa LaFromboise

Teresa LaFromboise, Ph.D., is a Professor of Developmental and Psychological Sciences in the Graduate School of Education and an affiliated faculty member in the Child Health Research Institute, School of Medicine, Stanford University, Stanford, CA. She specializes in stress-related problems of youth from non-dominant ethnic/racial groups. Much of her current attention is focused upon cultural humility in developing and implementing psychological interventions for suicide prevention.

Dr. LaFromboise is a recognized contributor to American Indian/Alaska Native mental health initiatives having published extensively in that area. She has also authored a number of prevention intervention manuals including the American Indian Life Skills Development Curriculum (AILS). Her awards for the AILS include recognition from: the Department of Health and Human Services as a SAMHSA Program of Excellence, the Carter Center for Public Policy at Emory University as an Intervention Ready for Prime Time, and the First Nations Behavioral Health Association as One of Ten Best Practices.

Dr. LaFromboise is a fellow of the American Psychological Association and the Association for Psychological Science. She has served as the Chair of Native American Studies at Stanford University for ten years. Currently she is conducting research in a Northern reservation on cognitive and affective mediators of AI/AN academic engagement. She most enjoys mentoring students and consulting with personnel in community and school-based programs for the empowerment of Native youth.
LaVerne Parker

LaVerne Parker has a M.S. degree in Rural Health Nursing from the University of North Dakota, Grand Forks. She received her bachelor degree in Nursing from Washburn University, Topeka, Kansas.

Ms. Parker is an enrolled member of the Chippewa Cree Tribe located at Rocky Boy Montana; however, she grew up on the Turtle Mountain reservation in North Dakota.

She retired from the Indian Health Service in 2006 after a 30 year career. During her tenure with the Indian Health Service she worked in several leadership capacities as a clinical staff nurse at Albuquerque Indian Hospital, a house supervisor at Claremore Indian Hospital, a director of nursing at the Quentin N. Burdick Memorial Healthcare Facility, a nurse consultant for the Aberdeen Area and as a chief operating officer at the Quentin N. Burdick Memorial Healthcare Facility. During her career with the Indian Health Service, Ms. Parker served on the Executive Leadership group for the Indian Health Service, was instrumental in documenting nursing care for the electronic medical record and participated on the work group to reauthorize the Indian Health Care Improvement Act. In 2007 she moved to the Rocky Boy Reservation to help raise her grandchildren and has been working as an adjunct instructor in nursing and director of the Rural Health Initiative at Stone Child College. It is her work on the Rural Health Initiative that was the inspiration for the Rural Health Curriculum which is now being offered to Stone Child students to assist them in confronting

and understanding their history, culminating in releasing and transforming their historical trauma using their traditional ways and culture.
Michael Yellow Bird

Michael Yellow Bird, Ph.D., is a citizen of the Three Affiliated Tribes, the Mandan, Hidatsa, and Arikara. He grew up on the Fort Berthold reservation in White Shield, North Dakota.

Dr. Yellow Bird has held faculty appointments in the Schools of social work at the University of British Columbia, University of Kansas, Arizona State University, and Humboldt State University. He is currently a professor in the Department of Sociology and Anthropology and the Director of the Tribal and Indigenous Peoples Studies program at North Dakota State University.


His teaching, writing, and research, focus on Indigenous People’s mind body health; Mindfulness and neurodecolonization research, theory, and approaches; Paleo and ancestral eating; and colonization and decolonizing theory and practice.
Deborah His Horse is Thunder

Deborah His Horse is Thunder, Ed.D., works closely with the American Indian Higher Education Consortium (AIHEC) and the tribal colleges and universities (TCUs) throughout the country. She is currently the Project Director of AIHEC's NARCH Project which is designed to enhance the behavioral health research capacity and curriculum at TCUs and she assists with the coordination of the SKC TCU Summer Meeting.

Dr. His Horse is Thunder has previously served as the Chief Academic Officer at three tribal colleges: Haskell Indian Nations University, Fort Peck Community College, and Aaniiih Nakoda College. She holds a doctorate in education, a master’s degree in higher education, and a bachelor’s degree in sociology.

Dr. His Horse is Thunder has previous experience working with her own tribal community, held a tenure track faculty position in Counselor Education at the University of Montana, and provided training and technical assistance to the majority of tribal colleges. She was appointed by President Bush to serve on the President’s Advisory Council on Tribal Colleges and Universities and she was appointed by Governor Racicot to serve on the Montana University System’s Board of Regents.

Dr. His Horse is Thunder is a member of the Assiniboine (Nakoda) Nation and lives on the Standing Rock Indian Reservation in North Dakota with her husband, Ron.