

Abstract instructions

Sept. 15-18, 2019 ❖ Mystic Lake Center

Abstracts for oral (Pecha Kucha and breakout) and poster presentations for the conference must be submitted by 5 p.m. (Central) on Monday, June 17, 2019. Please note that presenters will not receive free conference registration or lodging.

Once submitted, our planning committee will review your submission and notify you in early July whether or not your abstract has been selected.

PRESENTATION CATEGORIES

1. A one-hour breakout session. These will be simultaneous, and attendees will have the opportunity to choose among sessions. Priority will be given to breakout sessions that will be interactive (i.e., including a lot of discussion and attendee participation, as opposed to a full presentation), although we will consider all proposals. Breakout session leaders may also create a printed poster for display during the conference.

2. A Pecha Kucha talk. This is a concise talk totaling six minutes and 40 seconds in which 20 slides are shown for 20 seconds each. This has been done very successfully at our conference in previous years. We will accept up to 15 abstracts for Pecha Kucha talks. There are many online resources to learn about this presentation. ([Click here for an example.](#)) We request that Pecha Kucha presenters also create a printed poster for display during the conference.

3. A printed poster. These will remain up during the conference and will be the focus of a dedicated poster session the evening of Tuesday, Sept. 17. There is no limit on the number of posters that will be accepted.

Note: It is required that any abstract including research with human subjects or tribal data follow Tribal/Sovereign Nation/IRB, designated IRB, Tribal Council and/or the specific consultation/approval process approved by the Tribal Nation(s). Following University approval only, or relying on an MOU that is not specific to this abstract will not be accepted.

ABSTRACTS

ABSTRACT GUIDELINES

All abstract submissions **MUST** follow the guidelines outlined below.

- 1. Create the abstract as a Microsoft Word document.**
- 2. The length of the abstract, including title, authors, and abstract body, must not exceed 250 words.**
- 3. Each abstract MUST contain the following specific points. If it does not, it will be sent back for revision and this may result in missing the submission deadline.**
 - A short, specific title using upper- and lower-case letters, in bold.
 - Under the title, list the authors' names (with degrees is appropriate), with presenting author first.
 - After each name:
 - Put an asterisk next to the name(s) of the author(s) who will actually be presenting the work.
 - Include tribal affiliations in parentheses.
 - List the person's affiliated institution, with location (city/state).
 - In the body of the abstract:
 - **For a research or program presentation:**
 - First, a sentence stating the main objectives of the research or program.
 - Then, a brief statement of methods, if pertinent. For research and programs involving human subjects or tribal data, you **MUST** include a statement of the Tribal Nation approval process in addition to any University IRB approvals (i.e., "approval was received from U of X and tribe X IRBs").
 - A summary of the results obtained.
 - A statement of the conclusions and impact of the work.
 - For a research/evaluation paper, it is always best to have some outcomes to discuss. We prefer that you don't write "results will be discussed." However, if you do not have results yet, but expect to have them by the time of the conference, this will be permitted.
 - Please note if this is a descriptive talk, and therefore outcomes may not be relevant.

ABSTRACTS

- **For a breakout session**, discuss the purpose, format and content of the session, as well as what you expect attendees to learn. Remember that this is what attendees will read in order to choose which breakout session to attend. The breakout sessions will be one hour each, and we will ask each presenter to present their session twice.
- **On all abstracts**, list the source of financial support, if relevant.

4. Email the abstract as a Microsoft Word attachment to conference@seedsofnativehealth.org. The abstract must be received by 5 p.m. (Central) on Monday, June 17, 2019.

5. In your email, you must indicate whether you prefer to be considered for breakout session, a Pecha Kucha presentation or poster presentation. If you do not indicate which you prefer, your abstract will be considered only for a poster presentation. (Note that we expect all Pecha Kucha presenters to also present a poster.)

6. Once submitted, our planning committee will review your submission closely and notify you in early July whether or not your abstract has been selected.

ABSTRACT EXAMPLES FROM THE SECOND CONFERENCE ON NATIVE AMERICAN NUTRITION

Note: The following examples did not refer to tribal approval as we require this year. For all abstracts submitted this year a statement of how tribal nation approval was obtained is required to be included. If not included, the abstract will not be accepted.

Growing Resilience, Health, Food Sovereignty, and Partnerships in Wind River Indian Reservation

C Porter, University of Wyoming, Laramie, WY; M Arthur (Northern Arapaho), University of Wyoming, Riverton, WY; A Wechsler, University of Wyoming, Laramie, WY; J Sutter (Northern Arapaho), V Sutter (Northern Arapaho), and E Potter (Northern Arapaho), Blue Mountain Associates, Fort Washakie, WY, and Eastern Shoshone Tribal Health, Fort Washakie, WY

Growing Resilience is providing new home food gardens to 100 families in Wind River Indian Reservation and, using a randomized controlled trial design with delayed intervention, we are assessing impacts of gardens on family member health. In this presentation, we share our baseline quantitative results, early qualitative outcomes, some process lessons, and lessons from our work in supporting 32 home gardens so far. For example, diabetes rates are high but many also control their blood sugar well; gardens appear to help families spend more time outside and time together; our partnerships are emotional, practical and technical, and have yielded very high participant retention rates. So far, every gardener has succeeded in growing food, even in the face of growing challenges.

Finally, regardless of what we find in quantitative health outcomes (BMI primarily, but also other biometric and blood and survey measures), our work is yielding multiple positive qualitative outcomes among participating families and the partners in growing food sovereignty and power among the Eastern Shoshone and Northern Arapaho communities and in training the white academics to be better partners. This project was reviewed and approved by University of Wyoming IRB and is supported by NIH/NHLBI/NIGMS R01 HL126666-01.

Impact of a Traditional Seed Priming Method on Human Health Relevant Bioactives and Associated Benefits of the Three Sisters Crops

J Walker-Swaney (Piqua Shawnee Tribe, Potawatomi), D Sarkar, K Shetty, North Dakota State University, Fargo, ND

Three Sisters crops were an integral part of many North American Indigenous food ecosystems. Many tribes had different traditions and practices for all aspects of gardening, including growing Three Sisters crops. One practice of particular interest is an alternative seed priming method of utilizing human saliva as a seed-priming agent used by some Indigenous people.

The major goal of this study was to evaluate the impact of this seed priming practice (human salivary treatment) on the germination rate, seed vigor, and human health relevant bioactive profiles of beans and colored corn grown under Three Sisters crop food ecosystem. Further, phenolic antioxidant-linked functionalities relevant for the management of early stages type 2 diabetes of colored corn and beans were evaluated after harvest using in vitro assay models. Preliminary results have shown an interesting response as inhibitory activity against type 2 diabetes relevant enzyme (-glucosidase) increased seven-fold in saliva treated corn.

We are currently carrying out a second year of the study with an expanded design allowing more repetitions to increase the empirical validity of our previous findings and traditional knowledge of culturally relevant agricultural practices of some Indigenous communities of North America for improving plant and human health. The results from the preliminary study will be showcased during the poster presentation. This study has not been submitted for review to any IRBs, as there are no human subjects involved in this study.

Healthy Children, Strong Families 2: Randomized Healthy Lifestyle Intervention for American Indian Families

EJ Tomayko, Oregon State University, Corvallis, OR; AK Adams, Montana State University, Bozeman, MT; RJ Prince and KA Cronin, University of Wisconsin, Madison, WI; TA Parker (Seneca Nation) University of New Mexico, Albuquerque, NM; K Kim and VM Grant (Blackfeet Nation), University of Wisconsin, Madison, WI

Healthy Children, Strong Families 2 (HCSF2) was a randomized trial of a healthy lifestyle and obesity prevention intervention for American Indian (AI) children and families. HCSF2 targeted increased fruit/vegetable intake, physical activity and sleep, and decreased added sugar intake, TV/screen time and stress. 450 families from five AI communities nationwide were randomly assigned to mailed healthy lifestyles intervention toolkit (Wellness Journey) with social support (Facebook/texts) or child safety control toolkit (Safety Journey) for one year. After the first year, families switched Journeys. Outcomes were measured at 0, 12 and 24 months. IRB approvals were obtained from the University of Wisconsin, participating tribal councils, and where applicable, tribal IRBs.

In the first year, child BMI and adult BMI did not show significant differences between wellness and safety. Health behaviors showed multiple significant areas of improvement, including healthy food patterns. HCSF2's multi-state CBPR intervention addresses key gaps regarding family/home-based approaches for early obesity prevention in AI communities, and showed several significant improvements in health behaviors. The well-received mailings and social networking support show intervention promise.

This project was funded by the National Institutes of Health, National Heart, Lung, and Blood Institute [grant number 1R01HL114912] to AA. ET and VG were supported through NIH T32 training grants to the University of Wisconsin Department of Nutritional Sciences [5T32DK007665] and the Department of Family Medicine and Community Health [T32HP10010], respectively.