GUIDANCE ON LAY SUMMARY

WHAT IS A LAY SUMMARY?

- *A brief summary of a research project goals, activities, and findings, that is used to explain complex scientific theories and technical terms to people who do not have specific knowledge about the research subject.*

A one page lay summary from each study is required by the CNIRB as part of its aim for research transparency. It is intended to help showcase each year's research projects to administration and community members. Typical summaries will discuss the purpose of the research, its relevance to the tribe, an overview of methodologies, and any findings that were discovered. Template examples are provided to help you create your projects lay summary (which will be submitted with your study closure's "Final Report"- please see Study Closure Guidance).

TIPS TO WRITE A GOOD LAY SUMMARY

- Use the example template. You can change colors or add in charts or graphs if needed but, it is best to use the provided template to complete your lay summary.
- Overall your text should provide answers to the "Who, What, Where, When, Why and How" of the study.
- Focus on the relevance and application of the benefits from your research to people living within the tribe. Try to give clear everyday examples. Paint a picture for the reader.
- Use short, clear sentences (25 words or less).
- Minimize the use of jargon, highly technical terms and acronyms. If this is unavoidable, provide explanations.
- Find someone who is not in your field to read over the summary. Get feedback on your draft from colleagues, supervisors and at least one non-specialist to your field.
- Respect the length requirements for the lay summary (which is 1 page only).

EVALUATING COMMUNITY-BASED TRANSLATIONAL INTERVENTIONS USING HISTORICAL CONTROLS

Due to ethical and other concerns, many community-based translational intervention projects are designed as programs without a comparison group. The evaluation of the effects of such programs is challenging. For example, the national Diabetes Prevention Program (DPP) showed that lifestyle intervention can effectively prevent diabetes. The Special Diabetes Program for Indians Diabetes Prevention (SDPI-DP) demonstration project implemented this intervention in American Indian and Alaska Native (AI/AN) communities. Given the strong evidence for the efficacy of the intervention, all SDPI-DP participants received the intervention. Due to the lack of a comparison group, the calculation of the intervention effects is difficult. In this paper, we examine if we can use historical control data from the DPP to evaluate the effectiveness of the SDPI-DP lifestyle intervention.

WHY IT MATTERS

This paper presents an example for how to use publicly available data as historical control to evaluate the intervention effects of community-based translational projects without a comparison group. This approach shows promise in obtaining relatively accurate estimate of the intervention effects for such kind of projects in the future. Among different statistical methods, the DRS approach might be the more appropriate option for program evaluators who are more familiar with the concept and calculation of DRS.

HOW WAS THIS DONE

Because participants of the current project and historical controls might be different in many aspects, simply comparing data of those two groups might be inaccurate and misleading. Therefore, we tested the use of two statistical methods, propensity scores (PS) and disease risk scores (DRS), in accounting for those differences. These methods were applied to data from the SDPI-DP. Publicly available DPP data was used as a historical control in the evaluation.

WHAT WAS FOUND

Comparing to the placebo group of the DPP participants, lifestyle intervention significantly reduced diabetes incidence among SDPI-DP participants regardless of statistical method used. Without considering the differences in diabetes risk factors between SDPI-DP and DPP participants, the estimated effect of SDPI-DP lifestyle intervention was a 65% reduction in diabetes risk. However, when all the relevant diabetes risk factors were considered in the statistical models, the estimated intervention effects were smaller, ranging from 23 to 50% reduction in the risk of developing diabetes. The differences in estimated intervention effects using the PS and DRS approaches were relatively small.

WHAT IT MEANS

Lifestyle intervention led to substantial reduction in diabetes risk among SDPI-DP participants. Publicly available historical control data could be used to evaluate the effects of an intervention for projects that do not have a comparison group by design. It is important to use a proper statistical method to account for the differences between comparison groups in this kind of evaluations.

This summary describes the works of:

Jiang L, Hollingsworth R, Chen, S, Beals J, Bullock A, Manson SM, and the SDPI Diabetes Prevention Demonstration Project. "Evaluating Community-Based Translational Interventions Using Historical Controls: Propensity Score vs. Disease Risk Score Approach" For more information, please contact Luohua Jiang, PhD at lhjiang@uci.edu.

CULTURAL TRAUMATIZATION AND FAITH

Many American Indian people experience a type of group trauma. Cultural trauma occurs when an original culture is disrupted by an arriving culture. Culture loss may occur. This culture loss makes some people feel traumatized. This article looked at cultural trauma as part of a mental health study. The study was called Cante Waste Oyate.

WHY IT MATTERS

American Indians have had a lot of culture loss. It is important to learn what helps people cope. Some American Indians might find spirituality and religion helpful in coping with cultural trauma.

HOW WAS THIS DONE

44 adults on a Northern Plains reservation were interviewed. This included 17 men and 27 women. Interviews were open-ended and conversational.

WHAT WAS FOUND

Participants had lots of individual trauma. More than half had Posttraumatic Stress Disorder. They also talked about group trauma. Cultural trauma affected participants' social lives. It also affected the way they saw the world. This included disappointment with community leaders. This applied to both political and spiritual leaders. Cultural trauma also included sadness about culture loss. Participants were sometimes disillusioned. One thing they weren't disillusioned with was religion. Traditional religion helped people to reconnect with their traditional culture. In this way religion helped participants cope with community trauma. Many felt like religion made them better people or gave them a purpose in life. This was true of both traditional religion and Christianity.

WHAT IT MEANS

Changes in social life and world view are common in people with cultural trauma. This was true of participants in this study. Some clinicians recommend spirituality and religion as a way to cope with cultural trauma. Few studies have been done on this, though. This study supports these recommendations.

This summary describes the works of:

Jiang L, Hollingsworth R, Chen, S, Beals J, Bullock A, Manson SM, and the SDPI Diabetes Prevention Demonstration Project. "Evaluating Community-Based Translational Interventions Using Historical Controls: Propensity Score vs. Disease Risk Score Approach" For more information, please contact Luohua Jiang, PhD at lhjiang@uci.edu.

[Summaries are 1 page @ Arial size 12, and should use this template. Start by providing some key background on the magnitude of the problem and/or some overall info on the current knowledge base. Remember that this is a lay summary, so consumers may not have strong scientific backgrounds. Try to keep this section to one paragraph.] *Did you know that you can change the background color if you would like. Go to "design" tab in the ribbon and select "color". There you will be able to change your overall color scheme.*

WHY IT MATTERS

[This is perhaps the most important section of the lay summary, as it describes how findings will be used to benefit the Cherokee people and what you feel are the next steps for future research or intervention development.] *This section is a text box. Therefore, you are free to lengthen or shorten it as you need. However, do not change its location or width.*

HOW WAS IT DONE

[In this part you will describe your methodology. Be sure to include any locations, sample sizes and data collection tool types (survey, interview, blood samples, etc.) that you used. Remember to give general terms. For example, a reader does not need to know the exact survey instrument that you used (unless it is key to the study) just that you collected a survey.]

WHAT WAS FOUND

[This section is where you will write about your findings at this point in your project. Remember to talk about overall findings and not to focus too much on specific groups or data points.]

WHAT IT MEANS

[Here you will interpret your findings and provide a discussion of how this impacted your aims or your understanding of your hypothesis. Remember, as a lay summary try to aviod using any highly techincal terms or analysis vocabulary.]

This summary describes the works of:

[You cite yourself and your project here. Be sure to keep it in italics, Georgia (body) @size 9.] This section is a text box. Therefore, you are free to lengthen or shorten it as you need. However, do not change its location or width.