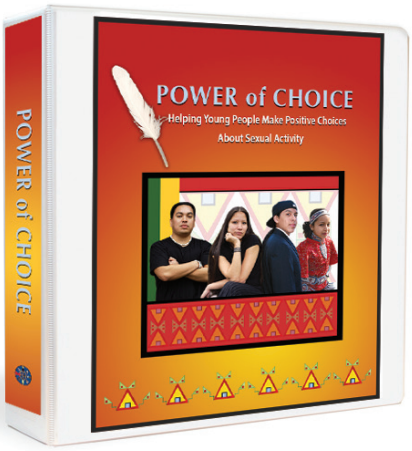
STI Prevention for American Indians and Alaska Natives

A Community Engagement Project to Reduce Disparities Among AI/AN Youth

> [Teens] think that if they are clean enough, or if they are on birth control, then they don't have to worry."
>
> — Student participant at the Talking Leaves Job Corp focus group



The Power of Choice, Helping Young People Make Positive Choices About Sexual Activity, was targeted toward AI/AN teens and young adults ages 15-24.

Prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs, and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV).[1]

It is a startling statistic and one not withheld from the over 100 students receiving the information at the Cherokee Nation Talking Leaves Job Corp, (Job Corp) in Tahlequah, Oklahoma.

"Students told us in the focus groups that we held at Job Corp that teens should know the facts," said Cassy Stephens, STI Prevention Program Director for NIWHRC (National Indian Women's Health Resource Center). NIWHRC was the grantee for the Association of American Indian Physicians (AAIP) grant on Sexually Transmittted Infections (STI) Prevention for American Indian and Alaska Native (AI/AN) Populations.

Finding solutions to barriers to health such as vast geography, and disparities in socio-economic and education conditions requires people who have an investment and access to the communities that need to be reached, in this case, AI/AN youth, ages 15-24. In addition, teaching must be done in a culturally relevant context involving Native Americans themselves. This was the reasoning behind NIWHRC's approach to the development and dissemination of the curriculum for AI/AN teens and young adults: *The Power of Choice, Helping Young People Make Positive Choices About Sexual Activity.*

Key factors that contributed to the successful retention of knowledge gained for the students include the following:

- **Established relationships were accessed:** NIWHRC was able to approach Cherokee Nation Talking Leaves Job Corp about teaching the curriculum there because they had built a trusted relationship over time.
- **Adaptations to fit the needs:** Students were asked their opinions about such things as how they learned best, where they received their health care and their knowledge about STIs, etc.
- **Consistency and up-to-date accuracy** of the information disseminated, which involved teaching an 8-hour curriculum to 101 students in three different vocational classes over three months.

[1] http://www.cdc.gov/std/stats12/adol.htm

Education = Addressing the Need

Health leaders are keenly aware of the serious issues facing the next generation. Youth are not only subject to peer pressure, but are susceptible to poor modeling about sex and identity by television, the internet and movies. Others have lack of family support, violence in the home, and more. When adults are not available, youth will look to each other for support and information—which is often inaccurate if the student has not been educated on the subject of STIs and HIV/AIDS.

The approach

NIWHRC's approach to helping teens and young adults protect against or reduce the risk of STIs, HIV and pregnancy, was based on The Community Guide, Community Preventive Services Task Force recommendation of group behavioral interventions. Presenting the curriculum in a group setting allowed for interaction, sharing and learning from each other, as well as the instructor—all in an educational environment.

The culturally-appropriate process of developing an effective curriculum on STI prevention for AI/AN youth involved,

1. **Community engagement;** partnering for resources, know-how, and access to students.
2. **Input by focus groups**; seeking the wisdom of those who are the most experienced.
3. **Learning, adapting and aligning** with cultural norms.
4. **Education in a group setting** (group intervention).
5. **Health messaging;** disseminating accurate health data using the right language (cultural relevance) for the right target audience (ages 15-24).
6. **Sharing what was learned** with other health professionals; between teens, family and friends, etc.

The data

A 2012 report by CDC showed that AI/ANs were disproportionately affected by STIs:[1]

Young people, ages 15-24, have 5 times the reported rate of chlamydia as the general population.[2]

Having a sexually transmitted infection (STI) increases the chances of getting HIV 2-5 times, if exposed.[2]

— Centers for Disease Control and Prevention

- **Gonorrhea:** Gonorrhea rates among American Indian/Alaska Natives were 4 times higher than those of whites (248.6 cases per 100,000 vs. 61.9).
- **Chlamydia:** Chlamydia rates were 4 times higher among American Indian/Alaska Natives than among whites (1443.5 cases per 100,000 vs. 356.4).

[1] http://www.cdc.gov/std/stats12/slides.htm

[2] http://www.cdc.gov/std/hiv/stdfact-STD-HIV.htm

Community Engagement

Participation from Native youth experts needs to include the youth themselves

Community engagement is a new word for an old Native approach; the Talking Circle. Gathering to share resources, know-how, and most importantly—up-to-date medical science—all help to create the best strategies to reach the age group with the highest rates of STI's: adolescents and young adults.

Youth living in rural communities have their own unique set of barriers to intervention strategies. Factors that contribute to high risk behaviors and diminished access to accurate education, testing and treatment for rural youth include the following:

- Isolation due to geographic distances.
- Socio-economic issues that lead to a lack of transportation or other resources,
- Limited sex education in schools, if any.
- Unreliable sources (including from other teens) regarding accurate information about STI's and HIV.
- Social and/or cultural norms in some communities where discussing STI's is still a taboo, etc.

Add to the list the time it takes to develop trust between the people of those same communities and health outreach persons, educators and clinicians from outside the community.

For these reasons, NIWHRC carefully considered who best to partner with for STI prevention education for a large group of students. They drew upon their long-standing connections within Cherokee Nation and the tribe's Talking Leaves Job Corp program.

Talking Leaves Job Corp Program helps young people ages 16 through 24 improve the quality of their lives through career technical and academic training.

> "I have always had a personal decision to be abstinent until marriage and this class has only strengthened my personal will."
>
> — Student participant in the Job Corp focus group

Involving AI/AN youth in the process

Twelve student participants voluntarily shared their perspectives and ideas in a focus group on STIs. To follow are some examples of the question and answers, which also helped to adapt the curriculum for a more successful health intervention experience:

Q. Do you believe people your age need to know more about STIs and HIV/AIDS?

A. • *Yes, I think the lack of communication is a huge issue among partners.*

• *It needs to be taught a lot sooner than it is.*

Q. What would help young people to communicate openly and honestly about sex and protection?

A. • *If it wasn't such a taboo topic...*

• *If they could talk about it in an open forum it wouldn't be such an issue.*

Q. Why do some young people enter relationships and don't use protective measures?

A. • *[Teens] think that if they are clean enough, or if they are on birth control, then they don't have to worry.*

Aligning Health Intervention

Adapting behavioral interventions to fit local and cultural needs

After more than fifteen years of experience with developing, adapting, and implementing curricula for AI/AN communities, NIWHRC knows that the key to a successful learning experience begins with listening to the people in the community they serve.

The Power of Choice curriculum was based on BART, an evidence based curriculum recommended by the Centers for Disease Control (CDC) website. A significant amount of information on STIs was added, however, and cultural adaptations were necessary. NIWHRC partnered with teachers and administrators at the Cherokee Nation Talking Leaves Job Corp, and also the students themselves, for input on adaptations to the curriculum through a focus group. The students' investment allowed for the enhancement of their overall willingness to learn through ownership, and a sense of personal effectiveness. They saw that their opinions made a difference. The focus group setting also allowed students an environment to express their own opinions, and not ones they adopted from their peers.

The following suggestions by Job Corp students in the focus group, and other local leaders, led to local and more relevant content:

- **Make it pertain to AI/AN populations**. Statistics and other information that relate to the students was researched and emphasized.
- **Keep the message and images relevant to youth.** The video *Bloodlines* let the students hear the stories about STIs and HIV in voices and faces of other youth their age, etc.
- **Make it interactive.** Out-of-their-seat games like "Verbal Intercourse," "Traffic Light" etc. Other games like STI/HIV Jeopardy were developed for a more active approach to learning.
- **Make it apply to real-life situations.** Communication skills included role playing with responses pertaining to potential, real-life circumstances that students might find themselves in.

Additional answers in response to the question, *How would be the best way to teach about STIs and HIV/AIDS?* included,

- Sex education,
- Examples, pictures, scare tactics [that show] real repercussions...
- [Make the experience a] fair balance of hands on and listening, knowing that everyone learns differently.

> "...prior to the seminar I thought people with HIV were mostly those who were excessively sexually active. Now I understand that many [people] are victims in one way or another."
>
> — Student participant in the "Reflecting Responses" section of the curriculum

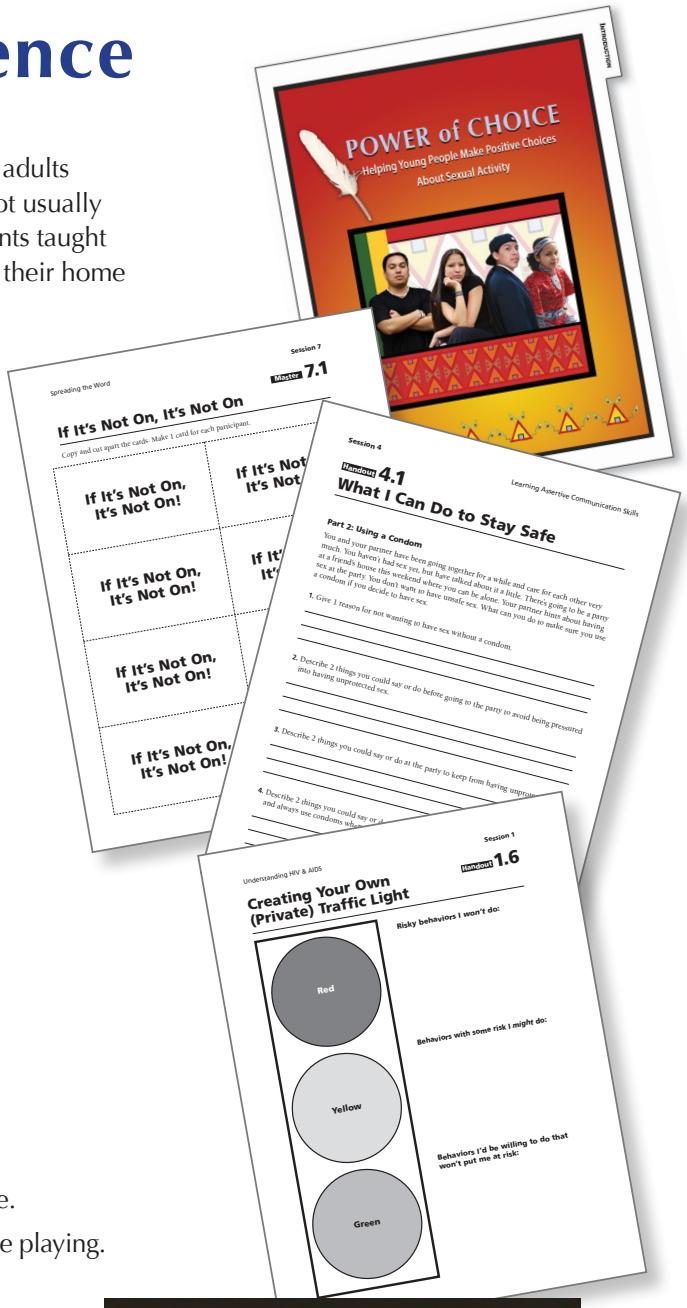
The class was taught by Cassy Stephens, an American Indian woman. Here she is holding up a condom to help students differentiate between a "good" condom that protects against diseases and pregnancy, and condoms that are more gimmicky than effective.

The Education Experience

The *Power of Choice* curriculum offered adolescents and young adults an opportunity to learn about STIs and HIV/AIDS prevention not usually afforded to AI/AN youth from rural locations. Of the over 100 students taught the curriculum, many had never had sex education in the school of their home communities. Others had never voiced their opinions with regard to the best ways they learned, as they had in the focus group. And almost all had never seen the clinical-style demonstrations that were provided on correct condom and dental dam use. ("Barrier methods of contraception" from the powerpoint "Respect Yourself, Protect Yourself, A guide to disease prevention and contraception options.")

The positive reception of the curriculum by students was due in large part because the content considered students' geographic and demographic realities, and it had the most age-appropriate, and up-to-date information possible for its intended audience.

Exactly 101 students in three vocational classes (e.g. Certified Nurses Assistant, Certified Medical Assistant, and Culinary Program) were taught the curriculum over eight hours. Curriculum materials included discussion, exercises, powerpoints, handouts, interactive games including role playing, demonstrations, and a video.



Topics from the curriculum with suggested adaptations included,

- Facts, myths and terms on STIs and HIV/AIDS with statistics about AI/ANs.
- Photographs of various STI diseases.
- Protection and contraception choices, including abstinence.
- Communication skills, including assertive communication role playing.
- Exercises on respect for self and others, and understanding their own values to support making healthy sexual decisions.
- How to share the information that they learned with others.
- Pre-and post knowledge tests to assess knowledged gained.

The video *Bloodlines*, was shown to students so that they could hear stories about STI/HIV, from youth their own age.

The powerpoint on STIs used age-appropriate images, like the slide "Tall, Dark and Contagious" above, and clinical photographs to show the severity of syphilis, chlamydia, HPV and gonorrhea:

Health Messaging

Bridging conventional health messaging with modern media technology

Question: What is the best way to receive messages about health care?

Answers: T.V., radio, Facebook, Internet, telephone, text, posters, pamphlets, etc.

In addition to the answers above, sixteen youth told NIWHRC in a second focus group held at Job Corp, that they used electronic technology and social media, to,

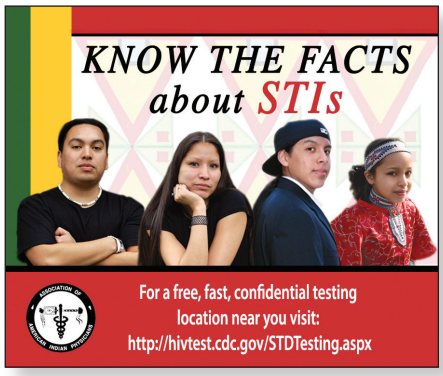
- Look up doctors or clinics,
- Search Internet browsers like Google for health information,
- Chat with friends on popular mobile device applications like Twitter, etc., to see if they were sick, or to talk about their own health.

Fully 95% of all teens in the U.S., ages 12-17 are now online through personal or family shared computers, or with a mobile device such as a cell phone or tablet.[1] Making health messages digitally accessible to youth, and combining it with tried and true outreach materials such as printable posters, pamphlets and more, is a wholistic media approach to reaching youth in the increasingly digital age.

Furthermore, developing resources and media materials specific to Native youth is essential to getting health messages out to AI/AN populations. Influencing youths' decision to act, such as testing for STIs or encouraging healthy decision about protection, is best done when Native youth identify with the faces or the voices of the ones delivering the message.

All these factors are why NIWHRC developed a downloadable web page header, mobile device banner and a badge with Native youth and clear, culturally appropriate graphics.

In a single year, from 2011 to 2012, consumers increased their social [media] app time by 76 percent, spending seven times more minutes on apps than the mobile web (Internet).[3]



Downloadable website header, mobile device banner, and a button, were developed by NIWHRC for the Association of American Indian Physicians web page. Visit www.aaip.org

[1] Source: The Pew Research Center's Internet & American Life and Projects Survey, http://www.pewinternet.org/fact-sheets/teens-fact-sheet/
2 http://www.nielsen.com/content/dam/corporate/us/en/reports-downloads/2012-Reports/The-Social-Media-Report-2012.pdf

Knowledge Gained and Lessons Learned

Because a relationship had been built with Cherokee Nation's Talking Leaves Job Corp over several years, NIWHRC was able to access one of the most diverse groups of youth from across the United States in a single educational setting. Spanning 16-24 years of age, there were students who had completed high school before coming to Job Corp, while others had not. Some lived in rural communities before attending classes, and some had lived in cities. While most of the students attending classes were AI/AN youth, some were non-Natives.

The same was true for the knowledge each had about STIs and HIV before class began. Some did not have even the most basic facts about STIs, (usually the younger students) while others, often the young adults, had a foundational understanding from which to gain even greater education and skills.

Most important, the collaboration between Job Corp and NIWHRC afforded an opportunity for youth who were often in the very demographics for health disparities and at-risk behaviors, to be the very recipients of a curriculum that taught prevention or reduction of the diseases associated with at-risk behaviors.

To follow are some of the answers from a questionnaire regarding ways in which students believed their behaviors had changed as a result of participating in *The Power of Choice* curriculum:

Student Responses

Q. Has your relationship with a partner changed? If so How?

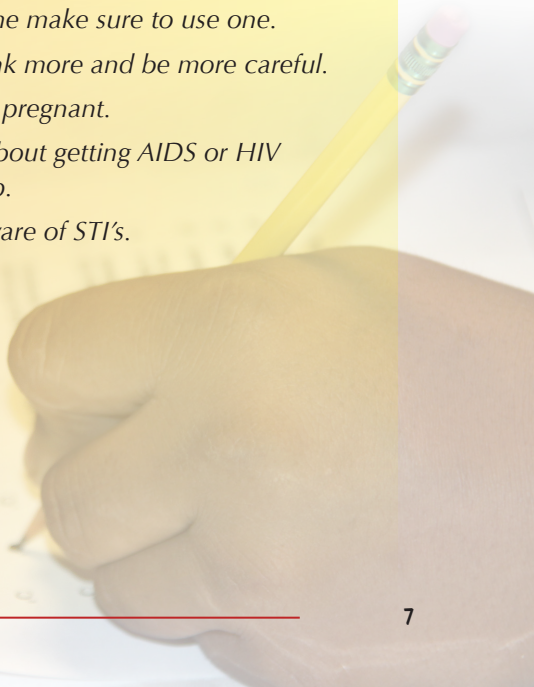
A.
- *We are safer and agreed not to have intercourse without protection.*
- *Now I wanna use condoms.*
- *We don't fight much anymore.*
- *We are waiting.*
- *I told my new boyfriend that I haven't slept with yet that I am getting the results of my STI test today so we could be honest with each other....*
- *My partner is more understanding about the importance of using protection from HIV and STI's and Pregnancy.*

Q. How has your relationships with family, friends, or classmates changed?

A.
- *They are more knowledgeable about HIV or STI's. They know if they are in a relationship they will be abstinent or if they become sexually active they will talk to their partner about the past history.*
- *I distributed the STI packets and educated my sisters on how a female condom and dental dams work.*
- *It has changed for the good. My family and friends are proud of me.*
- *I give advice for safe sex to my friends.*

Q. How has being in this class affected your decision to keep yourself safe by using condoms if you choose to be sexually active?

A.
- *I want to be safe regardless of who I'm with.*
- *I now will always wear protection.*
- *Just remember to be assertive with your partner and tell them how you feel about using a condom.*
- *By putting a big red flag saying "Wear a condom at all times!" in front of me if I decide to be sexually active.*
- *Made me more aware of things that could happen.*
- *It has made me make sure to use one.*
- *Made me think more and be more careful.*
- *So I don't get pregnant.*
- *I think now about getting AIDS or HIV so I strap it up.*
- *I am more aware of STI's.*



Setting the Standards for Healthy Futures

Leaders working with youth of any race, and in particular with Native American youth, are acutely aware of the serious issues facing the next generation. The task may seem insurmountable to affect healthy choices that will prevent STI's for teens and young adults who are subject to peer pressure, media messages about sex and identity, lack of family support or violence in the home.

When culturally relevant, as well as age-appropriate adaptations are made to reach youth, especially through trusted relationships as with NIWHRC and Cherokee Nation's Talking Leaves Job Corp, barriers are reduced and knowledge is accessed and retained.

The Power of Choice curriculum was as much about knowledge sharing as it was about knowledge gain. As is true for all Native American communities, teaching AI/AN youth was not an isolated gain. Families—a Native community's core—has the opportunity to be affected indirectly. Students who were taught at the central location of Job Corp in Tahlequah, Oklahoma, told NIWHRC that they intended to go back to their families and communities across the United States to share what they'd learned.

Still, significantly preventing or reducing STIs through education requires diligence. As more youth come into sexually active ages, further scientific health intervention education and activities will be needed. But culturally relevant intervention must always involve the traditional way of word-of-mouth. Today, however, it will also involve word-of-mouth through social media.

The good news is that as more and more teens gain accurate knowledge and healthy decision skills in ways they learn best, older teens and future parents will be joining the forces of health professionals across Indian Country to help affect younger teens' knowledge and decisions about STI prevention. In that respect, some things never change. Just as it has always been, it's all a part of teaching AI/AN youth how to contribute back to the health of their own communities, work places, and families using the knowledge they've gained, their healthy connections, and their positive personal experiences.

> "I distributed the STI packets and educated my sisters on how a female condom and dental dams work.
>
> — Student participant in the "Reflecting Responses" section of the curriculum

PROJECT TEAM:

National Indian Women's Health Resource Center
228 S. Muskogee Avenue, Tahlequah, Oklahoma 74464
Janie Dibble, Executive Director, (918) 456-6094
Cassy Stephens, Program Coordinator;
Maisie MacKinnon, Editorial and Graphics Consultant
Teepee design is from a jingle dress made by Marcie Meguinis

www.niwhrc.org

Association of American Indian Physicians
1225 Sovereign Row, Ste. 103 • Oklahoma City OK 73108
Margaret Knight, Executive Director, (405) 946-7072
Delores Welch, Program Manager

www.aaip.org

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