Webinar
Monday, April 23, 2012

Hosted by
Cicatelli Associates, Inc.
Region II & Region IV Infertility Prevention Project
Northwest Portland Area
Indian Health Board
National Coalition of
STD Directors

Presenters
Dana Cropper Williams
NCSD
Lori de Ravello
CDC-assigned to IHS
Scott Tullisch
CDC-assigned to IHS
Stephanie Craig Rushing
NPAIHB
Nichole Hildebrandt
Oregon Health & Sciences University
It’s always a good day to be Indigenous!

http://www.youtube.com/watch?v=cRGVlGhIux4

Introduction to Native STAND

- Healthy decision-making curriculum for Native youth
- Comprehensive, addressing STD, HIV, teen pregnancy prevention and abstinence
- Can be delivered as a peer education program or in a variety of other ways
- One of very few sexual health curricula developed for Native youth
Background

- Identified risk behaviors
- Recognized barriers to access
- Developed STD screening guidelines
- Spent time at several schools
- Had conversations with many colleagues
- Identified need for a curriculum
- Searched for curricula
- Referred to STAND

Original STAND Program

- Dr. Mike Smith at Mercer School of Medicine, Macon, GA
- Based on the Transtheoretical Model (Stages of Change) and Diffusion of Innovations Theory
- Abstinence; risk-reduction for those not abstaining; promotion of norms supporting risk-reduction
- Trains teen opinion leaders to engage in risk-reduction conversations with peers

Core Elements

- Promotes both sexual abstinence and risk reduction.
- Focuses on both pregnancy and STD/HIV prevention.
- Is teen-centered, focusing on empowerment and mutual support.
- Promotes skills development (e.g., communication, negotiation, refusal, assertiveness, contraceptive use) with practice and feedback.
Core Elements

- Uses active learning techniques.
- Uses techniques known to be components of most effective primary prevention program
  - adequate number of sessions
  - non-judgmental attitudes
  - explicit information sharing
  - advocating specific behaviors
  - using non-heterosexist language
  - positive role modeling
  - promoting personal commitment
- Is “sex-positive,” teaching that sexual expression under the right circumstances is normal and healthy.

Positive Results

- Longitudinal comparison between county schools
- Intervention county teens reported:
  - increased condom use
  - greater number of conversations about pregnancy prevention and STDs

Development

- Convened workgroup
- Reviewed original curriculum
- Adapted, expanded, and created new elements
- Tested/reviewed materials with Native youth, elders, and subject matter experts
- Continuous cycle involving input, revision, and refinement throughout
Curriculum Work Group

- Marco Arviso, Navajo AIDS Network
- Krysten Azure, Univ. of North Dakota Student
- Dana Cropper Williams, NCSD
- Lori de Ravello, IHS Nat’l STD Program
- Sonal Doshi, CDC
- Larry Foster, Navajo Nation Div. of Health
- Elizabeth Jarpe-Ratner, Student Intern
- Mike Smith, Mercer Univ. School of Medicine
- Scott Tulloch, IHS Nat’l STD Program

Adaptation Strategies

- Incorporated culturally relevant content
  - Stories/activities from various tribes
- Expanded priority content
  - Healthy relationships
  - Drug and alcohol prevention
- Created flexible format for a variety of settings
  - 1.5 hour segments
  - For use in boarding schools, after school programs, in-school, etc.

Native STAND Enhancements

- Expanded collaborations
  - Longhouse Media & Native Lens/Project Red Talon
- Youth developed video vignettes
  - Compliment curriculum
  - Make relevant dated material
  - Skills building

- [http://www.youtube.com/user/Nativestand79p](http://www.youtube.com/user/Nativestand79p)
Community Involvement

- Materials tested with various groups
  - Youth
  - Elders
  - Diverse communities
- Background information on the original STAND program was provided
- Described Native STAND and the peer education model
- Included activities from different sessions of the curriculum
- Community input, particularly Native youth, was key

Youth Input and Feedback

- How fun?
- How relevant?
- How important?
- How culturally relevant?
- How feasible?

Pilot Phase

- Partnered with 4 Bureau of Indian Education boarding schools
- 2-3 facilitators per school
- ~20 students per group
- Kick-off off-site retreat, covering sessions 1-6
- 1 meeting per week
- Graduation celebration
- Structured evaluation component
Native STAND Evaluation

- Quantitative
  - Pre- and post-intervention survey.
  - Fidelity Forms for each session.
- Qualitative
  - Post-intervention focus groups and interviews with students, staff, and administrators.

Data Limitations

- No unique IDs
- Attrition
  - Left the school completely.
  - Poor decision making by students (drinking, fighting, pregnancy, etc.).
  - Other students were motivated to participate by the off-campus retreat, and dropped out shortly thereafter.
  - Missing sessions forced some students to be dropped from the program.

Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Survey (N=70)</th>
<th>Post-Survey (N=34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;=15</td>
<td>27 (49.1)</td>
<td>4 (11.8)</td>
</tr>
<tr>
<td>&gt;=16</td>
<td>28 (50.9)</td>
<td>30 (88.2)</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>--</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22 (40.0)</td>
<td>12 (35.3)</td>
</tr>
<tr>
<td>Female</td>
<td>33 (60.0)</td>
<td>22 (64.7)</td>
</tr>
<tr>
<td>Transgender</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>--</td>
</tr>
</tbody>
</table>

*Among those who responded to the question
### By School

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Survey (N=70)</th>
<th>Post-Survey (N=34)</th>
<th>Pre-Post Retention (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td>17 (24.3)</td>
<td>8 (23.5)</td>
<td>47.1%</td>
</tr>
<tr>
<td>School 2</td>
<td>20 (28.6)</td>
<td>12 (35.3)</td>
<td>60.0%</td>
</tr>
<tr>
<td>School 3</td>
<td>17 (24.3)</td>
<td>7 (20.6)</td>
<td>41.2%</td>
</tr>
<tr>
<td>School 4</td>
<td>16 (22.9)</td>
<td>7 (20.6)</td>
<td>43.8%</td>
</tr>
</tbody>
</table>

*Among those who responded to the question

### Evaluation Domains

- Native Pride
- Perceived Life Chances
- Self-Esteem
- Abstinence
- Refusal Skills Regarding Sex
- Condom Attitude
- Condom Self-Efficacy
- Partner Communication
- Motivation to Avoid Pregnancy & STDs
  - Condom Use Intentions
  - Motivation to be a Role Model
  - HIV Peer Educator Self-Efficacy
  - STD/HIV Prevention Knowledge
  - Reproductive Health Knowledge
  - Healthy Relationships Knowledge

### Notable Improvements in Knowledge

<table>
<thead>
<tr>
<th>Domain</th>
<th>Correct Answers (%)</th>
<th>Cohen’s d*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre (N=70)</td>
<td>Post (N=34)</td>
</tr>
<tr>
<td>Healthy Relationships Knowledge</td>
<td>65.1%</td>
<td>77.9%</td>
</tr>
<tr>
<td>STD/HIV Prevention Knowledge</td>
<td>51.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Reproductive Health Knowledge</td>
<td>48.2%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>

*Effect size increases as measure approaches 1.0
Qualitative Evaluation Methods

- Youth focus groups
  - What they liked, learned, and felt most comfortable discussing
- Staff and Faculty focus groups
  - What changes they’ve seen in students
- School Administrator Interviews
  - What changes they’ve seen in the school
- Facilitator Interviews
  - What they liked, learned, and felt was most useful and/or effective

Summary of Evaluation Findings

- Students demonstrated significant improvements in knowledge of:
  - STD/HIV prevention
  - Reproductive health
  - Healthy relationships
- Youth reported providing one-on-one peer education and referrals post-intervention.
- Adult facilitators learned how to better communicate and teach about sensitive topics.
- The program was well received by school staff and administrators, who recognized the program was addressing critical gaps in sexual health education on campus.

Final curriculum revisions

- Informed by evaluation findings
- Activities were deleted, revised, and/or added following evaluation feedback
- Curriculum enhancements
  - Healthy relationships
  - Pregnancy and parenting
  - Dating and sexual violence
  - Suicide
  - Drugs and alcohol use
**Evaluation Reports**

Project Red Talon @ the Northwest Portland Area Indian Health Board was the lead agency for the evaluation component. The final evaluation report can be viewed at: [http://www.npaihb.org/apicenter/project](http://www.npaihb.org/apicenter/project).

Methods and findings published in the Health Education Monograph Series in 2011. The journal article can be viewed at: [http://www.npaihb.org/images/apicenter_docs/PRT/2012/Native%20STAND%20Eval%20School-Based%20RI.pdf](http://www.npaihb.org/images/apicenter_docs/PRT/2012/Native%20STAND%20Eval%20School-Based%20RI.pdf)

**Variations in Native STAND Implementation**

- **Native STAND Peer Education Curriculum**
  - Used as a true peer education curriculum, participants identified through a peer nomination process; 25+ sessions in their entirety and in order and result: group of trained peer educators and a structure to maintain and grow the program.

- **Native STAND +/-**
  - Mostly use existing content, may be part of broader curriculum or program, no peer educators trained.

- **Native STAND Health Education**
  - Sessions are drawn upon as needed, materials may be used as stand alone health education materials, no peer educators trained.

**Healthy & Empowered Youth (HEY) Project, Oregon Health & Sciences University**

- **What is HEY?**
  - HEY is a Youth Empowerment Program funded by the Office of Minority Health
  - In the final year of a 3 year funding cycle, thru Aug.31st
  - Aimed to support community efforts to eliminate health disparities among youth of racial and ethnic minority communities--- in our case specifically the American Indian communities
  - Grant guidelines- Follow a cohort of 40+ youth (male and female) who are in 8th-12th grade for three years.
  - HEY has a cohort of 66 youth in the HEY "main" cohort we have followed over the last 3 years
HEY Program Partners

- Shoshone-Bannock Tribes in Fort Hall, ID
- Northwest Portland Area Indian Health Board-Evaluation
- Longhouse Media, Frank Tyro-Salish Kootenai College and several media trainers
- Native STAND

HEY and Native STAND

- Native STAND has been a key foundation of HEY
- How we are unique:
  - Media/Filmmaking is incorporated with all Native STAND curriculum/classes
  - Classes are: 1) Native STAND 2) Native STAND & Media 3) Native STAND & Peer Ed
  - HEY is incorporated into the school schedule- included as health credit/cultural credit/elective
    - Tribal Council approved the Native STAND class to be offered at the school as cultural credit
    - School Board and Superintendent approved and support Native STAND as the one and only required health credit to graduate. Class can also count as an elective

Student Involvement

- Four ways students are invited to become involved with HEY:
  - Attend tribal school and take class for credit
  - Attend after school 21st Century program to participate 2x a week (open to students who don't attend tribal school)
  - Attend monthly (sometimes more) Saturday Film Clinics
  - Attend summer program: Strong focus during the summer (3 weeks) to strengthen cultural awareness and ways to make informed and healthy life choices
- All of these recruitment tools are promoted by tribal email, flyers in the community & newspaper advertisements
Program Refinements

- Changes we've made along the way
  - More tribal program guest speakers are weaved in with curriculum (examples)
  - Classes grown to include 6th and 7th graders
    led to some Native STAND lesson tweaks
- Sustainability of HEY

HEY Project Activities

- Examples of youth activities (photos and films):
  - Development of 80+ short films created by youth
    - Where to find us on YouTube and Facebook
  - Presentations delivered by youth in HEY program
  - Community service projects
  - Tribal Youth Employment Program involvement with HEY
  - Billboards/Posters/School pride projects

HEY Project Evaluation - Quantitative

- Pre- and post-survey (administered at the beginning and end of student participation)
- Improvements in areas of:
  - Leadership & achievements
  - Physical & mental health
  - Sexual health behaviors
Hey Project Evaluation - Qualitative

- Student focus groups (end of each trimester) and teacher interviews (end of school year)
- Improvements in:
  - Self-esteem
  - Life skills
  - Knowledge of healthy behaviors
  - Community engagement

Success & Challenges

- Project Success
  - Fun and educational learning experience
  - Media literacy most effective component
  - Guest speakers and fieldtrips
- Project Challenges
  - Classroom discipline
  - Not enough time to complete projects
  - Sexual health unit: junior high sensitivity level, need for gender separation and same-gender teachers

Hey Project Recommendations

- Most important units
  - Healthy relationships
  - Healthy sexual behaviors
  - HIV/STDs and pregnancy prevention
  - Drug and alcohol use
- Expand units
  - Suicide
  - Bullying
  - Gang activity
- Increase opportunities
  - More guest speakers
  - Fieldtrips
  - Cultural activities
- Showcase student creativity
  - Faster dissemination of student films and other media projects
Disseminating Native STAND

Presentations:
- National STD Prevention Conference
- American Evaluation Association

Training:
- 2 regional workshops planned for June 2012

Partners:
- Indian Health Service/CDC
- Project Red Talon
- Longhouse Media/Native Lens
- Healthy Empowered Youth Project
- Planned Parenthood of MN, ND & SD

Next Steps

- Expand interest and use of Native STAND
- Continued support and technical assistance to participating sites
- Learn and share experiences from partners using curriculum

http://nativestand.com/
Questions?