

# Native Adolescent Health Alliance

## Agenda - December 9<sup>th</sup>, 2009 ★ 4:30 – 7:00 PM

### ❖ Welcome, Blessing, Introductions

### ❖ Scope, Goals, and Objectives

#### **We discussed the group's focus and general scope of work:**

- Focus on AI/AN teens and young adults
- Focus on more than *just* prevention. Include: Promotion, Prevention, Treatment, & Maintenance
- Discuss cross-cutting strategies addressing tobacco, substance abuse, STD/HIV, teen pregnancy, and suicide.
- Focus on positive messages and protective factors:
  - Knowledge
  - Healthy attitudes and behaviors
  - Health protecting skills (like communication)
  - Self-efficacy
  - Healthy Social Norms
  - Cultural pride
  - Resilience
  - Family and community connectedness

#### **We discussed what the group would like to accomplish:**

- Healthy communities – meet the needs of AI/AN youth in a more holistic and integrated way
- Share resources/public meetings and trainings to maximize limited funding
- Improve networking among Native organizations
- Work together to collaboratively develop social media to improve health communication with youth
- Carryout the region's intertribal action plans: Work together to get things done!
  - *Red Talon STD/HIV Tribal Action Plan*
  - *NW Suicide Prevention Tribal Action Plan*
  - Develop and implement a *Substance Abuse Prevention Tribal Action Plan*
- Communicate about regional resources and services
- Develop Native leaders
- Create materials that can be easily replicated and shared, and used again, even if funding ends.
- Work together to create sustainable programs – Maintain continuity of services and programs (using policy advocacy)

## ❖ Meeting Process and Logistics

### **We discussed the group's meeting process and logistics:**

- Combine meetings with other tribal meetings, gatherings, and events to decrease the number of meetings we attend per year
- Meeting sites will rotate between OR, WA, and ID
- The group will meet quarterly and utilize conference calls for those who cannot travel across the 3 states
- Membership is open to all who are interested
- Future meetings will discuss cross-cutting adolescent health issues (tobacco, substance abuse, STD/HIV, teen pregnancy, suicide, physical fitness, cancer, unintentional injuries, etc)

## ❖ Name Game

### **We brainstormed possible group names:**

- Native Adolescent Health Alliance (NAHA)
- Network for Healthy Native Living (NHNL)
- Healthy Native Living Alliance (HeNLA)
- Native Network for Healthy Living (NNHL)
- Native American, Teen Inspired, Vital Education (NATIVE)
- Other ideas?

## ❖ Introduction to Intervention Mapping (IM)

This discussion followed-up on an activity included in Year-4 of the *Red Talon STD/HIV Tribal Action Plan*. Red Talon Coalition members asked NPAIHB to look at media technology use among AI/AN teens in the Pacific Northwest, to develop culturally-appropriate technology-based interventions for NW teens and young adults.

In response to this request, NPAIHB has sought and obtained funding to develop technology-based interventions for NW teens and young adults addressing suicide and STD/HIV... other important topics can be added as well.

Intervention Mapping (IM) is a planning process used by public health researchers and practitioners to develop evidence-based interventions. Intervention Mapping (IM) consists of six steps to systematically develop health promotion programs using theory, empirical evidence from the literature, and additional evidence from research.

**Step 1: Needs Assessment**

**Step 2: Specify Program Objectives**

**Step 3: Select Theory-based Methods & Practical Strategies**

**Step 4: Develop Program Products**

**Step 5: Plan for Program Adoption & Implementation**

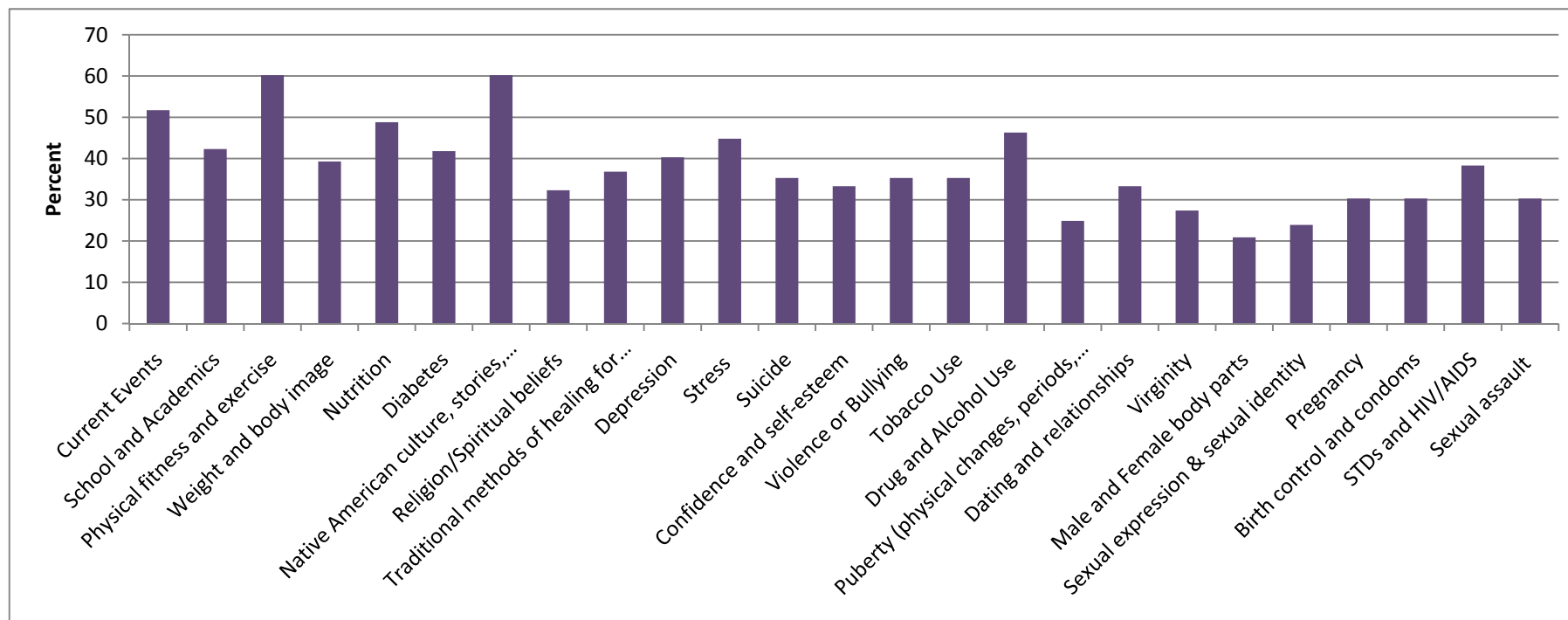
**Step 6: Plan for Program Evaluation**

As the first step of this process, NPAIHB surveyed over 400 AI/AN teens and young adults in OR, WA, ID about their current media technology use (Internet, cellphone, video games etc), their health information seeking behaviors, and their preferences regarding media technologies.

Additionally, NPAIHB collected examples of technology-based interventions that have been evaluated to identify strategies that we might learn from when designing out our own interventions. All of the examples collected by Project Red Talon were of STD/HIV prevention resources, but these approaches can be applied to different target audiences (AI/AN youth) and different risk and protective factors (selected by the group).

The data from this process was included in a separate PowerPoint handout.

According to the Youth Media Survey, NW Native youth (n=201) expressed particular interest in Websites addressing:



- Physical fitness and exercise (60%)
- Current events (52%)
- Nutrition (49%)
- Drug and alcohol use (46%)
- Stress (45%)
- Diabetes (42%)
- School and academics (42%)
- Depression (40%)
- Weight and body image (39%)
- STDs and HIV/AIDS (38%)
- Suicide (35%)
- Violence or bullying (35%)
- Tobacco use (35%)
- Confidence and self-esteem (33%)
- Dating and relationships (33%)
- Pregnancy (30%)
- Birth control and condoms (30%)
- Sexual assault (30%)
- Puberty (25%)
- Virginitiy (25%)
- Sexual expression and identity (25%)

## ❖ Evidence-Based Strategies using Media Technology

We reviewed data from the Youth Media Survey and discussed a wide variety of available interventions.

### Positive Aspects of Technology-Based Interventions:

- It is important to develop gender specific information for males and females (using computer tailoring capabilities)
- It is important to develop age-appropriate materials (using computer tailoring capabilities or other strategies). When a website targets 13-24yrs old there may be too much information for one age group, or information that is not necessary for some of the ages. Would 13 year olds take the information seriously if it pertains more to the older 20-somethings?
- Participants liked the focus that some of the interventions had on promoting healthy attitudes and beliefs surrounding behaviors. Discussing risk perception, attitudes, knowledge, skills, norms, and self-efficacy is all inclusive and important
- It is good to include personal goal setting activities in addition to just education
- It is good when they incorporate interactive activities, like having audio that cheers you on for healthy behaviors and answers - increase motivation and self-efficacy
- It is important to demonstrate skills, like condom negotiation skills and “How to use a condom” demos that were in-between modules
- Participants liked the interventions that had a human voice guiding teens - makes it all more realistic
- Some of the programs are private
- It is good to offer some content as independent work - if teachers and/or students are embarrassed at school to learn about sensitive health concepts, then technology-based interventions can provide a comfortable way to learn and communicate about the topics due to their privacy and trust that all info will be kept confidential.
- Some participants liked [www.IWantTheKit.org](http://www.IWantTheKit.org)
- Some of the programs got teens talking – encouraged dialoged with a trusted adult
- Some of the programs allowed teens to self-navigate through the content, allowing teens to engage with the material that most interested them

**Drawbacks/Challenges of Technology-Based Interventions:**

- Some tech-based interventions didn't incorporate any face-time
- Some tech-based interventions were just informational
- The cost of text messages may be a problem (depending on family share plans)
- Some tech-based interventions didn't offer ways to follow-up if someone needed additional resources
- Some tech-based interventions took too long to complete or required youths to return to the clinic multiple times –possible attention span issues
- Abstinence was not included in most (if any) of the websites – there should be a bigger focus on abstinence
- None of the existing interventions included role-modeling specific to Native teens
- “Cutesy” animation or cartoons may not be age-appropriate - teens/young adults may not take the messages seriously
- Tech examples focused mainly on STD/HIV prevention - not inclusive of all teen health issues
- Will clinician-patient relationships be hurt if we become reliant on the computer?
- Who screens technology-based programs? How do we know if the information is correct and monitored?
- For the interventions that tailor their content based on sexual behavior, how do we know if people are honest when they input their own sexual behaviors?
- There are a lot of interesting sites on the internet already – we will have to compete with MTV etc to get their attention. Interventions will have to be as good as the technologies that teens are already using, or teen won't use them

### **Other Ideas and Recommendations:**

- Tech-Interventions for NW Native youth should:
  - incorporate cultural materials i.e. Tribal stories, history to teach concepts
  - include general information that is relevant to all, in addition to content tailored by gender and age
  - take into consideration different reading/literacy levels
  - promote dialogue with trusted adults (not necessarily parents)
  - require short individual sessions (10-15min)
  - include print-versions of the sessions/activities/information for those who do not have computers
  - allow users to choose who is leading them through the website/program – offer different genders, ages, animals, animations
  - incorporate evaluation plans to measure their effectiveness
  - ensure confidentiality – protect youth if parents look at computer search histories or text phone numbers
  - promote healthy relationships – include the emotional aspects of relationships
  - connect youth to mentors/role models
  - empower youth – get them involved in their own health and wellbeing
  - focus on positive messages and protective factors
- Develop a virtual site like Facebook (Youville, Farmville) that would be Native-specific, where youth can get different information, like from a clinic, or become a mentor or have a mentor.
- Create an interactive video that teens would watch with a parent or trusted adult – to answer questions and promote dialogue
- Develop a multimedia online show involving:
  - Cultural events, music (traditional and urban music), spiritual elements.
  - On air Native personalities - very dynamic person, urban on the scene person
  - “Native Ann Landers”
  - Very interactive site: IMing, chatrooms (maybe with health professionals, positive native role models), games, pop culture, live chat with on air personalities.
  - Online links to other sites
  - Positive focus on NW native youth (getting Native Lens involved)
  - Incorporate youth culture... some teens identify with the Hip Hop Culture

**General Comments:**

- The project needs to survey teens to see if existing materials and websites are useful.
- MSM is a subject that may be too taboo in tribes to discuss right now. Different communities have different values and teachings.
- Teens are having babies as a way to get state and per capita money. They are also influenced by friends and peer pressure.
- Technologies are separating families. Kids are on the computer, texting, etc instead of engaging in family activities.
- Starting to teach these subjects [prevention] during the teenage years is too late – we need to start when children are younger.
- Cascade AIDS Project (CAP) is currently working on videos for all race/ethnicities to get culturally appropriate information out about sexual health topics including HIV/AIDS.
- Technologies can be used to begin discussion about two-spirited persons, to inform Tribal youth about tribal history and it was once accepted in most tribes to be LGBTQ

**❖ Prioritizing Options**

**Participants ranked available intervention modalities:**

• Internet-based CD-ROM: Interactive Skill-building Modules	1 <sup>st</sup> – 10	2 <sup>nd</sup> – 4	Total – 14
• Information Websites or Social Networking Sites	1 <sup>st</sup> – 5	2 <sup>nd</sup> – 4	Total – 9
• Ordering STD Test Kits or Condoms Online	1 <sup>st</sup> – 2	2 <sup>nd</sup> – 6	Total – 8
• Electronic Assessment or Diagnostic Tools	1 <sup>st</sup> – 3	2 <sup>nd</sup> – 2	Total – 5
• Computer-based CD-ROM: Interactive Skill-building Modules	1 <sup>st</sup> – 1	2 <sup>nd</sup> – 2	Total – 3
• Online Videos	1 <sup>st</sup> – 0	2 <sup>nd</sup> – 2	Total – 2
• Instant Message Counseling with an Expert (via chat room, text message, IM)	1 <sup>st</sup> – 1	2 <sup>nd</sup> – 0	Total – 1
• Video Games	1 <sup>st</sup> – 0	2 <sup>nd</sup> – 1	Total – 1
• Sign up to Receive Weekly Health Tips via Email or Text Message	1 <sup>st</sup> – 0	2 <sup>nd</sup> – 0	Total – 0

**Next steps:** NPAIHB will continue to test available interventions with AI/AN teens in the Pacific NW to see what strategies resonate with them. We have already done this with a group of students at Chemawa and with students who attended the Native STAND Youth Summit this summer. NPAIHB will also continue to get input from other tribal organizations and tribal health educators.

All of this information and the final survey data will be shared again and discussed at the next meeting.



## ❖ Next Meeting

### **Little Creek Casino, Shelton, WA**

- ❖ February 23<sup>rd</sup> – 9:00 – 4:00 – Risky Business
- ❖ February 24<sup>th</sup> – 9:00 – 4:00 – Joint meeting with the Native Adolescent Health Alliance & the NW Tribal Cancer Coalition
- ❖ February 25<sup>th</sup> – 9:00 – 4:00 – Attorney General’s Conference on Prescription Drug Education