# We R Social: Findings from the 2016 Youth-Health-Tech Survey

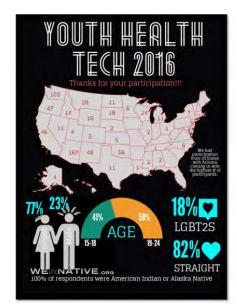
Last summer, We R Native collaborated with UNITY and an Indian Boarding School to survey over 675 American Indian and Alaska Native teens and young adults on their technology use and health information priorities and preferences. Here's what they told us:

# **Participant Demographics:**

Participants ranged in age from 10-24 years old, and lived in 26 States. Nearly 100% identified as American Indian or Alaska Native. Fifty-nine percent were female, 40% were male, and 1% were transgender or gender queer.

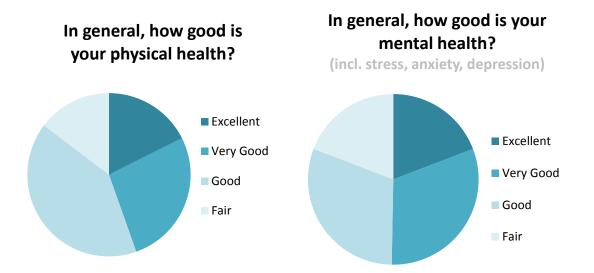
# **Sexual Orientation:**

87% of respondents identified as straight or heterosexual
(attracted to the opposite sex), 1% identified as Lesbian or Gay,
8% identified as Bi-sexual (attracted to both men and women),
1% identified as Two-Spirit, and 3% reported they didn't know.



# **Health:**

Overall, participants reported better mental health than physical health.



Over 28% of respondents reported excellent or very good physical health, and 43% reported excellent or very good mental health.

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## **Technology Use:**

When asked about **technologies** they own or have regular access to, 88% of AI/AN youth reported having access to a smartphone; the remaining 22% had access to a basic cell phone. Nearly 63% had regular access to a desktop or laptop computer, 48% had access to a gaming console (such as Playstation, Xbox, or Wii), and 43% had regular access to a tablet computer. **Over 92%** of AI/AN youth reported accessing the **internet** from a phone on a daily or weekly basis, and 50% reported going online from a computer as often.

Among those who **text message**, youth reported sending and receiving a wide range of text messages. Roughly 40% sent 10 messages or less per day, 40% sent 10-100 text messages per day, and 20% sent 100 to 1,000 text messages per day. Only 15% or respondents reported using a wearable health tracker (like FitBit or FuelBand) on a daily basis.

# **Social Media:**

When asked which social media platform they use **most often**, 56% selected Facebook, 25% selected Snapchat, 11% selected Instagram, and 3% selected Twitter. Nearly 63% of AI/AN youth reported visiting Facebook on a daily basis, 62% reported using Snapchat, 53% reported viewing Instagram, and 22% reported using Twitter on a daily basis.

## **Health Priorities:**

The most **important** health topics voiced by participants included:

- Culture
- Diabetes
- Drug and alcohol abuse
- Fitness and exercise
- Healthy relationships
- Mental health

- Nutrition
- Physical health
- Sexual health
- Spirituality
- Tobacco and smoking
- Violence

# **Health Seeking:**

When asked about specific **health topics** they'd looked for online, 72% of participants reported having searched for information on *fitness and exercise*, 49% had looked for *diet and nutrition* and *stress or anxiety*, 47% had looked for *colds or flu* and *sleep*, 41% had searched for *depression or suicide* or *cancer*, 39% had looked up *drug or alcohol abuse*, 36% had looked up birth control, 34% had searched for *dating and healthy relationships*, 31% had looked for *violence*, 25% for *spiritual health*, 28% had searched for *pregnancy* or *eating disorders* (like anorexia or bulimia), 23% for *dental health*, 21% for *domestic violence or sexual assault*, and 20% had searched online for information on *STDs* (sexually transmitted diseases, like herpes or HIV/AIDS).

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When asked **where** they go to get health information, over 62% of AI/AN youth reported getting health information from the *internet* on a weekly or monthly basis, and 66% reported getting health information from *social networking sites* as often. Parents and friends were also regular sources of information. Only 19% said they got "a lot" of health information from school.

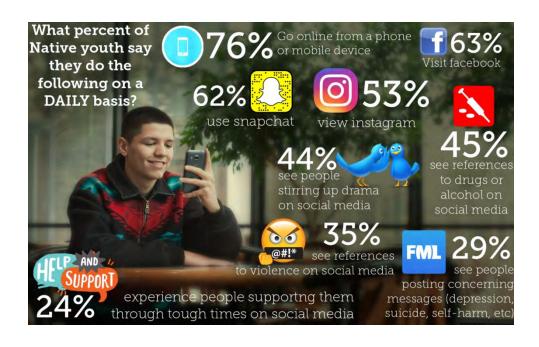


When asked about **sensitive topics** like depression or birth control, respondents reported feeling *most* comfortable going online (39%), talking to a friend or sibling (37%), or talking to a clinician (26%), trusted adult (24%), or a parent (27%).

## **Concerning Trends:**

Of concern, 45% of AI/AN youth reported seeing references to *drugs or alcohol* on a daily basis in their social media feeds, 44% saw people "*stirring up drama*," and 35% saw references to *violence*, while only 24% experienced people supporting them through challenging or tough times using social media.

Similarly, 29% saw people posting *concerning messages* on social media (like references to depression, suicide, or self-harm) as often. Among those who had seen a **concerning post** on social media, half indicated that they had private messaged the person, ¼ commented words of encouragement, one-third talked to the person off-line, 12% "liked" or shared the message, 20% did "nothing," and only 10% sought help from a trusted adult.



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#### We R Social:

Online health information-seeking is now the norm for AI/AN youth!

The multimedia health website – <u>wernative.org</u> – for example, has had over 130,000 users and 450,000 page views since its launch; its YouTube channel has had over 113,000 video views, with over 188,240 minutes watched; and the <u>Native VOICES</u> sexual health video has been viewed over 2 million times on Facebook.

In response, Native youth are harnessing the power of social media to promote physical, mental, spiritual and sexual health in their local communities [1, 4].



Every September, We R Native's Youth Ambassadors use the #WeNeedYouHere hashtag to promote suicide awareness. "I feel like people who are suicidal and suffering have been ignored for too long, and it's time to get them the love and help that they need," Kateri, Navajo (Diné), told We R Native.

This year they're circulating a picture frame with the #WeNeedYouHere logo on their social media feeds, while sharing stories of support and encouragement.

Check out all of the campaign's lived experience videos by texting 'WE NEED YOU HERE' to 97779.

#### **Opportunities to Promote Health and Wellbeing:**

While we've come a great distance in the last ten years, more time and energy must be invested in building health promotion resources that resonate with AI/AN youth.

To meet young people where they are and utilize their preferred communication channels, future health messaging should be designed for social media and text message delivery, incorporating culturally-relevant health messages, images, and videos.

Native youth also need additional tools and training to respond to concerning social media posts, to prepare them to navigate the positive and negative pressures that surround social media, and resources to promote healthy social norms, both on- and off-line, addressing the topics and concerns that matter most to them.

Exciting opportunities lie ahead and AI/AN youth are leading the way.