



*"Hecel Oyate Kin Nipi Kte -- So That The People May Live"*

The image shows three traditional teepees set up in a grassy field. The teepees are made of light-colored fabric stretched over a frame of wooden poles. The background consists of a line of evergreen trees under a clear sky. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the text "Let's Start with an Activity...".

Let's Start with an Activity...

# Implementing STI and Teen Pregnancy Prevention Programming in Great Plains Tribal Communities

Who, What, When, Where, Why, and How (though not in that order...)

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The contents of this presentation are solely the responsibility of the authors and do not represent the views of the Family and Youth Services Bureau, the Administration for Children & Families, or the US Department of Health and Human Services.

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# The STITPPI Collaborators

## Great Plains Tribal Chairmen's Health Board

- PJ Beaudry – STITPPI Program Director/Principal Investigator
- Opal Jones – STITPPI Outreach Coordinator
- Marilyn Prairie Chicken – STITPPI Program Coordinator

## Center for Health Outcomes & Population Research, Sanford Research

- Kaitlyn Ciampaglio – Research Associate (CDC Public Health Associate)
- Char Green – Research Associate
- DenYelle Kenyon – Evaluation Director/Co-Principal Investigator

## Tribal Partners

- Three tribal communities: one in Iowa (Meskwaki Nation), one in Nebraska (Omaha Tribe of Nebraska), and one in South Dakota



# Setting the Stage

## Need

- While teen birth rates have been decreasing, those among AI/ANs remain higher than national averages and other racial/ethnic groups (Wingo et al., 2011)
  - In a 2007 assessment of teen birth rates by IHS Area, the Great Plains topped the list, was one of the few areas where teen birth rates were increasing, and where teens were most likely to be giving birth to their second child (Wingo et al., 2012)
- AI/ANs experience higher rates of STIs both in the Great Plains (based upon data provided to NPTEC) and throughout the United States (Kaufman et al. 2007)
- Native youth more likely to report having sex before the age of 16, and less likely to have used contraception the last time that they had sex (National Campaign to Prevent Teen and Unplanned Pregnancy, 2008)
- Culturally sensitive and evidence-based programming is needed to educate teens on how to prevent unintended pregnancy and STIs (Harris & Allgood, 2009)



# Setting the Stage

## STI Concerns

- Gonorrhea
- Chlamydia
- Trichomonas
- Hepatitis C & B
- HIV
- Social considerations
- Lack of awareness
- Influence of drugs and alcohol
- Pursuit of pleasure
- Shame and secrecy
- Lack of access to care



# Setting the Stage

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# Sexually-Transmitted Infections

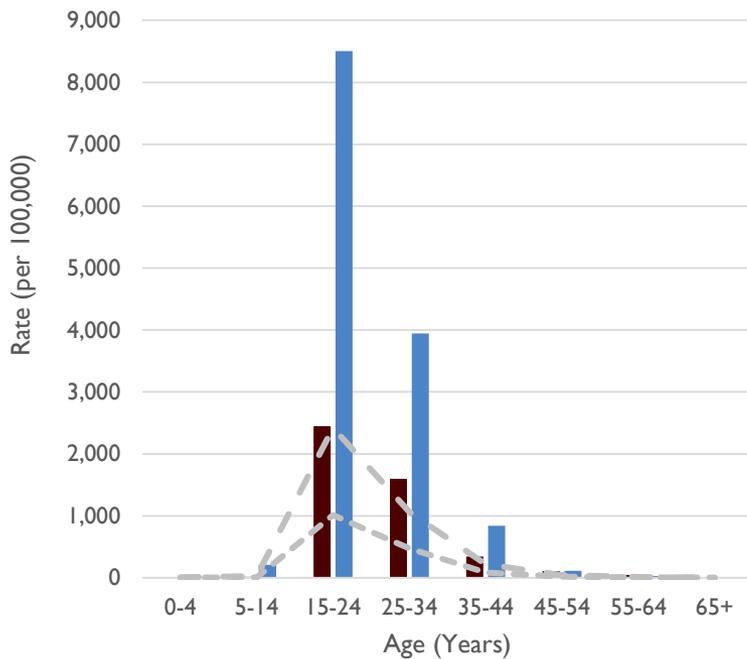
## Possible Solutions

- Sexuality education in health classes in schools
- STI screening clinics in the school
- Increasing access to care – more STI screening clinics
- Expedited Partner Therapy (EPT)

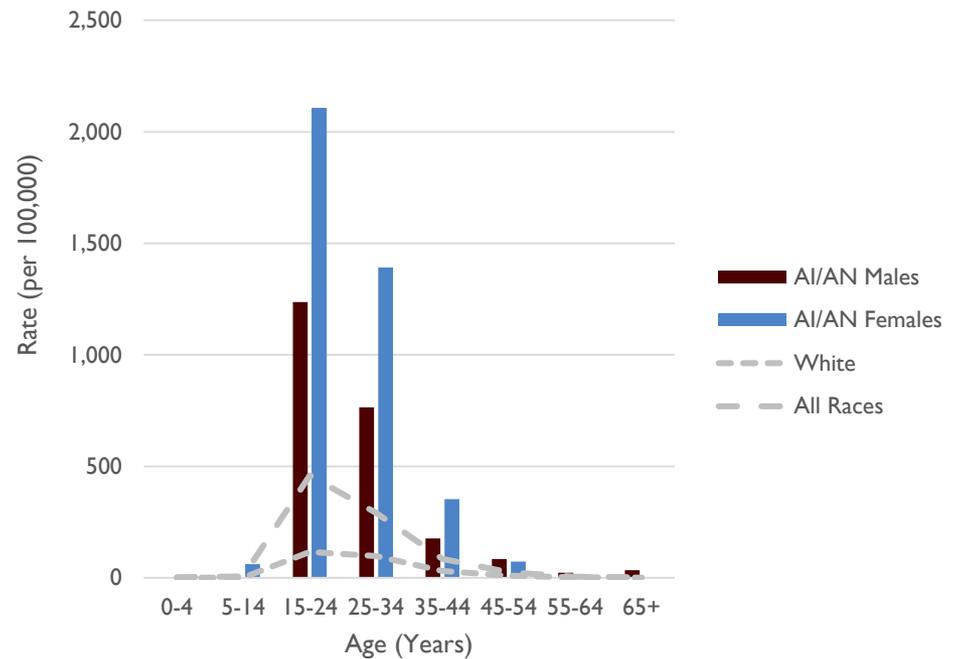


# Average Annual Incidence of Infectious Disease by Race and Sex, Great Plains Area\*, 2011-2015

## Chlamydia



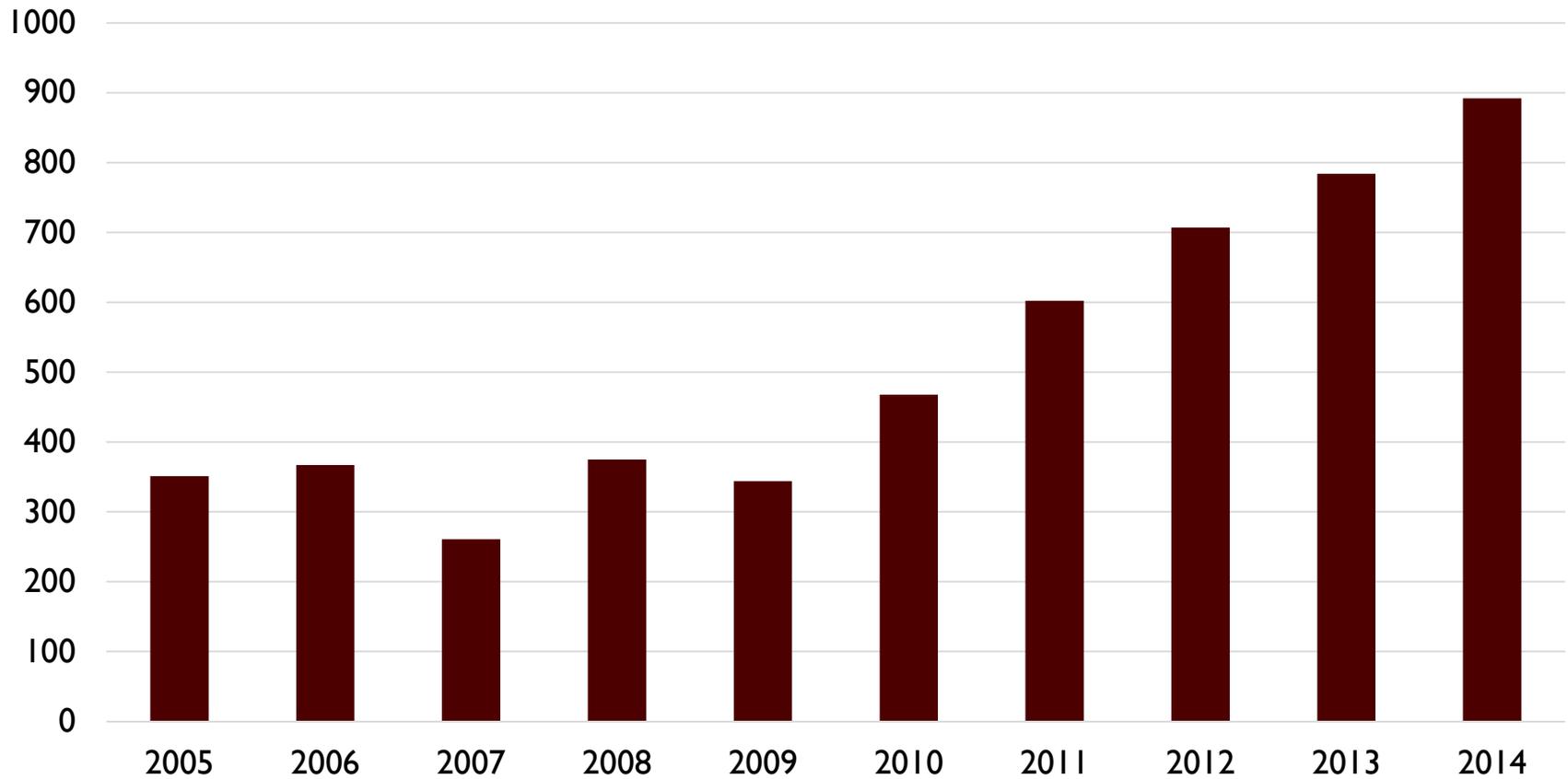
## Gonorrhea



\*Nebraska, North Dakota, and South Dakota; does not include Iowa



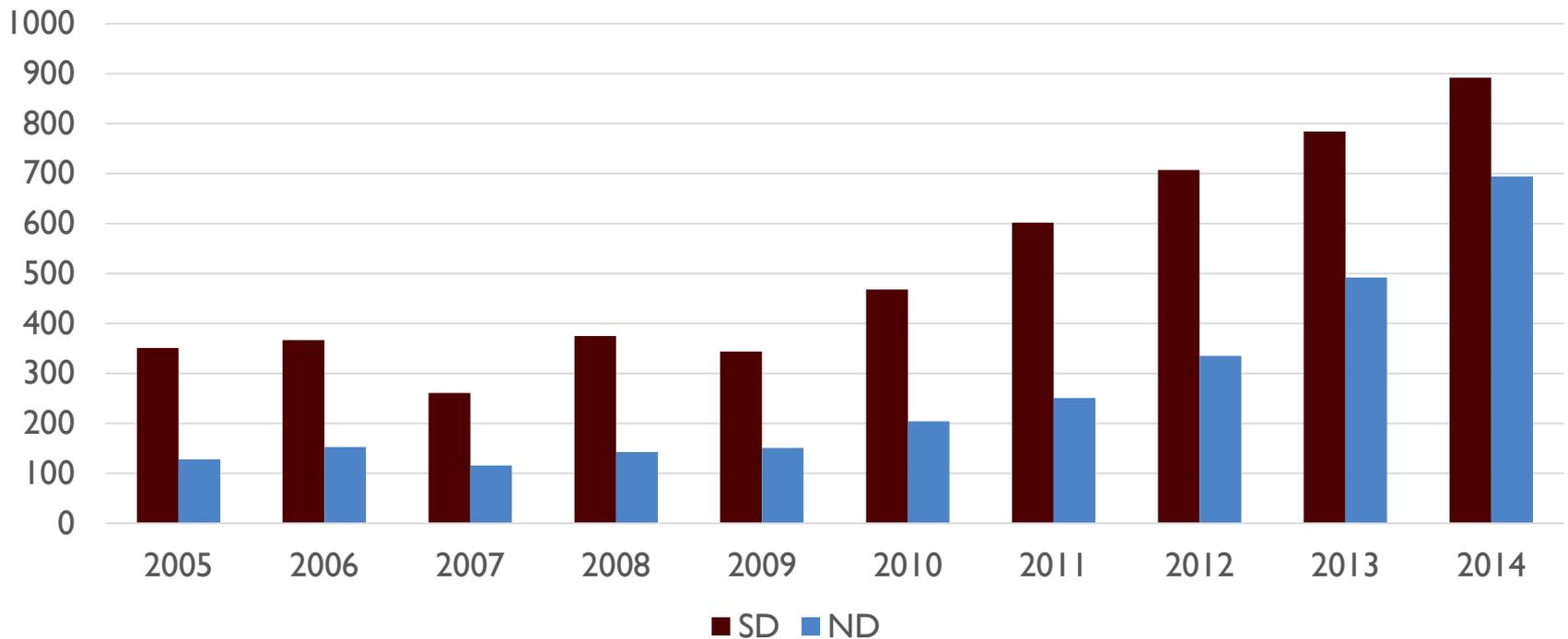
# Gonorrhea Rates – South Dakota – 2005-2014





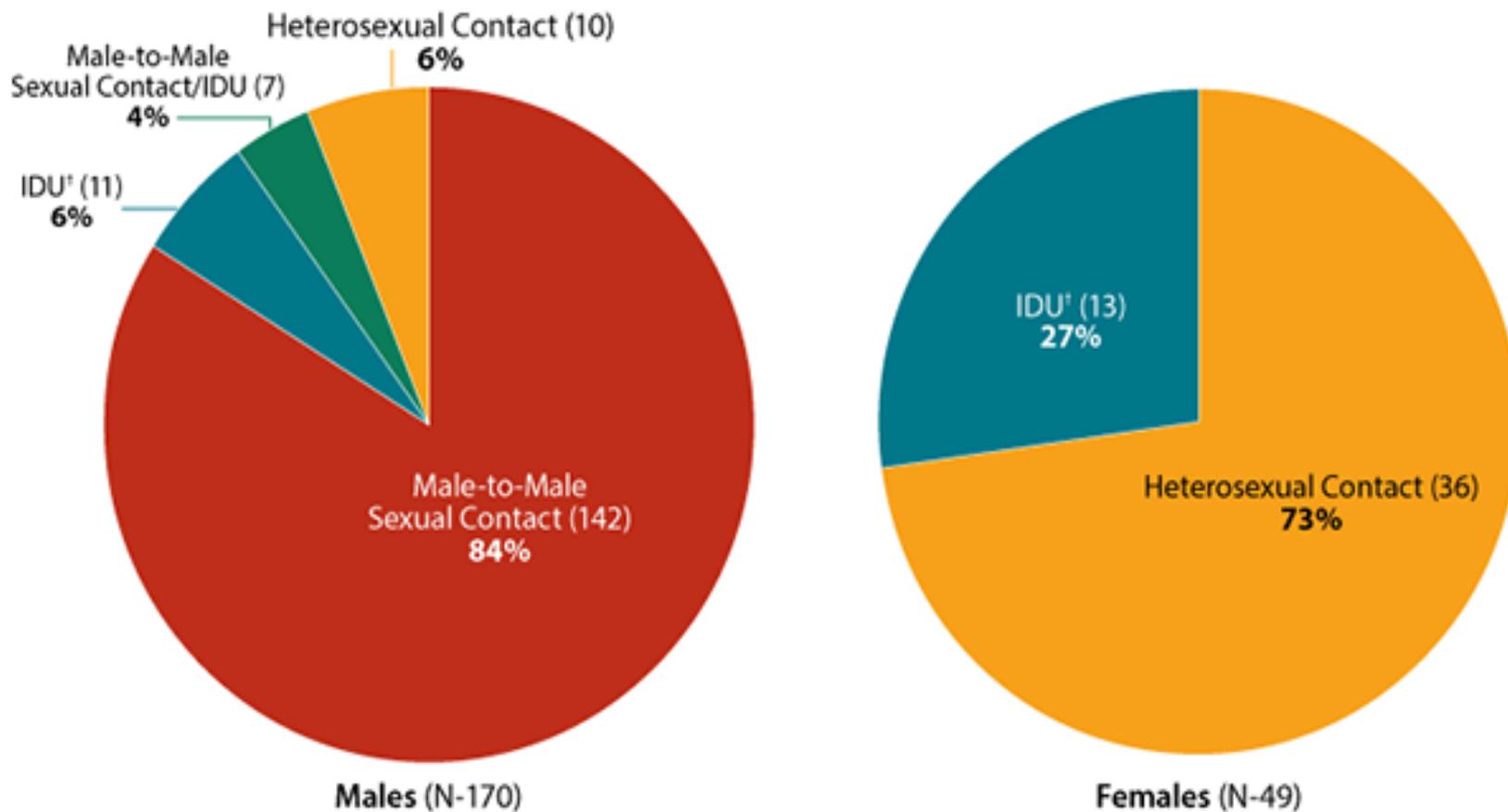
# Gonorrhea Rates – North Dakota and South Dakota 2005-2014

Note that ND uses EPT





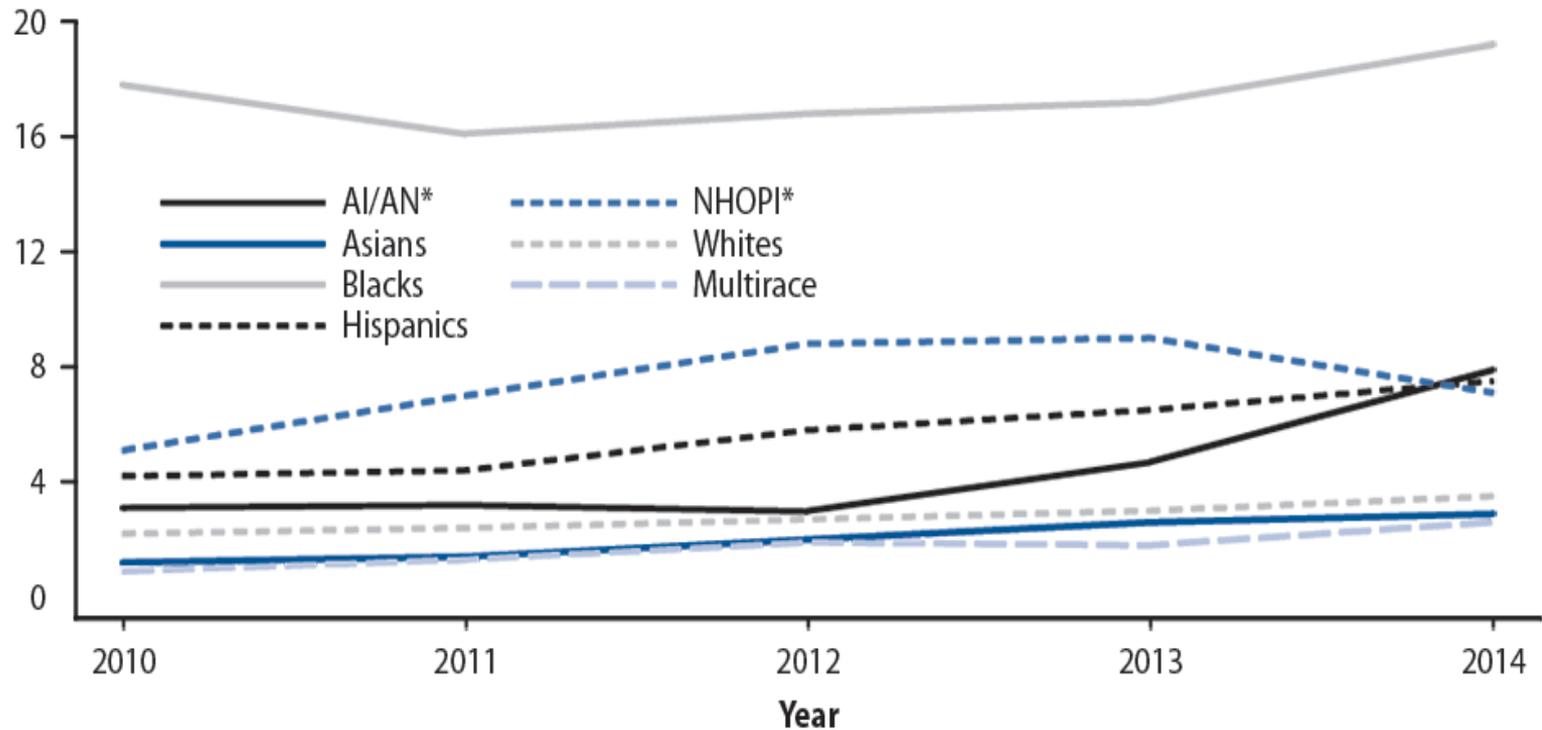
# Estimated New HIV Diagnoses among Adult and Adolescent AI/AN in the US by Transmission Category and Sex, 2014





# Primary and Secondary Syphilis – Rates of Reported Cases by Race/Ethnicity, United States, 2010-2014

Rate (per 100,000 population)





## Death Rates for Viral Hepatitis (all types), 2013

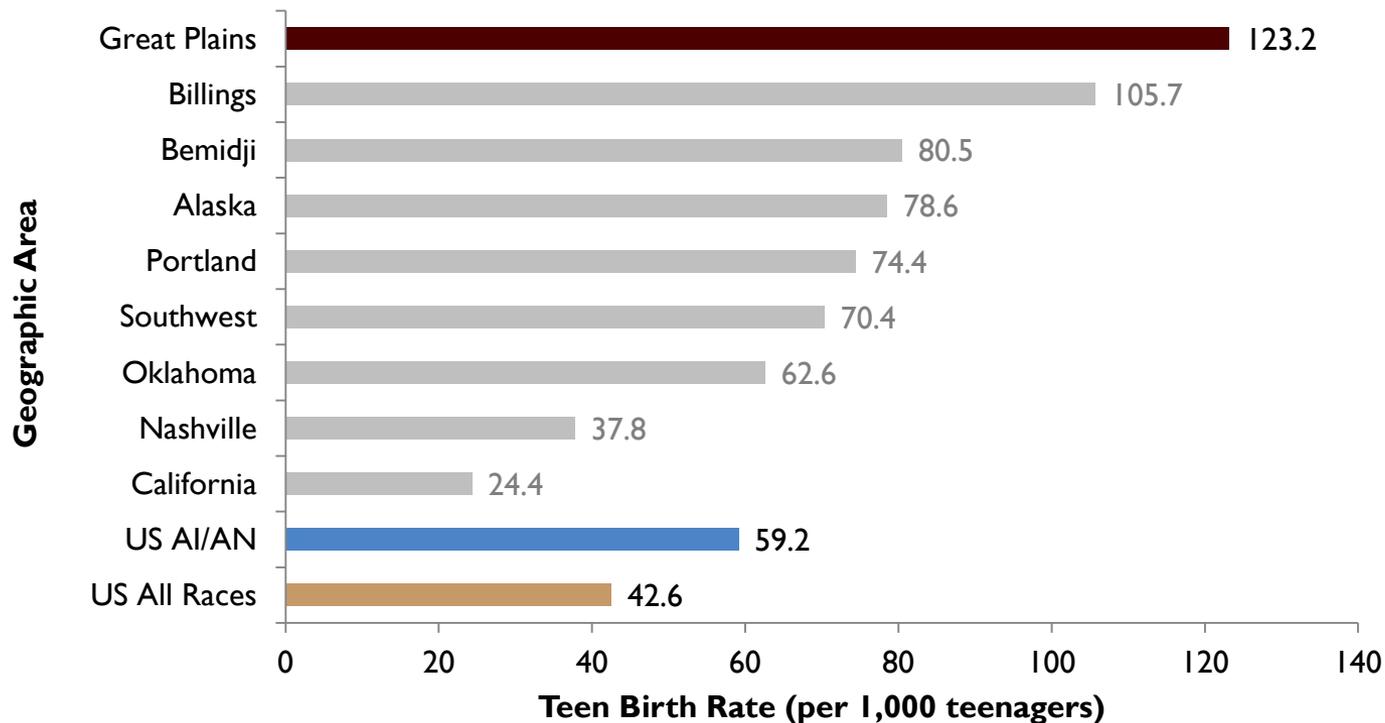
	<b>American Indian/Alaska Native</b>	<b>Non-Hispanic White</b>	<b>American Indian/Alaska Native to Non-Hispanic White Ratio</b>
<b>Male</b>	4.1	2.6	1.6
<b>Female</b>	2.6	1.2	2.2
<b>Total</b>	3.3	1.9	1.7

Source: CDC, 2016. Deaths: Fianl Data for 2013. National vital statistics reports; vol. 64, no. 2. Table 17 and Table 16.  
[http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_02.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf) [PDF | 2MB]



# Teen Birth Rate by Indian Health Service Area vs. US, Maternal Age 15-19, AI/ANs (unless noted), 2007

(Wingo et al., 2012)





## 4 Ways Pregnancy Can Change a Teenager's Life



### Education



57% of teen mothers in one study wanted to go to college, but they lacked the resources to make it a reality.

### Finances



75% of unmarried teen mothers go on welfare within 5 years of the birth of their first child.

### Standard of Living



64% of children born to an unmarried teenage high-school dropout live in poverty.

RIP



Teen mothers are seven times more likely to commit suicide than non-mothers.



# Teen Pregnancy

## Possible Solutions

- Show Native youth the reality and consequences of adolescent pregnancy
- Enhance and develop culturally relevant school- and community-based pregnancy prevention programs for Native youth through the implementation of Native-led pregnancy prevention discussions (relying on family members and elders) and culturally based activities and programs (e.g. include Native ceremonies and other cultural practices)
- Improve Native adolescents' access to contraceptives
- Discuss adolescent pregnancy with Native youth allowing them the opportunity to talk to Native peers and facilitators or other trust adults about the issue
- Use key prevention messages and media which includes representations of AI/AN youth to reach Native youth

"So That The People May Live"



"Hecel Oyate Kin Nipi Kte"

# THE STITPPI PROGRAM

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# Setting the Stage

## Establishing Community Partnerships

- Emphasized the Community-Based Participatory Research (CBPR) framework to establish community as a key partner in program decision-making and the source of priorities
- Community advisory committees – called Tribal Advisory Groups or TAGs – established for each
  - Intended to be representatives of multiple sectors within community
  - Meet regularly, including with STITPPI staff
- Referral network established, building upon connection with schools and based upon environmental scans completed with local staff to identify service population, services offered, referral processes, eligibility, risk factors, and potential overlap with program



# Setting the Stage

## Assessing and Linking Community Readiness, Needs, and Assets

### Methods

- Compiling and reviewing relevant quantitative data from existing sources
- Qualitative data collection (focus groups with youth and elders; interviews with key partners) to assess cultural influences, social norms, access to services, adolescent sexual risk behaviors and contraceptive use
- Overview and recommendation of existing curricula/models

### Key Findings

- Target population: males and females aged 11-14, grades 6-8
- Importance of traditional values and spirituality, freedom from drugs and alcohol in defining healthy adulthood
- Family influence, communication with parents, education and knowledge of risks, fears of negative consequences key to preventing teen pregnancy and STIs
- Peer pressure, alcohol, and drugs cited as challenging healthy adulthood and factors in youth deciding to have sex



# Setting the Stage

## Choosing the Curriculum

- Needs assessment results reviewed with each TAG to provide an opportunity for edits, corrections, and clarification
- Project staff select at least three options for program curriculum/model that meet the needs identified during initial assessment
- TAGs review curricula in association with assessment results and narrow to one option that they feel is the best fit for their community
- RESULT: all three communities independently choose **Draw the Line/Respect the Line** – fits the target populations, includes robust tools, addresses key needs



# Draw the Line



# Respect the Line

- “Setting Limits to Prevent HIV, STD, and Pregnancy”
- Helps students to “develop personal sexual limits and practice the skills needed to maintain those limits when challenged” (Coyle et al., 2003)

## Advantages

- Provides knowledge and skills to prevent STIs and pregnancy, emphasizing both abstinence and contraception
- Modeling and practice of communication skills (e.g. role playing) with both peers and parents/caregivers
- Working with youth as early as possible, but in an age-appropriate way
- Face-to-face facilitation
- Broadly-based, empowering skillset that can be engaged to prevent a variety of risky situations and behaviors



# Draw the Line | Respect the Line

## 6<sup>th</sup> Grade

Limit setting and refusal skills in a nonsexual context

Abstinence

## 7<sup>th</sup> Grade

Examines consequences of unplanned pregnancy

Information about STIs

Applying refusal skills in a party context

Contraceptives

## 8<sup>th</sup> Grade

Practice of refusal skills in a dating context

Condom demonstration

Contraceptives



# Draw the Line/Respect the Line

## Highlighted Adaptations

- Expanding program parameters (class size, setting, facilitator requirements) to meet unique community needs and allow flexibility in program implementation
- Adaptation of language for title, language, certain content of curriculum, and companion materials to ensure cultural appropriateness and local relevance
- Enhanced opportunities for youth to ask questions anonymously
  - Question Box



# Draw the Line/Respect the Line

## Implementing the Program – Roles

### Great Plains Tribal Chairmen's Health Board and/or Tribal Staff

- Recruiting participants
- Implementing the curriculum within the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades and monitoring fidelity
- Administering pre and post assessments to collect program evaluation data
- Conducting community outreach and education to promote program and concepts
- Communicating with Tribal Advisory Groups (TAGs) to discuss process, disseminate preliminary results/reports

### Center for Health Outcomes & Prevention Research, Sanford Research

- Evaluation – analyzing assessment data
- Report Writing – synthesized from evaluation for community members, schools



# Draw the Line/Respect the Line

## Implementing the Program – Logistics

### Recruitment & Retention

- Targeting students in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades
  - In 2014-2015: 180 total, predominantly (90%+) AI/AN
- School sign-up days, community events, PTA conferences
- Collect parental consent AND student assent forms
- Offer a pizza party to classes that achieve a 90% return rate of consent forms

### Settings

- At school, during school (health classes)
- After-school programs
- Community youth health education programming



# Draw the Line/Respect the Line

## Implementing the Program – The Facilitators

### Key Skills

- Experience working with youth (and not just delivering the curriculum...)
- Communication: establishing partnerships, facilitating referrals, conducting community outreach and answering questions
- Comfortable delivering subject matter (medically-accurate, age-appropriate)
- Ability to balance fidelity and flexibility



# Draw the Line/Respect the Line

## Implementing the Program – Monitoring Fidelity

### Key Concepts

- Maintains key elements and structure of evidence-based curriculum
- Encompasses timeliness (proximity and length of lessons), structure of lessons (order, content), and medical accuracy of information provided

### Methods

- Fidelity logs: completed for each lesson, then overall for each grade to track adaptations, emergent challenges, etc.
- Fidelity observations: conducted by another staff member familiar with the curriculum; two lessons per grade; summarized in observation reports



# Draw the Line/Respect the Line

## Implementing the Program – Other Considerations

### Referrals

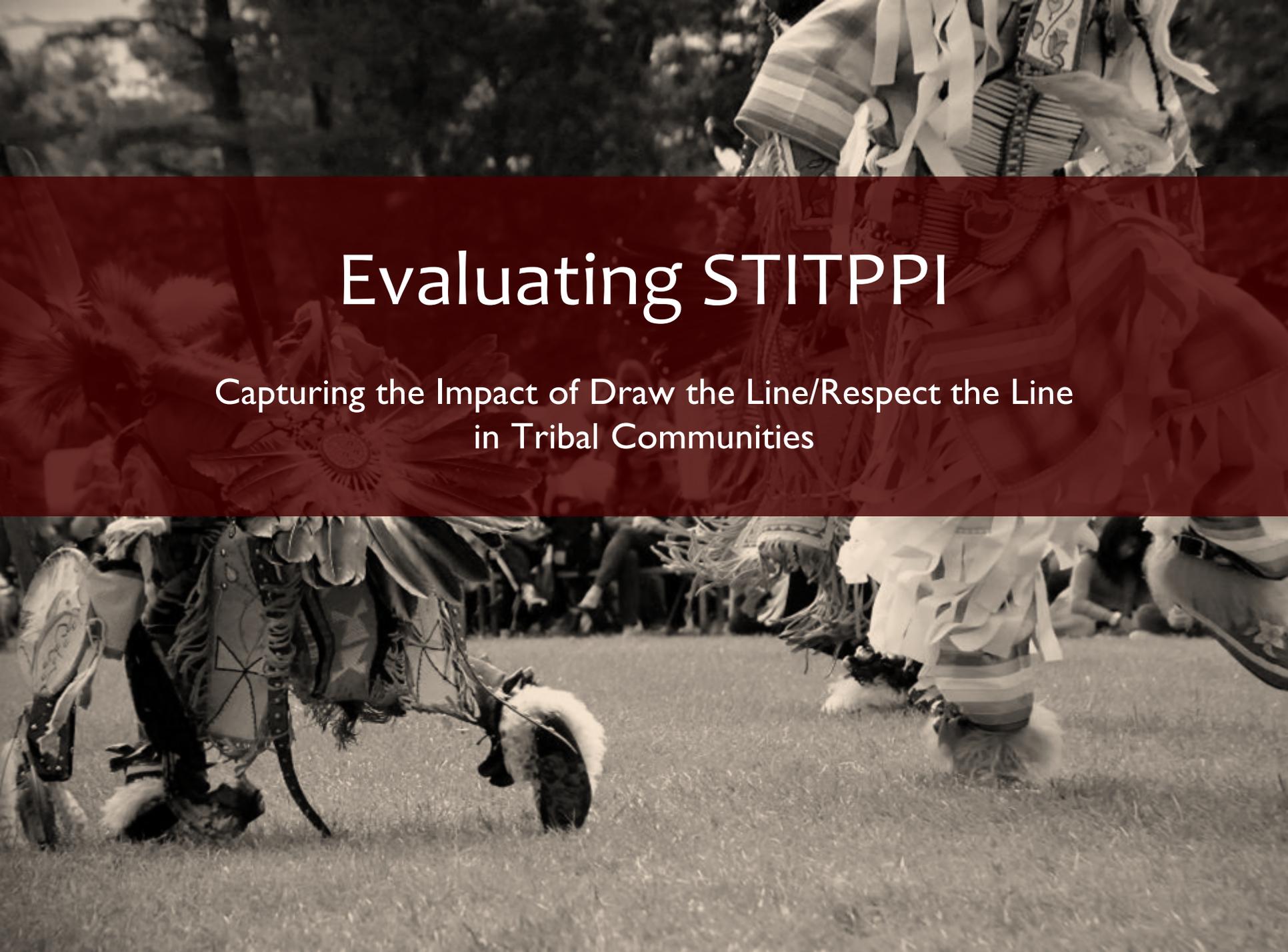
- Program includes a referral network for youth in need (medical, mental/behavioral, other)

### Establishing Rapport and Trust

- Importance of facilitators as a trusted source of information, but also as someone who can listen and help
- Creating an environment of trust in which youth feel comfortable asking questions

### Engaging Parents and other Caregivers, Community-At-Large

- Homework assignments
- Participation in tribal community events and conducting outreach
  - Being visible, facilitating comfort with the topic



# Evaluating STITPPI

Capturing the Impact of Draw the Line/Respect the Line  
in Tribal Communities



# Evaluation

## Data Collection Methodology

### Process Measures

- Program enrollment
- Curriculum attendance
- Fidelity logs and observation reports

Note that we track attendance by the same students over multiple years/grades to assess cumulative impact!

### Outcome Measures

- Demographics: age, grade, gender, race, ethnicity, tribe
- Student knowledge, opinion of program, presence of pro-social behaviors and positive relationships
  - Positive relationships (7 questions)
  - Pro-social behavior (8 questions)
  - Sexual health knowledge (16 questions – 7<sup>th</sup> and 8<sup>th</sup> grades only)
  - DTL/RTL vignettes (3 questions)
  - DTL/RTL self-efficacy (2 questions)



# Evaluation

## Data Analysis

### Process Measures

- Calculate number of students that complete at least 75% of the curriculum
- Qualitatively assess emergent adaptations and challenges for quality improvement

### Outcome Measures

- Utilizing SPSS for data compilation and analysis of trends
- Positive relationships, pro-social behavior, and DTL/RTL efficacy assessed on 5-point likert scale (“much more likely”, “somewhat more likely”, etc.) – numerical coding, means calculated
- Sexual health knowledge and DTL/RTL vignettes have right/wrong answers – assessed for % of correct responses
- Assess for statistically significant changes in knowledge, skills, and behaviors with paired-sample t-tests ( $p < 0.05$ )
- Examine perceptions of curriculum for continuous quality improvement



# Evaluation

## Reporting and Dissemination

### Long Reports

- Tribal-specific and combined
- Include all data tables and statistical analyses
- Used for internal quality improvement and shared with key tribal stakeholders

### Short Reports

- Tribal-specific and combined
- Includes enrollment and demographic data, key outcome findings summarized by grade, curriculum information for context, program staff contact information
- Disseminated to TAG members, tribal partners



# Evaluation

## Plans for the Future\*

- Combined reports for all three years of implementation for each tribal community and all three together
- Analysis of data from students that completed all three grades to assess cumulative impact, importance of continuity
- Will examine possibility of publication, opportunities to share impact
  - Adding to the evidence base for DTL/RTL and PREP programming
  - Supporting replication in other tribal communities

\*Contingent upon availability of funding

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"Hecel Oyate Kin Nipi Kte"

# 2014-2015 COMBINED RESULTS

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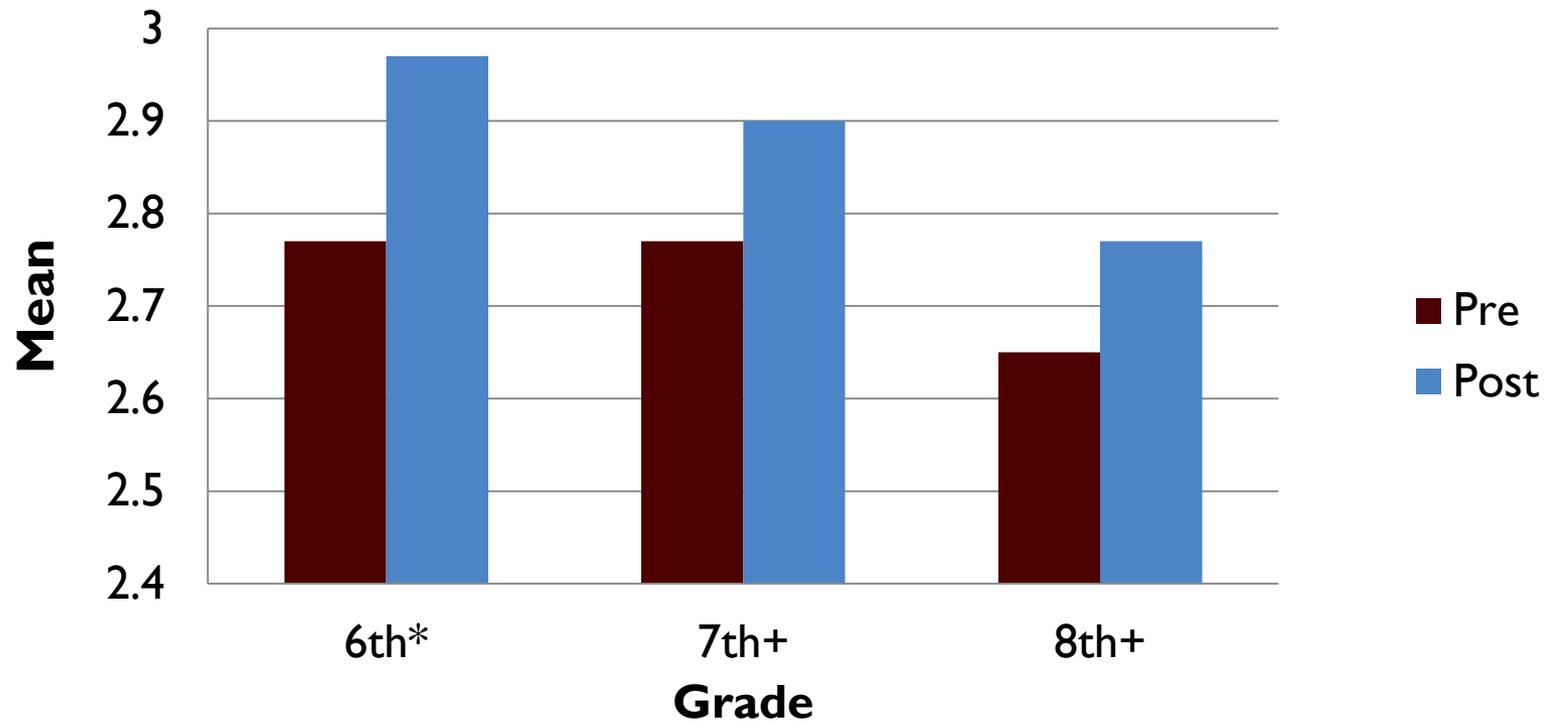
# Results from 2014-2015

## Summary and Conclusions

- Significant increase in sexual health knowledge from pre- to post- in both 7<sup>th</sup> and 8<sup>th</sup> grades
- Increase in perceived presence of positive relationships that help with school, resisting peer pressure, and making healthy decisions across all grades
- Increase in perception of self demonstration of pro-social behaviors
- Girls may be more impacted by some aspects of the program
  - Differs from findings of previous studies of DTL/RTL (Coyle et al. 2004)
- Overall, one of the program's main goals – to increase youths' knowledge base in adulthood preparation and demonstrating fewer risk behaviors – is being achieved



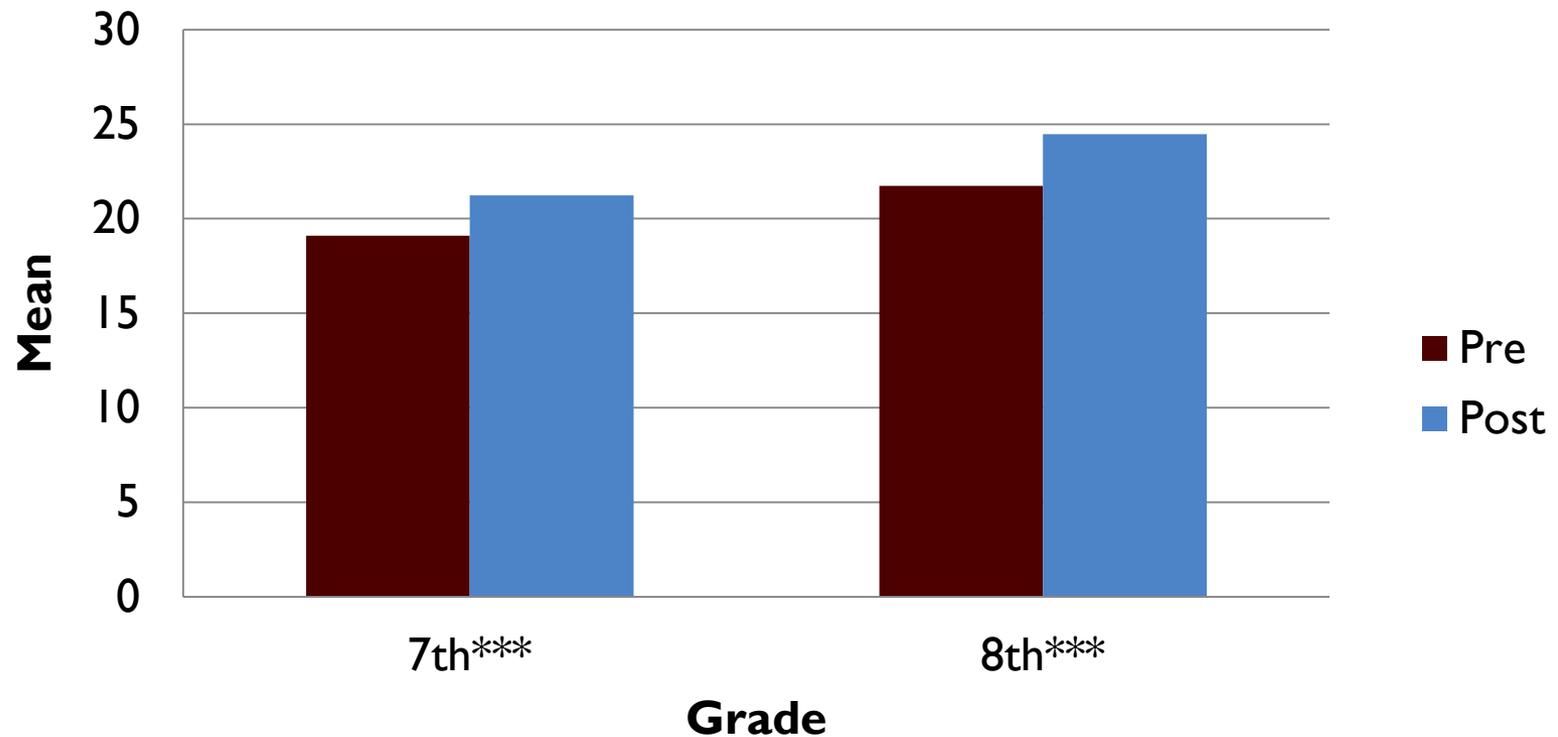
# Positive Relationships Scale Mean Changes from Pre to Post, 2014-2015



Note. +p<.10. \*p<.05. \*\* p<.01. \*\*\*p<.001.



# Sexual Health Knowledge Scale Mean Changes from Pre to Post, 2014-2015

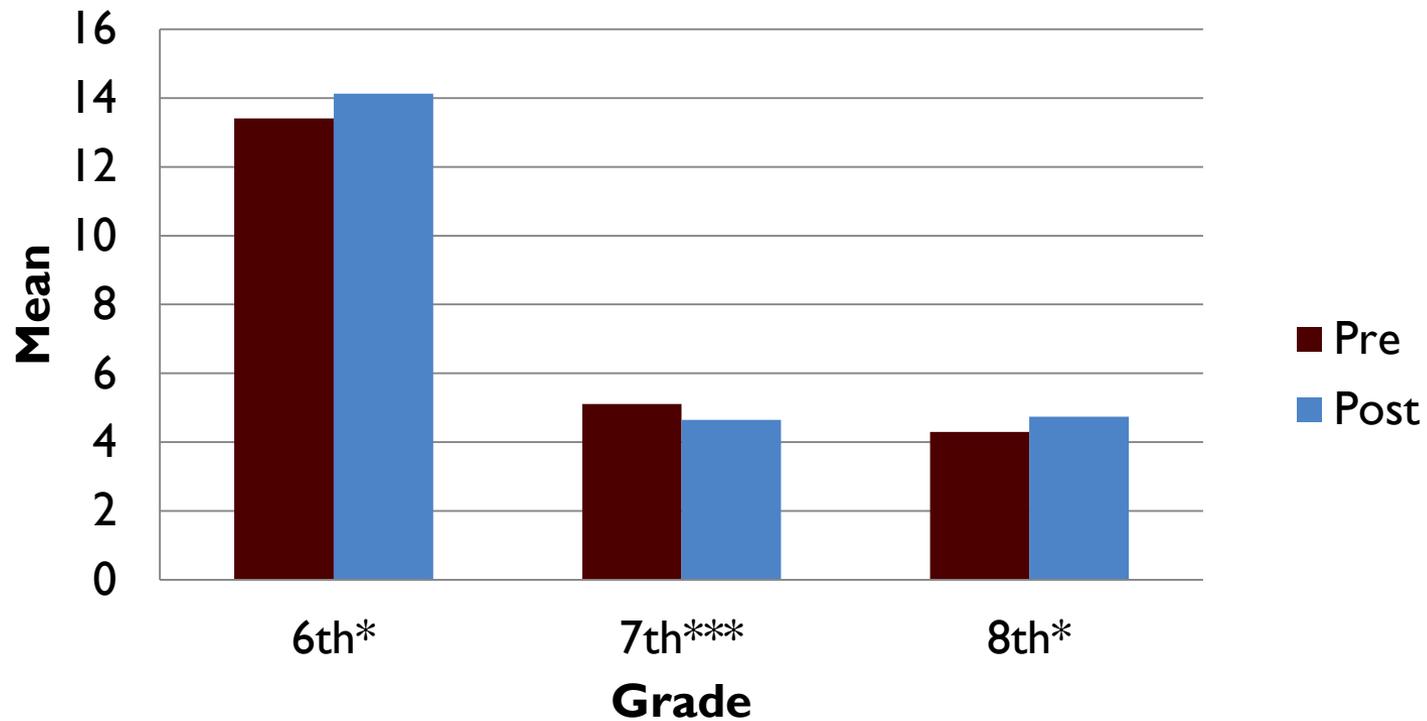


Note. 6<sup>th</sup> graders were not given sexual health questions.  
Note. +p<.10. \*p<.05. \*\* p<.01. \*\*\*p<.001.



# Vignette Scale

## Mean Changes from Pre to Post, 2014-2015



Note. +p<.10. \*p<.05. \*\* p<.01. \*\*\*p<.001.



# Lessons Learned and Next Steps

Replicating the STITPPI Program



# Lessons Learned

## Establishing the Program

- DTL/RTL may not be the right fit for every community
  - Important to connect curriculum with community readiness, needs/interests, and assets
  - There are other TPP curricula out there that have been adapted for AI/ANs
- Look to engage stakeholders from a variety of spheres (community, clinical, school, youth, leadership) in Tribal Advisory Groups



# Lessons Learned

## Implementing the Program

- Tailor the setting to the community
  - School setting has been very effective for us, but not the only approach (and may not be possible in some communities)
- Good facilitation is often about the comfort that comes with experience (with youth, with the topics)
- Don't give up on youth or assume reasons for poor attendance... reach out and offer a non-judgmental ear
- Community outreach outside of the classroom is just as important!



# Lessons Learned

## Evaluating the Program

- Take time to administer the pre and post assessments
  - Combine with a welcome day/party
  - “Facilitate” the survey to maximize results, understanding questions
- Use the data for continuous quality improvement
  - Watch out for negative perceptions and outcomes
  - If something looks funny in the answers (data), look back at the questions



# Next Steps

- Implementation Guide
  - How STITPPI established the program; adaptation, implementation, and evaluation of the curriculum
  - Lessons learned and recommendations
  - Tools from our assessment and implementation toolkit
- Supporting (to the extent possible) replication of the program within Great Plains and other tribal communities
- Sharing our story!



# Thank you

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