




# NenŨnkUmbi/ Edahiyedo We Are Here Now



Sexual and reproductive health interventions grounded in community and culture have the potential to improve wellbeing within individuals, families, communities and systems.





# What is NenŪnkUmbi/ Edahiyedo/ We Are Here Now?

NenŪnkUmbi/Edahiyedo (We are Here Now or NE) is an evidence-based intervention designed to reduce sexual and reproductive health (SRH) disparities in American Indian youth ages 14 to 18 years old. This 9-month program includes the following four components:

- ✧ Individual:  
Adapted Native STAND Curriculum
- ✧ Family:  
Sexual Reproductive Health Guide for Parents
- ✧ Community:  
Cultural Mentoring Program
- ✧ Systems:  
Agency Coordination and Quarterly Meetings

## Who Should Use the We Are Here Now toolkit?

We Are Here Now can be integrated and adapted in tribal communities, schools, clinics, and other community-based programs. The toolkit may be useful for communities interested in building their research capacity or implementing an evidence-based intervention to improve sexual and reproductive health outcomes.

## How was We Are Here Now developed?


The We Are Here Now study was developed by a tribal-academic partnership between Fort Peck Tribes and Montana State University. The intervention is grounded in ecological systems theory, which explains that an individual's development is influenced by a series of interconnected environmental systems ranging from family to culture.

Findings from We Are Here Now have been evaluated and published in several peer-reviewed journals, and a community advisory board has reviewed and approved them. An external team of consultants at Allyson Kelley & Associates, the Northwest Portland Area Indian Health Board, and the We Are Here Now Community Advisory Board reviewed this toolkit and resources.





## What's included in the We Are Here Now toolkit?

- Part 1 Beginning the Journey: Where we have been
  - Part 2 Intervention Components and Materials
  - Part 3 Evaluation
  - Part 4 Dissemination Methods and Examples
  - Part 5 Cultural Relevance
  - Part 6 Preparing for a Randomized Controlled Trial (RCT) in a Tribal Community
  - Part 7 Supporting Materials
- 

# Study Findings

Preliminary findings suggest improved SRH outcomes in tribal communities when intervention elements focus on individual, familial, community and system level factors.

- ✧ Condom use self-efficacy, increased condom use, and positive agreement with attitudes towards pregnancy for AI youth between 14 to 18 years old.
- ✧ Increased communication among parents about condom use with their children.
- ✧ Reduction in the number of sexual partners among the participating youth.
- ✧ Improved attitudes regarding contraceptives, commitment in relationships, and consistency of condom use.

Primary Outcome	Significance	
Increased number of protected sex acts	p < 0.05	
Moderation Analysis		
Secondary Outcomes	Gender	Age
Delayed onset of sexual intercourse	Male, p = 0.034*	≥16 years of age, p = 0.003**
Decreased frequency of sex	Female, p = 0.010**	≥16 years of age, p = 0.016**
Tertiary Outcomes		
Increased caregiver communication	Female, p = 0.010**	< 16 years of age, p = 0.025**
Increased Utilization of SRH clinical services	Female, p = 0.005**	≥16 years of age, p = 0.029** < 16 years of age, p = 0.009**

\* mid-intervention; \*\* 3 months post-intervention

# Acknowledgments

On behalf of the We Are Here Now study and our project partners; we hope that this toolkit will give you the information and resources you need to create an entire ecosystem of wellbeing. This research was funded by NIMHD Award Number: R01MD01276, Clinical Trials Number: NCT 03694418

## **We also thank the Community Advisory Board Members**

Adriann Ricker  
Marty Reum  
Bruce Bauer  
Alex Granbois

## **Cultural Consultants**

Ramey Growing  
Thunder  
Albert Foote  
Marty Reum  
Paula Firemoon

## **Participating Schools**

Frazer  
Wolf Point  
Poplar  
Brockton  
Fort Kipp  
Culbertson

# Dedication

We dedicate this toolkit to to elders, ancestors, and colleagues whose knowledge and traditions have supported entire ecosystems of wellbeing on the Fort Peck Indian Reservation.

## **Systems Level**

Fort Peck Tribal  
Health Department  
Indian Health Service  
Fort Peck Tribal  
Executive Board

# Choosing Our Words

In this toolkit, we use the term “Native” broadly to refer to peoples with ancestral and cultural origins in the many territories that now make up the United States. We use the term “American Indian youth” to refer to youth participants living on the Fort Peck Indian Reservation who may be Assiniboiné, Sioux, or other tribal affiliations. When possible, we use the tribal affiliation and context of a participant or teaching. Other terms used in this toolkit include Indigenous, Native American, American Indian, and Alaska Native.

## Glossary and Acronyms

**American Indian (AI)** - This term is commonly used in federal law and public health contexts to refer to the broad range of Indigenous peoples in the United States, United States territories, Northern Mexico, and Canada.

**Community Advisory Board (CAB)** - A group of community members who share an identity, geography, history, language, culture, or other characteristic or experience. Members are a source of leadership in the partnerships of community-based participatory research (CBPR) and convene to contribute their voices to an initiative, program, or project.<sup>1</sup> CABs guide and ensure local priorities and concerns are reflected in the project activities.<sup>2</sup>

**Community-Based Participatory Research (CBPR)** - A collaborative research approach involving community members, researchers, and key stakeholders in a meaningful way. This approach allows community members and researchers to share power, resources, knowledge, and decision-making at every step of the research process.<sup>3</sup>

**Institutional Review Board (IRB)** - An entity that provides ethical and regulatory oversight of research involving human subjects.<sup>4</sup> IRBs review research studies to ensure that they comply with regulations, meet ethical standards, follow institutional policies, and protect research participants.<sup>5</sup>

**Mixed Methodologies or Mixed** - Method Research - Evaluation approaches that integrate both quantitative (number) and qualitative (word) information to report study methods, datasets, and findings in a meaningful way.<sup>6</sup>

**Multi-level Intervention (MLIs)** - Health interventions that address multiple levels of influence on individual health. These interventions recognize that health disparities are embedded in social and structural determinants of health and consider the dynamic interconnection of individual, family, community, and system-level influences.<sup>7</sup>



**Randomized Clinical Trial (RCT)** - A clinical trial with these two design features: 1) It is comparative: it compares the experience of a group of patients on the new treatment with a control group of similar patients receiving standard or no treatment. 2) It involves randomization: this means patients are assigned to new or standard/no treatment randomly.

**Sexual Reproductive Health (SRH)** - A state of physical, mental, and social well-being relating to the reproductive system.<sup>8</sup> This includes the ability to be free from unwanted pregnancy, unsafe abortion, sexually transmitted infections, and all forms of sexual violence, discrimination, and coercion.<sup>9</sup>

**Stepped Wedge Design (SWD)** - A type of randomized controlled trial where all participants begin the study in the control condition, and then are randomly assigned to groups that crossover to the intervention condition in a sequential, staggered fashion until all groups have received the intervention.<sup>10-14</sup>

**Winkte** - Two Spirit

**Iya Waste** - "to speak good words"

## List of Figures and Boxes

*Pg 10. Fig 1.*  
We Are Here Now Phases

*Pg 15. Fig 2.*  
Study Sites On Or Near Fort Peck Reservation

*Pg 16. Fig 3.*  
Community Based Participatory Research Approach

*Pg 17. Fig 4.*  
Outcome Variables of NE Individual, Family, Community, and System Variables

*Pg 22. Table 1.*  
NE Intervention Overview

*Pg 50. Fig 5.*  
NE SWD Sequence Augmentation Due to Covid-19 Pandemic

*Pg 54. Fig 6.*  
In Depth Member Checking Discussion Framework

*Pg 56. Table 2.*  
Axial Code Descriptions From Qualitative Analysis from NE

*Pg. 91. Fig 7.*  
Working With Schools

# Dakota Sioux Kinship: Addressing Relatives in Dakota

Addressing Relatives:  
Chekichiyapi

**Male's Term:**  
**Wičhása Wičhóle**

**Female's Term:**  
**Wínyan Wičhóle**

**Paternal Grandfather**

Thunkášinan

Tthunkášinan

**Maternal Grandfather**

Kaká

Kaká

**Paternal Grandmother**

Khúnši

Khúnši

**Maternal Grandmother**

Unčí

Unčí

**Father**

Até

Até

**Mother**

Iná

Iná

**Uncle**

Até (father's brother)

Dekší (father's brother)

**Uncle**

Dekší (mother's brother)

Dekší (mother's brother)

**Aunt**

Thunwín

Thunwín

**Aunt**

Iná (mother's sister)

Iná (mother's sister)



# Addressing Relatives in Nakoda

Note: All relative terms are in first person.

	Nakoda	Nakoda Phonetic
Mother	Íná	Ee-nah
Mother's Sister	Ináná	Ee-nah-nah
Uncle	Minekshi	Me-nek-shee
Father	Ade	Ah-day
Aunt	Mitúwi	Me-too-wee
Father's Brother	Adena	Ah-day-nah
Grandmother	Mikushi	Me-koosh-ee
Grandfather	Mitugashi	Me-too-gah-shee

Figure 1. We Are Here Now Phases

# NenŪnkŪmbi/Edahiyedo/ We Are Here Now





