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 NenŨnkUmbi/ Edahiyedo/ We Are Here Now?

NenŨnkUmbi/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?

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

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.

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 Assiniboine, 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.[1] CABs guide and ensure local priorities and concerns are reflected in the project activities.[2]

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.[3]

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

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.[6]

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.[7]

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.[8] This includes the ability to be free from unwanted pregnancy, unsafe abortion, sexually transmitted infections, and all forms of sexual violence, discrimination, and coercion.[9]

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.[10-14]

Winkte - Two Spirit

Iya Waste - "to speak good words"

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

NenŨnkUmbi/Edahiyedo/ We Are Here Now

We have been implementing N/E since 2018.

We are going into middle schools, other tribes, and the world

We are here now, we have collected wisdom to share.

Evaluation

Preparing

Cultural Relevance

Implementing

Disseminating

Spirit

Community

School

Family

Part 1:
Beginning the Journey – Where We Have Been

Background Information

Our Indigenous elders remind us of the Seven Directions and encourage us to reflect on, "Where have we been?" As we begin thinking about the We Are Here Now intervention, we must remember everything that has happened throughout history leading us to this place of needing sexual reproductive health (SRH) intervention. This will help us do the best we can to create opportunities and resources for the current and future generations. Everyone has been somewhere. This toolkit acknowledges the varied histories and experiences of tribal communities as they begin to explore SRH needs and solutions.

NE is grounded in a longstanding partnership between the Fort Peck Tribes and Montana State University that began in 2006. NE began in April 2018 with the intervention period starting in May 2019 and had an original project end date of November 2022. The COVID-19 pandemic extended NE's intervention period to November 2023 with a new project end date of November 2024.[15]

It's happening because the tribal council wanted it to happen. The events of NE started 20 years ago. NE evolved over time with us designing, implementing and evaluating other CBPR SRH studies, before NE was concieved. The tribe said they wanted us to work with everyone. It is grounded in the commitment of the council and therefore the community to support the young people and their families.

We've been so fortunate through different tribal councils to have their support. They've never wavered in their support in what we are doing. We know that there is turnover in tribal elections. That has never gotten in the way. That speaks to the importance of stable leadership, consistency, trust, and relationships.

The complexity of the RCT is not something that anyone should embark on. It took everyone at Fort Peck understanding research, how it works, CBPR, it took years of mutual teaching and learning from each other about what is going to work here.

We've learned so much about what will work and will not work at Fort Peck from a research point of view. We know that research projects, especially research projects that are designed using western science methods, must use Indigenous research methods with deep, iterative, community engagement over time to really contextualize the research to a tribe so that the research is relevant for them.

- Beth Rink

> I've lived on the reservation all my life; I have family across the reservation. Working in this project, not every community is the same. We live on the same reservation and have the same problems, but every community is different.
>
> - Olivia Johnson

About NenŨnkUmbi/Edahiyedo (We are Here Now or NE)

Higher rates of teen birth, low birth weight, sexually transmitted infections, hepatitis C virus, and human immunodeficiency virus (HIV) are more prevalent among American Indian (AI) adolescents in comparison to other non-Indigenous adolescents in the United States. Previous research tells us that AI sexual reproductive health disparities are not influenced by individual characteristics alone, but by a number of historical, social, cultural, economic, educational, and environmental factors.[16-19] The NenŨnkUmbi/Edahiyedo ("We Are Here Now" or NE) multi-level intervention (MLI) was developed to address these multiple, complex factors. The NE intervention was designed for Fort Peck youth between the ages of 14 and 18 to improve sexual and reproductive health outcomes in youth on the Fort Peck Indian Reservation in Northeastern Montana.

Tribal members voiced that they wanted all 14- to 18-year-old AI youth to receive the intervention, so it was implemented in phases until all participants went through the entire intervention.[10-14] Five schools on the Fort Peck Indian Reservation participated in NE.

Each school was randomly assigned to its own sequence and was taken from control to intervention based on their sequence. Data were collected at four time points in each sequence. A four-member community advisory board (CAB) of Fort Peck tribal members provided guidance, insight, and recommendations for NE and its evaluation.

### Figure 2. Study sites on or near the Fort Peck Reservation

High school enrollment shown in parentheses.

Overview of the Study

NE utilized a community-based participatory research (CBPR) approach to develop capacity within the Fort Peck tribal communities to address sexual and reproductive health disparities. CBPR requires full buy-in from the community to achieve capacity building, community engagement, collaboration, and infrastructure development.

The components of the intervention were tailored to address four main levels to reach individuals, families, communities, and systems. This multi-level approach aimed to address the complex characteristics that influence sexual reproductive health outcomes in a way that fits the community and its culture.

Figure 3. Community-Based Participatory Research Approach
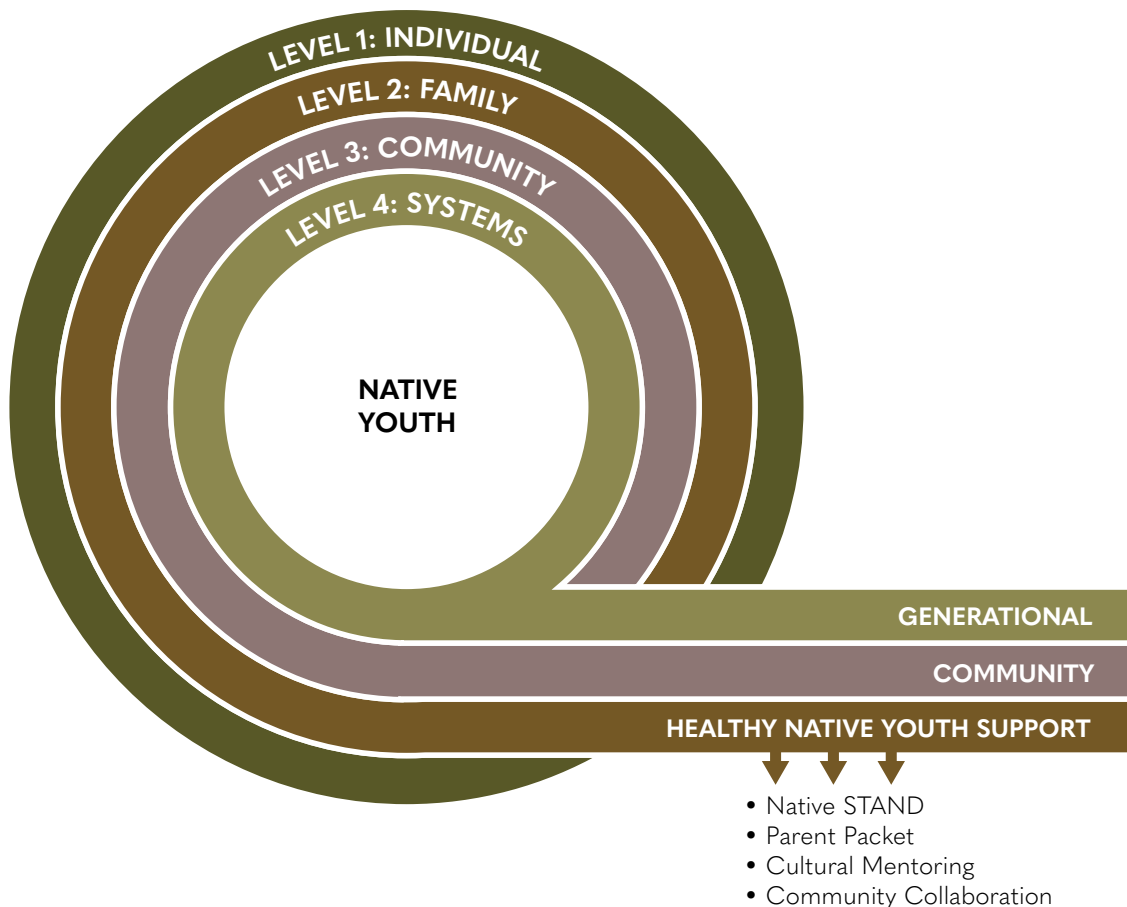
(Level 1- Individual) an adaptation of a school-based SRH curriculum called Native STAND, designed to address individual-level factors that lead to sexual risk behaviors;

(Level 2 - Family) a family-level home-based curriculum tailored to increase communication between adult family members and youth about SRH topics;

(Level 3 - Community) a cultural mentoring component at the community level in which AI youth receive traditional teachings about topics related to SRH; and

(Level 4 - Systems) a multi-sectoral network of organizations collaborate at the Fort Peck systems level to coordinate SRH services for AI youth.

Research Design: NE was implemented as a cluster-randomized stepped-wedge design (SWD). Five schools on the Fort Peck Reservation participated in the study; each school was considered a cluster. Each school/cluster was randomized to the intervention, with all schools eventually receiving all parts of the intervention. The schools/clusters were observed at baseline, mid-trial, post-trial, and 3-month follow-up time points.

NE used ecological systems theory (EST) to assess outcomes from the four levels: individual, family, community, and systems. Figure 3 shows the factors influenced by NE. Outcome variables include the following:

✤ Individual level- increased condom use, delayed onset of sexual intercourse, reduction in sex partners, increased contraceptive use, and reduction in substance use during sex.

✤ Family level- increased youth–parent/legal guardian communication on SRH topics.

✤ Community level- increased cultural values and traditional beliefs about SRH topics.

✤ Systems level- -increased coordination among education, health care, and social services on Fort Peck to provide SRH services for AI youth.

Figure 4. Outcome Variables of NE at Individual, Family, Community, and Systems Levels

Factors Not Influenced by *NE*	Factors Influenced by *NE*
INDIVIDUAL	
• Cognitive functioning • Mental health • Exposure to trauma and violence	• Youth condom use & birth control use • Number of sex partners • Alcohol use • Communication skills & decision-making skills
FAMILY	
• Family functioning • Parenticaregiver individual characteristics • Mental health • Substance use • Violence within family	• Communication with parent/caregiver on topics related to SRH
COMMUNITY	
• Spirituality • Cultural values outside of SRH • Traditional beliefs outside of SRH • Participation in ceremony	• Cultural values related to SRH • Traditional beliefs and practices about SRH
SYSTEMS	
• Tribal poltics • Agency politics • Individual characteristics of agency personnel	• Coordination of agencies providing access to SRH services for youth

Adapting this Intervention

NE can be adapted by tribal communities for their culture and SRH needs. This toolkit provides information about how NE was implemented, and presents considerations for implementing a similar intervention in your own community.

NE was designed to be offered in-person and in communities. Sessions, data collection instruments, and dissemination processes can be adapted and implemented in a variety of settings with school professionals, clinics, treatment centers, behavioral health programs, faith-based organizations, and other health related service programs.

⚘ LGBT Inclusive: Yes

⚘ Trauma Informed: Yes

⚘ Program Setting: Flexible

⚘ Health Topics Covered: Healthy Relationships, Other Healthy Life-Skills, Sexual Health

⚘ Duration: 60 minutes, 18 sessions

⚘ Teacher Training or Certification Required: No

⚘ Student to Teacher Ratio: 20:2

⚘ Program Outcomes: Increased number of protected sex acts, decreased number of sex partners, decreased use of substances and sex

This has been a living intervention. It was not set in stone. If we had to run it the way we had it in the beginning, we would not have had this success. We had to make changes and listen to the people we were educating. It will always need fine-tuning. It is a different school and a different group of kids.

Something that they can listen to and get it. This intervention is the product of a lot of the ground fine-tuning. We did not just read, come in, and say we should do this. We worked it, and we tried it. It will always need that as time changes. You might go to another community. People are all different in every community.

- Olivia Johnson

Part 2: Intervention Components & Materials

Table 1. NE Intervention Overview

Individual	Family	Community	Systems
Native STAND (NS) 18-session school-based curriculum (2x/month for 9 months)	Parent Packet: A Sexual and Reproductive Health Guide for Parents	Cultural Mentoring Program (CM) 6 mentoring sessions	Agency Coordination (AC) Monthly Meetings for 12 months
NS 1: Introduction - Part 1 NS 2: Introduction - Part 2 NS 3: Culture & Tradition - Part 1		CM 1A: Dakota Sioux Kinship Networks & Concept of Family	
NS 4: Culture & Tradition - Part 2 NS 5: Healthy Relationships - Part 1 NS 6: Healthy Relationships - Part 2		CM 1B: Nakoda Kinship Networks & Concept of Family	AC meetings will take place to remove barriers and facilitate SRH services for Fort Peck tribal youth. AC meetings will be monthly between the Fort Peck Tribal Health Department, Indian Health Services, schools, the Fort Peck Health Promotion Disease Prevention Program, Fort Peck Community College, MSU researchers, and other youth-serving agencies on the Fort Peck Reservation.
NS 7: Reproductive Health - Part 1 NS 8: Reproductive Health - Part 2 NS 9: Reproductive Health - Part 3		CM 2: Traditional Male/Female Roles & Cultural Beliefs About Healthy Relationships	
NS 10: Pregnancy & Parenting NS 11: Preventing Pregnancy & Condoms NS 12 & 13: Sexually Transmitted Diseases & HIV/AIDS		CM 3: Cultural Values About Behavior	
NS 14: Alcohol & Drugs NS 15: Mental Health & Sex NS 16: Negotiation, Refusal Skills, & Decision-Making		CM 4: Cultural Beliefs About Parenting and the Role of Family	
NS 17: Effective Communication NS 18: Putting It All Together		CM 5: The Role of Ceremony in Traditional Dakota & Nakoda Culture	

In this section, we provide an overview of the NE intervention and how it was implemented on the Fort Peck Reservation. This section also provides examples of the materials used. The NE team adapted these materials to their culture, community, and needs.

NE materials were developed to address sexual reproductive health on four main levels; individual, family, community, and systems. Table 1 shows an overview of the NE intervention and its components for each level. This section provides a summary of the materials used at each level.

Individual Intervention

NE's individual-level intervention aimed at instructing participating youth about sexual and reproductive health topics, administered through an 18-session school-based curriculum. Sessions were held 2 times per month over the 9-month project period. The sessions were created by adapting content from the Healthy Native Youth's Native STAND curriculum and incorporating cultural content specific to the tribes of the Fort Peck Reservation.

Native STAND is a comprehensive sexual health curriculum for Native students that focuses on sexually transmitted infections, HIV/AIDS, and teen pregnancy prevention, while also covering drug and alcohol use, suicide, and dating violence. Sessions support healthy decision-making through interactive discussions and activities that promote diversity, self-esteem, goals and values, team building, negotiation and refusal skills, and effective communication. Lessons contain stories from tribal communities that ground learning in cultural teachings.[20]

On the following pages are descriptions of the curriculum sessions. For each session, facilitators provided all handouts and students were only required to bring a pencil.

NS 1: Introduction - Part 1

Objectives for this Session

- Provide information about:
  - The goals of the program
  - The content that will be covered
  - The procedures of the program and the classroom
  - The logistics of the class - dates, times, other plans for classes...
- Understand the Native Voices and Cultural Mentoring Program
- Review the class Constitution
- Understand statistics affecting Native American teens and teens of other nationalities in regard to risky behaviors
- Learn how data is collected and used in the Native STAND program
- Work with others and hold discussion pertaining to information and statistics provided

NS 2: Introduction - Part 2

Objectives for this Session

This session will provide students in the Native STAND Program a description of the following things:

- Review the class Constitution
- Understand statistics affecting Native American teens and teens of other nationalities in regard to risky behaviors
- Learn how data is collected and used in the Native STAND program
- Work with others and hold discussion pertaining to information and statistics provided

NS 3: Culture & Tradition - Part 1

Objectives for this Session

- ❧ Introduce and discuss Words of Wisdom

- ❧ Look at a Medicine Wheel, learn what it means and the important role it plays in Native American culture

- ❧ Provide information on traditional Native American Healing Practices used to promote healing and wellbeing

- ❧ Learn what an Elder is, what makes a person an Elder, and the role Elders play in Native American culture

NS 4: Culture & Tradition - Part 2

Objectives for this Session

This session will provide to students in the Native STAND Program the opportunity to recognize common stereotypes and prejudices and describe the negative effects they can have on individuals by:

- ❧ Learning and discussing the terms "stereotype" and "prejudice" and being able to describe what each term means

- ❧ Identify the correct common myths/misconceptions, stereotypes, and prejudices

- ❧ Be able to describe some negative effect of stereotypes and prejudices

NS 5: Healthy Relationships - Part 1

Objectives for this Session

This session will provide students in the Native STAND Program an opportunity to identify and recognize healthy aspects of relationships by:

- ❧ Introducing and discussing today's Words of Wisdom

- ❧ Discussing different types of love

- ❧ Learning about the phases of love

- ❧ Identifying the characteristics of a healthy relationship

- ❧ Objectively judge the quality of a relationship against a written checklist

NS 6: Healthy Relationships - Part 2

Objectives for this Session

This session will provide to the students in the Native STAND program the opportunity to recognize healthy aspects of relationships by:

- Introducing and discussing this session's Words of Wisdom

- Identifying some warning signs of an unhealthy relationship

- Discovering what dating abuse is and how common it is for teenagers in today's world

- Learning the connection between dating abuse/violence and STD risk

- Learning healthy strategies to handle conflict

- Identifying three risk factors that hinder personal growth and three factors that support personal growth

NS 7: Reproductive Health - Part 1

Objectives for this Session

This session will provide to students in the Native STAND Program an opportunity to learn about and identify the major structures and functions of the male and female reproductive systems in preparation for later understanding and discussion of STD/STIs, HIV and teen pregnancy. This will be done by:

- Learning the proper medical terms for all the major structures and functions of the male and female reproductive systems.

- Discussing the physical changes that occur during puberty

- Learning the phases of the woman's menstrual cycle

- Learning recommended male and female hygiene processes.

NS 8: Reproductive Health Part 2

Objectives for this Session

This session will give the students in the Native STAND Program the opportunity to learn about and identify the major structures and functions of the male and female reproductive systems in preparations for later understanding and discussion of STD/STIs, HIV, and teen pregnancy. This will be accomplished by:

- Explaining the physical changes that happen during puberty to both males and females.

- Learning the phases of the female menstrual cycle.

- Describing recommended male and female hygiene practices.

NS 9: Reproductive Health - Part 3

Objectives for this Session

This session will give the students in the Native STAND Program the opportunity to learn about and identify the major structures and functions of the male and female reproductive systems in preparation for later understanding and discussion of STD/STIs, HIV and teen pregnancy. This will be accomplished by:

- Learning how pregnancy happens and the importance of early prenatal care.

- Identifying the types of reproductive health care examinations that males and females should get in order to maintain reproductive health.

- Identifying reproductive health risks specific to GLBTQ youth.

NS 10: Pregnancy & Parenting

Objectives for this Session

This session will encourage the students in the Native STAND Program to think about the costs of being involved in a pregnancy as a teenager and to encourage them to see that pregnancy is a real and personal danger for teens who have sex. This will be accomplished by:

- ⚘ Learning and identifying six disadvantages of getting pregnant/being a teen parent

- ⚘ Listing risks of teen parenthood

- ⚘ Naming a local place where they could go to get pregnancy testing and counseling

NS 11: Preventing Pregnancy & Condoms

Objectives for this Session

This session will provide to Native STAND students detailed information about the different methods of contraception and STD prevention available. Native STAND students will learn to protect themselves from STDs, HIV, and unwanted pregnancy by using condoms correctly and consistently every time they have sex. This will be accomplished by:

- ⚘ Learning what are at least five commonly available methods of birth control and the advantages and disadvantages

- ⚘ Identifying the relative effectiveness of each of the methods for pregnancy and STD prevention

NS 12 & 13: Sexually Transmitted Diseases & HIV/AIDs

Objectives for this Session

This session will encourage the students in the Native STAND Program to receive important information in regards to STI/STDs and HIV. This will be accomplished by the following:

- ⚘ Learning what STI/STDs are, how they are transmitted, what are signs or symptoms, and now to get care for them

- ⚘ Learning about common STI/STDs

- ⚘ Discussing HIV, what it is, how it is transmitted, what are signs or symptoms, and care options for HIV

- ⚘ Discussing how students can prevent the transmission of both with safe sex options.

NS 14: Alcohol & Drugs

Objectives for this Session

This session will provide to Native STAND students information to determine how drugs, alcohol, and other substances can increase the risk of STD's, HIV, and unplanned pregnancies. This will be accomplished by:

- Describing how drugs and alcohol increase the risk of STD's HIV, and unplanned pregnancy.

- Identifying strategies to prevent high-risk behaviors when under the influence of drugs and/or alcohol.

NS 15: Mental Health & Sex

Objectives for this Session

This session will provide to Native STAND students information to help them to recognize that health and true happiness comes when we balance all aspects of our life, including the physical, mental, emotional, and spiritual. This will be accomplished by:

- Explaining and discussing the importance of balance in one's life

- Describing what stress is and how it can negatively affect a person

- Identifying strategies to deal with stress in a health

- Defining sadness, depression, and grief

NS 16: Negotiation, Refusal Skills, & Decision-Making

Objectives for this Session

This session will:

- ⚕ Encourage Native STAND students to be firm in their beliefs and to communicate their needs assertively when responding to peer pressure.

- ⚕ Help students explain the difference between three types of communication.

- ⚕ Explain the importance of using body language to match your words.

- ⚕ Identify communication norms specific to their tribe.

- ⚕ Help students learn what Refusal Skills are and how to use them effectively.

- ⚕ Learn the importance of decision-making and review the STAR Model for Decision Making.

NS 17: Effective Communication

Objectives for this Session

This session will help Native STAND students:

- ⚕ Identify 5 Communication Jammers that prevent effective communication

- ⚕ Teach studies to recognize how tone of voice can affect communication

- ⚕ Help students to practice effective ways to communicate without judgment

- ⚕ Provide information on "I" messages and how to use them

- ⚕ Provide an overview of effective communication skills and practice how to identify and use these skills as an individual

NS 18: Putting It All Together

Objectives for this Session

The purpose of this session is to review some of the information that was presented in Session 1-17. By the end of this session, Native STAND students will be able to:

- ⚕ Interact effectively with others to promote behavior changes that will reduce a person's risk and assess one's own strengths and challenges concerning sex related issues

- ⚕ Develop a process to think about how their actions affect others, help them to make a commitment, and build self-confidence regarding their sexual health

- ⚕ The overall goal of Native STAND is to provide you, the student, with tools and skills needed to navigate choices about sexual risk reduction.

Family Intervention

NE's family-level intervention aimed at providing parents, guardians, or trusted adults of students participating in the intervention with the information to teach their child about sexual and reproductive health. Previous research on the Fort Peck Reservation found that youth would rather talk with trusted adults about sensitive topics than find information through their peers and/or media sources. Open communication about sexual and reproductive health can help prevent misunderstandings about sex, equip youth with knowledge and skills, and prevent embarrassment and discomfort when talking about sensitive and personal topics.

Originally, the intervention consisted of four sessions from the Native Voices Parent/Caregiver Curriculum. These sessions were to be given every other month for the 9-month project period. However, with the emergence of COVID-19 and associated restrictions, the Sexual and Reproductive Health Guide for Parents was developed so that information and activities could be completed at home.

We deliver this in the intervention. We talk about basic language, mother, father, auntie, uncle, other fathers and mothers, grandparents, etc.

It depends on the feel. They have something written in the book. But it is hard to follow this. The basis of this is that we cover all of these in every class.

— Marty Reum

Objectives for this Intervention

The Sexual and Reproductive Health Guide for Parents provides:

- Empowerment to parents to teach their children how to make decisions about their body

- Education, knowledge, and skills for parents to help their children to make safe decisions about relationships and intimacy

- A safe environment of respect, humility, generosity, honesty, courage, honor, compassion, and fortitude so that both parents and their children can learn together

Materials Needed

- The Sexual and Reproductive Health Guide for Parents Packet

- Pen or pencil

Topics Covered

- Relationships

- Puberty

- Making decisions about sex

- Sexual protection

- Sexually transmitted infections

- Birth control

- Sexual abuse/Rape

- Masturbation

- Negotiation skills

- Cyber safety

Community Intervention

NE's community-level intervention aimed at providing all participants of the intervention with traditional teachings about topics related to sexual and reproductive health. In partnership with the Fort Peck Language and Cultural programs, the NE program developed nine Cultural Mentoring modules that incorporated tribal-specific teachings. The Cultural Mentoring sessions were administered through group activities and one-on-one sessions two times per month for the 9-month project period.

Topics covered

- Kinship networks

- Concepts of family

- Traditional male and female roles

- Healthy relationships

- Tribal-specific ceremonies

When we started out with cultural mentoring, it kind of had a bigger scope. It was a more complicated plan about how they wanted to do cultural mentoring. They wanted to have multiple mentors, and have mentors meet with students in schools.

Go over the cultural components before you start NE. It was never supposed to be, "We are going to teach a cultural class." It was building a relationship with a cultural mentor who would share information.

This is how we started out in the pilot. We learned a lot during the pilot about the interaction between mentors and students. It was not happening how we dreamt it would happen.

We moved into adding cultural mentoring sessions so that all classes could get exposure to lessons and cultural mentors. This happened because of the lack of mentors we have in our area.

It was difficult to find the right mentors who wanted to come into the schools and talk. When we developed the lesson, it was kind of like… these are the titles; let's do a handout. We had to learn by observing the mentor. You cannot tell a cultural leader how to teach.

They are not going to teach. Our CM sessions are informational, but it is important to understand oral history and sharing by our mentors that ebbs and flows from that person.

We developed the five lessons with specific titles because we felt these were the five most important topics that could provide a cultural experience for people. If they wanted to delve further, they had the beginning information to get started. They had access to cultural mentors to meet them.

— Olivia Johnson

Below is a description of the Cultural Mentoring sessions:

CM 1A: Dakota Sioux Kinship Networks & Concept of Family

Objectives for this Session

This session will provide to students an expansion in their knowledge of kinship among the Dakota Sioux by doing the following:

* Distinguishing the difference between immediate and extended family.

* Comparing and contrasting how Dakota Sioux kinship is different from the English kinship.

* Identifying each of the students' immediate and extended family using the correct Dakota Sioux words.

* Introducing the family tree concept to identify immediate and extended family members and place them in the correct areas.

Materials Needed

* Facilitators will provide all handouts.

* Students will only need to bring a pencil.

CM 1B: Nakoda Kinship Networks & Concepts of Family

Objectives for this session

This session will provide to students an expansion in their knowledge of kinship among the Nakoda/Assiniboine by doing the following:

* Distinguishing the difference between immediate and extended family.

* Comparing and contrasting how Nakoda/Assiniboine kinship is different from the English kinship.

* Identifying each of the students' immediate and extended family using the correct Nakoda/ Assiniboine words.

* Introducing the family tree concept to identify immediate and extended family members and place them in the correct areas.

Materials Needed

* Facilitators will provide all handouts.

* Students will only need to bring a pencil.

CM 2: Traditional Male and Female Roles & Cultural Beliefs About Healthy Relationships

Objectives for this Session

This session will provide to students new or additional knowledge of the traditional roles both males and females in the Dakota/Nakoda culture by doing the following:

- Defining what "culture" is.
- Identifying the positions that males and females had in the tribe.
- Identifying roles and jobs the male and female had during the different stages of life.
- Describe what a "healthy relationship" looks like that integrates cultural beliefs.

Materials Needed

- Facilitators will provide all handouts.
- Students will only need to bring a pencil.

CM 3: Cultural Values about Behavior

Objectives for this Session

This session will provide to students critical thinking opportunities about the impact cultural values have in regards to decisions made about their behavior. It will lead students to look at and examine their individual background knowledge about their cultural beliefs and cultural values and learn how they both play a part in how students make decisions by:

- Identifying what are the cultural beliefs for your tribe/people.
- Defining the meaning of cultural values.
- Identifying cultural values of the Dakota or/ and Nakoda.
- Communicating to students the importance of them finding and defining what their values are and how to integrate them into their decision-making process.

Materials Needed

- Facilitators will provide all handouts.
- Students will only need to bring a pencil.

CM 4: Cultural Beliefs About Parenting and the Role of the Family

Objectives for this Session

This session will provide to students critical thinking opportunities about cultural beliefs about parenting, the importance of parenting and the role family plays in parenting. These critical thinking activities will help students gain insight into their belief system, family culture, and their prior knowledge of parenting and family by:

- Identifying cultural beliefs local to their tribe about parenting.

- Identifying personal and family beliefs about parenting.

- Define what role extended family plays in parenting a child.

Materials Needed

- Facilitators will provide all handouts.

- Students will only need to bring a pencil.

CM 5: The Role of Ceremony in Traditional Dakota and Nakoda Culture

Objectives for this Session

This session will provide to students an opportunity to learn and expand students knowledge of the honoring ceremonies that pertain to their specific tribal culture by:

- Introducing the White Buffalo Calf legend and how the ceremonies came to the people.

- Identifying and discussing the Seven Sacred Ceremonies given by the White Buffalo Calf Woman.

- Distinguishing how each ceremony is important and different in regards to why it is held and who for.

- Demonstrating knowledge learned with activity at the end of the session.

Materials Needed

- Facilitators will provide all handouts.

- Students will only need to bring a pencil.

Systems Intervention

Title: Exploring Systems Components of NE and SRH Services

Focus Area: NE focused on eight systems level topics related to SRH. NE study team members met with members of the community and school to explore service availability on the Fort Peck Reservation.

Time Needed: Monthly meetings offered throughout the intervention.

Materials Needed: Systems Level Intervention Component Barriers and Facilitators Discussion Guide, administrative reports, needs assessment data, CDC data on SRH.

For each service domain, NE explored the extent to which these services are available on the Fort Peck Reservation and within SRH providers.

Service Domain #1: Contraceptive Access

- Offers same-day appointments

- Offers after-school-hours appointments

- Offers appointments during the weekend

- Takes/updates sexual health history at every visit

- Offers a wide-range of contraception (via prescription and/or dispensed onsite)

- Offers hormonal contraception or IUD at every visit to the clinical provider regardless of reason for visit (e.g., urgent, preventive, school health, sports physical, pregnancy testing, emergency contraception, sexually transmitted disease [STD] testing, HIV testing) to ensure that there are no missed opportunities

- Prescribes hormonal contraception without prerequisite exams or STI testing (i.e., without first requiring any of the following: Pap smear, pelvic examination, breast examination, or STD testing)

Service Domain #2: Quick Start Provision of Hormonal Contraception/IUD

- Initiates hormonal contraception using the Quick Start method

- Initiates hormonal contraception after the client has had a negative pregnancy test using Quick Start method

- Initiates hormonal contraception using the Quick Start method when an adolescent client is provided with emergency contraception where a pregnancy test is negative

- Offers Quick Start insertion of IUD

"We did an assessment with Public Health Nurses. The CDC has an assessment tool that assesses adolescent friendly SRH services. This was a way we walked through topics with agencies providing SRH. We wanted to see how adolescent friendly they were and the best practices for providing services. Best practices are like same day insertion of long-acting contraceptives. It's also having discussions about confidentiality, etc. In addition to coordinating between the different people involved in an intervention, it's thinking about what can happen at a systems level. We are creating a space for people to get the services that they need. We need clinical services space to be ready.

https://www.cdc.gov/reproductive-health/php/teen-pregnancy-projects/qare.html

The systems level aspect was part of the initial intervention. COVID happened, it derailed the systems level work… all of the services focused on COVID. There was not a lot of SRH happening. I started working with Beth a year and a half ago. We've been thinking about how to revamp the system level. The intervention part is how we are going to address systems level. This is part of the next intervention. Think about the extra layer of one of the system's components. If you have someone on your team to look at the assessment, there are so many resources about how to make services more adolescent friendly , training on assessment areas of need, etc.

Tribes might have 638 public health services, like STI testing. But I.H.S might be doing clinical services for contraception. A person might have to go to two different buildings to get tested and get contraception. The assessment documents barriers to receiving services and what can make it easier. Some of this is at the community level and individual level. Teaching young people, here is how you go to get services. And in the community, easier access to services in a culturally appropriate / adolescent way."

– Molly Secor

Service Domain #3: Emergency Contraception

- Ensures emergency contraception is available to females

- Provides emergency contraception to females for future use

- Provides emergency contraception to males for future use

Service Domain #4: Cervical Cancer Screening

- Adheres to current cervical cancer screening (Pap Smear) guidelines (i.e., initiate pap screening at age 21)

- Service Domain #5: STI/HIV Testing and Treatment

- Provides Chlamydia screening at least annually, or based on diagnostic criteria, consistent with USPSTF and CDC recommendations

- Offers Chlamydia screening for females using a urine or vaginal swab specimen

- Offers Chlamydia screening for males using a urine specimen

- Offers Gonorrhea screening for both females and males

- Offers HIV rapid testing for females and males as per CDC recommendations

- Offers expedited, patient-delivered partner therapy as an option for the treatment of uncomplicated chlamydial infection

- Additional question for HCV testing: Discuss the extent to which your agency does or does not provide HCV testing and treatment. In your discussion, address what the barriers are to providing HCV testing and treatment and/or what the factors are that facilitate the provision of HCV testing and treatment.

Service Domain #6: Cost, Confidentiality, Consent

- Provides low-cost or no-cost contraceptive and reproductive health care services

- Provides confidential contraceptive and reproductive health care to adolescents without need for parental or caregiver consent (in accordance with state policy)

Service Domain #7: Health Center/ Agency Infrastructure

- Participates in the federal 340B drug discount purchasing program

- Uses electronic medical records (e.g., eClinical Works, Centricity, Epic, NextGen)

- Has systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided

Service Domain #8: Health Center/Agency Environment

- Has a counseling area that provides both visual and auditory privacy

- Has an examination room that provides visual and auditory privacy

- Has teen-focused magazines in the waiting room or examination areas

- Displays information on issues related to adolescent sexual and reproductive health (e.g., confidentiality, cost, what services are available to adolescents)

- Has brief evidence-based or evidence-informed video or other interventions designed for adolescents

Part 3: Evaluation

This section details the evaluation methods used to assess NE outcomes and provides considerations for adapting an evaluation for a similar intervention and other public health programs.

Evaluation Methods

The NE intervention was developed, implemented, and evaluated using qualitative and quantitative methods as well as Indigenous Research Methodologies (IRM).

The evaluation of the NE intervention followed three research aims for the evaluation approach:

Aim 1: Refine, tailor, and finalize the components of the intervention

Aim 2: Test the efficacy of NE for 14- to 18-year-old youth

Aim 3: Evaluate the fidelity and acceptability of NE

This was done through an exploratory study, evaluation of a pilot intervention, and evaluation of the NE intervention. All evaluations were designed with the tribal-university research team and community advisory board to include quantitative, qualitative methods, and Indigenous methods.

The first phase of the study focused on better understanding the sexual and reproductive health behaviors among Fort Peck AI adolescents through an exploratory study. For the formative phase, tribal-university research team developed mixed methods study that included in-depth interviews, focus groups, and surveys. The team interviewed 112 AI men between the ages of 18 and 24 years old. Based on the results of the study, and feedback from the Fort Peck Tribal Council, the research team developed a pilot intervention for male and female AI youth designed to promote healthy sexual and reproductive health behaviors.[21,22]

The next phase was to evaluate the pilot intervention, a school-based curriculum for youth and parents and a cultural mentoring program that included 17 youth and 12 parents. The purpose of the pilot was to improve SRH outcomes among AI youth through a focus on individual, family, and community level factors. Mixed methods were used to evaluate the pilot intervention, including pre/posttest design and focus groups. The results of the exploratory study and pilot intervention were used to develop and implement a holistic SRH intervention for youth on the reservation, resulting in the NE multi-level intervention.[21]

The next phase, the efficacy phase, evaluated the effectiveness of the NE intervention on condom use and other birth control use and sexual risk behaviors in AI youth. To assess the effectiveness of the NE SWD intervention on AI youth, data from the five schools was collected at four time points through student and parent surveys and a reflexive inquiry.

Level 1 - Student participation was assessed using a student survey administered in the five participating schools at baseline, 3-month mid-intervention, post-intervention, and 3-month post intervention.

Level 2 - Parent participation was assessed with a parent/legal guardian survey administered in the home or at school at baseline, post-intervention, and 3-month post-intervention.

Level 3 - The cultural component was assessed with measures in both the student and parent surveys.

Level 4 - Barriers, facilitators, and solutions of Fort Peck organizations' ability to coordinate SRH services for AI youth at Fort Peck were assessed through reflexive inquiry, a process of self-reflection for researchers. This process helped assess, process, and explain how SRH services for AI youth were coordinated and accessed within a tribal context.

The evaluation also explored the fidelity and acceptability of the NE intervention using focus groups and tracking logs. The tracking logs collected intervention dose, adherence

to intervention protocols, use of intervention skills by research participants, and intervention acceptability within each school. The 6 focus groups with 6 to 8 individuals were completed at each school at the end of the intervention.

Iya Waste ("to speak good words") was the final phase of evaluating the NE intervention's efficacy, fidelity, and acceptability. The CAB and tribal-university research team reviewed the data through an iterative participatory reflective process to discuss the meaning of the quantitative and qualitative data within the social, cultural, and political context of the Fort Peck reservation to tell the story of NE. This process was important to integrating IRM into clinical trials by using narration to tell the story of what took place and understand the process and outcomes of the NE intervention.[22]

We did a lot of listening with this information.

People requested things we could improve on in our program. Again, depending on the community, things happening in a community might not have been happening in another.

This helped us get to know what was happening in individual communities.

- Olivia Johnson

The only thing to consider is really talking about the evaluation. It was a combo of traditional and Indigenous evaluation methods. It's a mixed method of looking at quant outcomes and storytelling as an evaluation method.

Trying to understand from a more traditionally Native perspective, what are the outcomes and stories you would tell that demonstrates this is successful. These are not always the same outcomes.

– Molly Secor

Evaluation Findings

Overall, Overall, NE documented the facilitators and barriers to implementing a SRH multilevel intervention with Fort Peck..[23,24,25]

Our evaluation results showed that facilitators to our first trial's acceptability include:

- Integration of local cultural knowledge

- Youth engagement with multiple teaching modalities

- Leveraging community relationships to support delivery

- Supporting caregivers

- Fostering of school administrative support

Participants perceived our positive outcomes as restoring cultural knowledge, learning about healthy relationships, encouraging sexual behavior change, and promoting healthy communication with sex partners and among family members.

Considerations for Program Evaluation

The following section outlines some important considerations when designing and evaluating public health programs and/or interventions like NE.

Sample Size

It is important to consider sample size when testing the efficacy of an intervention. Calculating a target sample size helps you to know how many people you need to ensure study insights are accurate.

Randomization

Within a stepped wedge design, the intervention will be provided to every participant, but at varying stages within the timeline of the project. Randomization occurs before any data collection happens, and will involve randomizing the schools into an order of intervention sequence. Baseline data was collected from all participants at all five schools on May 30, 2019. We then randomized the schools to an order that would receive NE intervention- either 1st, 2nd, 3rd, 4th, or 5th; this randomization happened on May 31, 2019. The five schools were randomly assigned to their place in the order by the data analyst, using single sequence random assignment. Once the intervention began at a given school, the students completed additional assessments at mid-intervention, immediate post-intervention, and 3-month follow-up time periods.

Below are some resources available to calculate sample size:

GPower

https://www.psychologie.hhu.de/
arbeitsgruppen/allgemeine-psychologie-
und-arbeitspsychologie/gpower

RiskCalc.org

https://riskcalc.org/samplesize/

Clinicalc.com

https://clincalc.com/stats/samplesize.aspx

Figure 5 outlines how NE's stepped wedge design was originally planned for implementation prior to the COVID-19 pandemic and how NE's implementation as augmented to meet due to the COVID-19 pandemic

Figure 5. NE SWD Sequence Augmentation Due To The Covid-19 Pandemic

| | | | | Baseline | |
Sequence	Step	School	N	%
1	1	High School 1	212	46.39
2*		High School 2		
3*	2	High School 3	41	8.97
4*	3	High School 4	25	5.47
5*	3	High School 5	28	6.13
5*	4*	High School 2	151	33.04

*Change in original sequence due to the COVID-19 pandemic

Blinding

Blinding ensures that participants are unaware of the group they have been randomized into to receive the intervention. Blinding prevents bias in a study. It was important to the Fort Peck Tribal Executive Board and the CAB that all youth and families be able to participate in NE if they wanted to. With our stepped wedge design, youth and families for each of the schools participating in NE were eventually randomized into the intervention and able to participate.

Data Collection and Analysis

Organizing the data

The organization of data and the data collection process are critical components in supporting a successful research project and data analysis plan. You will want to keep a detailed filing system for every step of data collection. If used, physical surveys should be kept in a lockable filing system. Data from digital data collection sources should be kept in a secure, online server (e.g. Dropbox, Google Drive, Microsoft OneDrive) to maintain the safety and confidentiality of the data. This will also help maintain backups in the event any problems arise. Files will need to be organized by type of data (youth versus parent survey), as well as timing of survey (pre-intervention, mid-intervention, post-intervention, 3-month post-intervention, or any additional intervals). Having an organized filing system will ensure that the data cleaning and analysis tasks run as smoothly as possible.

Working with REDCap

Data should only be exported once all participants have completed their intervention and all surveys have been completed. When assessing the data from REDCap, you will want to ensure that all data has been collected from all participants, and that there are no repeated student/parent surveys. Once all student/parent ID's have been accounted for within REDCap, the data should be transferred into the REDCap online server system. There will then be a baseline, mid-NE, post-NE, or 3-month post-NE survey event name denoting the multiple surveys. After uploading all of the data from REDCap, you will want to download the entire dataset as a .csv file and save it within your secure server (Dropbox, Google Drive, Microsoft OneDrive).

Data Cleaning

It is especially important to make sure that there is adequate information on what data is kept where, the differences in multiple versions of the data, as well as a codebook regarding all variables collected in each survey. A codebook should reflect all of the items asked of participants and show how they were numerically coded. This is most important for data analysis- if variables are inconsistently coded, or if there is any confusion within the variables, this will have a direct impact on the results of the entire study. During the data cleaning process, you will want to make sure that all versions are kept and archived in the event of a problem in coding later. If you do not know how, or are not comfortable with cleaning your own data, you will want to schedule and budget enough time and money to make appropriate accommodations.

Working with Statisticians

Understanding your research project, the aims of your research, and your data will provide you with a great foundation when meeting with your statistician. The more you understand your research goals, the better you will be able to communicate with your statistician what you would like to specifically examine. In order for your statistician to do their best job, you will need to provide them with a cleaned dataset, the codebook with corresponding values, and you will want to meet regularly to ensure any problems are promptly clarified.

Quantitative Analyses

Quantitative analyses focus entirely on the numeric data within your research project. This is why your dataset will need to be as numerically accurate as possible; when there are problems within quantitative data, the statistician will run into numeric and conceptual problems that will further delay their ability to conduct analyses. This specific project can include the following quantitative analyses: linear, logistic, and negative binomial regressions; multilevel modeling; cluster analyses; factor analyses (exploratory and confirmatory); and structural equation modeling.

You will want to make sure that you discuss your goals with your statistician, so that you are on the same page when it comes to analyses and the possible interpretations of resulting analyses. The more you and your statistician can collaborate on your main objectives, the better they will be able to ensure your research question is assessed in the most appropriate way. Once analyses are completed and reviewed with the immediate research team, you will want to return this information to key, community stakeholders to discuss the findings. This will likely provide you with real-world insight into your initial findings. It can also provide the statistician with feedback and suggest follow-up analyses. Analyses often take an iterative approach. This means that you will likely conduct initial analyses a few times to gain insight into the data, and run follow-up analyses to provide clarification where necessary.

Evaluation			
	Description	**Method of Community Engagement**	**Impact on Multilevel Intervention**
NenŨnkUmbi/ Edahiyedo (We Are Here Now)	This project aims to reduce sexual and reproductive health disparities among 14-18-year-old AI youth. There are four levels of intervention (individual, family, community, systems). We use a Stepped Wedge Design within a CBPR framework and qualitative and quantitative methods as well as Indigenous Research Methods.	The evaluation was designed with the tribal-university research team and community advisory board to include quantitative and qualitative methods. Iya Waste ("to speak good words") was also used for evaluation. The community advisory board and tribal-university research team engage in iterative participatory reflective to discuss the meaning of the quantitative and qualitative data within the social, cultural, and political context of the Fort Peck reservation in order to tell the story of NE.	⚘ Integration of quantitative, qualitative, and Indigenous Research Methods ⚘ Co-learning and co-sharing between community advisory board and tribal-university research team in determining how contextual factors influence NE's implementation and outcomes Tells the story of how NE was implemented and identifies events and situations relevant to trial implementation in addition to analysis of outcome variables

Qualitative Analyses

Qualitative data will include information from the (semi-structured) interviews, focus groups, and Feasibility, Acceptability, and Sustainability (FAS) forms that were collected during the study. In contrast to the numeric data, this data is exclusively in narrative form and will analyze the quotes from the participants for common themes. Using an inductive analytic approach, the research team will examine qualitative data using codes and then generate themes from these codes. Coding qualitative data can be done by hand, or using software programs like NVivo or Atlas.ti.

For more information on software programs, see the following resources:

Atlas.ti

https://atlasti.com/

NVivo

https://lumivero.com/shop/

Focus groups and individual interviews. We set up focus groups with parents, kids, and educators so we got a well-rounded collection of information. It was just dependent on the community.

In Wolf Point, we had big groups of people, but this was difficult to replicate in other communities. In Poplar, Brockton, and Frazer, we did small groups or individual interviews with parents and educators.

We found that if we put them in their comfort zone we got a lot more information. I can talk to a group about whatever, but some people feel like this material is embarrassing and private.

Having one-on-one conversations in their home or office made them more willing to ask questions and talk about things. We recorded these. Had them transcribed so that they could be part of our research

— Olivia Johnson

Interview transcripts concerning romantic and sexual relationships were subject to an inductive analytic strategy. First, line-by-line coding was conducted to generate a set of "open codes," followed by a second round of "axial" coding to reduce the set of open codes to a manageable set of categories.

Table 2 shows axial codes for the impact of the COVID-19 pandemic on our research participants.[15]

Axial Code	Description of Axial Code
CARING	Describing acts of self-care/caring for others (or not) during the pandemic across different areas of life, discussing how individual behaviors (e.g., sheltering in place, keeping social distance, buying groceries online) and personal choices affected others during the pandemic (contributing or not to the spread of COVID-19)
COUPLEXP	Being in a relationship during the pandemic. Challenges and experiences (personal or friends) of relationships during the COVID-19 pandemic. Participants discussing experiences related to infidelity, communication, or wondering how people managed their relationships.
FEAROTHERHEALTH	Participant describing feeling anxious worried, or fearful about a family member, friend's health, or general concern during the COVID-19 pandemic.
FEARPERHEALTH	Feeling anxious, worried, or fearful about personal health during the COVID-19 pandemic.
LACKSOCRESP	Describing a lack of social responsibility/ concern for others regarding the risk of coronavirus transmission/infecting others. Describing people not caring or considering others' health during the COVID-19 pandemic.
NOCHANGE	People not making any changes in their lifestyles due to the COVID-19 pandemic.
NOFEAROTHERHEALTH	Participant sharing *not* feeling anxious, worried, or fearful about personal health during the COVID-19 pandemic.
NOROMANTICREL	Describing *not* being involved (participant or friend) in a romantic or sexual relationship during the COVID-19 pandemic.
RISKYBEHAV	Describing engagement in risk taking behaviors during the pandemic. Risk taking behaviors included going to parties, drinking alcohol, and "hooking up" Perceiving an increase in youth partying and opportunities to engage in risk taking behaviors. Describing reasons to engage in risk behaviors.
ROMANTICREL	Involved (participant or friend) in a romantic or sexual relationship during the pandemic, describing COVID-19 effects on romantic relationships.
SOCIALMEDIA	Role of social media on people's lives during the pandemic. Use of social media for romantic or sexual relationships during the pandemic.

> Adaptation tips: Give the data a context; validity data with what team is seeing; clarifying what the interpretation really means; clarify with the research team; narration of the context – third observation of participant observation; understanding relationship dynamics between people; situational environments; in school communities are central to the cohesiveness and culture of the community.
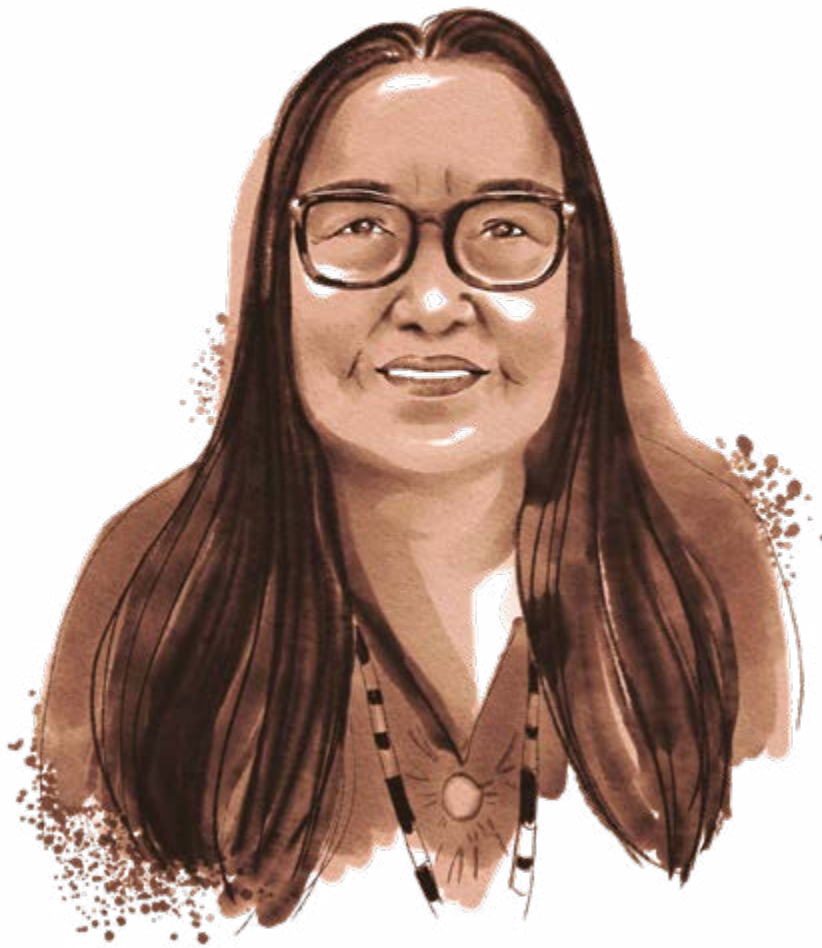
– Jeffrey Thiele

> It's not just tracking fidelity, if you did it or not. But include the fidelity monitoring in the evaluation. It helps in an iterative way because it helps with sustainability and assuring the impact of the program. These extra things happened… this informs how you can implement it next time. Fidelity and acceptability monitoring in iterative.

– Molly Secor

Fidelity, Acceptability, Sustainability

The importance of evaluation of NE cannot be understated. Forms can be used by student teams to ensure fidelity of implementation; this means that you are implementing the intervention as it is designed and intended. When things happen, and they will, you can use the fidelity tracking form to document what happened that was different or not according to the intended intervention plan. When collecting qualitative data (seeing, hearing, feeling, noticing, observing, creating) you can narrate the information or even take a photograph of what is happening. NE utilized participatory data collection methods and narrative discussions to include parent perspectives on their children's participation in NE, including Native STAND and cultural mentoring.

"Evaluation is an important aspect of the learning process, its' critical for any intervention focused on a sexual and reproductive education to be acceptable to the cultural standards of a Tribe. As researchers and teachers, we need to be aware of the sensitivity of providing this type of intervention. The sensitivity of a sexual health intervention needs to have an approach that requires "buy-in" from the student, parent, and teacher of the curriculum. The best way to measure the effectiveness of the intervention is to engage students, parents, and educators through a discussion forum. Although the data is collected and gives us an individual perspective of the intervention, it is critical to have a verbal discussion with groups of people to complete assessment through verbal expression of their concerns."

- Paula Firemoon

The importance of fidelity, acceptability, and sustainability is a critical aspect of conducting evaluating the outcomes of an invention amongst Native American youth. Understanding the importance of evaluation is an inherent characteristic of Native Americans. Young children from an early age are encouraged to learn from their mistakes. Since most Native Americans respect grandparents/elders as the teachers of young children, we realize how significant they are in childhood development.

Part 4:
Dissemination Methods and Examples

> Report to key groups for why you did the study. Key groups should also receive a report. Learning how to gayopi in a good way.. teaching, something that some did that was wrong and teaching them not to do it. It is all about learning lessons.

For any intervention that occurs in a Tribal reservation or community, public awareness of the benefits for the intervention requires buy-in by the entirety of the community. The best way to disseminate information is to report in person to the key groups involved in the intervention. These key groups included Tribal leaders/government authorities, community/parent groups, school staff members, but most importantly students involved in the intervention.

Here are some examples of dissemination efforts of NE efforts. *These are included below in the 'Adaptable Dissemination Strategy' section

- Paula Firemoon

One of the things that is so important about the way this intervention has worked in this specific community is that it builds on over 20 years of Beth being engaged in a partnership with her partners there.

The tribal partners are involved in every step of the process. Decision making is consensual. It has involved the CAB and elders, even if they are not on the CAB. Finding a name for things, deciding cultural components for the intervention. These were important decisions made together.

Dissemination and results first happen in the tribal community. The process is then working with the Tribal community to decide how to share it with others. It's about working together for dissemination.

As researchers, we want to get results and statistics that show results. We want to provide opportunities to share all of the stories.

– Molly Secor

Adaptable Dissemination Strategy

Reporting and Communication

Results and findings should be shared first with the Tribal community. Regularly meeting with and reporting to stakeholders allows for meaningful dialogue, transparency, the opportunity for feedback to guide the next steps, and verifies the cultural relevancy and effectiveness. This creates a sense of ownership over the intervention. Key stakeholders include:

- **Tribal Leaders and Government Authorities:** Central role in giving the intervention legitimacy and ensuring it aligns with community and cultural values.

- **Parents and Families:** Educating and involving families is essential, particularly on matters relating to youth health. Their understanding and support of the intervention will create long term sustainability.

- **School Staff Members:** Teachers, administrators, and other school personnel are essential as they directly interact with students and help integrate the intervention into the school environment.

- **Students:** As focus of the intervention, it is vital to hear their voices to accurately measure the impact and make necessary adaptations.

During these meetings it is important to:

- Share results in culturally appropriate ways, such as storytelling or oral presentations.

- Create space for stakeholders to provide input, guidance, and feedback.

- Work collaboratively and consensually to decide how to share results with the Tribal community and beyond.

Examples

NenŨnkUmbi/Edahiyedo ("We Are Here Now"): a Multi-level, Multi-Component Sexual and Reproductive Health Intervention for American Indian Youth

Sexual and Reproductive Health Guide for Parents

Social Media

When appropriate, dissemination can be extended through social media platforms, especially to reach younger audiences. Tribal leadership should guide on how and what is shared publicly to ensure that content is culturally sensitive and appropriate.

Examples

Infographic

NenŨnkUmbi/Edahiyedo Overview

We R Native Facebook Page

External Dissemination Beyond the Tribal Community

In partnership with the Tribal leaders, the decision on how and when to share results with other Tribal communities or broader health and education organizations should be made.

Examples

Infographic

Sexual & Reproductive Health in American Indian Communities

Positive Outreach

Acquiring continuous feedback at interval points in the intervention timeline was essential in the formulation and distribution of the intervention. Guidance offered by these different key groups was essential for determining the effectiveness the intervention had with the Native American community. Developing a positive outreach method of communication with our key groups was necessary for understanding what the intervention needed to meet the communities' needs. Prior to colonization, Tribal elders had the daily responsibility of teaching the young children while their mothers worked in the camp when young and adult men hunted during the day. Young and adult women would be the keepers of the camps by doing the daily chores of preparing food and upkeep of the camp. Children spent the majority of their time with the grandmas and grandpas during the day.

Learning how to Gayopi in a Good Way

Native Americans tend to focus more on "learning from one's mistakes" rather than being punished for their mistakes. When a young person makes a mistake or exhibits inappropriate behavior the Tribal elders would speak to them without harsh words or actions. The discussion would emphasize to the young person how it takes more courage to acknowledge their bad behavior as a sign of weakness and self-worth. Public humor or shaming is a form of correction by our elders at times when some actions by children are determined to be inappropriate behavior.

Meeting State Educational Standards

Montana State has a constitutional requirement and duly enacted policy requirement for recognition of the distinct and unique cultural heritage of American Indians and a commitment in our educational goals to preserve their cultural heritage. Every Montana, whether Indian or non-Indian, should be encouraged to learn about the distinct and unique heritage of American Indians in a culturally responsive manner. The Office of Public Instruction (OPI) Indian Education for All (IEFA) Units works with districts, Tribes and other entities to ensure all schools have the knowledge, tools and resources necessary to honor the IEFA requirement and integrate it into their teaching materials and methods. The Native STAND Intervention meets the requirements for Montana State Health Curriculum Standards for grades 9-12, as well as the Indian Education for All cultural educational requirements. Submission of the intervention to the Montana OPI Office of Indian Education for All Department with a request to be as an acceptable curriculum for health educators/IEFA educators is pending.

Dissemination is really important. To do it with a manuscript but it's important to do that with you people. We do a lot of that,. we do a lot of meeting, discussing, what is working, what is not, do you have any ideas. We use information from parents, teachers, staff, admin, kids, some are very open about sharing things. One class we had a young lady said I would like a female mentor to come in and talk with me about the menstrual cycle.

I am very cultural and I understand that we should not be sitting among boys and talking about that. We talked about that and then we said we need to offer that. A privacy and one and one. Just little things like that. We talk about a lot of things. It is really important and it has brought about good changes. We have gotten these from other people.

Gayopi- it is about sharing good news and good things. Culturally we are oral people and we never wrote anything down to share news to spread things. You don't know how many times I have been at the tribal building just gayopi … I tell them we are just talking about the NE… they ask me when I am coming to their community. This leads to networking and relationship building.

- Olivia Johnson

I think dissemination hinges on having a CBPR approach. You have to be dynamic in dissemination and how communities receive info. The priority population is always community. It's important to consider how we share results with tribal leadership first. Then we worked outward from there. A big portion of our brain power and collaboration was centered in the community. They are the content experts. It impacts our community first. We have been dynamic, making videos, pamphlets, and community events.

- Adriann Ricker

Democratization of knowledge. Sharing knowledge about SRH and making it more accessible to everyone within a Tribal community was one of the goals of NE.

Training and education and sharing of the data. Local staff can provide training and education to the community and share data about strengths and needs. Be inclusive with technology knowledge. Being bold and inclusive leads to equitable distribution of knowledge and skill building in the community. Include everyone at every level. Trust all research partners with the technology. Trust building starts early in the research process.

- Beth Rink

Part 5:
Cultural Relevance

Designing the NE intervention was a collaborative process over 15 years between the Fort Peck Tribes and Montana State University. Using community-based participatory research methods and principles, adaptations of NE took 12 months to complete. There were many cultural aspects that were considered when developing and designing NE; they are detailed in this section.

What is culture, and how does culture look, especially in public schools? This is what the cultural component addresses and why it is important.

– Ramey GrowingThunder

This [NE] is a model, you prepare for ceremonies. Everyone does this differently. This is how we did it. You will figure yours out.

- Paula Firemoon

The family tree exercise. This can be defeating for certain people if they don't know their parents. The way Olivia delivers this… is good. We joke about kissing cousins. Historically grandparents would tell you who your relatives were. But we have fractures in our family. I can see the shift from when I was a kid.

My father never had conversations with us outside of our immediate family. It's important to do the family tree. In every class I have been in, kids find out they are related to one another or even to us. I am your auntie, grandmother, uncle etc.. Every time we see them, we address them in that way, hey nephew, etc.
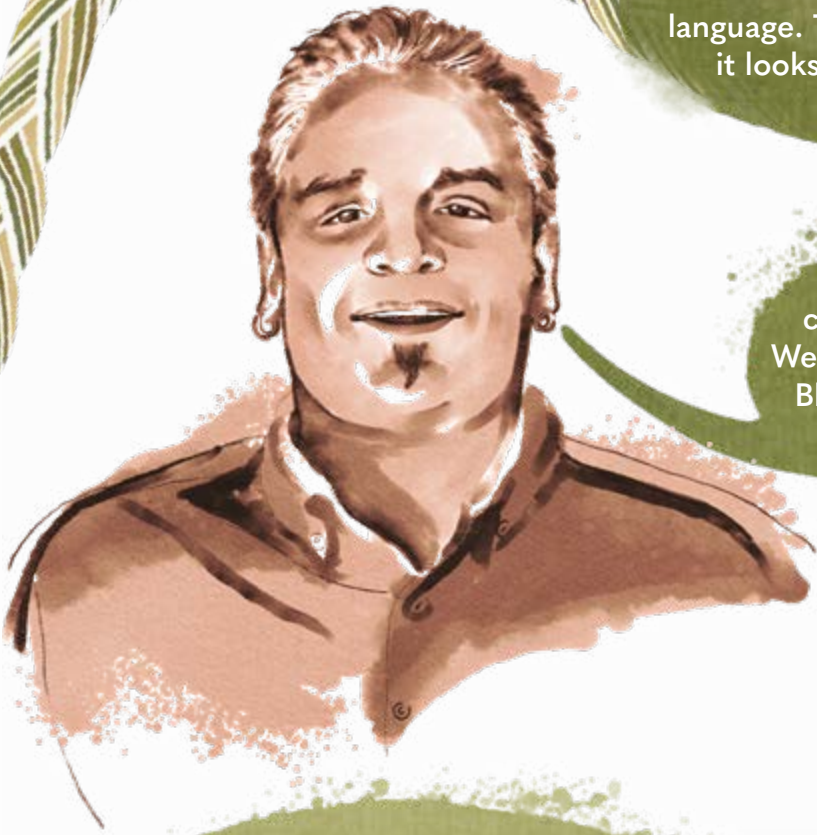
They understand who their relatives are. There may be someone in that family tree that they could reach out to. It's an opportunity to know who they are. Who am I? Is there a safe place for me? We want to give our youth as much opportunity to support them.

Kids, their eyes are still wide open, they are thinking and dreaming, We need to help influence them in a good way.
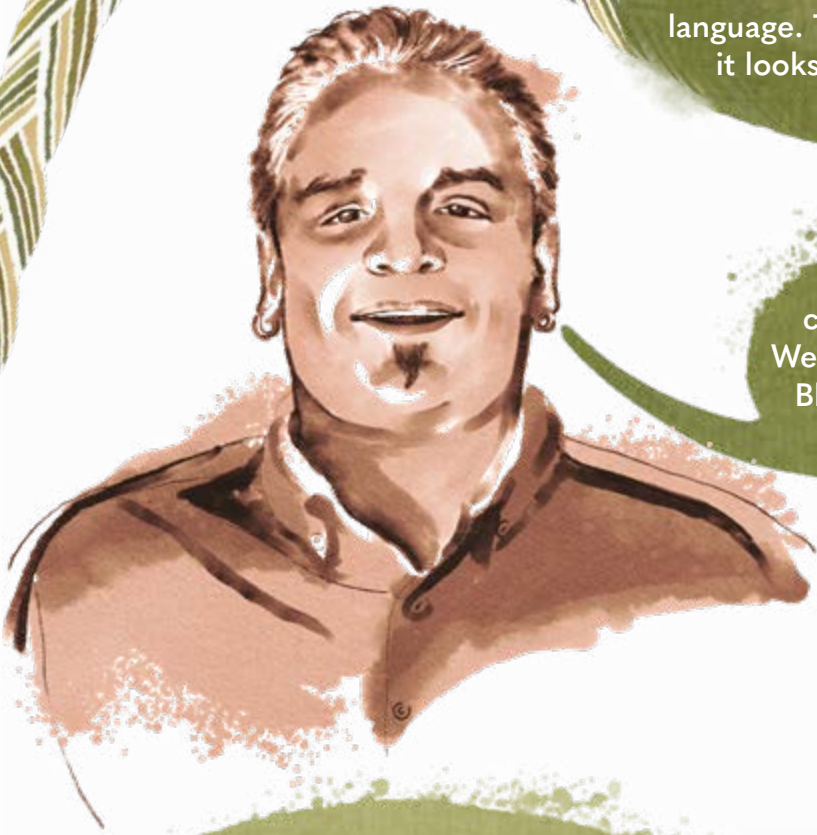
- Marty Reum

For urban settings, this can be adapted. Find out what people can teach students. Learning something, a Native language. They would have to figure out what it looks like.

This is about understanding family components. Understanding ceremony. We travel all over with Gros Ventre, Sioux, Blackfeet, Cree, etc. We are always thinking good thoughts.

- Marty Reum

It's important to find champions. Each of these people who are involved in the cultural mentoring and designing modules, they are the champions. They are not just people who show up. I watched Marty implement the cultural lessons a few weeks ago. I was super excited. It's that important to him. You can see his enthusiasm. That's the recipe for success. SRH is not always the easiest to talk about.

– Molly Secor

I did attend some of the advisory board meetings. To introduce the cultural component. Initially I designed the cultural lesions that are implemented in the project. Looking back at the cultural component, I picked out specific lesson plans to target specific areas.

- Ramey GrowingThunder

Historical Framework & Understanding Local Statistics

There are historical perspectives for studying sexual and reproductive health disparities with Native American communities. It is essential to know this history and perspective before beginning the NE or any SRH related efforts in Indian Country.

What I can say is that when you are going to go about working on a program that addresses SRH, you have to understand the local history of the Tribe. Their relationship with colonization. Their relationship with intergenerational trauma. Their relationships... how they got to where they are today. You have to situate your work within that context. Every tribe is different.

What I learned from Fort Peck is going to be very different than working with another tribe. Take time to understand the local history and relationships between families. I remember Paula telling me once...

...There are key families and people in the community that make everything happen and make sure everything is taken care of. As an outsider I am not going to know who those people are. It was a perfect teaching for me around understanding, there is family histories and family dynamic histories in relation to the tribal community about things are.

- Beth Rink

Culture of SRH

You have to look at the culture of different age groups. The classes in high school between 2016 and 2019 have different experiences vs. 2020 to 2024. Culture is constantly evolving, you have to consider the influence of technology with youth. The pandemic influenced the culture of youth. Even the culture of relationships and sexual health.
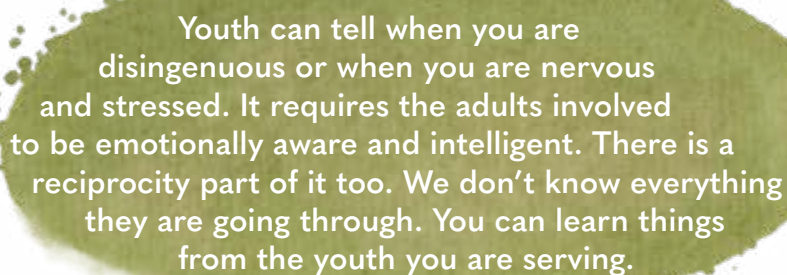
Always understanding that. Youth is not always the same. How we respond to things is not the same as another group. The culture in each community is different. We are all from the same reservation, the communities in each school system are different. Poplar might be more engaged, Wolf Point shy, Brockton takes time to gain trust.

Being mindful of this. An effective research project is the connection and engagement piece that staff are able to do. Having people from our community- Olivia has been an educator for years. She knows how to connect with kids.

It might not be a prerequisite for other programs, but you must know how to teach and engage. Same with Marty, he's a good people person. He knows that the most important thing is resting and creating open communication.
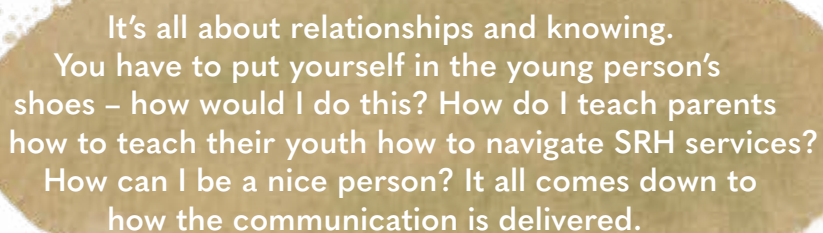
- Adriann Ricker

Engaging authentically

Youth can tell when you are disingenuous or when you are nervous and stressed. It requires the adults involved to be emotionally aware and intelligent. There is a reciprocity part of it too. We don't know everything they are going through. You can learn things from the youth you are serving.

-Adriann Ricker

It's all about relationships and knowing. You have to put yourself in the young person's shoes – how would I do this? How do I teach parents how to teach their youth how to navigate SRH services? How can I be a nice person? It all comes down to how the communication is delivered.

- Marty Reum

Stigma

You have to normalize it within yourself. If we are going to talk about sexual health constructively, you have to engage in conversations and not be embarrassed. We talked about this with the tribal council. We live in a hypersexualized society.

It does not promote conversations about how to engage in those relationships in a healthy way. You take responsibility in your body and relationships. If we look at boarding schools and Christianity - we have a weird dynamic, nobody wants to talk about it.

Parents and guardians want their kids to hear that information. Our leaders do as well. Talking about it. In an open way. Create space. No judgment about things they don't know. If we can talk about it jokingly, we can talk about it constructively. It's about creating an open environment to have those conversations in a healthy way.

Some tribes might think this as taboo. We talked about that at the beginning of. I took the Montana high school standards for 9 to 12th graders. Know your state standards for health education for high schools, make sure that your lessons meet those standards. Olivia taught in school for 14 years, then she joined me. She totally understands that kind of stuff.

To get buy-in from the school and parents, if you are meeting state standards, you are okay. We are lucky here in Montana. We have an Indian Education for All Act. You have to teach culture about reservations in Montana. That is why we are able to attend all of those cultural lessons there

–Paula Firemoon

Cultural Framework

Developing a cultural framework begins with understanding the "family structures" a Native American reservation/community where you plan to implement the Native STAND curriculum. For most Tribes, the concept of "family" is defined by their cultural framework for determining familial relationships, gender roles, childbearing and the upbringing of children. During the era of colonization, the Native American concept of family transitioned to the Christian model of an "immediate" family structure. Prior to this Native Americans existed in an "expanded" family structure that focused on survival of the entirety of the Tribe.

Traditional SRH Practices

Every tribe has traditional sexual reproductive health practices in place. These are rooted in ceremonies, family/kinship structures, gender roles, and coming of age ceremonies.

The following pages feature words from Marty Reum on this cultural framework from the Fort Peck tribes.

Ceremonies

Tribal ceremonies/events conducted by Tribes' elders required participation by the entirety of the Tribes' members. The ceremony for young Tribal members was the "coming of age", meaning when a young child became a woman or a man. When a young girl started her first menstruation or when a young boy completed a fasting period alone in the wilderness a coming of age ceremony was done. This ceremony was for the entire Tribal membership acknowledging they were no longer children and they were now able to create and bear children for the prosperity of the Tribe. This ceremony was also a recognition of a person going to the next stage within the circle of life. For young women, the coming of age ceremony emphasized the importance of a young woman's responsibility of bearing and taking care of the camp. They were no longer children in the care of their grandparents and had responsibilities of preparing meals and being a protector of the camp while the men were away hunting during the day. For young men, the coming of age ceremony was to prepare them to hunt with the men to provide food for the entirety of the Tribes. When an attack by enemies occurred while the men were there, the young men also had responsibility as a new warrior to protect the safety of the camp.

Family Structures

The biggest thing is that the concept of families is different now. Let our youth know that if mom or dad is missing, how this breaks down in the function of the family is drastic. I don't put them out or ask them to raise their hands. I tell them how I grew up. How it was difficult for me to be present in school. I was in constant survival mode. Our youth are feeling that now. We talk about extended family, your relatives, people have been adopted, they are not ceremonially your relatives. I have a ton of those people who helped me when I was struggling. Everyone understands we have a mother, father, siblings and grandparents. But when parents are missing, the grandparents take on this role. There are kids who are missing something. They are having to bear the responsibility of what they were meant to do. Crawl, talk, walk, speak the language, understand things in the camp systems. When grandparents are the parents, there is not a lot of time for that and those teachings. We tell the youth that if you grow up in that environment, you can change. As our youth are transitioning, we talk from 7th grade to seniors, it is relative to every grade.

Gender Roles

This connects with the family. What are the roles of a man? If we talk about the lodge setting, what were the men's roles? Men's responsibilities were to hunt, ceremony, and go to war. They had to be proficient to ensure our survival. Women were tasked with everything, making teepees, clothes, skin the buffalo, gathering medicines and berries. That is why our grandparents' roles are so important. The parents are busy. A lot of times now, the father is absent, the mother is taking on all of that. It adds to the stress. Mothers are having a tough time. We have homes where there are no grandparents available. I did not have that other piece to go to to shelter me from what was happening. Where we were before, where we are now. Men need to be in the outer circle. That is their role when they become a man. When you become a woman, this is your role. It doesn't mean they cannot be fluid. This is what kept everybody safe. There are similarities in today's society.

Coming of Age Ceremonies

There were ceremonies for both, it was announced. When they become of age, it means they are becoming a man or woman. It was prayed about. Everyone in the lodge knew that they were going to become men and women. Relationships were formed way younger then than they are now, for the survival of our people. Back in the day if you were 50 or 55 years old, this was old but now grandparents are 60,70,80. We visit with the youth about this. At 7th and 8th grade, women are experiencing the change. Young men are coming into puberty. There were ceremonies that celebrated that. WE need to revisit that, it was a celebration. It signifies that young girls are becoming women in the second circle. Their mothers will become grandparents. The cycle has to be constant. When we are missing pieces… I don't know if these are still performed or celebrated. We need to talk about how we bring that back and celebrate our adolescents going into adulthood.

Colonization

When we talk about this, it happens in the conversation of what used to be and what is now. In Indian culture, there is no such thing as great aunt, third cousin, etc in our culture that is grandparents. It was very simplistic. If you were a cousin, you were a cousin. If my brother had a child and he had a child, that is my child. We don't go that far out and remove. I love that about our cultural way of life. Even if it's fractured. It helps our children have so many more people who are not so distant. We don't reference Sitting Bull as our great, great, great, great, great, grandfather, that is just your grandfather. Colonization has placed its fingers on who we are. Now we have people who are aware and working to decolonize and get back to thinking Indian. We got to talk about language, ceremony. We talk about the Dawes Act, smallpox, relocation- these things that have impacted our ability to stay together.

We think it's way back but it's not. I am the first generation of my family surviving boarding school. Although colonization efforts to alter the family structure to immediate family only, the traditional cultural concept of an expanded family structure has been revived in the boarding school era. Although many Native American families have embraced Christian religious practices, the Tribal elders have passed down an all-inclusive meaning of family relationships.

For other tribes, here is the framework, it will look different in Lame Deer, down south… the basis is still the same. Let's talk about these issues and topics, and how they affect us and how we can take control of these things and start to be healthy.

- Marty Reum

When we go
into schools…. We tell them,
we want to teach you about sex ed. You
need to know your family histories. You need to
create a family tree. They ask why. We say we don't
want you dating a first cousin or people you are related
to. When we get to lessons about sex ed, we can
say, see you don't want to be involved with your
family members because it can give birth
defects.

Eventually
they understand why we do
it. With preventing pregnancies, we bring
in the lesson about what it means from a cultural
standpoint of what it means to have a baby. It's a gift
from the creator, you need to take care of it. It's not
because your boyfriend wants you to have it, this baby
is given to you as a gift. We stress different values,
our cultural belief values, we also talk
about sexual orientation.

With the Assiniboine and Sioux, you have your medicine men, chief, all the different people, sweat people, backwards people, etc. We call them the seven sacred beings. Man and woman are at the bottom of that. That's why we have the cultural point person, they need to understand how this fits into their lives as a Native American.

We bring in a cultural lesson in our Native culture. We have the seven sacred beings, one is the xx, a two-spirited person. This is who we are, part of who we are, we would not have a Native American name for it if it did not exist somewhere back in our future. This is the basis of the 2 spirit revolution coming on.

–Paula Firemoon

Part 6:
Preparing for a Randomized Controlled Trial (RCT) in a Tribal Community

The NE intervention was structured as a Randomized Controlled Trial (RCT), allowing researchers and partners to compare outcomes between groups receiving the intervention. RCTs can be adapted and implemented in any community; preparation is key for successful implementation. Preparing for a RCT in a tribal community takes staffing and personnel, partnerships, and funding. This section outlines considerations for tribal communities as they prepare for a RCT.

Staffing and Personnel

School settings in tribal communities vary and are reflective of the economic, political and ethnic characteristics in relationship to their physical location. Interventions implemented in an American Indian school setting involving sexual and reproductive health requires personnel that have an understanding of the culture and environmental context of the community. Training should be provided to staff and personnel involved in implementing this knowledge and practices. Successful implementation requires buy-in by everyone involved at every level including school administrators, school personnel, and parents.

The NE RCT included two full-time staff in the community, one researcher at Montana State University, and many cultural mentors and teachers.

It's helpful to do focus groups or focused interviews with the community to determine the topics that your RCT will address. A lot of the topics we have addressed and found helpful were based on the CBPR process. You have to constantly engage the community.

To understand our communities are vastly different. Our barriers are different, we are not negating that process. We are giving an amazing tool that worked- the biggest reason it was successful is that we engaged the community.

Engagement did take constant communication with tribal leadership. Our leadership is a revolving door sometimes. It requires you to stay engaged.

We have been talking about this. It has evolved since my son was in Head Start and is a senior now. That is how long it took.

- Adriann Ricker

Preparation is essential for implementing an RCT in a Tribal community. Staffing and personnel can be hired locally to implement and support an RCT.

The number of staff and personnel you will need depends on where you live, the number of sites that you will be implementing the intervention with, and the levels of support you have within the CAB, elders, and community.

Their roles and responsibilities were…
Beth is from Bozeman. She is the Principal Investigator and has knowledge from an academic / western way of knowing.

Olivia and Paula deal with the students and work with them and teachers and parents and staff at school.

Marty Reum and other cultural mentors deliver cultural lessons and support cultural adaptations of the intervention.

We gather data from them, the parents. We just started gathering data from teachers. We give parents and teachers information. It is just the two of us. We have cultural mentors that do cultural lessons.

Those are elders in the community. They speak to the students. It is probably about 25 to 30% of the curriculum is cultural stuff.

- Paula Firemoon

Building Your Team

Your team will consist of both core personnel to implement the project, and community members to guide and support efforts.

Core Team

The core team consists of key personnel who administer, implement, and evaluate NE in the community. Roles and responsibilities for each staff member should be identified prior to implementation. Within the team, diversity mirrors the community. A variety of backgrounds, perspectives, and expertise help create a well-balanced team.

Community Support

Build a support system around the core team with people and resources to support and guide NE activities.

Cultural Consultants

The project needs cultural leaders, elders, cultural guides who can provide consultation on cultural teachings and ways.

Support Staff

Who are the champions and change-makers in your community; the ones who know how to get things done? Bring them on as support staff.

Local Resources

Identify relationships with local resources; people, goods, and services. The nature of community research is that you are creating the resources, understanding the balance between online and local resources and the distinction between formal and informal resources. Identify cultural networks to reach out to if assistance is needed.

Advisory Board

Create an advisory board (CAB or AB) that includes a variety of key stakeholders with education and local/cultural knowledge. The CAB knows their community the best and plays a critical role in guiding research efforts and bringing unique perspectives to the table.

> We used the CAB to link elemental pieces of the community. Gayopi (Dakota) sometimes this has a negative connotation. We are talking about things that may not be good to talk about, but it's the method of how we share info about our community. It's a natural part of how we come together. When we visit with our relatives, there is an element of Gayopi. How we share info. It's a way of connection.

- Adriann Ricker

Here are some things to consider when building your team and creating your network of supporting resources:

Community Characteristics

Gain an understanding of the physical, economic, political, and cultural characteristics of your community and how these factors may influence and affect the implementation of a RCT.

> There are lots of things in Native American culture, even different from tribal. Each tribe has their different culture. It has to do with protocols. It's important to... I could not tell you what the protocols are at Navajo or how we get things done. With the staffing, we cannot say, we need a person with this type of educational background. They need to be more involved in understanding the cultural ways of anything.

> That is what they need to know the most. When you are working with Native American children in the schools, they have a school structure, but when they go home, they are being raised by grandparents, or they are the parents in their house, the older kids. We have a big gap, almost a two generational gap, where a lot of kids in school are either kids born with FAS or Drug Affected, homeless kids because on our reservation, kids are dropping out by 8th grade. They are becoming younger parents now.

- Paula Firemoon
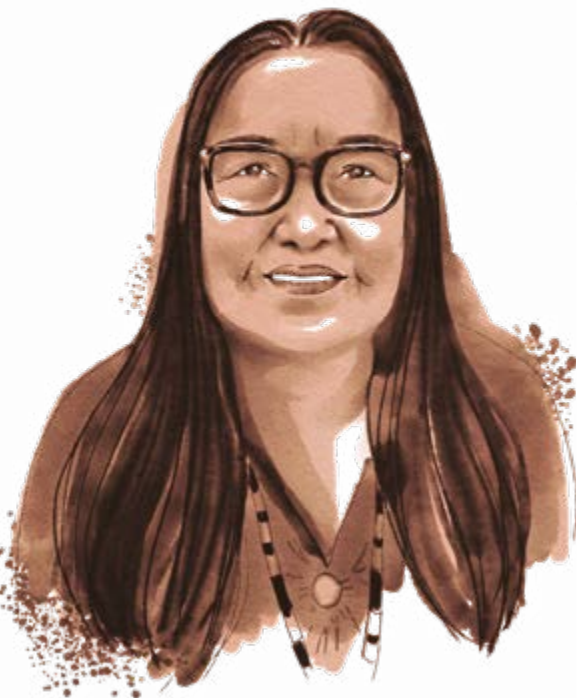
There can be someone sitting in the room that doesn't say anything but be very powerful and have a lot of influence on these kids. I struggle with this kind of stuff. There is a Native way of knowing things. We have a way of knowing things. We have cultural mentors who have been involved. They understand you cannot misbehave or be disrespectful. There is something about a traditional elder when they come into the room. Instinctively as a Native American you don't make fun of them, you don't speak unless you are spoken to, or asked to speak. A lot of the kids know that, even though they may not have the best family lives or have different privileges. But they know that. When you bring in a tribal elder, the kids get quiet.

- Paula Firemoon

Leadership Characteristics

Decisions are made from a variety of sources including tribal leaders, elders, cultural teachers, or families and systems. Who are the leaders and decision-makers in your community? How are important decisions made and how do power dynamics influence decision making? These dynamics should be gauged and can be discussed early in the RCT process.
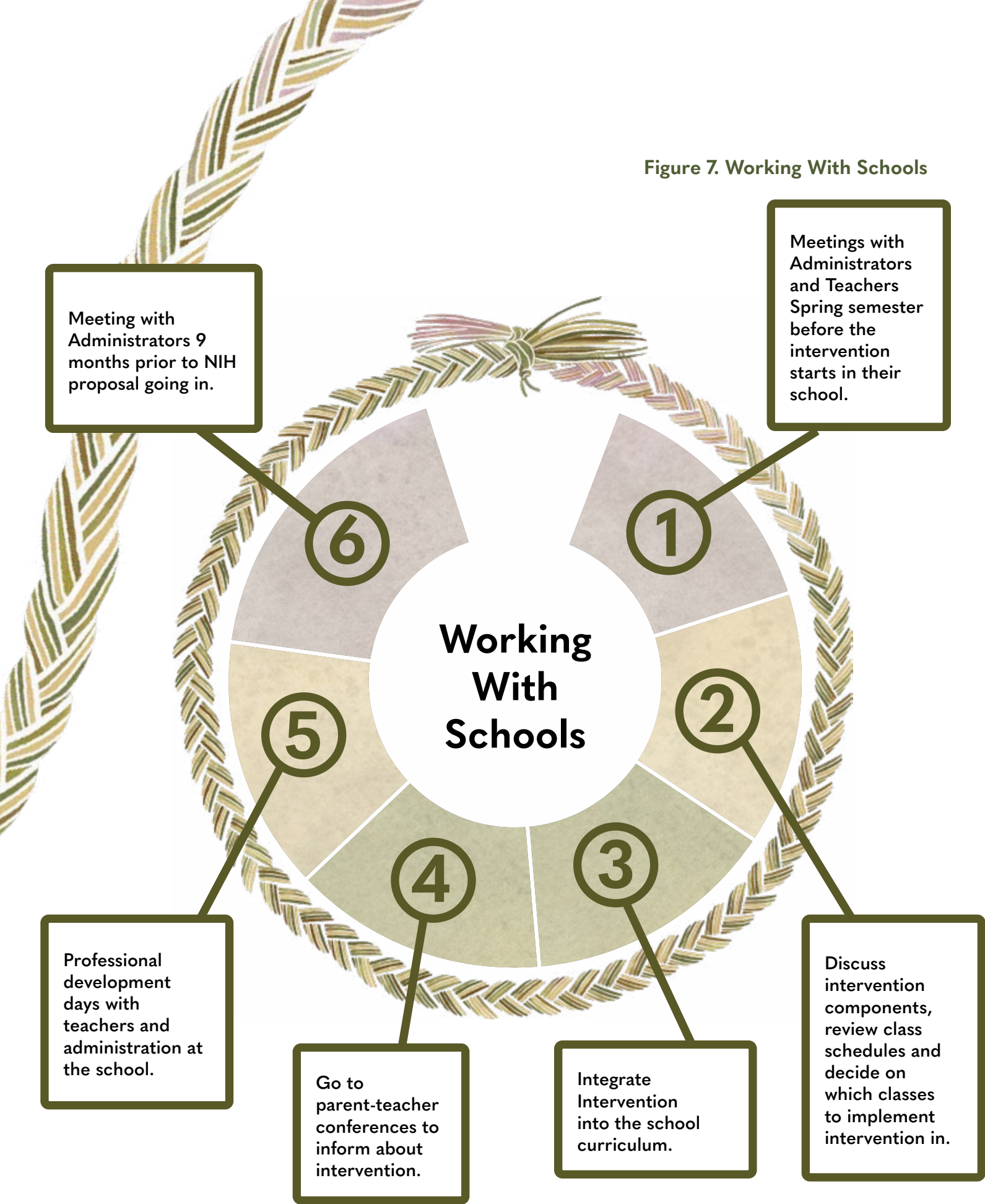
Cultural and Political Relationships

Each tribe has its own All the Relations Network; a cultural and political history with years of relationships that provide a foundation for RCT work. This is not hierarchical or merit-based decision-making that comes from a typical distribution of power within academic research settings.

School Relationships

Schedule planning meetings with schools to develop partnerships and shared understanding before applying for funding. NE met with school administrators and leaders nine months before the research proposal was submitted. Ongoing meetings with schools are essential to address questions and concerns that come up during the intervention. Utilize every opportunity possible to educate schools, teachers, and parents about your work.

Figure 7. Working With Schools

Figure 7. Working With Schools

Working With Schools

1. Meetings with Administrators and Teachers Spring semester before the intervention starts in their school.

2. Discuss intervention components, review class schedules and decide on which classes to implement intervention in.

3. Integrate Intervention into the school curriculum.

4. Go to parent-teacher conferences to inform about intervention.

5. Professional development days with teachers and administration at the school.

6. Meeting with Administrators 9 months prior to NIH proposal going in.

You run into parents who don't want their kids to be a part of this. The majority of families think this is good.

If you are facilitating, be open, be willing to be vulnerable. When you show openness as an adult, it helps youth open up.

I am not afraid to tell my story. If they are living in a tough situation, we can see the light in the dark tunnel we are in.

Be transparent with the students, parents, administrators, about the goals of this process. We've had great reception from all schools.

- Marty Reum

Community Based Participatory Research (CBPR) - Involving the Community at Every Step

Developing community capacity in a tribal community to address sexual and reproductive health requires capacity building, community engagement, collaboration, and infrastructure development.

From the beginning, I was with this project. I supported focus groups and advisory capacity. This topic was stigmatized in our community, we had a high incidence of teen pregnancy, STIs, etc. this idea was birthed in response to how school systems were asking Kris and me if we would teach sexual health lectures in middle school and high school because we were doing that as part of the male sexual health project we had. It was a taboo topic.

The teachers were nervous. That birthed the ideas of this project. Talking about not just basic sex ed, we wanted elements of relationships and cultural pieces.

-Adriann Ricker

The systems intervention, I feel, is unique in the sense of working on the reservation. We have learned over time, working in this intervention on the reservation, it is not what you know but who you know in order to get things done. To get people to look at a sex education curriculum. It is about knowing who to talk to, how to talk to them, and your connection. This started at the time of the pilot. When the pilot came out, I was a teacher at Brockton School. When Paula brought the intervention to pilot in Brockton, I believed in it. We discussed it. It did not take much convincing because our board knew it was something positive for our community. It makes red tape a lot easier; it is not there because of who we know and the relationships we develop. Paula knows everyone. She has a long history of working with the tribes and attending college. She's built a nice network of connections. Our connection is with families in general, knowing people, their kids, and who they are.

- Olivia Johnson

About Capacity Building:

Now we have project officers coming to Fort Peck and our tribal council leaders are able to talk about sex openly. A once taboo topic in public and professional policy settings, is now a comfortable topic. This speaks to 20 years of work that we have all done. Everyone.

The comfort level with a historically traumatizing taboo topic is now normalized. You even see that in the schools, with the leadership in the schools. There is a recognition that if we want young people to be healthy when they choose to have families, we as adults have to model responsible healthy behavior. We are seeing that across the board. There is lots of joking, the use of humor, but there is also seriousness.

On Development of a Community Advisory Board (CAB):

This current CAB has been together for 12 years or so. We all know and trust each other. That is a gift. It's not like we don't disagree. There will be times when someone mentions we should do something and I say it won't work… Or we have to do this because of research… they will say no it won't work but they give me another idea.

We have learned how to resolve differences in agreement in a respectful way and find solutions. The strength of the relationship is the relationships' ability to resolve conflict. If you are in a relationship that cannot resolve conflict in a mutual reciprocity way- there is something wrong. We have incredible support.

- Beth Rink

People from different programs and ages. I was identified as someone who could teach this, but I got older. How it's been successful is that the research team and the CAB are open to the fact that the community is dynamic, the work should reflect that. We had original ideas we thought would work. It wasn't hard for us to switch directions. Beth, Paula, and Oliva would meet and gather our CAB and let us know what was going on. We collected feedback from them. Constantly being engaged in the process of moving with the flow and dynamics of the schools. Being responsive to changes of leadership in the schools. Different cultures, within a few years, the culture is different with student groups. The approach has been to be resilient and dynamic. In response to the community the whole time.

- Adriann Ricker

Change and Maintenance of CAB

If something isn't working, change it. NE utilizes a regenerative community engaged research/regeneration process. We implement NE within existing structures and attached funding. This provides sustainability and maintenance of efforts, including support of the CAB.
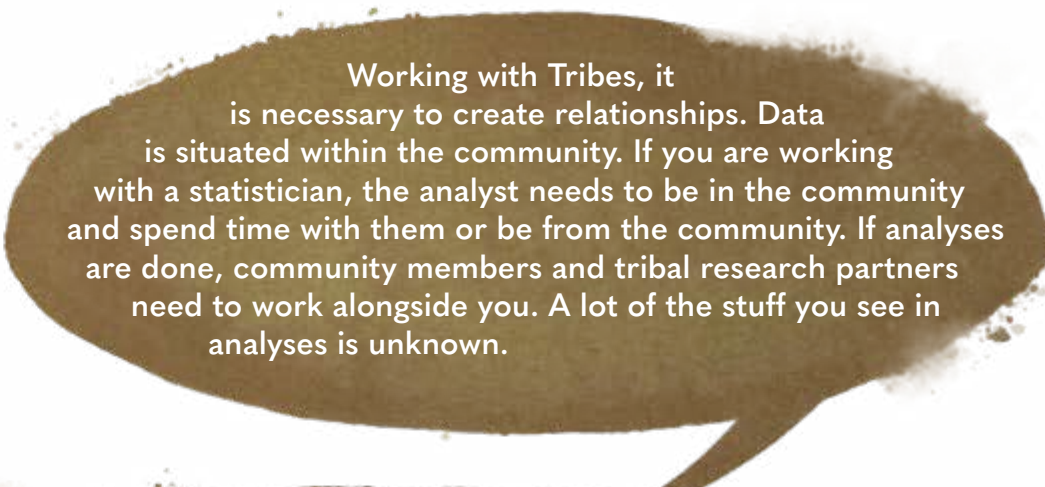
Our CAB meetings are tons of fun. There is tons of laughing and the food is really good. Paula gets her sister to cook, the food is incredible. I remember a CAB meeting two years ago where Paula and I worked up the agenda for a 1.5 hour meeting.

We were laughing so hard for an hour and 15 minutes ... laughing and eating. We got a huge agenda done in 15 minutes. It's because it's fun, We like other.
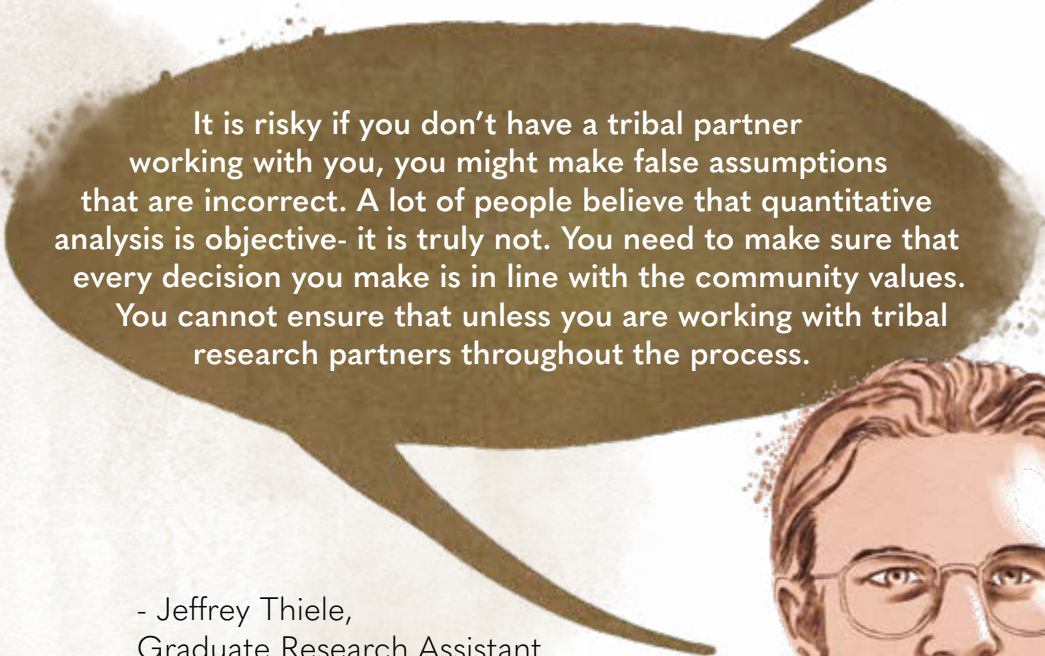
We feel comfortable with each other. It doesn't feel like work. It feels like talking about a community and a people that we are all passionately invested in. We are passionately invested in this work.

- Beth Rink

Working with Tribes, it is necessary to create relationships. Data is situated within the community. If you are working with a statistician, the analyst needs to be in the community and spend time with them or be from the community. If analyses are done, community members and tribal research partners need to work alongside you. A lot of the stuff you see in analyses is unknown.

It is risky if you don't have a tribal partner working with you, you might make false assumptions that are incorrect. A lot of people believe that quantitative analysis is objective- it is truly not. You need to make sure that every decision you make is in line with the community values. You cannot ensure that unless you are working with tribal research partners throughout the process.

- Jeffrey Thiele,
Graduate Research Assistant

Budgeting a RCT

When conducting the intervention, the budget will vary depending on the capacity and the needs of the community. Below is a general budget template that outlines some of the key costs of a RCT. A budget justification is also included to support these costs and detail key job duties.

This template can be used and adapted when preparing funding applications.

Personnel	Details	Budget
Salaries/Wages		
a. Principal Investigator (0.10 FTE)	$100/hr x 208 hrs	$ 20,800
b. Research Coordinator (1.0 FTE)	$40/hr x 2080 hrs	$ 83,200
c. Data Analyst (0.50 FTE)	$40/hr x 1040 hrs	$ 41,600
d. Cultural Constultant (0.25 FTE)	$30/hr x 520 hrs	$ 15,600
Total Salaries		$ **161,200**
Fringe Benefits	20% Rate	$ 32,240
Total Personnel		$ **193,440**
Supplies		
Program Supplies		$ 1,810
Participant Supplies	50 participants x $30/participant	$ 1,500
Computer	$2500/computer x 2	$ 5,000
Projector		$ 500
Total Supplies		$ 8,810
Other Costs		
Printing Manuals	50 participants x $50/participant	$ 2,500
Printing Classroom Materials	Posters, flyers, etc.	$ 750
Classroom Incentives	Snacks, stress balls, etc.	$ 1,500
Total Other Costs		$ 4,750
Total Direct		$ 207,000
IDC	10% de minimus	$ 23,000
Total		$ **230,000**

Budget Justification

Principal Investigator (0.10 FTE): The Principal Investigator will be responsible for the overall integrity of the program. This individual will work closely with the program staff to ensure the program is meeting all goals, objectives, and deliverables.

Research Coordinator (1.0 FTE): The Research Coordinator will be responsible for implementing the entire program. This individual will work closely with program staff, present each learning module to classroom participants, and conduct any follow-up with the funding agency.

Data Analyst (0.50 FTE): The Data Analyst will work closely with the Project Coordinator to collect data from participants during each session. This individual will be responsible for entering the data into the program computer, conducting any necessary analysis, and preparing for dissemination. .

Cultural Consultant (0.25 FTE): The Cultural Consultant will work closely with the Project Coordinator and Principal Consultant guide development and adaptations of all cultural teachings and content.

Fringe Benefits: Employees will receive fringe benefits according to the policies and procedures of the organization. An average rate of 20% is estimated.

Program Supplies: General office supplies will be needed to conduct the program. These supplies include paper, pens, staples, paper clips, and tape.

Participant Supplies: Supplies are needed for each individual participant to journal in and reflect on the lessons given.

Computer: Two computers are needed for the Project Coordinator and Data Analyst. This cost would be a one-time expense.

Projector: A projector will be needed to share program materials to the whole class at one time.

Printing Manuals: Online materials are available for downloading and printing. These materials are worksheets for students to write on and learn during class time. These can be put into a binder to create a manual for students to bring home.

Printing Classroom Materials: Online materials are available for downloading and printing. These materials are large posters, flyers, or educational materials.

Classroom Incentives: The program can purchase classroom incentives for participants of the program. These items can be used to recognize a job well done or to be used to keep students' hands busy while talking about subject matter.

IDC: A 10% de minimus indirect cost is included and used for organizational administrative costs for items such as rent, utilities, financial services.

Agreements and Institutional Review Board (IRB)

Tribes have the right to govern collection, ownership, and application of their own data. This is called **Indigenous Data Sovereignty.**

When beginning a research project, it is important to follow tribal protocols for conducting research and collecting information from participants. Ideally, the Institutional Review Board (IRB) process would begin before the research begins. If your research is funded by a specific agency like the National Institutes of Health (NIH), they have specific requirements for IRB reviews and approvals.

The most important thing to remember is that the NE should not begin until all necessary agreements and approvals are in place and documented.

Every tribal process for conducting research is unique to the population being served and the target population. Tribes are sovereign nations and honoring this I've been on the IRB since its inception. I dropped out because I had a huge grant from the Department of Labor. I went back... I am the IRB Administrator and we went through MSU. MSU has said when it involves Tribal programs at Fort Peck it just goes through us.

-Paula Firemoon

We are pretty unique with having our own IRB board. Our tribe is trusting our IRB board to lead us in the right way. This is important for people to know, if they are doing research, these are the steps we had to take.

- Olivia Johnson

Here are some additional resources related to IRBs:

Exemptions to IRB processes

https://www.hhs.gov/ohrp/
regulations-and-policy/decision-
charts-2018/index.html#c1

Data and Approvals

https://nativedata.npaihb.org/
wp-content/uploads/2021/09/
Handout-12-Planning-for-the-
Aprovals-Process.pdf

Research Ethics

https://www.hhs.gov/sites/default/
files/supporting-ethical-al-an-
research-508.pdf

**Social media research guidance
from the Social Media and
Adolescent Health Research Team**

http://smahrtresearch.com/use-
our-methods/

Native Data Main Portal

https://nativedata.npaihb.org/

Ethics of Social Media Research

Ethics of Social Media Research:
Common concerns and practical
considerations.

Part 7:
Supporting Materials

We did a pilot study for NE in 2014. At that time there were about 25 pregnant girls. They were all out there. A girl and boy brought their newborn to school for everyone to see. There was another boy there, their second child. I thought about it. It's more important that they are still coming back to school. They were good parents. They still had the first one. They are good parents.

-Paula FireMoon

Peer Reviewed Journal Articles

Adaptations due to the COVID-19 Pandemic in a Community-Based Participatory Research Randomized Control Trial Examining Sexual and Reproductive Health Outcomes Among American Indian Youth

All systems are interrelated: Multilevel interventions with Indigenous communities

Baseline results from NenŨnkUmbi/Edahiyedo: A randomized clinical trial to improve sexual and reproductive health among American Indian adolescents

Caregiver-Youth Communication Patterns and Sexual and Reproductive Health Among American Indian Youth

Creating a path forward: understanding the context of sexual health and sexually transmitted infections in American Indian/Alaska Native populations – a review

Evidence of secular trends during the COVID-19 pandemic in a stepped wedge cluster randomized trial examining sexual and reproductive health outcomes among Indigenous youth

Rationale, Design, and Methods for NenŨnkUmbi/Edahiyedo ("We Are Here Now"): A Multi-Level Randomized Controlled Trial to Improve Sexual and Reproductive Health Outcomes in a Northern Plains American Indian Reservation Community

Unsettling Settler Colonialism in Research: Strategies Centering Native American Experience and Expertise in Responding to Substance Misuse and Co-occurring Sexual Risk-Taking, Alcohol-Exposed Pregnancy, and Suicide Prevention Among Young People

Using Community-Based Participatory Research to Design, Conduct, and Evaluate Randomized Controlled Trials with American Indian Communities

"We don't separate out these things. Everything is related": Partnerships with Indigenous Communities to Design, Implement, and Evaluate Multilevel Interventions to Reduce Health Disparities

We've beaded many things, these works have a message of language and culture. We want to revive an old art form.

– Ramey Growing Thunder

Disclaimer

On behalf of the NE and our partners, we hope that you enjoy implementing this intervention in your community. If you have any questions about the intervention or would like additional health promotion resources, please feel free to contact us.

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