

Preventing Teen Pregnancy Among Native American Youth

May 9, 2013

Hosted by the Office of Adolescent Health (OAH) and the Administration on Children, Youth & Families (ACYF), Family & Youth Services Bureau (FYSB)



Family and Youth Services Bureau



Agenda

- Introduction
- Overview of Teen Pregnancy in Native Communities
- Grantee Presentations
 - Val Wangler, MD & Tom Faber, MD – Zuni Youth Enrichment Project
 - DenYelle Baete Kenyon, PhD & Martina Moves Camp, BSW - Great Plains Tribal Chairmen's Health Board
 - Bruce Long Fox and John Usera, PhD- Ateyapi Identity Mentoring Program, Rural America Initiatives
- Questions & Discussion

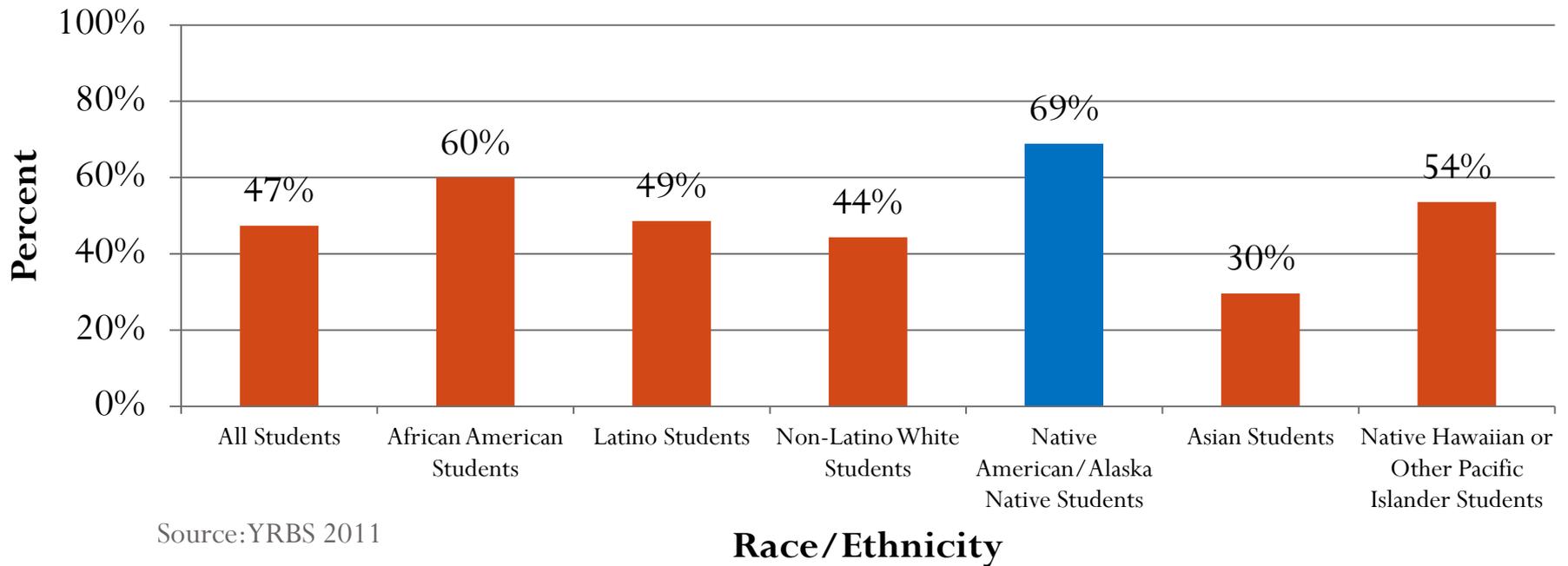
Overview

Teen Pregnancy in Native Communities

Trends in Sexual Activity

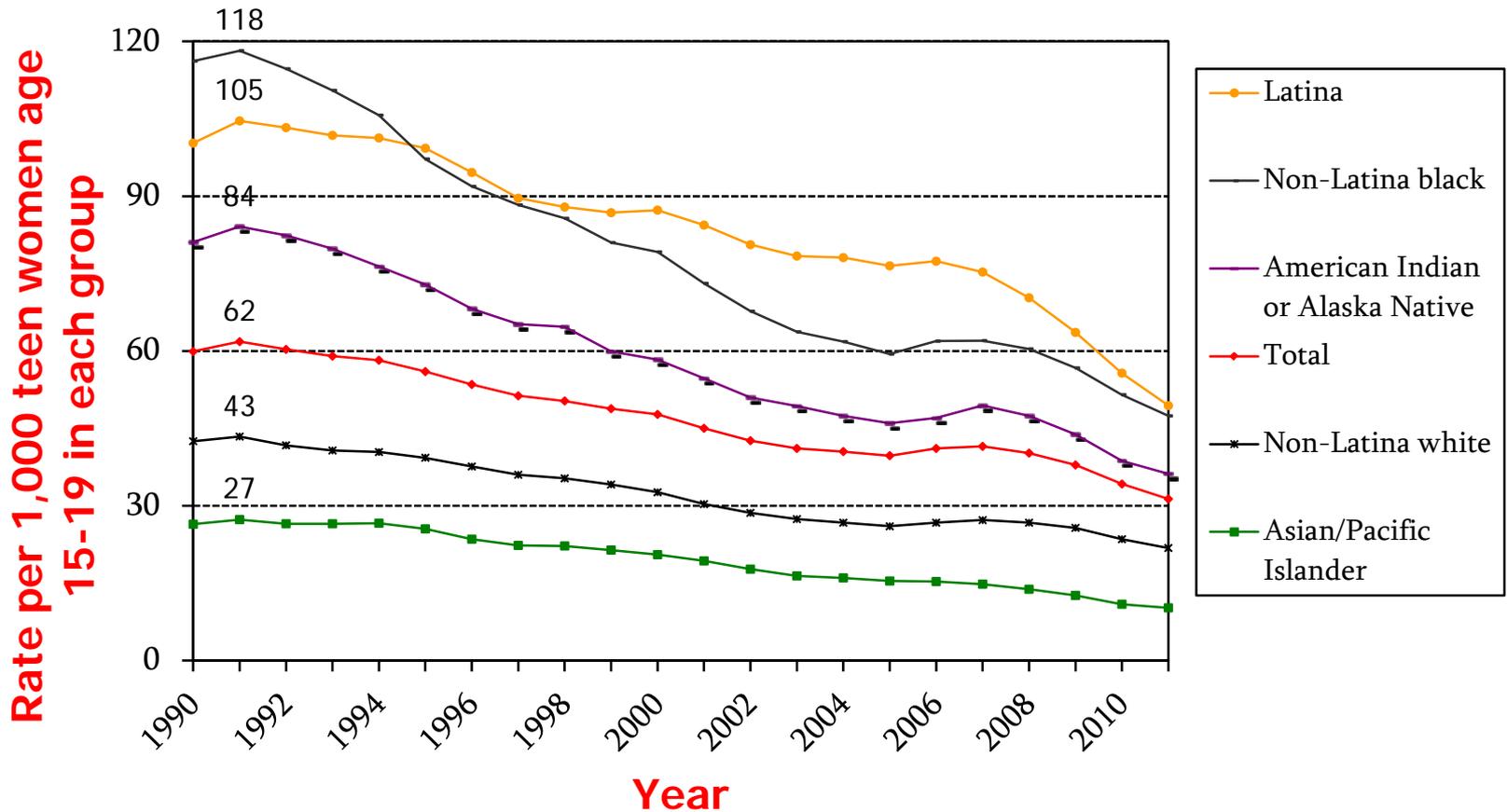
The proportion of teens who have ever had sex are higher for African American, Native American/Alaska Native, Latino, and Native Hawaiian/Pacific Islander students than for non-Latino white and Asian students.

Percent of High School Students who Have Ever had Sex, by Race/Ethnicity, 2011



Source: YRBS 2011

Teen Birth Rates(Age 15-19) by Race/Ethnicity, 1990-2011



Source: Hamilton BE, Martin JA, and Ventura SJ. (2012). Births: Preliminary Data for 2011, National Vital Statistics Reports, 61(5).

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Questions and Discussion



TPP Month Webinars



- May 13th - 2:00 PM (ET)
 - Webinar: Teen Pregnancy Prevention Programs for Youth in Foster Care
- May 15th - 1:00 PM (ET)
 - Webinar: Social Determinants and Teen Pregnancy
- May 22nd - 2:30 PM (ET)
 - Webinar: Affordable Care Act and Youth
- Log-in information for all webinars is listed in the TPP Month Events Calendar that was distributed via email.

Thank you!

Zuni Youth Enrichment Project (ZYEP)

Tom Faber, MD

Esther Bemis

Zowie Banteah-Yuselew

Val Wangler, MD

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DY MESA

Developing Youth: Mentoring,
Empowerment, Self-Expression, Achievement



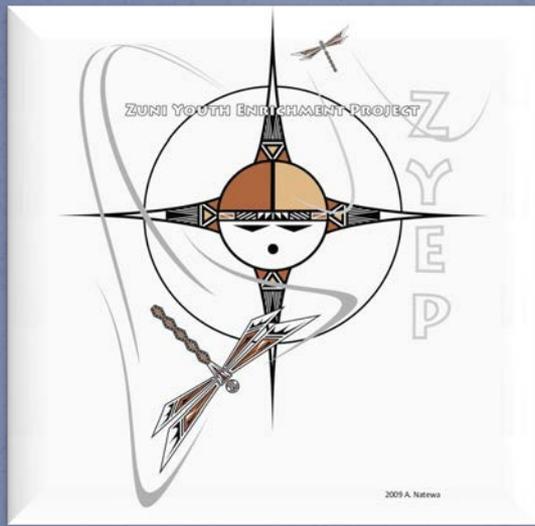
A model for preventing teen
pregnancy in Indian Country

Objectives

- Identify unique needs of Native youth with respect to teen pregnancy prevention
- Understand the CAS-Carrera Model for Adolescent Pregnancy Prevention
- Describe the adaptations made to this model to better serve Native youth
- Understand the DY MESA Program as a model for teen pregnancy prevention specifically designed for the unique strengths and challenges of Native youth.

Zuni Youth Enrichment Project (ZYEP)

- Community-based 501(3)c serving youth on the Zuni Reservation in rural northwestern New Mexico

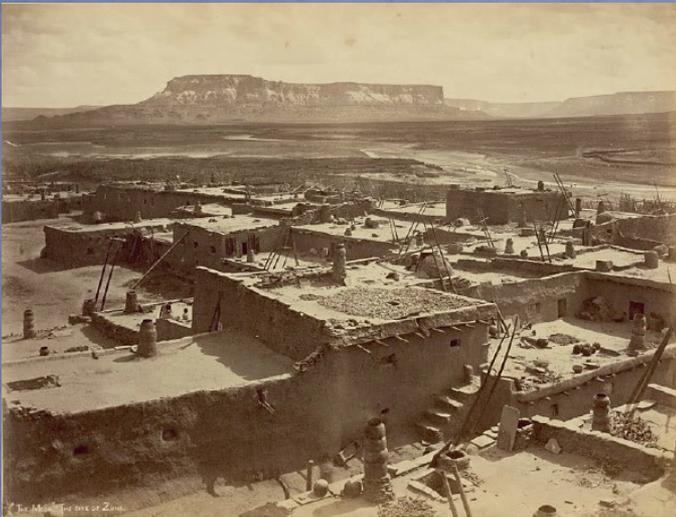


Needs Assessment - Background

Zuni is a land of rich cultural traditions where the native language and religion still thrive.

Zuni youth also face many challenges including:

- Poverty rate of 40%
- Low school performance (34% proficient in reading, 29% in math)
- More than 50% of youth are overweight or obese
- A youth suicide rate more than twice the national average
- *Teen birth rate 80% higher than the national average*
- *One of the highest STI rates in the state*



Needs Assessment - Results

- 73% of ZHS students reported ever having sexual intercourse, compared to 48% in NM overall
- 18% of Zuni Middle School (ZMS) students report a family member attempting suicide in the past 6 months
- 37% of ZMS students report one or more adults (who are important to the student) with an alcohol/drug problem
- 21% of ZHS students report having adult role models



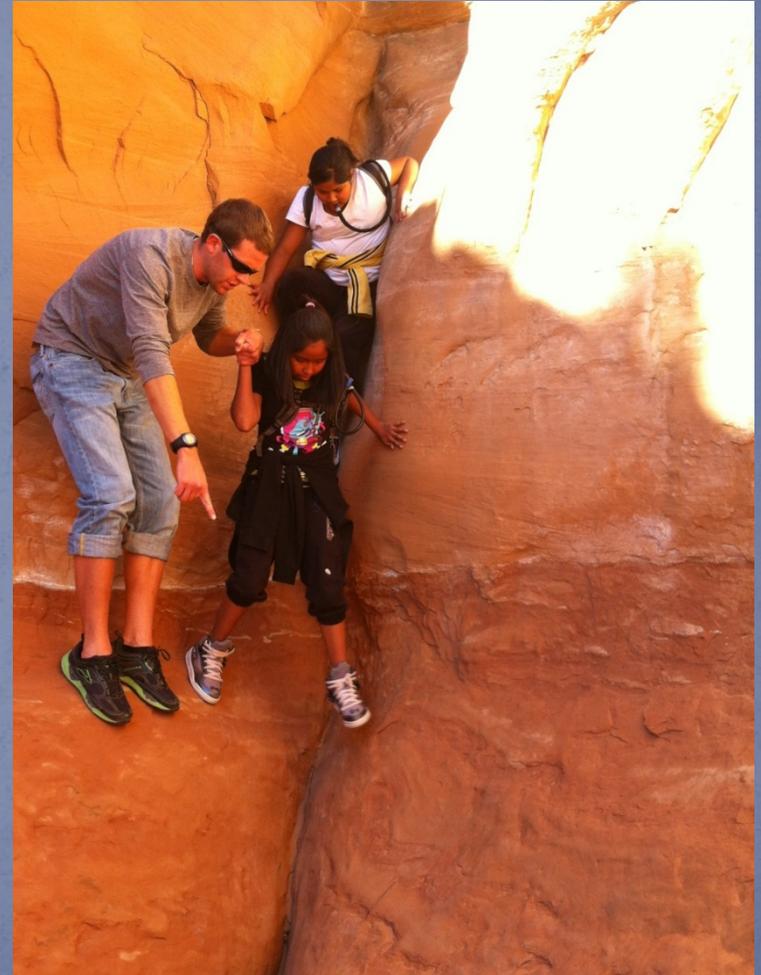
Needs Assessment - Results

- 48% of ZHS students reported skipping school once or more in the last four weeks
- 4% of ZHS students report getting mostly A's
- 15% of ZHS students reported having a caring school climate
- 28% of ZMS students reported being a part of group activities outside of their home and school, compared to 47% in NM



Needs Assessment - Results

- 27% of ZMS students reported binge drinking in the past 30 days, compared to 9% in NM
- 57% of ZMS students reported marijuana use in the past 30 days, compared to 21% in the US
- 17% of ZHS students reported attempting suicide in the past 12 months, compared to 6% in the US



Needs Assessment - Conclusion

Executive Summary:

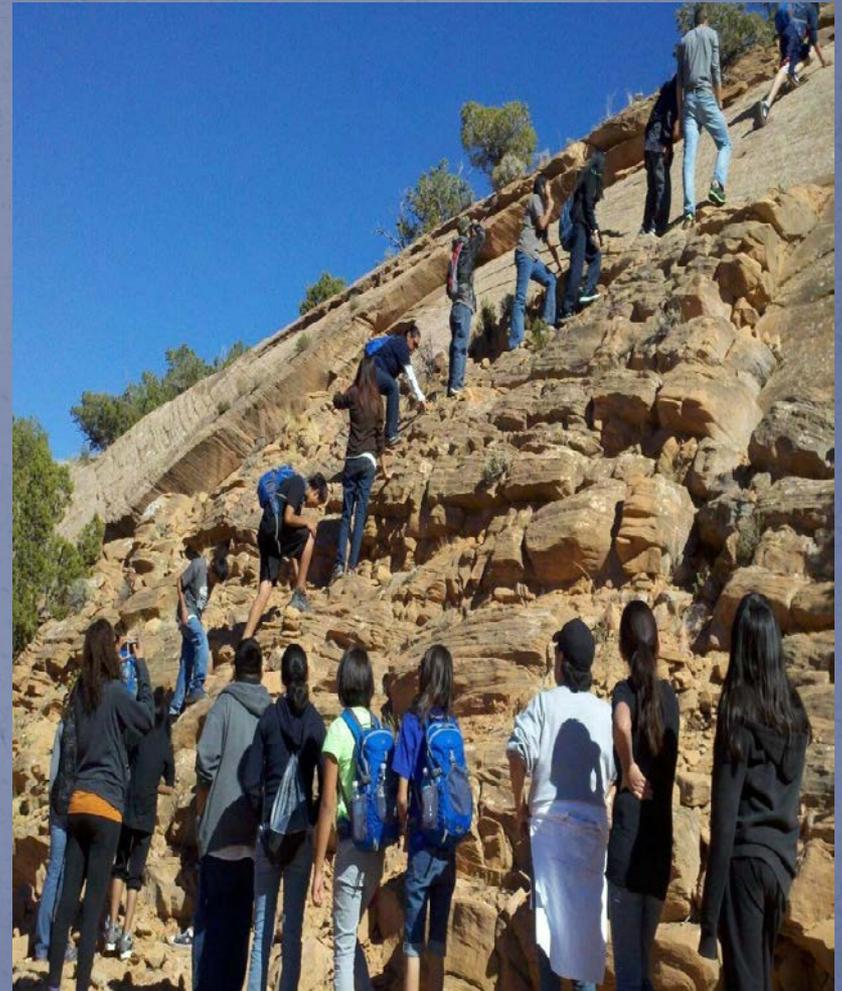
“As one might expect, the results of the Needs Assessment clearly show that many factors influence high-risk decision-making among Zuni youth, but salient among these are feelings of hopelessness, low self-esteem, difficult home environments, and lack of positive activities to which youth might dedicate out of school time.”

Conclusion:

Complicated issue requiring a comprehensive approach to youth development.

DY-MESA Program

- An innovative program for Zuni teens designed to instill hope for a better future, self-esteem, and a desire to reach their full potential.



Model

Adapted from the Carrera Adolescent Pregnancy Prevention Program

“When teens believe they have value and a real chance for success, they start to see a future in which teen pregnancy has no part.” (Dr. Michael Carrera)



Model:

- Education
- Self-Expression
- Lifetime Individual Sports
- Job Club
- Mental Health- Power Group
- Family Life/Sex Ed
- Medical & Dental Care



Cultural Adaptations

Education:

- Zuni language taught
- Native youth empowerment curriculum developed

Jobs Club:

- Strong Service Learning focus

Self-Expression:

- Zuni arts



Cultural Adaptations

Lifetime Individual Sports:

- Utilizing local resources

Family Life/Sex Ed:

- Including Zuni language, respect for relationships



Community Collaboration

Working closely with:

- School District
- Teen Health Center
- IHS Facility
- National Indian Youth Leadership Program



Parental Involvement

- Community Organizer
- “Parent Cafes”
- Family Nights



Staff Commitment

- Recruitment
- Retention:
 - Supportive environment
 - Opportunity to make a difference
 - Staff retreats



Lessons Learned

- Comprehensive Approach
- Cultural Adaptations
- Community Collaboration
- Parental support
- Staff Commitment



DYME SA Youth "At-Promise"



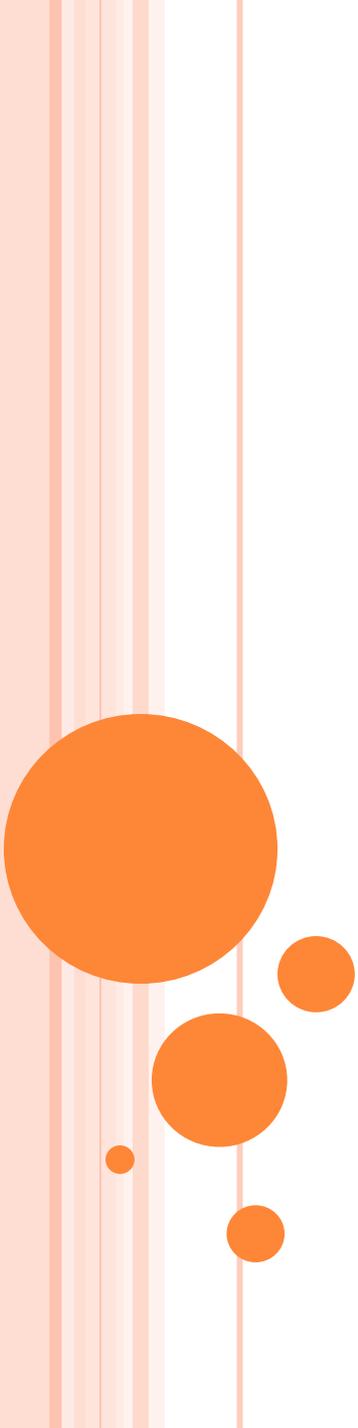
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Contact

Valory Wangler:
vwangler@zyep.org

Ester Bemis:
ebemis@zyep.org

Tom Faber:
tfaber@zyep.org



**STI TPPI (STI TEEN
PREGNANCY PREVENTION
INITIATIVE): BEST PRACTICES
AND EARLY LESSONS LEARNED**

DenYelle Baete Kenyon, PhD

Martina Moves Camp, BSW

Maylynn Warne, MPH

**Sanford Research/USD & Great Plains Tribal Chairmen's Health
Board**

ACKNOWLEDGEMENTS

- This project described is supported by Grant Number 90AT0010 from the Family and Youth Services Bureau.
- The contents of the presentation are solely the responsibility of the authors and do not necessarily represent the official views of U.S. Department of Health and Human Services.
- Great Plains Tribal Chairmen's Health Board: Derice Aragon; Marybeth Martin, Marilyn Prairie Chicken.
- Lena Spears, Tom Anderson
- Farrah Big Crow, Cindy Giago, Ashley Miller
- TAGs, Schools, Communities, Students!



OBJECTIVES

- Program Design & Model
- Curriculum & Adaptations
- Successes & Best Practices
- Challenges
- Early lessons Learned
- Key Considerations
- Acknowledgements
- Questions/ Comments

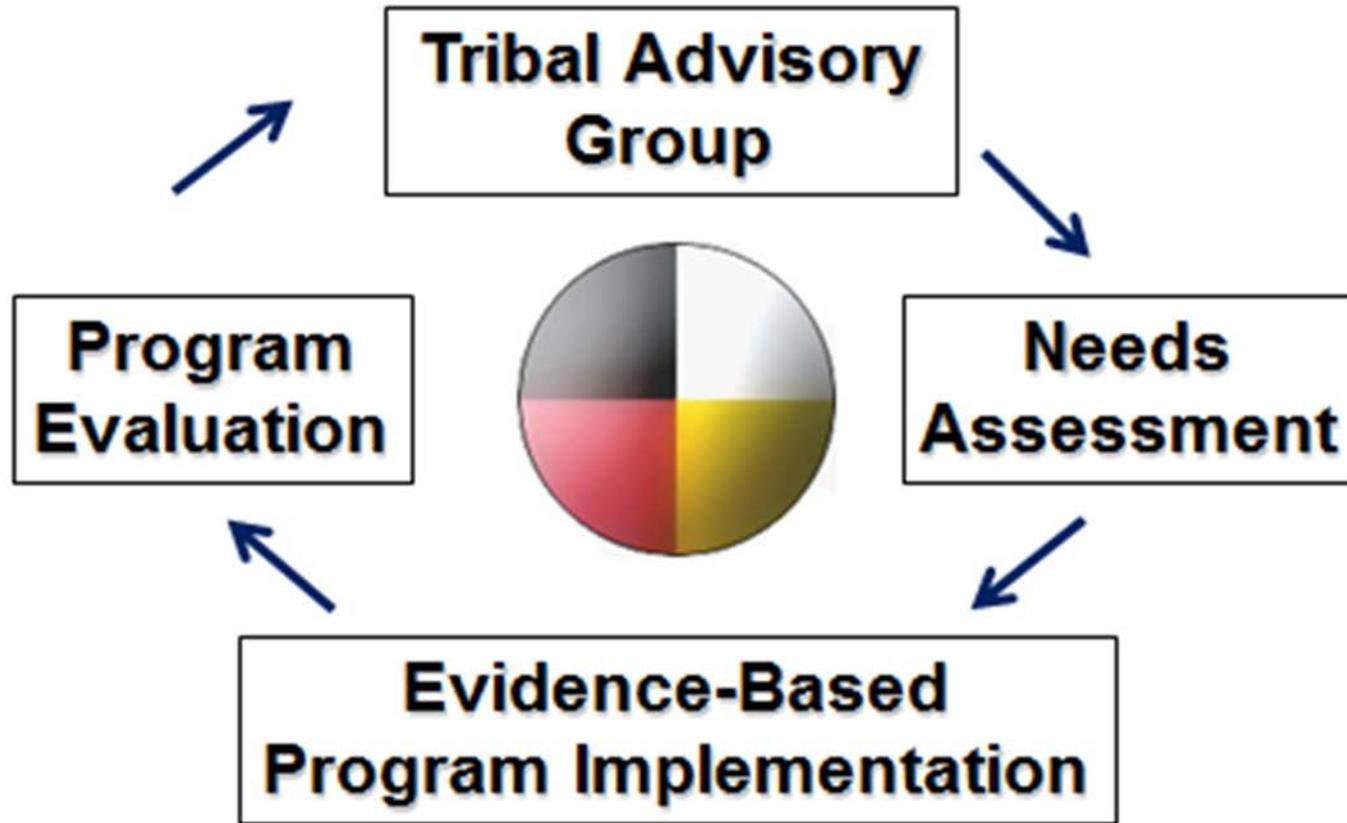


PROGRAM DESIGN

- STI TPPI led by Great Plains Tribal Chairmen's Health Board in Rapid City (PI: M. Warne) began in 4 states
- Draw the Line/Respect the Line chosen for all 3 sites
 - 6th, 7th, and 8th graders
- SD: *Teca Eyapaha* (Youth Announcement)
- NE: *Draw the Line / Respect the Line Umonha (Tribe) Style*
- IA: *Empowering Youth*
- Evaluation led by Sanford Research (Co-PI D. Kenyon)



STI TPPI PROGRAM MODEL



ADAPTATIONS

- ❖ Tribal Advisory Groups (TAG) at each site made curriculum decisions and took part in recommended adaptations.
- ❖ No *major* cultural adaptations needed
- ❖ At all sites: Used video instead of interviewing a person living with HIV/AIDS
- ❖ SD kept the word “saying” instead of “Dicho”; NE change Dicho into “saying” in traditional language.
- ❖ SD kept the youth names in the curriculum to avoid bullying; Meskwaki did change the names
- ❖ SD changed story with mention of “mall” to “let’s go to the dam”



CHALLENGES



CONCERNS FROM SCHOOLS

- ❖ School staff may fear backlash from parents from these types of topics.
- ❖ Administrators may feel topics are too personal of a subject to talk to students about. Feeling that it is the parents' place to inform students.
- ❖ Parents may believe their children are too young.



STUDENT ISSUES

- ❖ Students may not get along; behavioral issues; bullying problems
- ❖ Students may be going through personal issues do not want to participate
- ❖ Conflicting activities (e.g., basketball games)



COLLECTING DATA

- ❖ IRB/Research Review approvals needed
- ❖ Collecting parental consent forms for pre and post surveys
- ❖ Distribution and Timing

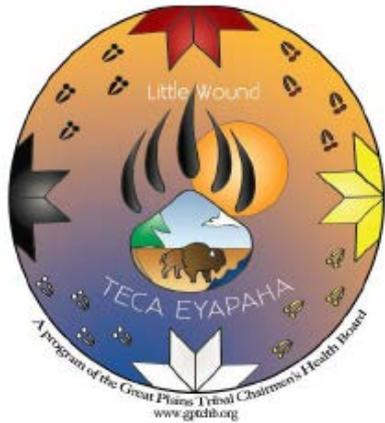


LOGISTICS

- Weather emergencies
 - Water main break, snow days
- Staff turn-over
- Communication over distances
- Budget cuts
 - Student aides not available to observe fidelity
- Student emergencies for site facilitator
 - Recommend facilitators not key staff



SUCCESSSES AND BEST PRACTICES



"A program of
The Great Plains Tribal Chairmen's Health Board"
www.gptchb.org



COMMUNITY BUY-IN

- ❖ The majority of the community saw STI, teen pregnancy prevention, HIV/AIDs as much needed information for the youth because of high rates of teen pregnancy and high rates of STIs.
- ❖ Active Tribal Advisory Groups (TAGs)
 - ❖ Teachers/educators
 - ❖ Professionals in healthcare
 - ❖ Community members



STUDENT ENGAGEMENT

- ❖ Particularly 8th grade students were very open to all lessons in the curriculum because it went over all the things that they were facing or will face in the future
- ❖ Fun activities
- ❖ Opportunities for questions
- ❖ Comfort with facilitator



PARTNERSHIPS

- ❖ Being taught during school helped with retention and recruitment
- ❖ Partnerships with public health school nurses
- ❖ School counselors
- ❖ IHS physicians and midwives



NEED FOR COLLABORATIONS

- ❖ Developing collaborations with programs help with teen parenting
- ❖ Holistic approach to STI Teen Pregnancy prevention
 - ❖ Involved in after-prom committee
 - ❖ Educational booths at health fairs



EARLY LESSONS LEARNED

- ❖ Continuous follow up needed
- ❖ Communication/feedback with school boards, principals, teachers and staff
- ❖ Preparing classroom, materials, and technology (working DVD and DVD player)
- ❖ Community outreach, connecting with parents and families important



KEY CONSIDERATIONS

- Identify key contacts and partners in community
- Research Review Process
 - Approvals from tribal government & publishing
- Work with strengths of community, understand capacities and infrastructure
- Diversity within and between tribes
 - Culture, language, gov structure, laws & policies
- Must be direct benefits to the tribe
- Tribe needs to be equal partner
- Dissemination of results & progress



THANK YOU!

Questions?



Contact information:

DenYelle Kenyon – DenYelle.Kenyon@sanfordhealth.org

Martina Moves Camp - Martina.Movescamp@sanfordhealth.org





Ateyapi Identity Mentoring Program (AIM)

*A Culturally-Based Teenage Pregnancy
Prevention Program*



Dr. John J. Usera
Principal Evaluator/Researcher
&
Bruce Long Fox
Executive Director





**The project described was supported by
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Program Structure

- **The Ateyapi Identity Mentoring Program is an adapted after-school program that provides middle and high school Lakota students with mentors during before, during, and after school; positive youth development information and activities.**
- **The mentors are Lakota young adults who have completed college, have a good understanding of their Lakota traditions, practices and values, and are exemplary models for youth.**
- **The high school after school program consists of eighteen 45 minutes lessons that provides information about human sexuality, safe sexual practices, self-identity and coping skills.**
- **Lakota history, practices, languages, and traditional are embedded in the lessons and supplementary activities.**



“Ateyapi is the Lakota word for fatherhood. In 1994, several Lakota men began to meet to find ways to give back to Lakota youth. We selected the mission of recreating the Lakota male role in today’s society.”

Bruce Long Fox

Ateyapi

“Our families are fragmented because men are not a strong part of them. Six generations of poverty and alcoholism have separated us from the one thing that could give us meaning. We hope to recreate the image of the Lakota father and regrow the Lakota family.”

Bruce Long Fox



Program Theory

Protective Factors

- Medically accurate information
- Lakota identity
- Adult models and mentors
- Sustaining Lakota traditions and practices
- Acquisition of coping skills (e.g. refusal skills)
- Impact of substance use – social norming
- Academic support
- Personal short and long term goals



Curriculum Lessons (1 to 8)

1. Session 1: What is a Legacy? (50 Minutes)
2. Session 2: Looking Ahead to My Future (50 Minutes)
3. Session 3: Guest Speakers (50 Minutes)
4. Session 4: Expressing My Appreciation (50 Minutes)
5. Session 5: What Lifts Me Up, What Holds Me Back? (50 Minutes)
6. Session 6: Expressing Myself in My Future Career (50 Minutes)
7. Session 7: Exploring My Future (50 Minutes)
8. Session 8: Declaring My Future (50 Minutes)

Curriculum Lessons (9 to 16)

9. Session 9: Getting to Know Me (50 Minutes)
10. Session 10: HIV/STI Knowledge & Self Efficacy
11. Session 11: Alcohol Related Risk Reduction
12. Session 12: Attitudes and Norms
13. Session 13: Planning & Preparation for a Vision Quest
14. Session 14: Choosing a Future (50 Minutes)
15. Session 15: Vision Quest
16. Session 16: Putting It All Together (50 Minutes)

Supplemental Cultural Activities

- Lakota Language
- Lakota History & Traditions
- Drum & Singing Groups
- Dancing
- Excursions to Sacred Sites
- Vision Quest
- Lakota games & crafts

Mentoring

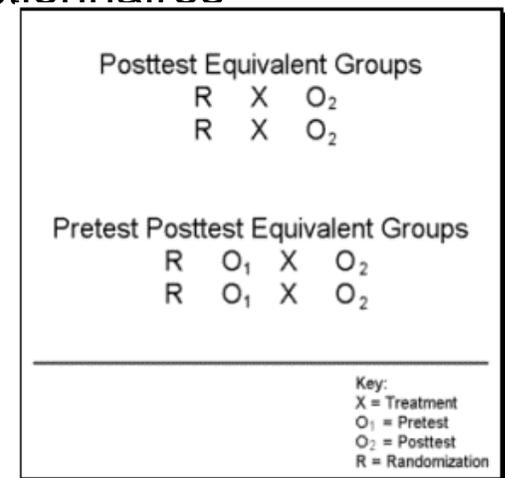
- Each student is assigned a mentor
- Mentors are available during and after school
- Special rooms are set aside for the mentors and mentees to meet
- Provide academic support and tutoring
- Referral options
- Special presentations regarding work, career opportunities, and educational options
- Transportation

Program Dosage

- 240 American Indian students are recruited from one high school
 - Priority is given to 9th and 10th graders
 - 24 month commitment
 - All students receive a school-based mentor
- After completing pre questionnaire, students are randomly assigned to a treatment or control group.
 - Random selection is stratified by gender and age
- The boys and girls receive the didactic intervention 2 times per week on alternate days. Activities are available to treatment students everyday of the week and through the summer months.
- Didactic intervention is 16 weeks, while activities are 11 months.

Research Design

- Experimental Design
- Random Assignment to treatment and control groups
 - Equivalence Testing
 - Strata Selection Based on Gender & Age
- Pre, interim, 3 months & 12 months Follow-up Questionnaires
- Program Fidelity Self-Assessments
- Program Fidelity Observations
- Other Performance Measures
- Measuring Program Efficiency & Effectiveness



Research Hypotheses

- **H₁** After participating in school-based mentoring, after-school and Lakota activities on sex education the participants will show a significant increase in knowledge about human sexuality and safe sexual practices as compare to the control group.
- **H₂** After participating in school-based mentoring, after-school programs, and Lakota activities on life skills development the participants will show a significant increase in knowledge and skills development about avoiding high risk behaviors and controlling the use of alcohol, drugs, and other substances as compare to the control group.
- **H₃** After participating in programs that teach and practice skills for emotional control and conflict resolution participants will show improved upon social skills and conflict resolution as compare to the control group.

Research Hypotheses

- **H₄: Staff who receive training in Ateyapi Identity Mentoring program, adolescent health issues, and life skills develop will contribute to the reduction of at-risk and anti-social behaviors in and out of school.**
- **H₅: Students participating in the Ateyapi Identity Mentoring program will show a significant reduction in truancy, perceived improved school climate, and increased graduation rates.**
- **H₆: The American Indian participants will show an increased knowledge about their heritage and intention to integrate the Lakota traditional values into their choices about sexual behaviors and risks.**



Contact Information:

Bruce Long Fox
Project Director
Rural America Initiative
925 Main Street
Rapid City, SD 57702
bwlf@questoffice.net

Thank You!

Pilamayaye

Contact Information:

John J. Usera, Ph.D.
Evaluator/Researcher
P.O. Box 174
Sturgis, SD 57785
jusera@rushmore.com

