

## **Preventing Teen Pregnancy Among Native American Youth Webinar**

**May 9, 2013  
1:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode until the question and answer session of the call. If anyone would like to ask a question at that time, you may press star then 1.

Today's conference is being recorded. If anyone has any objections, you may disconnect at this time. I'd now like to introduce your host for today, Ms. (Tara Wright). You may begin.

(Tara Wright): Thank you. Good afternoon everyone and welcome to today's Webinar, "Preventing teen pregnancy among Native American youth." I'm a (project) officer with the Office of Adolescent Health and I'll be moderating today's Webinar.

This Webinar is hosted by the Administration on Children, Youth and Family, Family and Youth Services Bureau and the Office of Adolescent Health and is one of a series of Webinars conducted by OAH, (BSBE) and the CDC in conjunction with Teen Pregnancy Prevention Awareness Month.

Today's agenda, we are starting off with a brief introduction and an overview of teen pregnancy in Native communities which I will give, and then we will have our grantee presentations.

First will be Dr. Tara Val Wangler and Dr. Tim Faber and (Esther Beamus) from the Zuni Youth Enrichment Project. Then we'll have (Danielle Kenyon) and (Martina Moose Camp) from the Great Plains Tribal Chairman's Health Board.

And then we'll have (Bruce Lumfox), Dr. (John Uzara) and (Whitney Rencounter) from the (Itiopi) Identity Mentoring Program with Rural America Initiatives.

We will then take questions at the end of the time. If you have questions, you can either type them into the Webinar in the Q&A box at any time during the Webinar or at the end when the operator asks for questions, you can ask your question over the phone. So we'll be taking all questions at the end of the Webinar.

We have a brief overview of teen pregnancy and native communities. This slide shows trends in sexual activity for United States high schoolers and the chart presents information from the YRBS, the Youth Risk and Behavior Survey from 2011.

As you can see from the bars, there are differences in the proportion of students who report ever having had sex by race and ethnicity. In general, Native Americans and Alaska Native students are more likely than any other racial or ethnic group to report that they have ever had sex and the that is the bright blue bar on the chart.

The next chart shows trends in the US teen birthrate over the past 20 years. This chart illustrates that while birthrates have been decreasing among US teens in every racial and ethnic group, disparities in the teen birthrates where race and ethnicity still exist.

The red line shows the total teen birthrate among all groups in the US during the period of time. The purple line shows the birthrates, teen birthrates for American Indian or Alaska Natives youth during that time.

And you can see that the purple line is consistently higher than the red line. So this is an important population for us to work with for teen pregnancy prevention. And now, I will turn the Webinar over to our first grantee presenters from the Zuni Youth Enrichment Project. We will have Dr. Val Wangler, Dr. (Tom Farber) - Dr. (Tom Faber) - and also (Esther Beamus). Thank you.

Dr. (Tom Faber): Well, hello everyone. Can you hear me okay? Can you hear me?

Woman: We can hear you.

Dr. (Tom Faber): Okay, excellent. Thank you. Good, so yes, thank you for letting us give this talk. My name is (Tom Faber). I'm the director of the Zuni Youth Enrichment Project. I'm here with the rest of the team which was just mentioned and we'll all kind of be taking turns giving this talk.

Okay, so the (DY MESA) is the name of our teen pregnancy prevention program. In addition to being an acronym which encompasses the major elements of the program, Developing Youth, Mentorship, Empowerment, Self-Expression and Achievement, the DY Mesa itself, is the name of a sacred Zuni mountain with great historical and cultural significance in Zuni.

That's where our name came from. Our main objective today is to basically tell you the story of how we introduce and develop this program in this tribal community and then hopefully relay some of the lessons that we learned along the way that might be helpful to other communities.

Specifically, we wanted to identify the things we learned in introducing the idea of a teen pregnancy prevention program in Zuni, some of the things that hopefully contributed to our success, then describe the needs assessment process and the key findings on how those were used to inform the adaptations of the program and then just kind of highlight some features which promoted the community support over the last year or so, nine months of actually implementing the program.

So just a little bit of background - our program is taking place in the Zuni Pueblo. So Zuni's a rural community in Western New Mexico. We're probably about 40 miles from the nearest stoplight which is Gallup, New Mexico.

But it's still a relatively large population. Pueblo itself has roughly 10,000 people in it. It's a close knit community with a really intact native culture and the traditional language is still very much alive.

That picture out to the left, that black and white photo, was taken in the late 1890s and obviously that view has changed since then but it's still recognizable and is really a great source of strength for Zuni youth as we work with them.

Nonetheless, there are significant challenges. The poverty rate in Zuni remains high. The unemployment rate is high. The school performance, you know,

statistically remains well below the New Mexico state average with low rates of graduates going onto higher education, a relatively high dropout rate, a high teen suicide rate, twice the national average.

And all of these things are, we think, interrelated with the high teen birthrate as well, which is 80% higher than the national average. Just a little more background, our program is being conducted by the Zuni Youth Enrichment Project, ZYEP. We're a non-profit organization which has been active in Zuni since 2008.

It's really founded by Zuni community members with a broad mission to just promote health among Zuni youth. We, over that time, have grown steadily and are currently engaging about 350 youth each year in year round programming.

The point I'll come back to later, but I think that that was one of the keys to our initial success, at least introducing this idea in Zuni, is that we have had a good track record working with youth, developing positive relationships with the key partners we are going to need and I think that has been a key factor.

So again, just for background, I think Val will talk a little bit more about this but the teen pregnancy prevention program that we started to introduce to this community about a year and a half ago is adapted from the (Carrera) Adolescent Pregnancy Prevention Program and it's a complex program that can take a while to explain but in a nutshell, the goals of the program is to instill in youth a belief that they have a positive future ahead of them, get them excited about all the opportunities that they have.

So if we can do that, the idea is that they, themselves will make the healthy choices to prevent teen pregnancy because there're so many other things they're excited about doing.

What's nice about this is it's a real comprehensive approach that also addresses a lot of the other problems that are facing Zuni youth like drug abuse and the suicide problem which you mentioned, et cetera.

So about a year and a half ago, we started this process of introducing this program, this ambitious program into Zuni and along the way, some of the things I think have really helped, we had a really success with the introduction of the idea.

And I think it didn't necessarily have to go that way. I think that there were some things that we did right that would be worth highlighting. So I think one of the key kind of background things was that when we went to the key stakeholders, in particular the school districts and the tribal council and tribal programs, we were coming from a position of having had some successful youth based programming before.

In addition, one of the first things we did as an organization, was really to sit down and identify who are going to be the major stakeholders that we need to get to accept this program and really get invested into it? And most of that was with the Zuni Public School District.

And so we identified that early and really reached out to them specifically which I'll mention in a minute. Before we did that outreach, we tried to strike this balance between having a well organized plan that we - so we sounded like we knew what we were doing, we had a plan and yet it wasn't set in stone either.

We were going to solicit input and get that investment from the school district and others and I think that having, not just going with a broad idea, instead going with a specific plan, I think also made a big difference. There is history of initiative starting and stopping, you know, only lasting a relatively short time and that was one of the things we had to overcome.

We had to get past that believability test. You know, we wanted people to believe that this was really something worth spending time on because it could really happen and so I think part of the reason that was successful was that we had these milestones set up and we had a plan in place.

You know, fourthly I guess, we highlighted the positive aspects of the program, so the goal was to empower youth to reach their full potential ultimately and as a result, they're going to be less likely to get pregnant as teens but they'll also be more likely to do lots of great things and positive things as well.

So that is really what we highlighted and I think that also was one of the factors to our success. So there are some cultural and traditional, you know, beliefs that that could theoretically in Zuni make a teen pregnancy prevention or any kind of pregnancy prevention program be controversial.

And I think we were able to avoid that by really just saying, you know, what we want to do is not really prevent anything. What we really want to do is help kids reach their full potential. And we didn't hide the fact that this was a teen pregnancy prevention program at all but we highlighted the positives. I think that helped.

And then lastly, we found it - one of our first things was to form a program advisory council which was basically comprised of those stakeholders I mentioned before and these were people who we knew would be key to getting this program off the ground, so we invited all the principals of the school here, the superintendent of the schools and members of the tribal council and some tribal program leaders to basically be on an advisory board that would help shape the program.

So we kicked it off with a retreat that allowed us to get away and really have, like, a two-day focus group with them and get them excited about the idea but also getting them believing that this can happen but probably even more importantly, feeling like this is partly their program as well so that when we were implementing it, and it was something that we didn't have to explain.

It was something that they were really kind of already a part of. And then we have continued to have regular meetings with that group throughout the year soliciting input and then also continuing the focus group process.

And, you know, I think that really has been key, so about nine months ago, when we started doing the program itself, of course, there were growing pains, of course there were issues and I think that it really helped that we had this good strong basis where these leaders knew why we were doing the program, how we got to where we were and really wanted to help us work through them.

So I'm going to go ahead and pass this off to Val to talk a bit about more the needs assessment.

Dr. Val Wangler: Hi, I'm Val Wangler. I'm a local physician here in Zuni and also the director of development for (ZYT). I'm going to talk a little bit about the needs

assessment that we did and how that influenced the selection of the career program that (Tom) mentioned.

So much of the first year of the grant cycle was dedicated to comprehensive needs assessment. We knew going in that Zuni had a higher teen birthrate, as (Tom) mentioned, 80% higher than the country at large.

But there wasn't a whole lot of other data that was easily accessible. So we worked with independent evaluator from George Washington University who started really by reviewing and compiling a number of previous surveys that had been done on middle school and high school youths in Zuni but had never really been put together in a way that allowed someone to look at them as a group and sort of draw conclusions from there.

Following that, we surveyed all the sixth grade students in the Pueblo with a survey that really looked at their self-esteem, support systems and other things that might be predictors later on of teen pregnancy.

And then we engaged students, adults, different community groups and focus groups as well. And from that, a couple of the key results are presented there. You know, clearly a much higher number of Zuni high school students reported having sexual intercourse compared to the state overall.

Bu there's also really high rates of binge drinking, really high rates of suicide attempts comparatively and 48% of the students reported skipping school regularly. Only 21% reported having a positive adult role model in their lives, compared to 37% having an adult in their lives with alcohol or drug problems.

And so these just really gave us the idea that while teen pregnancy is a huge issue here in town, there are a lot of other challenges that youth are facing as

well. And so you'll see at the bottom here that what we found out was that teen pregnancy in Zuni is a really complicated issue and that, you know, just straight sex ed, as sort of a limited approach was probably not going to get at the complicated nature of the problem.

And from that assessment, from knowing sort of the many challenges that the youth were facing, we're looking for a comprehensive approach through the evidenced based programs that had been identified. And found that the (Carrera) Adolescent Pregnancy Prevention model seemed to be a really great fit, both in terms of looking at teen pregnancy as a sort of multifaceted issue and also in terms of how it could be adapted to really fit the specific needs and challenges of the youth here in Zuni.

So just a brief overview about mono, so there's several sort of key components to that and we work with students, both in school and after school as well in the seven components listed there - education, where they get homework help and different educational opportunities.

Self-expression, where they look at self-esteem in terms of arts, crafts. Lifetime individual sports, such as tennis, hiking, biking, different physical activities that they can expect to do for the duration of their lives.

Job skills, where students are able to get a savings account with a local bank and earn a small stipend for coming to the program. (Unintelligible) group which is a sort of group model where students are able to discuss relationships, different issues that are relevant to their lives.

Family life, which I said, is the (Carrera) curriculum, really agency appropriate. And then medical care, making sure that each participant has

access to a primary care provider and a dentist that they identify as their own they can go to as questions arise.

So from there, I'm going to turn it over to (Esther Beamus) to tell a little bit about some of the adaptations that we made to that program to make it fit Zuni.

(Esther Beamus): Hi everyone. Can you hear me out there?

Woman: We can hear you.

(Esther Beamus): Okay, great. Good morning or morning, afternoon, whatever time zone you all are in. My name is (Esther) and I am the community organizer for the DY MESA program as well as the education coordinator for the same program.

I am a tribal member. I've lived here all my life. I grew up here. I went to school, elementary school, middle school, high school and went away to college and came back and also was a teacher for ten years here in Pueblo.

So I'm now a part of this really fabulous team who work with youth every day. And I get to see a number of anywhere from 40 - 35 to 40 kids a day on a really good day of attendance. But we do have about 71 enrolled children in our program.

They are sixth graders. So as (Tom) and Val had mentioned, we have the (Carrera) model that we are implementing in our Pueblo and we did some adaptations to the model and we're very fortunate that the program model allowed us the flexibility in being able to fit their model to our community.

And so one of the biggest ways we've done that was to incorporate our language in almost every component. We can speak to our children and make

some headway with whatever component they're in. It's always very nice to be able to speak to them in whatever we're doing.

Also teaching the language. Not a lot of kids speak, but a lot of them understand it and so we can use this opportunity to do any kind of written work and things like that.

As Dr. (Tom) mentioned, it is a pregnancy prevention program but we are looking at it as more of an empowerment group for kids and so in presenting it that way, we're able to show our children that there is more to their futures than becoming a teen parent or becoming a parent too soon.

So we take that part and put that into the curriculum that we serve them with. The Jobs Club, our Jobs Club person has been taking the opportunity to do a lot of service learning projects in the community. She's able to take the kids out, look around at the community, see what's needed and work from it that way.

So it just gives them a chance to get out and talk to people. And self-expression, this is very well known for talented people and artists. So that is a really great place to incorporate all of our culture.

And sport, we utilize a lot of local resources. Our sports guy takes kids around to lots of hiking sites. Yesterday, as a matter of fact, we went rock climbing just like 15 minutes to the east of our Pueblo and put out some ropes and repelling gear and had the kids experience that and it was really a fantastic way to get the kids out and do things like that and be in a different learning environment.

And then we had our staff there who were able to encourage our kids, speak to them with encouraging words. The family life sex ed component, we're able to talk about relationships and the roles, that men and women have different roles.

And that's another component that we're easily able to incorporate a lot of the language and culture. So as was mentioned before, community collaboration, we have many partners we're fortunate to be able to work with and be happy to be helping our program out.

The main one is the school district and we have our teen health center that does a lot of programming with us and serving the medical component of our program. The, of course, (I test) facility where (Tom) and (Val) work and the National Indian Youth Leadership Program that has done an amazing job of taking on some of the components or a component and serving the kids with a lot of experiential outdoor education.

Parental involvement, we hope to get more of. As a community organizer, it's my job to make sure the parents know what's happening with their kids in our program and it is a voluntary program but I do like to keep in touch with parents and say, "Hey, (Donnie) didn't show up to the program."

Or they'll call and say, so-and-so has an appointment and they won't be able to make it today or - we do give kids rides at the end of the program time, drop them off at home. And our community is fortunately small enough where we can take the children home and see where they live and if their parent's outside, we can stop and talk to them out the window.

And it's just really a nice way to end the day and drop kids off a home. So we've had some parent cafes where we've invited parents to come and find

out what's happening with our program and solicit any ideas, suggestions, any kind of information we could use to make our program better from the parent's perspective.

And then the family nights - we've had a few. We had one in the fall with a Halloween theme. We had one in February around the Valentine's theme and then we have another one at the end of the school year with sort of a recognition appreciation banquet.

So those are some of the plans we have. I'm having trouble with this. Sorry about that. Okay. And the staff commitment, that goes without saying that when I tell people about what I do and I tell the story of how we all came together, there really is no way to explain it except that we were all meant to be at the right place at the right time to be doing this work with our kids.

Really no other way for me to say that. So we've recruited all these individuals you see here in the picture. We've added a few more to our staff and everybody's really a great support system and for each other and for the kids, for the families.

And so we hope to just continue with our supportive environment and making a difference. We all have fun together and that, I think, is really key. Okay, so I'm (going to finish up).

All right, so some of the lessons learned, if you are thinking about launching a program in your community, that we've taken a really comprehensive approach. We've drawn from all kinds of resources. Anybody we can think of that we know might be of help, we've contacted and tried to involve them in any way.

Of course, we've made our cultural adaptations. Again, fortunately we were able to fit the program model to our community. And that has helped immensely.

Community collaboration, again working with all the partners that we have, getting parental support and then with staff commitment. All those together, they're all of the key ingredients to the success of our program.

And we are still new so we have plenty of room for improvement in all of these areas. But we're happily doing so. And that's us signing off. We're on top of (unintelligible) Mesa on one of our outings. It was a great day. Thank you.

Tara Wright: And thank you so much. It was a great presentation. And our next presenters now will be Dr. (Danielle Kenyon) and (Martina Mouse Camp) representing the Great Plains Tribal Chairman's Health Board. The floor is yours.

(Danielle Kenyon): Okay, thank you. This is (Danielle Kenyon) and we're presenting today on the STI Teen Pregnancy Prevention Initiative on best practices and early lessons learned and we're at (Stanford) Research presenting on behalf of our PI, (Manlan Warren), at Great Plains Tribal Chairman's Health Board who just had a baby last week.

So first we'd like to acknowledge our grant from (FISBE) and our collaborators at Great Plains Tribal Chairman's Health Board, our subcontractors who do the facilitating for our employees who've had a key role in the program's success.

And of course, our tribal advisory groups, schools, communities and the students. So our objectives for today are to give an overview of the program

design and our model, go over our curriculum and adaptations that we made, go over some challenges that we face and how we've overcome them as well as our successes and best practices, talk a little bit about key lessons learned and key considerations for folks who want to work with tribal communities and then of course, take any questions later.

So our program design began in four states. Great Plains Tribal Chairman's Health Board works with the Aberdeen area, which is North Dakota, South Dakota, Nebraska and Iowa.

And for various reasons, it didn't work out with North Dakota so we have - are still working with three sites in South Dakota, Nebraska and Iowa and ended up all choosing to draw the line, respect the line evidence based program for teen pregnancy prevention that works with sixth, seventh and eighth graders.

And then the evaluation part is led by myself at (Stanford) Research. So for our presentation today, we'll be focusing a lot on the South Dakota program implementation because (Martina) was the facilitator there as well as that's the site that has completed the first round.

So our program model is comprehensive and iterative in that we utilize our community tribal advisory group to get feedback and input on every aspect of the program.

So again, like the Zuni folks, as a part of our grant, we did a needs assessment, quantitative and qualitative, where we did focus groups and interviews with community members as well as a community readiness assessment to see where all of the different tribal sites were at in terms of teen pregnancy

prevention and helped us see what the other organizations that we could collaborate with.

Through working with the TAGS that we'll talk more about later, what they all chose that draw the line, respect the line program and then, of course, the program evaluation to help us learn what parts we could do better at, what works and what doesn't.

So like (Danielle) mentioned earlier, we chose draw the line, respect the line so it's the adaptations were done with the tribal advisory groups, or the TAGS, and what was great about the draw the line, respect the line, it can with adaptation tools.

So with that, all the TAGS went through the whole curriculum and then there wasn't any major cultural adaptations so just like small things that we made adaptations on, like in South Dakota, because it was, like, an hour and a half to the nearest mall, so we changed the mall to let's go to the (dam) because that was where some of the kids congregated after school.

And other things that we had to change were, instead of interviewing somebody who had HIV, we used the DVD instead. So challenges - there were challenges we came across when working with (FIS). You know, with the staff at the school, they thought that because the stigma that comes with HIV and pregnancy, that there was fear of backlash from the parents that they thought that this content was probably going to be too much or some of the administrators felt like this topic was too much because they thought that this type of topics or these types of conversations should be had with the parents instead of coming from the school.

But, you know, and the parents through this might've - that it might be too - their children might be too young to be getting this type of information. But how we overcame some of these challenges, we still kept meeting with the school and the parents and because we believed in this curriculum, I believed that this curriculum would benefit the students and the parents and the school.

Student issues - of course there are issues that the students are dealing with. So we just kind of - you know, we always have a staff member inside the (pachum) to make sure that they dealt with those issues. Because I wasn't a school staff member I couldn't really do any of the disciplinary things.

So, you know, we just tried to make sure that we all were kept on track. You know, for instance, one of the students didn't want to participate so we sent her to a study hall. She didn't have to participate. We don't want to pressure her into it. Later we found out that she had a teen pregnancy issue.

So collecting data, like I mentioned, the evaluation of the program is a very important part and of course at our sites the various IRB and research review approvals are needed for our areas, so one of the tribal sites we work with had their own research review board as well as the organization IRB that we need to go through.

So for this wave of data collection, we had the approvals a little late for some of our sites with some of the classrooms to gather that data and get the parental consent for the pre and post surveys with the students.

So just the distribution and timing wasn't good for some of our programs so next year, some of the things that we're going to do is, at the beginning of the school year, connect with the parents when they're used to filling out the paperwork and do a lot of the consent forms then.

With our other site in Iowa, where the start time was later and it's a smaller community, we did - the facilitator there was able to receive most of the consent forms back, so we do have some of that data.

So, of course, we had logistical challenges, as any program does, so here in the Midwest, we have to deal with a lot of weather emergencies over the school year, so snow days, pushing back the curriculum.

For one of our sites in Nebraska, they had a very serious water main break at the tribe that they had to declare a state of emergency where the facilitator had to put the curriculum on hold while cleanup and that sort of thing was done.

So, of course, there's the usual challenges. The staff turnover and keeping everyone trained and up to date. One of the unique parts of our program that is challenging is that communication over distances, so that we're working in three small communities across three states, our staff needs to - we do frequent teleconferences using Webex to keep each other posted and help out.

And we also use, like, Smart Sheets to share files and communicate like that. So - and then, of course, as other programs are also dealing with budget cuts, that one of the recommendations is to have someone in each class observe the program for fidelity's sake that we're not able to put that in our budget, so trying to figure out other ways to get those observations done.

And then one of the feedbacks for our fidelity report from our trainers was one of the key staff and facilitators at one of the tribes is the school counselor as well. So at some point, when he has to step away to care of a student emergency, he's not able to do the curriculum and one of the

recommendations on that end is to not have those key staff members in those facilitator roles, especially in small schools where they're filling a lot of roles.

So given those challenges, though, we've had great successes and some best practices that we can share from our first implementation of the curriculum. Community buy in, because teen pregnancy rates are very high in the area, a lot of the community members were very excited to have this program and to have any CDC information that we had to provide them.

When we talked about the travel advisory groups there, they had a lot - they're very important to the whole process of this program just as far as, like, making, approving the needs assessment, help picking out the curriculum, the whole adaptation process and when the classes would be taught, who the people I should contact and the times and who would help see through the program.

Student engagement - well, this, you know, with this program, the draw the line, respect the line was very age appropriate material. The 8th grade students at my location were very interested and engaged with all the lessons because they - these were things that they wanted to know and maybe were too shy to ask an adult.

This gave them an opportunity to share what they knew and for them to learn from the materials that I had from draw the line, respect the line. Partnerships - having a partnership with the school, I didn't have a problem with retention or recruitment because it was taught in school and I was located in the school so I didn't have an issue with that.

Partnerships with public school nurses that were in the school was also a really good partnership to have because they were the ones who would see all the students who would come in for pregnancy tests and if they had an issue

with STI and then they wanted to go to the clinic, then they were the ones they saw, so they thought this program was going to be an excellent service for the students.

Also, the school counselors because they saw most of the issues that some of them were dealing with and they - so they were totally behind this also. And IHS physicians and midwives, they just were excited to have something like this in the school because they also identified STI and teen pregnancies as being one of the challenges that the community faced.

The need for collaborations - in the - at the school, they had the (face) program which was a really helpful tool for teen parenting classes and also just parenting classes for the community.

They're also in the process of writing a grant for a daycare because of the high teen pregnancy, so it was, like, so they were, you know, there were all these other resources that were inside the community that would help because they wanted to make sure that the teens that were becoming young parents, that they still finished their educational goals.

We also did the whole, like, holistic approach. We went - we had booths at prom because, you know, some proms, of course, we don't want to be encouraging but we wanted to also be there to have information and to give them - to be there to pass out condoms.

We also had booths at health fairs but then we stood there, like, all day long and make sure that we passed out all the information that they needed but also told them the reasons why each protection that they were going - that we had.

So early lessons learned - continuous follow up with all of the people that are involved as far as administrators, principals and the key staff members that you're working with, just making sure that you kept in contact with them and updating them on the process of the project and making sure that they're up to date so that their input of what was going on was heard as well.

Making sure that your classroom, that you had all the material that you needed and I would say parent's night and parent/teacher conferences were, to me, were the best ways to outreach to the parents. It allowed us to showcase the curriculum to a small amount of parents and guardians that allowed them to ask questions and voice their concerns with this program.

So as a wrap up, some key considerations. If you are working in tribal communities or thinking about it, obviously the community connection is really important to identifying your key contacts and partners in the community and that's where that community readiness model is really good to see what else is going on in the community on teen pregnancy and STI prevention.

Keeping in mind the research review process, so the importance of giving your approval from the tribal governments and things before publishing. Working - keeping in mind, working with the strength of the communities that you're working with, so each community is different and diverse, so understanding the capacities and different infrastructures for programs so that's where we're working directly with the school, with one site.

The other site was working - two of the grades are within the school. The other one is an after-school program. And then a third site is working with the tribal health and doing the program as an after school program. So it's just working with the strengths in each communities.

Another thing, especially with our program, is considering the diversity within and between the tribes. So the Iowa tribe is more of a woodlands culture, patriarchal, tribal structure, whereas the Nebraska speaks its own language. All three of them have diverse traditional languages.

The Nebraska and South Dakota tribes, they're more plains culture but again, completely different background and culture. The government structure, keeping in mind the laws and policies are different for each tribal community.

And, of course, just utilizing good principles of community based participatory research and tribal participatory research, so making sure there're direct benefits to the tribe which in a program that - with youth there should be, that the tribe needs to be an equal partner in really reaching out to those community members and using your advisory groups each step of the way.

And then really, the importance of disseminating results back to your communities and keeping them updated on the progress of the program. And we'd like to thank everybody for their time today and answer any questions or emails that are there or after the Webinar's over. Thank you.

Tara Wright: Thank you so much.

(Bruce Longfox): Good afternoon. This is (Bruce Longfox) with Rural America Initiatives in Rapid City, South Dakota. Our particular youth program is called Ateyapi Identity Mentoring Program and we've had Ateyapi programs since 1994 and we've overlaid the Office of Adolescent Health Program both tier one and tier two over that.

At the tier one level we're working with the middle school and we're replicating the adult identity mentoring curriculum.

And at the high school level tier two we're adapting the adult identity mentoring curriculum doing cultural adaptations especially but also AIM was more of a career oriented curriculum that had no mention of medical information in it and so we added three lessons of about safe sex and using condoms and HIV prevention and so that was part of our adaptation.

The Ateyapi Identity Mentoring Program Ateyapi is the Lakota word for fatherhood and we work in the school itself from about 10 am to about 3 pm and try to work with the principals in the teachers and we are actually have our mentors as paid volunteers stationed in the classrooms and we feel this helps us to develop relationships with the kids but it also helps us to do our recruiting directly.

And then by teaching the curriculum after school we can do it on a voluntary basis we get signed applications from the parents granting us permission to present our information to the children and that way I guess we've always bumped up against a vocal minority who did not like us teaching values that probably they would prefer to teach at home. And so by teaching after school we've gone around that particular problem.

The mentors that we hire there's six mentors at the high school level and six mentors at the middle school level and they work with about 20 students a piece and we work with both girls and boys. And the girls attend on the two days a week and the boys attend on two days a week. And then on the fifth day they all do activities more recreational activities together.

We'll concentrate today on the high school program. The high school program consists of about 18 - 45 minute lessons and like I said they provide career information but they also provide some information on condoms and safe sex.

We actually have or the high school program is located within Rapid City Central High School and it's the largest high school in South Dakota about 2400 students.

And we work with about 240 students out of that pool. They're all Native Americans and some are mixed with African-Americans, and some are mixed with Chicanos and Latinos, as well, but they claim primarily to be Native American.

One we out of that 240 students we recruit 120 to be part of the treatment program and their top curriculum and the other 120 are what we call the comparison group and they get the mentoring. We do tutoring high school tutoring for them, cultural activities and cultural materials for them make and take sort of activities.

We also try to mix in Lakota history and culture. A lot of our mentors are Lakota sun dancers and pipe carriers meaning that they believe the traditional values and try to walk in the modern world in a traditional way and that's one of the things that we try to share with the students.

There's a couple of quotes here. This particular quote our families are fragmented because men are not a strong part of them six generations of poverty and alcohol is a map separate us from the one thing that can give us meaning.

We hope to recreate the image of the Lakota father and regrow the Lakota family.

About 75% of our families are still female single female head of households. And so we really do try to provide sober adult male role models for both the boys and the girls.

And for us it matches up with a traditional model there's a role for the men called ikce wicasa which meant common man. It was much of a servant to the community and looked after the needs of the group before the needs of the individual or even his particular family.

Let's go on to the needs. Real similar to what you saw with the Zuni Project we have a high drop out rate it shows here the state says ten point three percent but we show a 50% drop out rate. And that's improved over the last couple of years from about 58%.

The teen pregnancy rate when we first started it shows here at 107 point 4 that's the 2011 rate. The 2009 rate was about 117 point six per thousand which is about 5 times higher than the non-native rate.

We chose to kind of concentrate on chlamydia among the STIs. We don't have a high rate of HIV but our rate of chlamydia is so high it indicates that's our students are having sometimes four to five sexual partners a month and for the most part it's unprotected sex so if we ever did it get HIV in our population we would be decimated fairly rapidly.

We also have a high incarceration rate. We make up about ten percent of the population but we make up about 37% of the juvenile arrests and adjudications.

Some of the things that the program tries to teach we want them to be use safe sex so we do teach them how to use condoms. Lakota identity we try to reinforce their identity at all levels at all opportunities.

We try to provide adult role models much of the learning about culture is by observation and the kids watching the mentors and how they behave as much so as more didactic approaches of telling them how to be or how to act.

We try to give them coping skills. We also try to teach them some impact of substance abuse. Try to give them tutoring and academics support and then we also try to get them to establish a long term vision of who they want to be when they're adults, what their personal vision is, and that hopefully they'll value that vision strong enough that they'll avoid the, you know, unprotected sex and also the partying, excessive partying.

So I'll go ahead and turn it over at this point to (Whitney Remcounter) to talk about the curriculum.

Go ahead (Whitney).

(Whitney Remcounter): Okay as we get these students divided up these 240 divided up into the 120 comparison group and the 120 that we actually teach the curriculum to 60 girls and 60 boys, we've got into classroom right upstairs beside our regular classroom to teach the curriculum after school.

And so these students like (Bruce) said twice a week attend the curriculum and we've taken the adult identity mentoring curriculum from Dr. (Clark) and her group and we've made some adaptations and incorporated some cultural values into that as well.

And so we'll kind of go through a run down here. So the first session usually the first cycle we have three cycles during the year and we usually try to get those 100 students completed through those three cycles and then, you know, and then if not we'll go through the summer programs as well.

But section one we talk about what's your what is a legacy we help the students take a look at a poster of individuals throughout the nation that they may be identify as someone who left a legacy such as (Billy Mills) or other individuals that they understand.

And then we also take a look at help them to look at individuals in their communities that leave a legacy whether it be their aunts or uncles or parents on and so forth to help them kind of understand create that is closer to them.

And then the second session we look ahead to my future we go through our Web poster where we take a look at positive and negative futures if you chose to be a lawyer, you know, whether there some positives there are maybe if you chose to use these other individuals that maybe in your community such as a drug dealer, you know, what are some negative effects coming from that.

We kind of help them to understand take a look at the negative and the positives of a future that may be part of their lives or what they see in their community.

And sections three we go to we have a guest speaker come in someone an individual in the community that is successful that has an impact and we can kind of have the students take notes and then once that is completed we have them write a thank you letter to that individual as well just to kind of complete that process.

And then we got into session four which is expressing my appreciation and do this as we've adapted the stick game it's called the hand games which is a traditional game that we help them to understand, you know, about working together as a group and when you making educated guesses and sometimes you go with what your gut feeling is and kind of it's really fun activity and the students love that portion of it.

Then we go into session five what messed me up and then what holds me back, you know, we talk about the career puzzle game and the college exploration, you know, help them to understand that what they might be interested in as they move forward in their careers.

And then we go into session six which is expressing myself in my career future which we help them to make their aspiration declaration what do they want be when they graduate high school, what do they want to become.

And then we also incorporate a traditional shield into that less than we help them to incorporate some things that they may want to do, you know, what the shield it's obviously historically it's a way to document and to show symbols of your family and maybe some of the ways your family has been successful and helps the community.

Then we go into exploring my future and then we're during this time we conduct individual interviews with the students and then, you know, discuss maybe their things that they enjoy to do and some of the things that they're good at.

And then we go into section eight declaration declaring my future and then we help them to make business cards and prepare themselves also.

And then getting to know me we help them with their resume. We help them to prepare themselves and some of the students have actually taken these resumes and found jobs here in the community which is very exciting for them.

We in section ten that's when the nurses from the Indian health service come in and we incorporate their teachings of, you know, about HIV STI knowledge and self-efficacy and they go through these sessions through section 11 alcohol related risk reduction, attitudes and norms, you know, we do a your move video, condom use and wheel of fortune game as well incorporated into that.

And section 13 we go through a planning and preparation for the Vision Quest. And we also have help them do a personal career report. And then we bring in an elder to discuss preparations of this particular Vision Quest and how it relates to, you know, how you're going to lead how are you going to leave your legacy and during this time it's a way and traditionally how our young men take that transition into becoming a man.

And then and also for the women, you know, and so we can incorporate that and then also when we go into the session 14 choosing a future we go through a winter count which is traditionally something that you document one of the most important events in your life whether it be a birth or a death or something that you've accomplished something or just important things that happened historically and we helped them to do that with their personal lives, you know, like a timeline.

And then we session 15's the actual Vision Quest. We actually travel down to (Wambly) which is on a reservation close to here. And then we have an

individual who helps us prepare these students and help them just to do an introductory Vision Quest and meditating and having that experience and it's very valuable to our students.

And then we go through they do a statement when they're completed with that.

And then the final session 16 we go through putting it all together we distribute the letter with letters of recommendation, portfolios, business cards, Web tickets, and then we combine that together and we complete the curriculum.

And then the supplemental cultural activities, you know, Lakota language is something we have a Lakota language program at we partner with here in the RAI group Real America Initiatives.

And then also at the school, you know, we have Lakota language words all throughout the room and then we kind of help them to understand and learn that. Lakota history and traditions we talk to them about that in the values and the hand games and if we songs and dances and beading.

We go through all of the aspects of that. Same thing with the drum and, you know, singing we gather the students together from time to time help them to learn hand drum hand game songs honor songs other things like that. So we continue that also as one of our traditional teachings as well.

And then same thing with dancing we have (Wachee fees) which is the pow wows. We have those throughout the year in the communities and those are very great events that take place encouragement to the communities.

And then we go we take them to a lot of different sites throughout the Black Hills whether it be Bear Butte, Harney Peak, Devils Tower. We take them throughout the Black Hills and teach them about the sacred sites and why they were important to our relatives historically and their importance today and so that's another opportunity to teach them. And once again we talked about the Vision Quest and the Lakota hand games and crafts.

So I'll go ahead and next one we'll talk about the mentoring. Each student is assigned a mentor as (Bruce) said. The mentors are available during and after school.

During the school day we provide them with help of their schoolwork. We tutor them, we help monitor them, and track them during the school day.

And once again all the students are able to participate in that aspect of it but when it comes to afterschool only the 120 students that were chosen for the treatment group can participate.

Then we like I said we have the special room set aside, you know, for the curriculum and then the special room just for the actual afterschool program where we provide them with the snack and others.

And then we provide academics support and tutoring, referrals if they need help with anything at home, we there's a lot of we work with the career center that provides them with maybe bus tickets they might need rides to school.

And then during the winter we do provide rides to school that's the issue for them when it gets real cold. And then transportation obviously is a big part of our program as well.

So all right turn it over to Dr. (Usera).

(Usera): I think what's unique about this program is the fact that it's one of the it helps strong a research base it is. It is there's random assignment. We are students are being studied in order to determine if this program is effective.

And as you heard from (Bruce) and (Whitney) the whole thing is to really not only to help develop this the self-esteem and the pride of the Lakota tradition of the students but also to have them achieve their own educational career and personal goals especially by staying in school.

And so by having the program as a school base in combination with afterschool activities finding out this is an effective program will be very telling for future implementations this program to stay in the program are in order to keep all high school students in school.

And one of the things you'll notice in the flyer that and is already alluded to we select 240 students as it's done in the first month they're recruited and they are asked to answer their questions and invited to be a participant.

And as you can see that the focus in on ninth and tenth graders but we do not exclude 11 and 12 graders if they want to be part of the program but we try to get as many 9th and 10th graders into the program as possible.

And they we ask them to do a 24-month commitment to the program. And they also are told that they will be randomly assigned to either a random to a controlled group or to a the treatment group the intervention group.

And when we ran the select them it's done by gender and age so we break it down by gender and then we make sure that there is a that the age group is randomly selected also.

And so just like (Whitney) said the program it's divided the boy and girls are meet twice a week but the lessons but the activities are ongoing. And everyone both in the control group and in the (FEMA) group have access to mentors.

And I think that's a very strong part of a program. So because you're put into a control group doesn't mean that you don't have access to some of the programming at least the mentoring part of it.

But what we are really looking at as the didactic side and the cultural adaptations they are affective part of the programming.

So it really is a very unique approach to this. Like I say the lessons are 15 weeks long and we divided 120 students over the year so you got four three cycles of 40 students each. But all activities are spread over the 11-month period or over the year.

In terms of the research design that it is an experimental design we do a we're very heavy on the equivalent testing making sure that our baseline and our students that we started with follow them for 24 months to see where they're at. And to see if any the changes in attitudes would leaves from practices all the performance measures that we're measuring to make sure that we're tracking that.

And so you can see that we have the pre (unintelligible) the three months 12 months follow up questionnaire. Obviously we do (unintelligible) less house

to make sure that we do fidelity that we're faithful to the program implementation. They do some self the facilitators do self-assessment log. And we do observations and looking for ways to make the program more affective and efficient.

Those basically and I don't want to spend a lot of time on the hypothesis question but I just wanted to let you know that these are the typical there are six hypotheses that we're trying to test in this research our model.

And basically and we all alluded to this seeing that a school based mentoring program are we seeing changes in the sexual practices, are we looking at for reduction and substance use, or and then looking at them to deal with conflict resolution issues.

We know that bullying and all these become our issues especially in high school. And so we want to see if there's a if this program is having an impact on that.

The other pre-hypothesis include, you know, the dealing with antisocial behaviors in and out of school. And do we see any changes in that.

We also looking for improvement in truancy, and increased graduation rates is the long term here and so we hope that we will see that the students are staying in school and not dropping out.

And then, of course, the increased knowledge and their heritage Lakota traditional values and traditions, and so that is one of things we are doing here.

I think we're done.

Woman: Thank you Dr. (Usera) and thank you to all the presenters. We're now ready to take questions so Operator.

Coordinator: Thank you we will now begin the question-and-answer session. If anyone would like to ask a question please press star then 1.

Once again if you'd like to ask a question at this time please press star 1. One moment please for our first question.

(John): This is (John) for the Great Plains of program. How many sites is the program at and how many students are they serving?

Woman: Three sites and that was in South Dakota, Nebraska, and Iowa. And I think the South Dakota site was probably the largest and I don't know how like because they're still implementing in Nebraska I don't know how much students that they had. But at my site there was 132...in the whole middle school.

(John): Oh.

Woman: And the other sites were probably about 50 students each...for six, seventh, and eighth grades.

(Tara Rice): Hi this is (Tara Rice) and we have a couple of questions that were submitted through the textbox online. (Heather) submitted a question this question is directed toward the organization that is doing draw the line respect the line.

You talked about the school and student challenges would you please tell us how you handled them?

Woman: You know, with the I guess with the school and the school administrators they just kind of felt like that with this subject matter because draw the line respect the line not only does it talk about healthy relationships and negotiating, you know, I guess like I guess peer pressure and it also integrated like STI information and HIV.

So it was kind of even though they start at the big issue in the area it was they just weren't ready to talk about it yet.

So I, you know, we just kind of it was what was helpful for me was when the (EPI) aid from the CDC came done and they brought all of the information and data with the that showed the high rates of chlamydia and gonorrhea.

And when the CDC comes on that's never a good thing. So but it also gave us that shoe in into the like to say, you know, these are our problems and they were just shocked by all the data and that they came with in I presented it to the school and so they were like oh my god.

We knew it was an issue but we didn't know it to this extent. So that was very helpful for my sites.

Woman: And I think there was a great school in community support I mean some detractors but I think when we just presented to the school board and gave them an update on how the program went they we're very pleased with it and excited for next year so.

Woman: Thank you and we have a couple more questions that came in online.

(Rachel) asked do you charge the schools for these programs?

Woman: So I guess at Great Plains we can take that one first. We have a grant to cover the services so we don't charge the school anything. It covers the facilitator's salary, it covers some incentives for the students and all of the supplies so at this point no it's definitely peer service.

(Bruce Longfox): In Rapid City we don't charge either. There we treat the mentors like they're paid volunteers for the school district. And so the school district does get the benefit of their adult being there all day all year.

Man: Yes in Zuni we don't charge either.

Woman: All right thank you. And quickly we have another question online.

This comes from (Aida) this question is for the Zuni Project. The program that you use do you specifically talk about sexual health, STI, and reproduction?

Woman: Hi yes these topics are addressed in the family life sex ed component.

We have workers from the teen health center come and provide the curriculum which is part of the (Carrera) program it's an agent stage appropriate curriculum starting with sixth grade and then following years seventh grade they'll adapt it to the kids at that age and they cover all kinds of topics like that that's the component where that all those issues are addressed.

Man: In addition the medical component, you know, involves kind of a one-on-one relationship with the participant and a medical provider.

And so, you know, the individual, you know, issues of STD prevention and birth control and things like that come up hopefully in those conversations as well.

Woman: Thank you.

We have another question online let me see. No it looks like we've got all the questions online. Wait there's one more that came from (Rachel) for the folks at Zuni is there some place where I can learn more about the native use empowerment curriculum?

((Crosstalk))

(Val Engler): Hi this is (Val Engler) so, you know, on the ZYP Website which is [www.zyep.org](http://www.zyep.org), there's quite a bit of information about the different parts of the program so that would be the best place to reference.

Also our contact information as on that last slide questions you can always email me [vwangler@zyep.org](mailto:vwangler@zyep.org) if there's more specific parts of the program that people want more information about.

Woman: Thank you and Operator do we have any questions on the line right now?

Coordinator: Yes we do I have question our first one is from (Aida Gonzalez) your line is open.

(Aida Gonzalez): Hello I actually asked this question online but I can go and ask it now. This is the for AIM project.

You talked about how the groups are both co-ed are both male and female. Are the boys and girls grouped together and also do they both do Vision Quests?

Man: They're actually like we said before they're we teach them separately because of the sexual adaptation transmission, you know, that we talked about the part of it.

So we keep them separately there and then yes they do on a voluntary basis participate in the Vision Quest as well.

(Aida Gonzalez): Thank you.

Coordinator: Our next question is from (Robin Leddick) your line's open.

(Robin Leddick): Hi thank you first of all the presenters really enjoyed hearing the different initiatives that are going across different parts of the country.

I have a couple questions. My first will be for everybody and that's a question about targeting the most appropriate audience. And so the question is how do you ensure in the program that you're really targeting the youth that for better words are more at risk for teen pregnancy and suicide prevention because of my experience as health educator I felt like the kids who were those that were more likely to come to the events or come to the sessions we're the ones who probably maybe more certainly more at risk.

And so I was wondering how you we're able to if and how you are able to sort of target all of the youth?

Man: Well I can address that from the DY Mesa Program in Zuni. We're not small enough community that we were able to offer enrollment in fact actively recruit everyone in Zuni who was entering sixth grade last year.

And so it was universally, you know, encouraged. We've gotten about 80% of those youth they were enrolled. And we continue to reach out to the other ones and I really tried to promote like the positive kind of fun aspects of the program to try and entice them to be a part of it.

So that's in targeting we tried to target everybody.

And then sixth grade, you know, that was just that age group was what the program that we had have adapted the career adolescent pregnancy prevention that's their model, you know, that's sort of the preadolescent time where hopefully we could intervene, you know, early it's also a time where kids are going through a lot of, you know, changes in their lives and things.

So the sixth grade part came from the program model and then we were really able to offer it to the entire Pueblo.

(Robin Leddick): Okay.

Woman: And this is the Great Plains group given that a lot of our sites were in the school we didn't have an issue with we did a parental opt out and sent home a form if the parents or students wanting to opt out of the curriculum they could choose so and only a few students out of the three out of the two sites that do the in-school choose to do that.

And so I think it is more of an issue for our after school program that's in Nebraska that it was just it wasn't even a question I think of having a problem recruiting the at risk youth but recruiting a good number of youths at all.

So it's definitely a main concern but that's where our community advisory groups thought it was important to work with the schools that the students were already there and was one of the benefits of our school-based programs.

Man: For the AIM project in Rapid City I think you have a point because ours is a voluntary program and I think as I think about it we probably get the middle 50% of the students and the 25% at the bottom that are most at risk probably don't come and get involved the same way that the middle of the roaders do so that's a good point.

(Robin Leddick): Thank you and my is there time for another question Operator?

Coordinator: You have one more question from (Crystal Lee) your line is open.

(Crystal Lee): Hi yes my name is (Crystal) and I'm from the Navajo Nation and I'm actually I'm not able to stay on the computer right now I'm actually back going back home and driving while listening to this.

So because I can't see everyone's information on there because I'm actually adapting an evidence based HIV prevention curriculum for tribal use and I'm going to pilot test it here to urban troubled youth in Nevada Las Vegas area.

So I'm really interested in all what you have to say I have a million questions and I would just like to email you guys individually and just to kind of pick your brain about my questions.

Man: Our contact information for project AIM is on our Website there I mean our PowerPoint but I'll give you a my telephone number then I can give you the rest of our contact information it's 605-341-3339.

(Crystal Lee): Thank you.

(Tara Rice): And this is (Tara Rice) from (OEH) and this Webinar is being recorded and the slides and the presentation will be on archived on the Office of Adolescent Health Web page so if you want to go look up all the mail addresses you can do that.

(Crystal Lee): Okay perfect thank you.

((Crosstalk))

Man: If you just Google Zuni (unintelligible) because we can't remember the name we'll come up just Google Zuni (unintelligible) and our emails are on there too.

(Crystal Lee): Thank you.

Coordinator: We have no further questions at this time.

Woman: Okay we just had one question from a (Tiffany) on that was submitted online and that we'll take that one really quickly.

How do you handle behavior and bullying issues in the schools?

Man: Yes absolutely we here at the Rapid City, you know, the South Dakota with the AIM curriculum that we teach that's something that we see quite a bit in the beginning in terms of students actually attending during their selective cycle we have the issue of some students not wanting to attend because, you know, other students are attending that maybe bullying them.

So what we do is we go and we have a benefitted in the fact that we actually located in the school during the day so we're able to pull in the resources, we're able to work with the actual principals, with administrators and with other teachers. And we are able to work together to kind of help them resolve those conflicts and help them to understand why it's important for them to participate in a Program, you know.

So a lot of times those resources really help us be able to approach that. And if all else fails we see what we will also call in the parents and talk with them. So it's kind of I would say a group effort in able to work with that.

(Martina): And this is (Martina) from the Great Plains. Like I mentioned before because I wasn't like a school employee I had the teacher there who dealt with any of the bullying issues are, you know, just some misbehavior. But whenever I did have a student who just wasn't like who is the bully I guess in the classroom he became my helper and he became the person that I would use and make him like act like the champion in the classroom so he can, you know, feel useful because there's obviously a reason why he's acting out.

And so when I give him like a duty he becomes, you know, that's when he starts to become more of an adult and he starts to participate in a healthy way and doesn't make it uncomfortable for the rest of the youth.

(Ester): This is (Ester) from the DY Mesa Program. Like our other tip is that (unintelligible) our we use the same types of (unintelligible) that have been mentioned and it basically just comes down to paying attention to the child and giving them the attention when they need it.

We if we have any issues in the afterschool program we make sure that we have a staff member who can take, you know, the one or the two or the three

however many children are having some issues that they and takes them aside and then like make them helpers like (Martina) said or have them do certain jobs that need to be done, or to take a walk with them, talk with them, just give them a little bit of time to get out whatever they need to get out. And we do contact families as well, teachers and we try to bring in counselors just make it a community effort on the part of the for the child and we'll see how it goes from there.

So it's a work in progress though everyday.

Woman: Thank you Operator do we have any more questions?

Coordinator: We have no other questions at this time.

Woman: Okay great. So everyone thank you so much for participating and thank you to all of our speakers.

Just want to remind you very quickly that this is part of a series of TTP month Webinars upcoming Webinars include: One on May the 13th on Youth and Foster Care; one on May the 15th on Social Determinants and Teen Pregnancy; one on the 22nd of May on the Affordable Care Act and Youth; and log information for all Webinars is listed in the TTP month events calendar that was distributed by email.

Thank you all very much thank you again to the presenters on behalf of OAH and Bisbee I would like to just extend my thanks to everyone and this concludes the Webinar. Please disconnect at this time.

((Crosstalk))

Coordinator: Thank you for participating at today's conference you may disconnect at this time.

END