

National Coalition of STD Directors

May 18, 2010





# Purpose

To facilitate the empowerment of teen opinion leaders to become peer educators who help their peers serve as positive role models and make healthy decisions for themselves through the use of factual, science-based information delivered by peers that they trust.



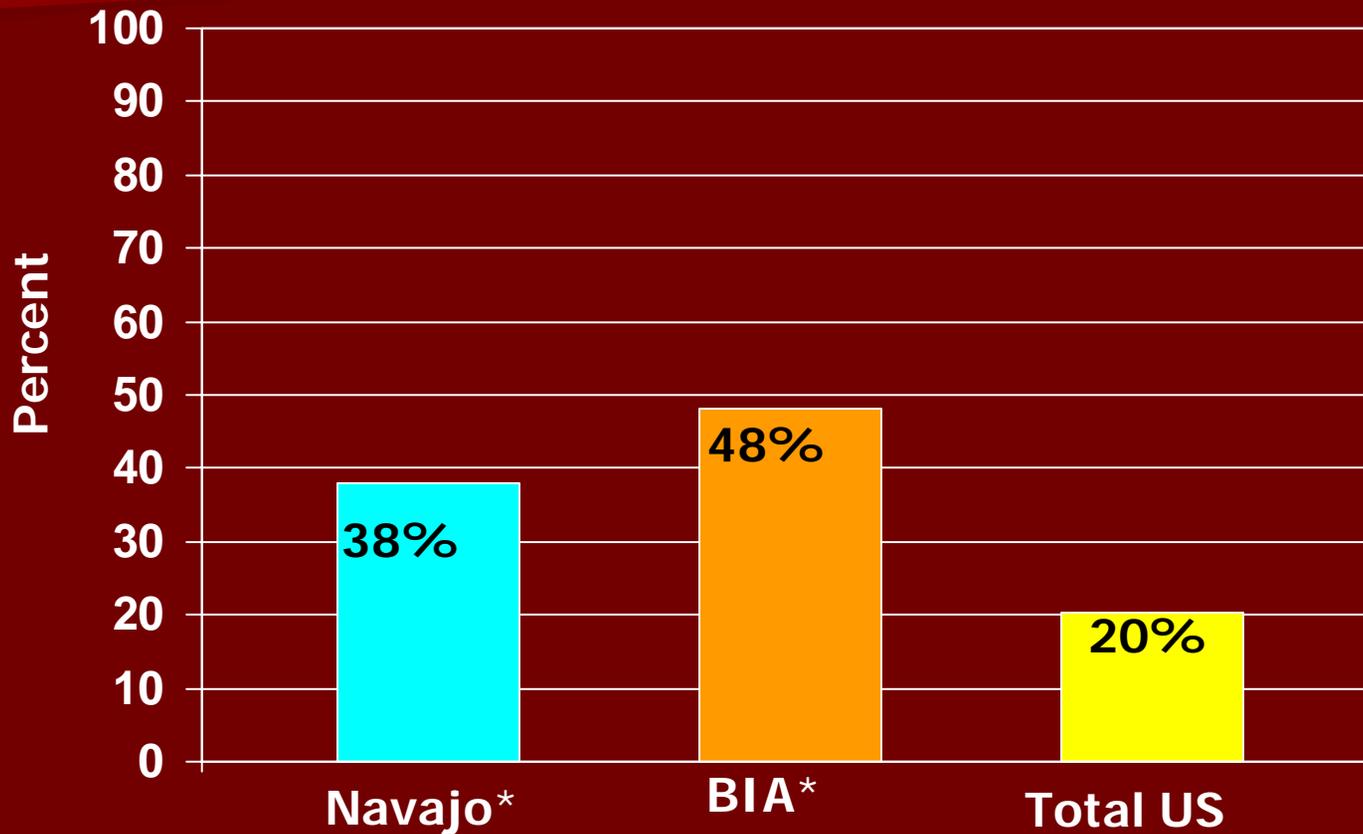
# STDs Among American Indians

- Basic rates based on 2007 data
  - 2nd highest rate of chlamydia
  - 2nd highest rate of gonorrhea
  - 3rd highest rate of syphilis

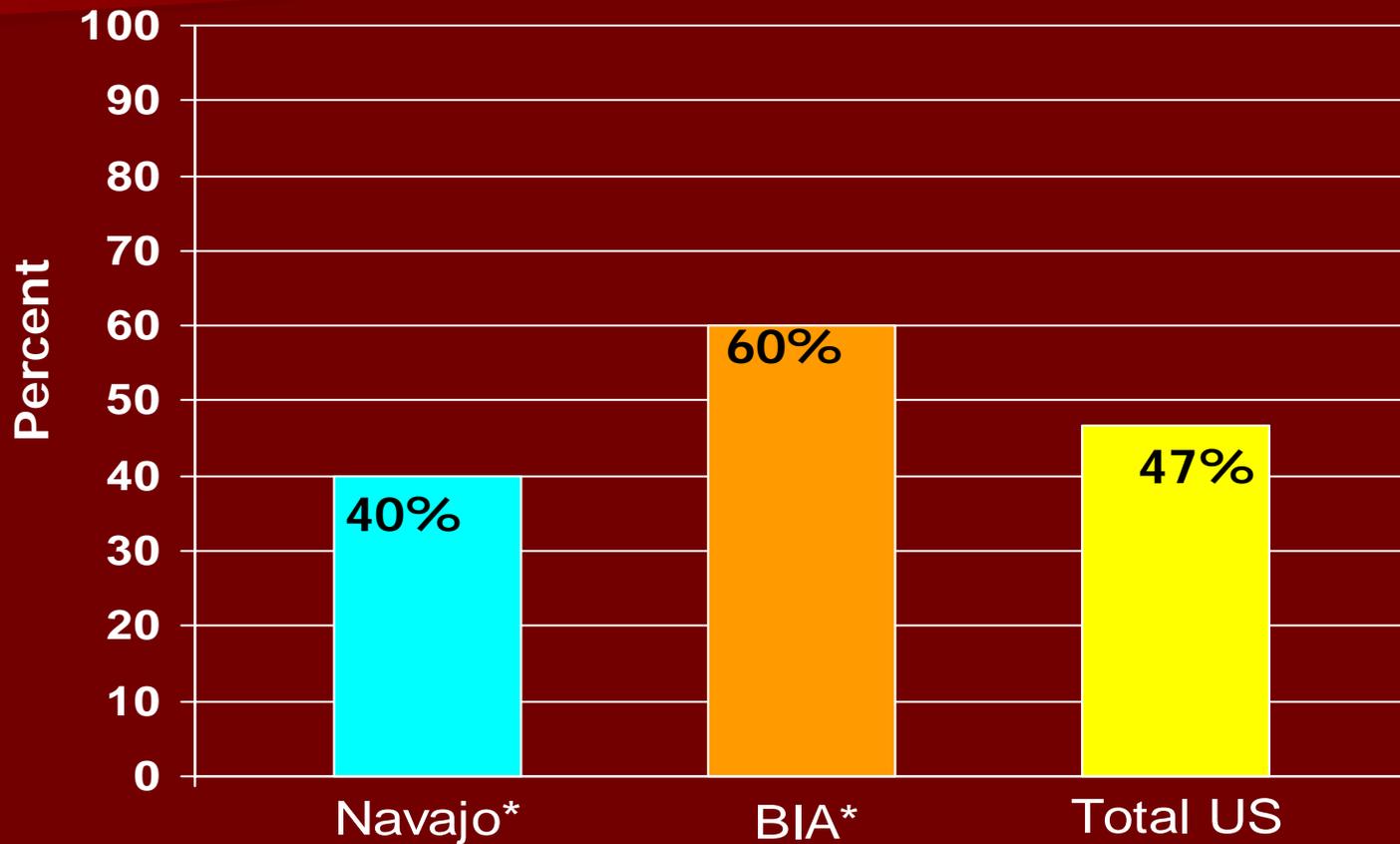
Source: Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2007* Atlanta, GA: U.S. Department of Health and Human Services, September 2009.

**native**  
**STAND**  
Students Together Against Negative Decisions

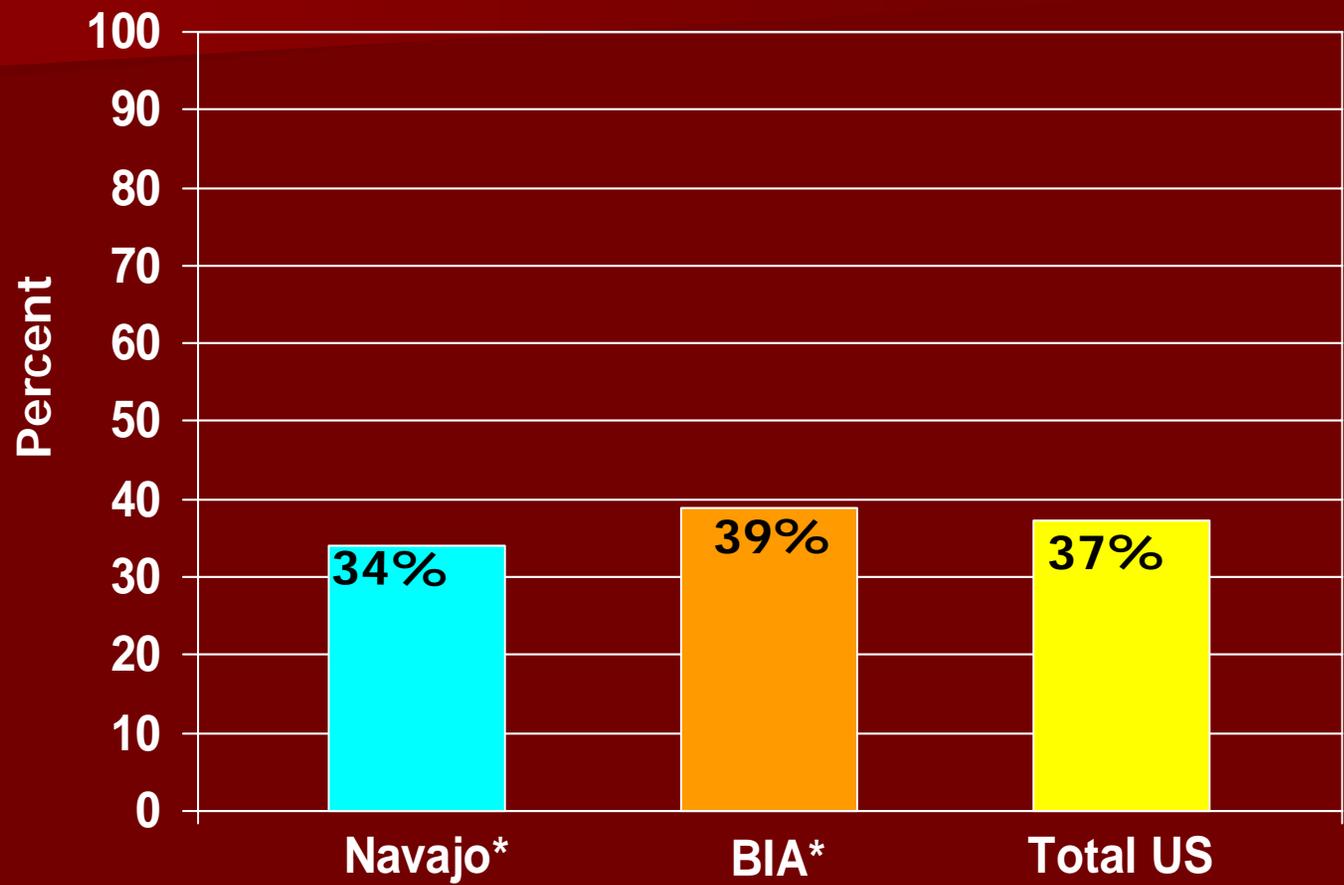
# High school students who smoked marijuana in the past month, 2003\* & 2005



# High school students who have ever had sex, 2003\* & 2005

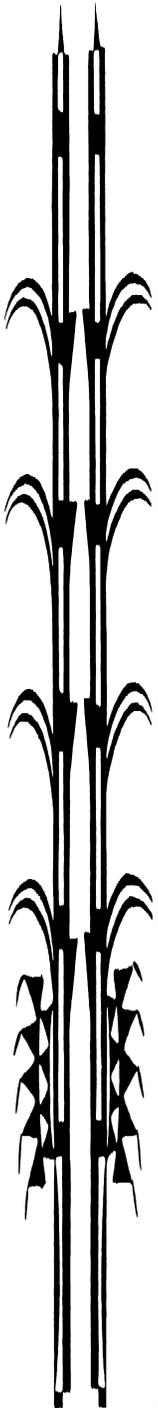


# High school students who did not use a condom at last sex, 2003\* & 2005



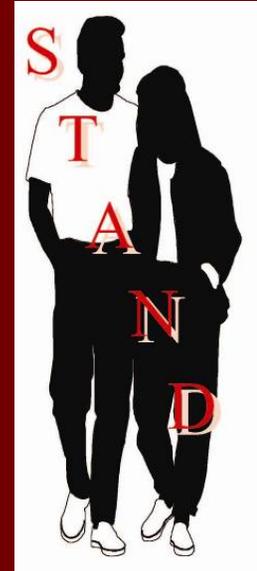
# History of STAND

- Developed in the 1990's at Mercer University School of Medicine for youth in rural Georgia
- Developed by a team of national experts, youth, parents, MDs, etc.
- Implemented in 1996-1998
- Adopted in school and extracurricular settings throughout Georgia
- Evaluations published in 2000
- Selected for tailoring for AI/AN youth in 2008



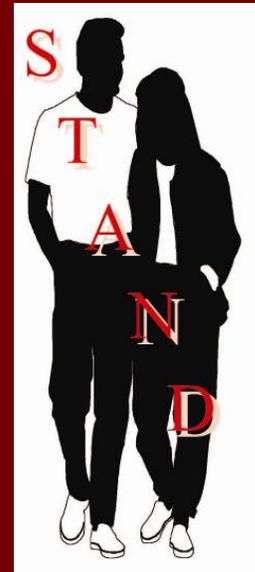
# The Original STAND

- Peer educator curriculum
- Addresses risk taking behaviors (pregnancy, STDs, AND HIV)
- Focus on *healthy decision-making*



# Students Together Against Negative Decisions

- Abstinence, risk-reduction, & promotion of safer norms
- Opinion leaders engage peers in 1-on-1 risk-reduction conversations



# Effectiveness

- Comparison between 2 GA counties (8 months)
- STAND county teens reported:
  - ↑ – 7X more condom use
  - ↑ – more conversations about pregnancy prevention and STDs





# Adaptation



# Project Overview

- Multidisciplinary workgroup (with AI/AN)
- Pilot trials/feedback from AI/AN youth
- External advisory group review
- **Pilot curriculum at 4 BIE boarding schools**
- Revise as needed
- Package, disseminate, & market

# Curriculum Workgroup

Marco Arviso, *Navajo AIDS Network*

Kyrsten Azure, *Univ. of North Dakota Student*

Dana Cropper Williams, *NCSD*

Lori de Ravello, *IHS Nat'l STD Program*

Sonal Doshi, *CDC*

Larry Foster, *Navajo Nation Div. of Health*

Elizabeth Jarpe-Ratner, *Student Intern*

Mike Smith, *Mercer Univ. School of Medicine*

Scott Tulloch, *IHS Nat'l STD Program*



# Adaptation Strategies

- Expand content area
  - Healthy relationships, dating violence
  - Drug and alcohol use
- Create flexible format
  - 1.5 hour segments
  - For boarding schools, after-school programs, in-school class for credit, etc.
- Incorporate culturally-relevant content

# Adaptations

- Local Native facilitators
- Native presenters, elders, HIV+, pregnant teen
- “Words of Wisdom”
- Native art
- Native health data—local, national
- Stories, activities from various tribes
- Native pride



## Traditional Stories of Sexuality:

### Coyote's Carelessness (Wasco-Warm Springs)

Coyote was going along and he came to a river where five pretty sisters were bathing and washing clothes some distance from each other. "What pretty girls," Coyote said to himself. "I wonder how I can enjoy them all." He thought a little and then turned himself into a baby faced up on a papoose board and set himself adrift on the river.

Pretty soon he drifted down to the oldest sister. "Oh! What a beautiful baby!" she said. She pulled it ashore and picked it up. Well, that Coyote turned back into himself and before she knew what was happening he had his way with her. Then he became a baby again and drifted down to the second oldest sister. "Oh, my! What a cute baby!" she said. "I must save it!" But when she picked it up out of the water, it was that Coyote! And so he went, fooling two more sisters along the way until he reached the youngest.

When she saw the baby drifting down she said, "There's something funny about this. Let me see." She held the baby in the water with one hand and quickly unlaced it with the other. Sure enough, it was that Coyote! It seems that when he turned himself into a baby, he forgot to change his penis, too. When the youngest sister saw he was no baby, she threw him far out into the river. He was careless, but she was careful.

# Adaptations -2

- Native role models
- Native role plays, case studies
- Native youth video role play setups
- Native values
- Traditional healing practices
- Native communication styles
- Field trip to teen Native health clinic

**Man in the Maze**

This figure is called *ka ho jai* ("Big Brother") in the Tolowa-Ojibwa language. He is shown at the top of a *siyagimik*, or *siyagim*, and is often referred to as the "Man in the Maze".



For the Tolowa-Ojibwa, the symbol represents a person's journey through life. The twists and turns represent choices made in life, with each turn, even the most unlikeliest, leading to a person in the middle of the maze, a person who has their own path and goals. At the center (the end turn in the design, one has a final opportunity to look back upon his or her choice and path, before they pass into the next world. (Note that several other tribes related to the Tolowa-Ojibwa use the same or similar symbols, sometimes with a slightly different interpretation.)

Here is how *Ahliwa Ahliwa*, a Tolowa-Ojibwa tribal member, sees *ka ho jai* and the *siyagimik*:

"I know Brother lived in the maze ... and the reason why he lived in the maze was because ... I think that's the reason why they ... (laughter) ... oh, because when that was the way, and that was the thing, that's what they thought that ... that was Brother's other ... So he ... they called him ... he lived in there ... but he had a lot of enemies so he made that, and he was in there a person would go in there but they couldn't find him ... they would have to wait and go back.

"But in real life ... when you look at the maze you start from the top and go into the maze ... you're in, you go down and then you reach a place where you have to turn around ... maybe in your own life you feel something happens in your future, you are not, you just yourself up and you go in through the maze ... you go in and on and on ... so many places in there you might ... maybe your child died ... or maybe somebody died, or you stop, you fall and you feel bad ... you get up, you around and go again ... when you reach that middle of the maze ... that's when you see the Sun God and the Sun God blesses you and say you have made it ... that's where you die.

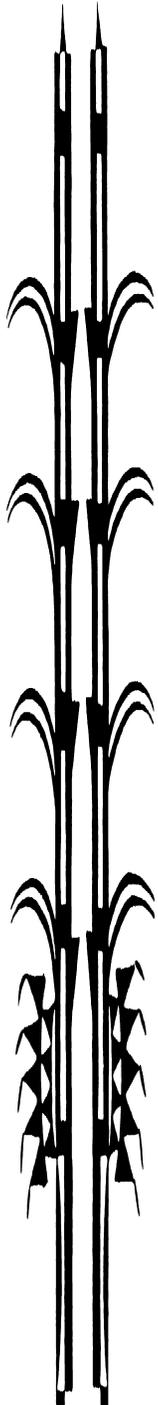
"The maze is a symbol of life ... happiness, sadness ... and you reach your goal ... there's a house there, and you reach that house when you get to the middle of the maze ... that's how I have felt, my grandpa told me that's how the maze is."

**Exercise:**

You will work in pairs to go through a simple obstacle course. The obstacle course will involve items to walk around, step over, and duck under. In your pairs, one person will find an obstacle and the other person will be the Seeker. Both students will get the opportunity to experience both roles.

The Seeker is blindfolded and must rely on their Guide to direct them through the course. Guides must give clear, specific directions, and Seekers must rely solely on their hearing skills and instincts to gather information about how to navigate the course. Guides must not touch, lead by the elbow or hand, or use any other methods of communication than giving verbal cues.

When you have reached the end of the obstacle course, change roles and repeat the process.



# Native STAND Overview

- Theoretically-based
- Empowers and supports youth
- Addresses healthy decision making for prevention of pregnancy, STDs, HIV, drug/alcohol abuse, etc.
- Uses active learning techniques (not lecture)



# Learning Objectives

New peer educators will be able to:

- Describe the magnitude of the teen pregnancy and STD/HIV problem;
- Recognize the need for teens to learn how to reduce sexual risk taking;
- Explain the importance of peer educators as role models and their impact on norm setting;
- Interact effectively with others to promote risk reduction behavior changes.

# Native STAND Principles - 1

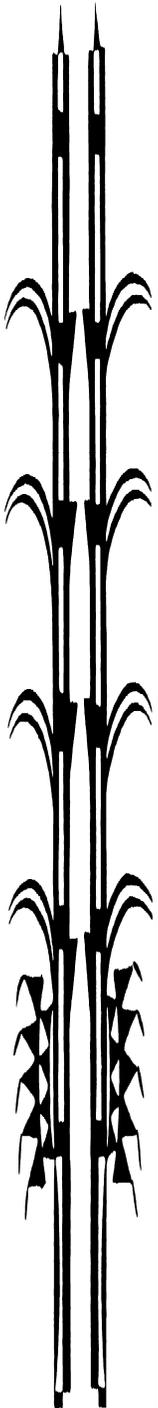
Teen-centered

Selects peer opinion leaders

Trains peer educators as change agents

(Co-)led by adult & teen co-facilitators (not “teachers”)

Topics are theoretically sequenced



# Native STAND Principles -2

Promotes healthy social norms

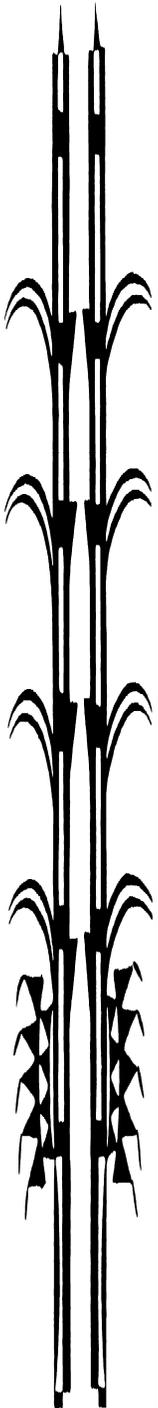
Promotes both sexual abstinence and risk reduction

Targets both pregnancy and STD/HIV prevention

Teaches skills development

Trains teens to initiate 1-on-1 risk reduction conversations

Encourages positive role modeling





# Native STAND Goals

- Increase risk-related knowledge
- Improve prevention-related attitudes
- Change personal risk behaviors
- Increase related skills
- Increase positive role modeling
- Increase peer communication about risk reduction



# Native STAND Goals: Knowledge

- Basic reproductive health (anatomy)
- STDs and HIV
- Prevention
- Healthy relationships



# Native STAND Goals: Attitudes

- Self-esteem as Native Americans
- Improve attitudes toward
  - ✓ abstinence
  - ✓ condoms/contraception
- Increase motivation to
  - ✓ avoid pregnancy, STDs, HIV
  - ✓ avoid unhealthy relationships
  - ✓ model healthy behaviors



# Native STAND Goals Skills & Self-Efficacy

- Refusal
- Partner communication/condom negotiation
- Condom use
- Recognizing unhealthy relationships
- Speaking to peers about healthy behaviors/decisions



# Native STAND Goals: Behaviors - 1

- Act as positive role models
- Decrease involvement in unhealthy relationships
- Decrease use of drugs/alcohol



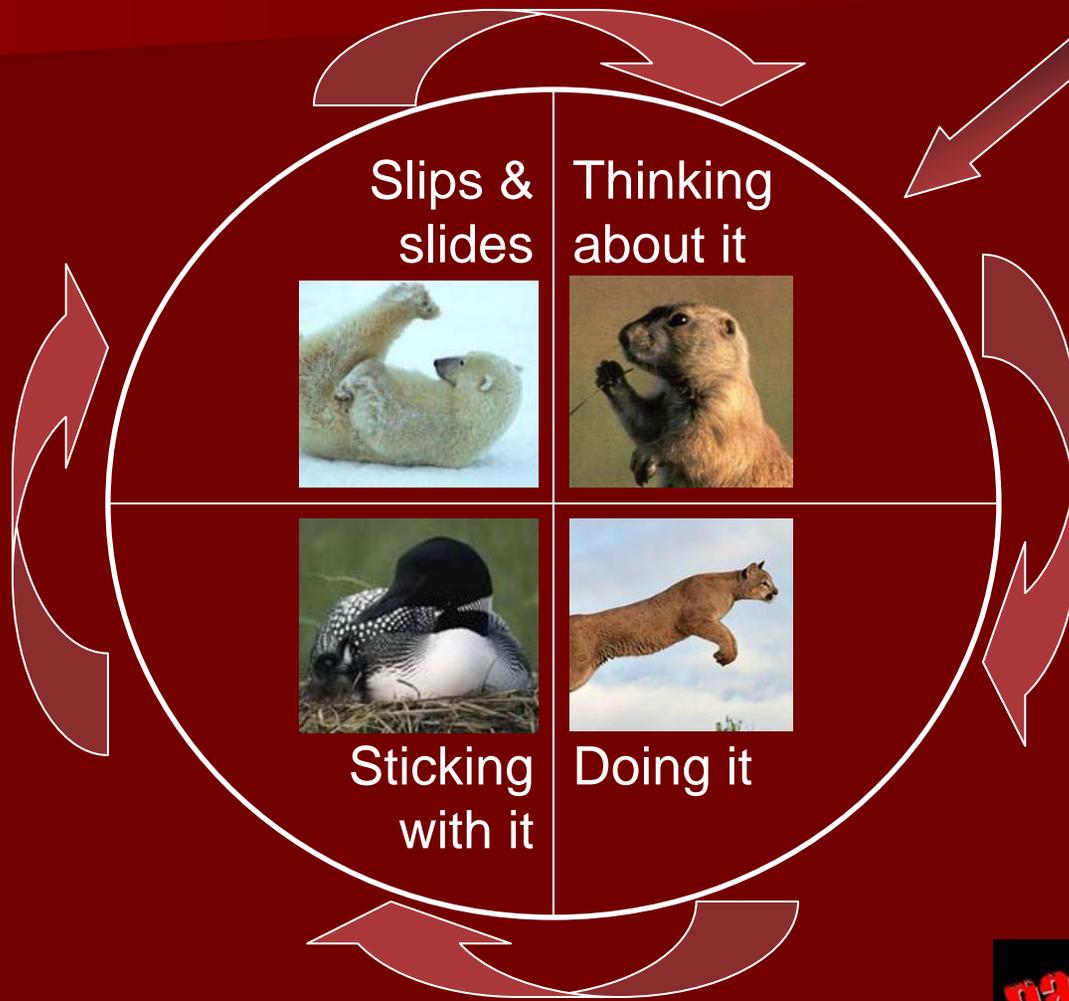
# Native STAND Goals: Behaviors - 2

- Delay first sex/increase abstinence
- Decrease # of sexual partners
- Increase condom use/decrease # of unprotected acts of sexual intercourse
- Increase STD testing among non-virgins
- Speaking to peers about healthy behaviors/decisions

# STAGES OF CHANGE



Not thinking about it



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# Next Steps

- Pilot sites ended in April
- Evaluation activities conducted
- Analyze data
- Secure funding for further dissemination

# Special Thanks

- IHS National STD Program
- Dr. Mike Smith, Mercer Univ.
- STAND Workgroup

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