

Native VOICES: Phase Two Report to Partners

Project Background

In response to high rates of sexually transmitted diseases (STDs) and pregnancy among American Indian and Alaska Native youth, the Northwest Portland Area Indian Health Board (NPAIHB) and three project partners (one urban and two reservation-based) are working together to:

- adapt a CDC-recognized sexual health intervention, *Video Opportunities for Innovative Condom Education and Safer Sex (VOICES)*
- develop a new video-based intervention for Native teens and young adults (15-24 years old) called *Native VOICES*
- evaluate the effectiveness of *Native VOICES* as an STD/HIV prevention resource
- if shown to be effective, disseminate the intervention across Indian Country

To adapt the *VOICES* intervention and make it more culturally-appropriate for Native youth, the NPAIHB has been working with project partners to hold youth focus groups, interviews, and community feedback sessions. NPAIHB staff have also gotten feedback from clinicians, health educators, and staff at AI/AN youth-serving organizations on the feasibility of the proposed intervention and ways to successfully integrate *Native VOICES* into the flow of clinical and social services.

Phase One Recap

During the first phase of the project, NPAIHB and project partners conducted 4 focus groups with NW Native youth (25 participants total), 10 individual interviews with clinical staff and staff at youth-serving organizations, and 5 individual interviews with youth who identified as LGBTQ/TS (lesbian, gay, bisexual, transgendered, or queer, or two spirit). Based on this feedback, a phase one report was released (Available at: http://www.npaihb.org/epicenter/project/curricula_and_interventions/#Native%20VOICES). The primary topics discussed included:

- Youths' beliefs about condom and dental dam use and barriers to use in their communities
- Common questions and misconceptions about STDs and pregnancy expressed by youth, and
- Clinical and social service providers' expertise on developing a culturally-relevant and age-appropriate sexual health resource

Phase Two

During phase two of the project, NPAIHB and project partners conducted 4 talking circles with NW Native youth (24 participants total), and 8 individual interviews with youth who identified as LGBTQ/TS.

Focus Groups

During the focus groups, youth provided a great deal of insight regarding the components of a successful sexual health video, in terms of cultural relevancy, age appropriateness, and quality. Participants also provided additional feedback on topics raised during the first round of focus groups, including access to condoms. Notably, young people's recommendations for what to include (or not include) in the *Native VOICES* video did not vary substantially from what was said during the first round of interviews.

During the second round of focus groups, participants were shown segments of the original *VOICES* video, and were asked to comment on the characters and situations they saw portrayed in the video. The following is a synopsis of their feedback (please contact NPAIHB for a more detailed report):

Youth liked...

- how characters used real life scenarios (that demonstrated outcomes) to impress upon others why condom use is important
- the fact that young women are shown how to stand their ground regarding their sexual choices
- how the video showed people buying condoms in a pharmacy (felt it was de-stigmatizing)

Key recommendations include...

- changing certain scene locations to make them more youth-friendly
- using humor to both initiate conversations about sex and to keep conversations lively
- using less dialogue and more action during scenes where safe sex occurs (for example one character may slip a condom into their partner's hands rather than breaking up the flow of intimacy by starting a lengthy conversation about protection)

During the first round of focus groups, several topics arose that staff thought were relevant to explore during the second round. One such topic was young people's access to condoms. At all *Native VOICES* sites, youth reported a multitude of locations where condoms were available; however, when asked further, both reservation and urban-based young people commonly reported feeling uncomfortable being seen taking condoms when condom baskets were placed in public spaces, like clinic waiting rooms or at tribal health pharmacy counters. This made it challenging for youth (especially teens) to access condoms.

To learn more about youth's access to condoms during the second round of focus groups, we asked participants: *"If it was up to you, where would you put condoms to make sure that all young people who wanted them could easily get them?"*

Participants recommended putting condoms in private spaces - like bathrooms (at school, the mall, etc). Some young people recommended expanding condom distribution efforts to de-stigmatize their use. These participants generally felt that schools should play a large role in condom distribution and that condoms should be offered wherever youth go for medical or social services.

Interviews with LGBTQ/TS Youth

In an effort to include a diversity of perspectives in the *Native VOICES* intervention, staff and partners worked to recruit and interview LGBTQ/TS (lesbian, gay, bi-sexual, transgender, queer, two spirit) youth.

Like focus group participants, LGBTQ/TS youth identified several key methods for preventing STDs and pregnancy, including female and male condoms, dental dams, and plastic wrap (for anal and oral sex). In addition to these barrier methods, several youth mentioned using additional types of risk reduction strategies, like no oral sex with hook-ups or one night stands.

Notably, although youth identified dental dams as a potential prevention strategy, all women who have sex with women (WSW) said that they themselves do not use dental dams, nor do they know any other WSW who utilize this barrier method. One particularly distressing common misconception among WSW was the belief that STDs cannot be spread between two women, or that sex between women is inherently less risky. As a result, many felt that protected sex between two women was not a priority.

Regarding access to condoms and other forms of protection, LGBTQ/TS youth reported that *physically* accessing condoms was relatively easy; however, youth seeking dental dams and gloves were harder pressed to find these forms of protection. Additionally, many youth reported never having seen a dental dam and few knew how to fashion a condom into a dental dam (or that this was even an option for safer oral sex).

Like other focus group participants, the majority of LGBTQ/TS youth felt that in long-term relationships, where both partner's "trusted" or "knew one another," protection (including condoms, gloves, dental dams, and the alteration of practices) was not likely to be used. Furthermore, one-night stands, and short-term sexual partnerships, although being perceived as higher-risk by youth, were at times not protected due to factors like alcohol or drug-use, feeling caught up in the moment, or the unexpectedness of an encounter with another LGBTQ/TS youth.

With regard to the *Native VOICES* video, many LGBTQ/TS youth felt that in order to show the complete experience of being LGBTQ/TS, it is important to demonstrate the challenges of coming out and possible rejection by friends and family. Many also thought that it was essential to give other young gay Native's hope that things could get better, and communicate the message that they are not alone and that there are people out there who will love and accept them.

Next Steps

Fall 2012

- NPAIHB will hire a team of Native filmmakers and will work with them to develop *Native VOICES* scripts and plotlines.

Spring 2013

- NPAIHB will work with project partners to recruit a third round of focus groups and interviews. We will use these meetings to get feedback on potential *Native VOICES* scripts and plotlines. It will also be helpful to get feedback on the video's content from people in the community who will actually be implementing *Native VOICES*.

Summer / Fall 2013

- NPAIHB will make final changes to the *Native VOICES* scripts and plotlines based on feedback from the community.
- *Native VOICES* filming and editing will commence!

Thank You!

We are proud to be working with all of you, and thankful for your help moving this project forward. We are right on schedule, and are excited to announce that we just received additional funding from IHS to expand the *Native VOICES* evaluation to sites across Indian Country. Hopefully one day (soon!) *Native VOICES* will be a resource recommended and recognized by the Centers for Disease Prevention and Control.

For Additional Information

For additional information about the *Native VOICES* project, please contact Wendee Gardner, the *Native VOICES* Project Coordinator, at wgardner@npaihb.org or (503) 416-3275 or Dr. Stephanie Craig Rushing, the *Native VOICES* Project Director, at scraig@npaihb.org or (503) 416-3290.