

CIRCLE OF LIFE

FACILITATOR GUIDE



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Circle of Life

INTRODUCTION

Circle of Life (COL) is a sexual risk reduction program for American Indian youth between the ages of 10-12 years old. This manual provides information about the program and guidelines for teaching the curriculum.

How the *Circle of Life* (COL) was developed

The original COL program was developed by ORBIS Associates, an American Indian controlled organization. During development, between the years 1994-2000, community members, education experts and health professionals provided ongoing input and review. Two classroom based versions of the program were developed—one for elementary and the other for middle school aged youth.

These programs were pilot tested in various settings including schools and Boys and Girls Clubs. In 2006-2009, the middle school program was formally evaluated. The results showed that the program was associated with delaying sexual activity for youth ages 10-13. Additionally, teachers and students reported that youth liked the program. Teachers also said that it was easy to teach. They recommended adding more cultural content and developing an on-line version.

Based on this feedback, the elementary curriculum was revised. Then in 2010, the Indian Health Services HIV/AIDS Program partnered with the Office of Minority Health Resource Center to produce an on-line version of the program for 10-12 year olds.

Recognized as an innovative and promising program, in 2010 the Office of Adolescent Health awarded funding to evaluate the effectiveness of the multimedia COL program through the Teenage Pregnancy Prevention Initiative. This 5 year evaluation is being conducted by Dr. Carol Kaufman at the University of Colorado, Centers for Native American and Alaska Native Health.

Using a group randomized design, the evaluation is being conducted in partnership with Native Boys and Girls Clubs in the Northern Plains. The evaluation utilizes qualitative and quantitative data to report on both process and outcome measures. Youth in the study will take up to 4 surveys over a 2 year time period. Results from the evaluation are expected to be available in the fall of 2015.

For more information on the history of COL, please see:

[http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2019/19\(1\) Kaufman Circle of Life 140-153.pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2019/19(1) Kaufman Circle of Life 140-153.pdf)

SEXUAL HEALTH STATISTICS FOR NATIVE AMERICAN/ALASKA NATIVE YOUTH

Circle of Life addresses topics such as HIV/AIDS, Hepatitis B & C, sexually transmitted infections and teen pregnancy. Statistics about sexual health risks for American Indian and Alaska Native (AI/AN) teens is presented below. Since AI/ANs make up a relatively small portion of the total US population health statistics are often scarce and may underestimate actual risks.

Why COL is needed by AI/AN youth

HIV/AIDS Young People

- From 2008-2011, the rates of HIV diagnoses increased in youth 15-19 and young adults 20-24 years of age.
- For males ages 13-19 years, 92.8% of new cases of HIV were from male to male sexual contact.
- In 2010, it was estimated that there were 39,000 young adults aged 13-24 years and 8,631 adolescents aged 13-19 living with undiagnosed HIV infection in the US. These youth represent a risk for transmission of the disease to other youth through risky behaviors. Early testing and identification is essential to help infected youth receive care and to prevent them from unwittingly passing the virus on to their sexual partners.

AI/AN Youth and Adults

- 23.1% of all HIV diagnosis among AI/ANs are among those under 25 year old.
- It is estimated that 25% of AI/AN living with HIV are undiagnosed
- In 2010, HIV infection was the 9th leading cause of death among AI/ANs ages 25-34
- Once diagnosed with AIDS, AI/ANs have a poorer survival rate compared to other racial groups.

Sexually Transmitted Infections

- AI/ANs have higher rates of chlamydia, gonorrhea, and syphilis than whites and Hispanics/Latinos and are second only to blacks/African Americans, who have the highest rates for all three STIs. STIs increase the susceptibility to HIV infection

Alcohol and Illicit Drug Use

- Substance use can lead to sexual behaviors that increase the risk of HIV infection.
- Alcohol and substance abuse does not cause HIV infection; however, these behaviors are risk factors because they reduce inhibitions and impair judgment.
- Compared with other racial/ethnic groups, AI/ANs tend to use alcohol

and drugs at a younger age, use them more often and in higher quantities, and experience more negative consequences from them.

Teen Pregnancy

- In 2007, the birth rate for AI/AN teen girls (ages 15-19) was 59.0 per 1,000. The rate was 7% higher than in 2006 and above the national birth rate of 42.5 per 1,000.
- Native teen birth rates vary considerably between states. Native teens in New Jersey have the lowest teen birth rate (16 per 1,000 in New Jersey) and those in Nebraska have the highest teen birth rate (122 per 1,000 in Nebraska).
- In 2006, 90% of births to Native teens aged 15-19 were to unmarried teen moms.
- Although sexual activity among 10-12 year olds is generally low, rates jump by age 15. It is important to reach youth before they become sexually active to delay sexual activity and to prevent risky behavior.
- In 2010, birth rates for 10-14 year olds were 0.6 per 1,000 across all races while birth rates for 15-19 year old Native Americans were 38.7 births per 1,000 nationally.
- The large gap between these age groups suggests a prevention opportunity for reaching young people with age-appropriate education before they become sexually active.
- Youth report that early education is an important prevention strategy.
- Surveys have shown that up to 91% of teens at BIA funded schools report having had sex before graduating from high school and 22% report having more than 4 partners.
- Among sexually active youth grades 9-12 only 58% reported using a condom the last time they had intercourse.

References

For information on HIV and STIs

<http://www.cdc.gov/hiv/library/slideSets/index.html>

HIV Among American Indians and Alaska Natives. CDC Factsheet. Available at : <http://www.cdc.gov/hiv/resources/factsheets/PDF/aian.pdf>

<http://www.cdc.gov/hiv/risk/racialEthnic/aian/index.html>

For Information on Teen Pregnancy:

The National Campaign to Prevent Teen and Unplanned Pregnancy at www.TheNationalCampaign.org

THE *CIRCLE OF LIFE* PROGRAM

Logic Model

A logic model shows the relationships between program inputs (e.g., resources and activities) and outcomes. A diagram of the COL logic model is located on the next page. The paragraphs below explain the various pieces of the diagram and how they work together to achieve outcomes.

Community Relationships

The COL logic model shows the program, pictured as the medicine wheel, inside a large blue oval which represents the community. This visualization is intended to show the importance of community support for the program. The text under the word Community tells that the relationship is bidirectional. The community makes decisions to support the health and well-being of its members and members also add their strength to the community.

Program Inputs

The red box at the bottom of the diagram, called “COL Program” lists the main components of the program. Four main themes of COL are listed in the black box. Below this are two white boxes that represent the two components of the program: Online education and Class education. Each box lists the different learning activities used. The two boxes are separate because each component can be done independently. There are two arrows above the box pointing to the medicine wheel to show that the COL Program is intended to support youth so that they develop to be balanced in each area of the medicine wheel and thus attain “wholeness”.

Outcomes

The expected outcomes for the program are listed in time sequence. Arrows show the progression from short to intermediate and finally long term outcomes.

- The box labelled “Short Term” describes new ways of thinking and new ways of acting that youth who have completed the program exhibit.
- The box labelled “Intermediate” lists outcomes that occur as a result of youth continuing to practice new ways of thinking and acting.
- The bidirectional arrows at the bottom of the boxes labeled short term and intermediate show that there is a reciprocal relationship between these outcomes and the person’s medicine wheel. By practicing these healthy new ideas and ways of acting youth become stronger and their self-efficacy for making healthy decisions increases.
- Over time, these changes result in measureable health improvements listed in the box Long Term. The white arrow leading from the medicine wheel to the Long Term box reinforces the concept that strengthening the medicine wheel leads youth to be able to make healthy decisions.

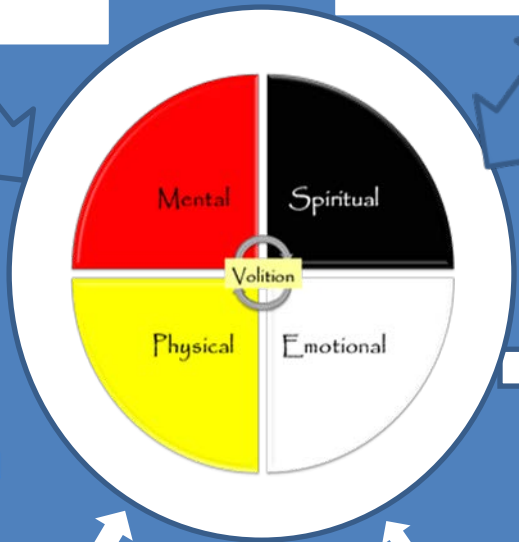
The COL logic model presents the “big picture” of how the program works. In the next section we will look more closely at the intervention itself. We will begin by focusing on the theoretical model.

COL Logic Model

- Short term**
- Sets personal goals
 - Values health of self and others
 - Resists peer pressure
 - Respects self and others
 - Increased knowledge about healthy behaviors

- Intermediate**
- Works toward goals
 - Increased self efficacy
 - Serves the community
 - Sets an example
 - Makes healthy decisions

- Long Term**
- Reduced sexual risk taking
 - Practices prevention behaviors for pregnancy, HIV/AIDS and STI
 - Makes wise decisions



Community

The community supports individual growth and is in turn strengthened

A balanced and whole person

COL Program

Medicine Wheel Disease Prevention	Volition Goal Setting
<p style="text-align: center;">COL Online</p> <p>Individual learning</p> <ul style="list-style-type: none"> • Educational content • Stories • Games • Videos 	<p style="text-align: center;">COL Group</p> <p>Group learning</p> <ul style="list-style-type: none"> • Discussion • Answering questions • Role Play • Reinforce on line content

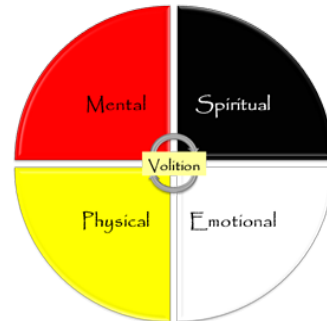
Theoretical Model

Effective health behavior interventions are usually grounded in a theoretical model of behavior change. A theoretical model explains the rationale for how an intervention leads to behavior change.

The main difference between a logic model and a theoretical model is that a logic model explains how the overall program works and a theoretical model focuses more narrowly on how an intervention motivates behavior change.

In the COL program, the theoretical model is based on the Native American symbol of the medicine wheel. In the program, the medicine wheel is called the *Circle of Life*. The *Circle of Life* is made up of four parts:

- Spiritual
- Emotional
- Physical
- Mental



The four parts meet at the center and make up the whole person. In the center of the circle the word Volition emphasizes that each person has the power to make decisions to keep their circle in balance. Staying in balance provides the foundation for making good decisions and acting on them.

Circle of Life teaches skills, such as goal setting, decision making and standing up to peer pressure to help youth maintain balance in their lives and make wise decisions.

The medicine wheel also encompasses a person's relationship with the community. The community both shapes the person and is shaped by the person's actions. Keeping one's circle in balance and making wise decisions is good for both the individual and his or her community.

Primary goal

COL provides information from a Native American cultural perspective about ways to protect oneself from HIV/AIDS, sexually transmitted infections (STIs) and how to prevent pregnancy. The goal of the program is to teach youth to rely on traditional beliefs to make wise decisions and to protect their health.

TEACHING THE CIRCLE OF LIFE PROGRAM

Main messages of the *Circle of Life* program

The main messages of the *Circle of Life* Program are:

- Keeping all parts of a youth's Circle strong will help him/her to remain healthy.
- Volition enables a person to stand up to peer pressure and make wise decisions.
- Decisions have both short and long term consequences.
- Using drugs and alcohol can lead to other harmful decisions.
- Making wise decisions benefits not only yourself but also your family, friends and community.
- AIDS, STDs and Hepatitis B & C are very serious communicable diseases and they are preventable.
- People can be infected with HIV, STIs and Hepatitis B & C without knowing it.
- Abstinence is best at this age, but for those who chose to have sex, the program teaches ways to reduce the chance of getting disease.

The *Circle of Life* program contains 7 chapters.

The *Circle of Life* Curriculum

- Chapter 1: Introduction to the *Circle of Life*
- Chapter 2: Learning about Adolescence
- Chapter 3: Decision Making
- Chapter 4: Learning About Diseases
- Chapter 5: Learning about HIV/AIDS/STIs
- Chapter 6: Protecting Yourself from HIV and STIs
- Chapter 7: Revisiting the *Circle of Life*

Online and Group Lessons

For each chapter there is a computerized lesson and a group lesson.

- **Online lessons** contain educational content, stories, games and videos. Each lesson takes 20-25 minutes to complete.
- **Group sessions** supplement the online lessons by reinforcing concepts and providing opportunities for questions and discussion. Group sessions take between 45-60 minutes.

We recommend supplementing the computerized lessons with group sessions to give youth an opportunity to ask questions, and to discuss the online material. Nevertheless, either the computer lessons or group sessions can be done alone.

- **Suggested Teaching Strategy:** Go through the chapters sequentially. For each chapter have youth complete the computerized program first then

teach the corresponding group lesson, preferably on a different day. Doing both computer and class lessons on the same day can be too much especially in the afterschool setting.

- **Alternative Teaching Strategies:**
 - 1) Do only the computerized or only the class portion of the curriculum.
 - 2) Do the computer lessons as a group by projecting the material on a large screen and going through together. Youth can take turns doing the interactive components. Use the Lesson Plans for supplemental activities and discussions.

Who should participate?

Circle of Life was designed for youth ages 10-12 years old. Although youth in this age range vary in maturity and comfort with topics related to sexual health, those who are younger typically are not ready for this curriculum while older youth may intimidate others or become bored and exhibit disruptive behavior.

Class Size and Structure

The optimum size for group sessions is 15-20. Smaller classes generally encourage greater participation from youth.

Facilitators may want to consider dividing classes by gender or maturity level to increase comfort and enhance participation.

Staffing

- **Computerized program.** When using the online COL program, youth will need to create (and remember) a user name and password to log in to COL the program. Once youth are logged in, they usually have no problem navigating the program.
- **Group Classes.** At least one person is needed to facilitate the group activities. The facilitator does not need to have any special training or education. Some organizations may choose to divide the youth by gender or age for certain lessons topics.
 - **Community speakers:** The lesson plans identify parts of the curriculum where community members such as elders or health educators may make significant contributions.

Materials Needed

- **Computers.** The online material can be run on MAC or PC platforms. For locations with low bandwidth or inconsistent internet service, DVDs of the program are available.
- **Headsets.** For listening to the audio that accompanies the computerized program.
- **Group Sessions.** Each lesson plan lists the materials needed. These are commonly found items.

Class Preparation: Each lesson plan identifies activities that should be done before class. In addition, facilitators can view a short (10 min) YouTube video before class that reviews each lesson. Links to these videos can be found under the Circle of Life Curriculum section of the Teacher's Corner.

Adapting the Material

Group lesson plans have been developed so that they can be easily adapted. Each lesson plan lists the overall objectives for the lesson and each activity lists its purpose or objective. Adaptations should be consistent with the learning objectives.

There are many reasons why a facilitator may choose to adapt or substitute a different activity for one in the lesson plan. Some reasons for adaptation are listed below:

- **Regional/cultural differences:** In order to make the material more relevant to youth, facilitators should feel free to substitute or add material that reflects the unique aspects of local culture.
- **Sensitive Topics:** Youth in this age range differ significantly in maturity and comfort with topics related to sexual health. For this reason the group lesson plans provide options for ways to handle sensitive topics. Ideas are provided for facilitators to tailor the lessons for different audiences.

For more information on the process of adapting the curriculum look under the Preparing to Teach Circle of Life section in the teacher's corner.