



Respecting the Circle of Life

April 27th, 2022



JOHNS HOPKINS
CENTER FOR AMERICAN
INDIAN HEALTH

Land Acknowledgment

In spirit of healing, we acknowledge that Johns Hopkins Center for American Indian Health occupies the traditional territory of Navajo, White Mountain Apache, Piscataway, and Susquehannock Nations. Johns Hopkins aspires to show appreciation, respect, and concern for all the Peoples of this land. The land helps The People to preserve their cultural identity separate and apart from mainstream society. Our way of life is deeply rooted in our relationship with the land. We believe the whole land is sacred. We remember the Indigenous Peoples' connection to these regions, and appreciate the opportunity to live, learn, and pray in their traditional homelands. Let this acknowledgement serve as a reminder of our ongoing efforts to recognize, honor, reconcile and partner with the Indigenous people whose land we benefit from today.



Welcome & Introductions

Chat box introductions: Share your name, pronouns, tribal affiliation (if applicable), and organization

Tell me and I'll forget. Show me, and I may not remember. Involve me, and I'll understand.

Native American Proverb

Meet the Team



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Opening Questions

Type your answers to one or more of the following questions into the chat. Please use Q1 and Q2 to number your answers in the chat.

1. What are some communication strengths & barriers around Native American sexual health?
2. What considerations go into choosing a sexual health program for Native youth?

Presentation Overview

Goals:

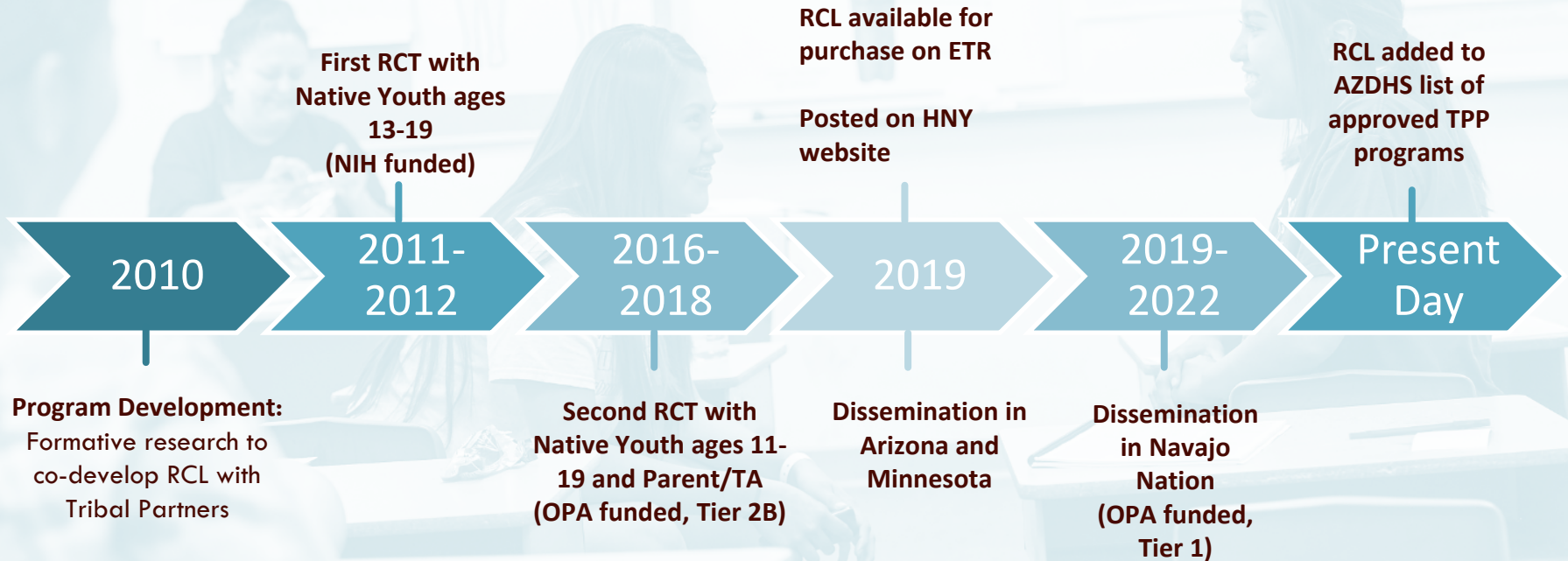
- Outline the RCL program and its contents
- Discuss RCL's impact in Native communities
- Look to the future for RCL programming

Agenda:

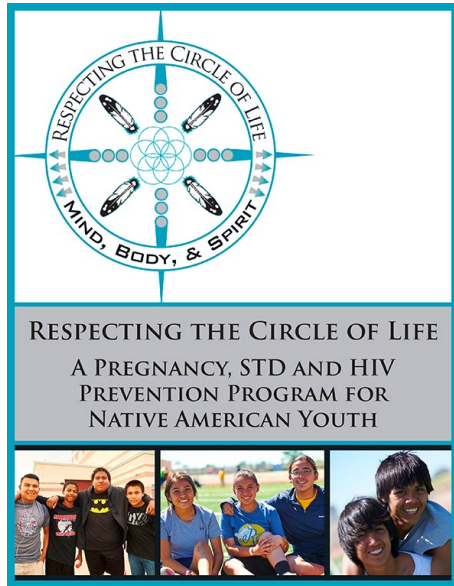
- Overview
- Research Findings
- Curriculum Content
- Implementation
- Facilitator Testimonials
- Lessons Learned
- Q & A
- Closing



RCL Timeline



RCL Overview



Setting

Community-based,
School-based, Virtual, Hybrid

Age Group

Youth 11-19
Parent/Trusted Adult 18+

Program Length

Curriculum: 18 hours/year

Peer-Group sessions: 50, 60, 80, or 120 minutes each
(Number of sessions varies depending on length of session)

1 Parent/Trusted Adult Session: 90-120 minutes


Primary Topics

Content: Comprehensive sexual/reproductive health education, methods of STI and pregnancy prevention, risks for substance use

Skills: Problem solving, decision making, values, goal setting, communication

RCL Content

- RCL Program content helps youth:
 - Build trust among the group
 - Think about their values
 - Know where to get accurate sexual/reproductive health information
 - Learn skills for good communication and healthy decision making
 - Express affection without having sex
 - Look toward their future and set goals
 - Establish better communication with their parents/trusted adults



RESPECTING THE CIRCLE OF LIFE
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ACTIVITY 7

SPIRIT DECISION-MAKING MODEL STEPS 1 AND 2

Objective: By the end of the session, group members will be able to demonstrate Steps 1 and 2 (Stop and relax and Problem identification) of the SPIRIT Decision-Making Model.

Time: 16 minutes

Materials:

- ☐ SPIRIT poster
- ☐ Prepared "SP" Stop and Relax and Problem Identification poster
- ☐ Markers

Youth Workbook Pages:

- ✦ SPIRIT Decision-Making Model (pg. 2)

RCL Facilitator Notes:
You will introduce the entire SPIRIT Model, but for today's session, you will focus attention on Step 1- Stop and Relax and Step 2- Problem Identification.
Examples in the discussion can be changed to reflect popular shoes and places to eat in the community.

Procedures:

1. Begin by asking participants, "What does it mean to make a decision about something?" Acknowledge responses and share that an easy way to define making a decision is "the act of making your mind up about something." Provide the following examples:
 - Which shoes should I wear this morning, Adidas, LeBrons, or KDs? You decide on the LeBrons.
 - What do I want to eat for lunch today, Burger King or make something at home? You decide on the Double Whopper with lettuce and extra tomatoes from Burger King.Share that the next activity is designed to teach them a process for making decisions or solving problems.
2. Briefly introduce the steps of the SPIRIT model (*This should take no more than 1-2 minutes*).

S= Stop and relax. Calm yourself (count to ten, go for a walk, etc.). Pause and give yourself time to clear your head. Don't try to solve a problem while you are really mad, upset or frustrated.

P= Problem identification. Think about what the problem or decision really is. Be specific when you name a problem or decision. Decide what part of the problem is yours. Think about what you can control and what you can't.

I= Identify possible solutions. Brainstorm to think of all the possible options or solutions. Even if they seem silly, consider them.

R= Review. Think of all the positive and negative consequences for each possible solution. Educate yourself so you know all the choices and consequences before you make a decision. Making a decision is done by weighing the advantages and disadvantages of the options.

I= Identify one. Decide and choose the best solution from the options. What is best will vary depending on the issue and your values (strongly held beliefs).

T= Try it out and Take action. Try the solution and see how it works. Once a decision is made, it

SESSION 1
BUILDING RESPECT: WE'RE IN THIS TOGETHER

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RCL Design

- **Delivery by paraprofessionals**
 - Doesn't require educators or professionals
 - Culturally matched
- **Taught to peer groups**
 - Reflects importance of peers in decision making during teen years
 - Camp model ensures:
 - Reaches highest risk youth; not just in school
 - Engagement of both boys and girls
 - High retention through all 8 lessons
- **Engages parents or other trusted adults in their home**
 - Recognizes extended family in caregiving and their importance in teen decision making
 - Meet the family where they are at



Research Findings

RCL has strong evidence of effectiveness for the prevention of teen pregnancy in Native American communities. RCL youth had significantly:



✓ Better **sexual/reproductive health knowledge** at 9 and 12 months.



✓ Greater **condom use and contraceptive use self-efficacy** at 9 and 12 months.



✓ **Lower intention to have sex** in the next year, and significantly **higher intention to use a condom** in the next 6 months



✓ **Improved partner negotiation skills around condom use** at 9 months, and **contraceptive use** at 9 and 12 months.

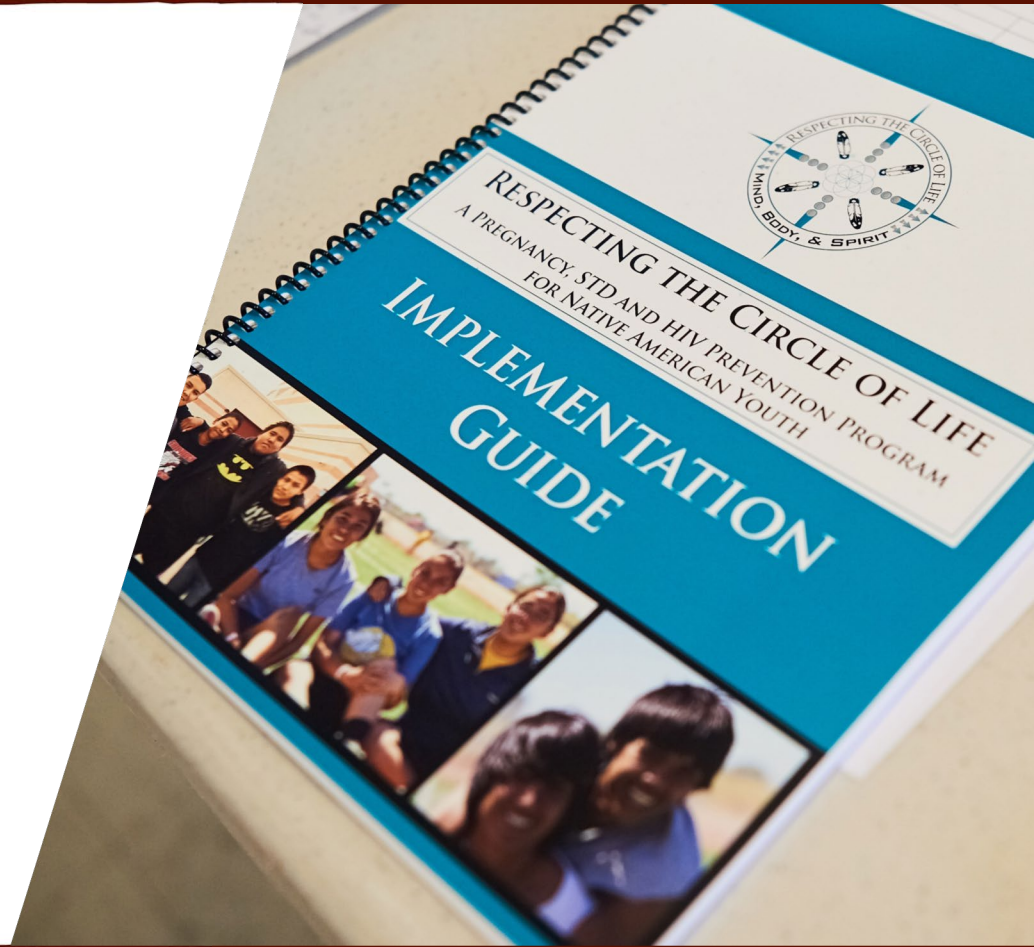


✓ Greater ability to **communicate with parents about sexual/reproductive health** at 9 and 12 months.

Implementation

Virtual & In-Person

- Community-based (sports camp)
- Virtual
- Hybrid
- School (50/60/80 min lessons)



Testimonials



As a facilitator I was thankful to work with youth from our own communities. Having the honor and privilege to contribute to their learning & personal development and be able to help them build self-esteem and self-confidence going forward into life. This is my way of leaving tracks that our people can see and follow.

FACILITATOR



It is easier to talk about sex and pregnancy with my son since he went to RCL camp.

PARENT

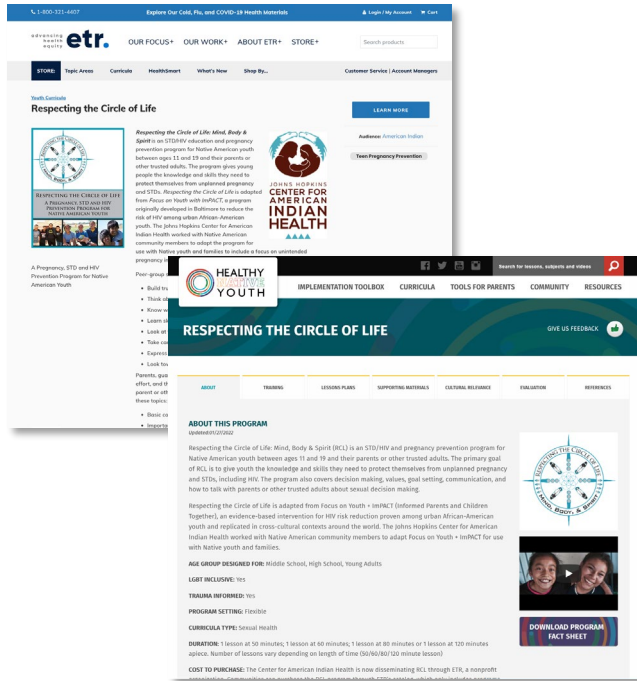


The program taught me A LOT! Think more than I would have learned from my own parents and school. I feel comfortable now about the sex talk.

YOUTH

Lessons Learned	Why RCL?
RCL's community-based approach makes it adaptable & sustainable over time.	It was designed by a Native community.
Inclusion of parents/trusted adults is a primary factor for sustaining RCL impact .	It engages parents/trusted adults .
Significant improvements in parent/youth communication were observed at the 12-month follow-up.	It is evidence-based and shows significant impacts after one year.
As a summer sports camp, youth were engaged and we observed high rates of retention , equally for boys and girls.	It is community-based & engages youth in peer groups.
The adapted RCL curriculum is appropriate & acceptable in Native communities where it has been implemented.	It honors AI/AN health beliefs and traditions .
RCL can be delivered virtually and is an effective strategy when in-person delivery is not feasible.	It is a complete implementation package suitable for replication .
Results suggest RCL can promote healthy conversations around sexual wellbeing during a critical period of development.	It is comprehensive and teaches tangible skills with a strength-based focus.
Community-based facilitators have the social capital and cultural knowledge needed to connect with youth.	It addresses the community's strengths .

Where To Find/Order RCL Curriculum



- Healthy Native Youth
- ETR

RCL Publications

1. Tingey, L., Mullany, B., Chambers, R., Hastings, R., Lee, A., Parker, A., Barlow, A., & Rompalo, A. (2015). Respecting the circle of life: one year outcomes from a randomized controlled comparison of an HIV risk reduction intervention for American Indian adolescents. *AIDS Care*, 27(9), 1087–1097. <https://doi.org/10.1080/09540121.2015.1028879>
2. Tingey, L., Chambers, R., Goklish, N., Larzelere, F., Lee, A., Suttle, R., Rosenstock, S., Lake, K., & Barlow, A. (2017). Rigorous evaluation of a pregnancy prevention program for American Indian youth and adolescents: study protocol for a randomized controlled trial. *Trials*, 18(1), 89. <https://doi.org/10.1186/s13063-017-1842-6>
3. Tingey, L., Mullany, B., Chambers, R., Hastings, R., Barlow, A., & Rompalo, A. (2015). The Respecting the Circle of Life trial for American Indian adolescents: rationale, design, methods, and baseline characteristics. *AIDS Care*, 27(7), 885–891. <https://doi.org/10.1080/09540121.2015.1015481>
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5. Chambers, R. S., Rosenstock, S., Lee, A., Goklish, N., Larzelere, F., & Tingey, L. (2018). Exploring the role of sex and sexual experience in predicting American Indian adolescent condom use intention using protection motivation theory. *Frontiers in Public Health*, 6(NOV), 318. <https://doi.org/10.3389/fpubh.2018.00318>
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8. Tingey, L., Chambers, R., Patel, H., Littlepage, S., Lee, S., Lee, A., Pinal, L., Slimp, A., & Rosenstock, S. (2021). Impacts of the respecting the circle of life teen pregnancy prevention program on risk and protective factors for early substance use among native American youth. *Drug and Alcohol Dependence*, 228, 109024. <https://doi.org/10.1016/J.DRUGALCDEP.2021.109024>
9. Tingey, L., Chambers, R., Patel, H., Littlepage, S., Lee, S., Lee, A., Susan, D., Melgar, L., Slimp, A., & Rosenstock, S. (2021). Prevention of Sexually Transmitted Diseases and Pregnancy Prevention Among Native American Youths: A Randomized Controlled Trial, 2016-2018. *American Journal of Public Health*, 111(10), 1874–1884. <https://doi.org/10.2105/AJPH.2021.306447>
10. Tingey, L., Chambers, R., Rosenstock, S., Lee, A., Goklish, N., & Larzelere, F. (2017). The Impact of a Sexual and Reproductive Health Intervention for American Indian Adolescents on Predictors of Condom Use Intention. *Journal of Adolescent Health*, 60(3), 284–291. <https://doi.org/10.1016/J.JADOHEALTH.2016.08.025>



Acknowledgements

We thank and acknowledge all participants who generously shared their time, thoughts, and experiences with us throughout the 10+ years we have implemented RCL. We also thank and acknowledge the facilitators who have given their time and energy to this project over the years. Our program would not be what it is without the hard work and dedication of our field team.

Questions?



Closing Prayer

Thanks for your attention!

