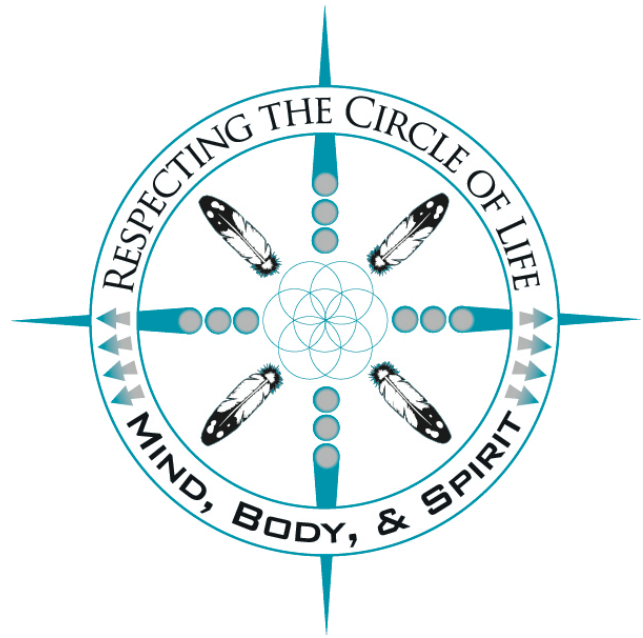


EVALUATION REPORT

2017-19



DOMESTIC VIOLENCE PREVENTION INITIATIVE: RESPECTING THE CIRCLE OF LIFE

As part of their Domestic Violence Prevention Initiative, the Chinle Health Promotions Division of the Chinle Service Unit has implemented and evaluated the Respecting the Circle of Life Program, a comprehensive, evidence-based sexual and reproductive health education program for Navajo youth and their families.

Introduction and Executive Summary

DOMESTIC VIOLENCE PREVENTION INITIATIVE AND RESPECTING THE CIRCLE OF LIFE

INTRODUCTION

In 2015, the Chinle Health Promotions Division of the Chinle Service Unit received a Domestic Violence Prevention Initiative Grant (DVPI) from Division of Behavioral Health. The five-year grant enabled Chinle Health Promotions to implement a number of services and activities intended to combat domestic violence throughout the region served by the Service Unit. In year two of the grant, the Chinle Health Promotions contracted Johns Hopkins University Center for American Indian Health (JHU) to provide technical assistance to implement the Respecting the Circle of Life Program (RCL). In year four of the grant, JHU was contracted to evaluate the impact of RCL on key outcomes as they pertain to DVPI grant deliverables. JHU reviewed all available data pertaining to the implementation and impact of the Respecting the Circle of Life Program and is pleased to present this report.

BACKGROUND

Reproductive health, substance use and intimate partner violence are inextricably linked.^{1, 2} In the U.S., women who are most at-risk for experiencing interpersonal violence are also highly likely to be at risk for unintended pregnancy.²

Domestic Violence. Rates of domestic violence are high among Native Americans (Native); 39 percent of Native women will be subjected to violence by an intimate partner in their lifetimes- more than any other racial/ethnic group.³

Reproductive Health. Native youth experience stark disparities in sexual and reproductive health including high rates of teen pregnancy and sexually transmitted infections (STIs). In 2017, Native adolescents had the highest teen birth rate of all races/ethnicities in the U.S. at 33 births/1,000 girls. This rate is nearly double the general U.S. teen birth rate (18.8 births/1,000 girls).⁴ Nearly half (41%) of all Native females begin childbearing in adolescence.⁵ Native communities also suffer some of the greatest disparities in rates of STIs. In 2017, Native peoples had 75.6% and 47.7% higher rates of Gonorrhea and Chlamydia respectively, as compared with national rates.⁶

Substance Use. Substance use, a significant risk factor for domestic violence and unprotected sex, is higher among Native teens than among all other U.S. racial groups. In 2009, Native teens were more likely to engage in past-month binge drinking (30% vs. 24%), marijuana use (32% vs. 21%), and cocaine use (6% vs. 3%) than youth of all other races/ethnicities.⁷

Despite the aforementioned disparities, few programs have been designed and proven effective at combatting high rates of poor sexual health outcomes, domestic violence and substance use among Native youth, until now.

Respecting the Circle of Life (RCL) Program

RCL PROGRAM SUMMARY

Respecting the Circle of Life is the only evidence-based, sexual and reproductive health program designed with, and for, Native youth and families. RCL takes a comprehensive approach, addressing many issues related to poor sexual health outcomes including domestic violence, communication with parents and sexual partners, and substance use.



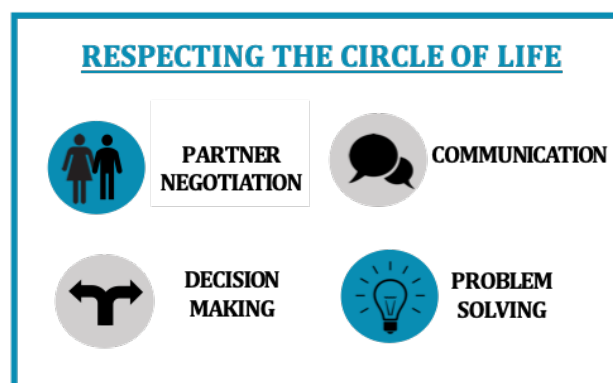
RCL was developed with, and for, Native youth and their families. It is delivered through an innovative summer basketball camp and an individualized youth-parent component. RCL incorporates culturally appropriate education and activities to increase awareness for how to prevent STIs, unintended pregnancy and sexual violence.

The RCL Program is delivered by facilitators who are Native community health workers, from communities where families are served. Eight sessions are taught during a summer sports camp to small groups of peers divided by gender and age. A 9th lesson is taught to the youth by a facilitator together with their parent or another trusted adult in their home.



RCL curriculum provides a ready platform for promoting sexual and reproductive health as well as skills training for healthy adolescent development. Curriculum content includes:

- Communication around sex and substance use
- Healthy relationships training
- Sexual violence education
- Partner negotiation skills
- Problem-solving skills
- Sexual health decision-making skills
- Condom use skills
- Contraception education
- Values clarification
- Goal-setting
- Parent-adolescent communication
- Parental monitoring



Through rigorous trials, the program has shown to improve:

- Sexual health prevention knowledge and attitudes
- Partner negotiation skills related to sex and substance use
- Conversations with parents and family about sexual health
- Condom use intention
- Condom use self-efficacy

RCL Implementation & Evaluation

RCL PROGRAM ACTIVITIES

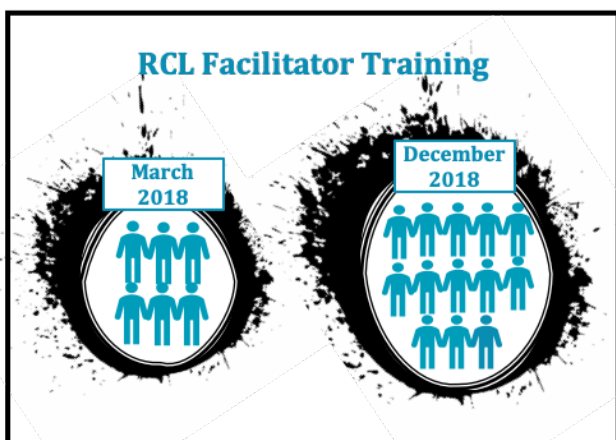
The contract with JHU consisted of the following 4 activities:

- Activity 1: Training of facilitators to deliver the RCL program
- Activity 2: Technical assistance to implement the RCL program through summer sports camps and home visits
- Activity 3: Evaluation of the RCL program
- Activity 4: Plan for future implementation of the RCL program

ACTIVITY 1: FACILITATOR TRAINING

Two RCL facilitator trainings were conducted. They were both 5 days in length and facilitated by two Johns Hopkins staff members. Following trainings, additional training phone calls led by the Johns Hopkins curriculum director and Chinle Health Promotions facilitators were held for practice and role playing. Trainings covered the RCL curriculum, lesson tips and tricks, classroom management, and other skill/informational areas desired by Chinle Health Promotions supervisors. The training also included extensive time for participants to teach back the curriculum and learn from one another.

The first training was held March 12-16, 2018 and the second December 10-14, 2018. In order to be certified to facilitate the RCL program, facilitators needed to attend all days of training and pass a competency exam.



to facilitate RCL. In total, 15 Chinle Health Promotions staff were certified to teach the RCL curriculum through this contract. The average competency exam across all trainers was 95%.

A total of 6 Chinle Health Promotions staff members attended the first training, 3 of whom were certified to facilitate the RCL curriculum. A total of 14 Chinle Health Promotions staff attended the second training, of which 1 had already been certified to facilitate RCL and 12 additional staff were certified

"Thank you for sharing the curriculum, our youth need it."

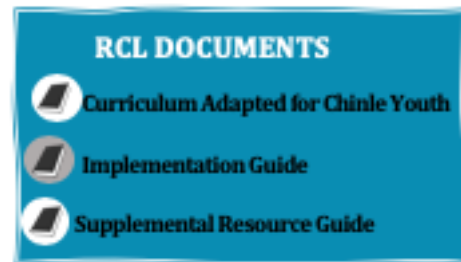
"I was very impressed with the training facilitators' knowledge."

Facilitator feedback about the training was positive.

- 100% of facilitators understood the curriculum & felt that they had the ability to teach it.
- 100% of trained facilitators found the instructional materials to be of high quality.

ACTIVITY 2: RCL IMPLEMENTATION

First, the Johns Hopkins team worked with Chinle Health Promotions to update the RCL curriculum and ensure it was culturally and contextually appropriate for Chinle youth and families. Next, JHU developed and provided Chinle Health Promotions with a detailed implementation guide. Additionally, template documents and other resources- including sample camp schedules, recruitment documents and budgets for implementation- were created and shared with the Chinle team. These materials were utilized to successfully implement the RCL program in the Chinle community by the Chinle Indian Health Promotions.



The RCL program was implemented with 24 youth through two summer basketball camps held June 18th-28th, 2018 and June 13th-20th, 2019 at Many Farms Middle School.

With guidance from Johns Hopkins, the following partners were identified through numerous community-based meetings and inquiries:

- Many Farms Middle School provided a location for the camp.
- Many Farms Middle School's summer school program provided lunches and transportation to camp participants all 8 days of camp.
- Many Farms Boys and Girls Club provided coaches for the basketball portion of camp.

Additionally, the following volunteered their services:

- A teen parent from the local Chinle Community spoke to youth participants about their experience as a teen parent during the camps.
- A medical health provider from Indian Health Service counseling provided support for youth who needed it as they discussed sexual assault and coercion.

A total of 6 local coaches and 6 trained facilitators participated in the 2018 camp and 2 local coaches and 2 trained facilitators participated in the 2019 camp. A total of 22 youth attended the 2018 camp and 2 attended the 2019 camp. Youth were separated into groups by their age and gender. Across both camps, all youth attended all days of the camp. Youth-parent (9th) sessions were conducted in the home with parents of the youth after each camp. A total of 21 youth-parent sessions were completed with 21 youth-parent dyads.

ACTIVITY 3: EVALUATE RCL PROGRAM IMPACT

The RCL program evaluation content was developed by the Johns Hopkins team and based on previous evaluations of the program. Draft evaluation measures were discussed and reviewed with the Chinle Health Promotions team for fit with the program and grant expectations. The following domains were included in the evaluation:

1. Demographics
2. Knowledge, Attitudes and Beliefs
3. General Self-Efficacy & Condom Use Self-Efficacy
4. Sexual History
5. Communication/Sharing Information
6. Program Feedback

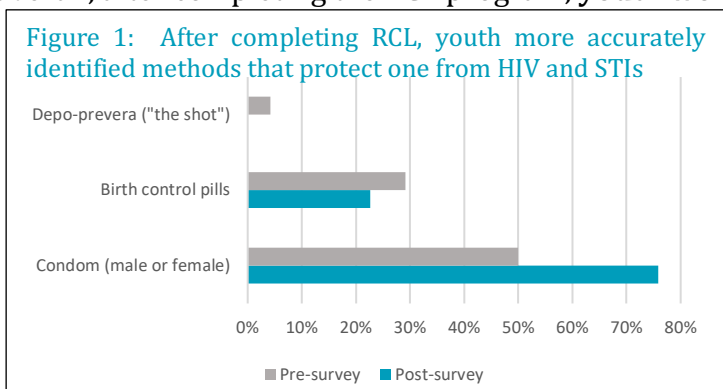
1. Demographics

Youth enrolled in RCL completed the evaluation prior to attending any RCL program sessions and immediately after completing all 9 program sessions. A total of 24 participants completed the pre-survey, and 21 completed the post-survey. Of the twenty-four participants who completed the pre-survey, 13 were females (54.2%) and 11 were males (45.8%). The average age was 11.7 years and ranged from 11 to 13. Three participants who completed the pre-survey did not complete the post-survey, 2 males and 1 female.

2. Knowledge, Attitudes and Beliefs

Methods Preventing HIV

Overall, after completing the RCL program, **youth were more likely to accurately identify**



which methods protect them from HIV (Table 2). Youth more accurately identified condoms as an efficacious way to prevent HIV after completing RCL: a 25.8% increase from pre-survey to post-survey. They also more accurately recognized that various forms of birth control including birth control pills and depo-provera are not efficacious in prevention of HIV

after completing RCL: a 4% and 6% decrease from pre-survey to post-survey (Figure 1).

Knowledge, Attitudes & Beliefs

Pre and post-surveys asked each participant to agree or disagree with statements concerning sexual behavior, condom use, and HIV/AIDS. Table 2 presents the number and percentage of participants who agreed with each statement in the pre-survey, in the post survey, and the change in percentage from pre to post survey. There was an increase in agreement for each statement, **showing a positive change in attitudes and beliefs around safe sexual practices and knowledge**

Table 2- After RCL, youth had improved knowledge and more positive attitudes and beliefs about safe sexual practices

	Pre	Post	Change
	N (% Yes)	N (% Yes)	%
Sex and Condom Use			
Abstinence is best way to prevent pregnancy	11 (50.0%)	19 (100.0%)	+50%
Getting testing for STIs is important	11 (52.3%)	17 (89.5%)	+37%
Oral sex is a form of sex	3 (14.3%)	16 (76.2%)	+62%
Pregnancy can occur if condom breaks/tears	12 (52.2%)	20 (95.2%)	+43%
STIs can occur if condom breaks/tears	8 (36.4%)	18 (85.7%)	+49%
HIV/AIDS			
Anybody can get HIV/AIDS	17 (70.8%)	17 (81.0%)	+10%
You can get HIV/AIDS from sharing needles	12 (54.6%)	18 (94.7%)	+40%
Condoms protect one from HIV/AIDS	12 (50%)	24 (100%)	+50%
You can tell by looking at someone that they have HIV/AIDS	3 (13.0%)	1 (4.8%)	-8%
You can get HIV/AIDS the first time you have sex	8 (36.7%)	16 (76.2%)	+40%
Abstinence is the best protection from HIV/AIDS	14 (60.9%)	19 (90.5%)	+30%

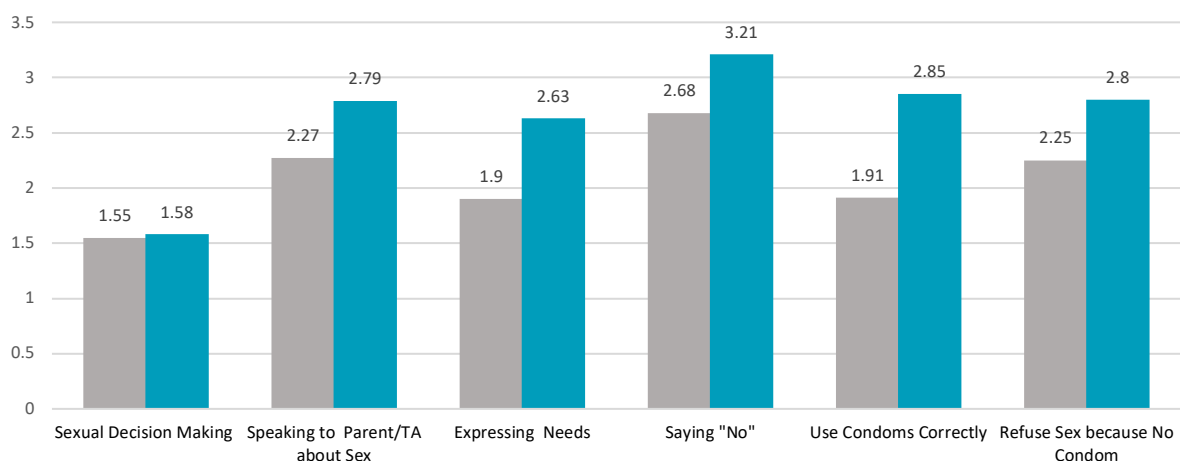
about STI, HIV and pregnancy prevention after completion of the RCL program. Most notably, after completing the RCL program, participants were much more likely to report

that not having sex is the best way to not get pregnant or get a girl pregnant; that using a condom during sex is a way to protect yourself from HIV/AIDS; and getting testing for STIs is the only way to know for sure if one has an STI. **These findings in particular highlight the strong evidence base for positively impacting sexual and reproductive health outcomes among Native youth.**

3. General Self-Efficacy and Condom Use Self-Efficacy

Participants rated their self-efficacy for various types of communication and problem solving on the pre and post surveys. They also evaluated their efficacy for using condoms correctly and consistently. All statements were rated on a four-point scale with 1 indicating low self-efficacy and 4 indicating high self-efficacy. Across almost all domains, **participants reported improved self-efficacy**, with the biggest increases in condom use self-efficacy and better ability to express their needs to others (Figure 2).

Figure 2. Youth reported increased self-efficacy after completing RCL



4. Sexual History

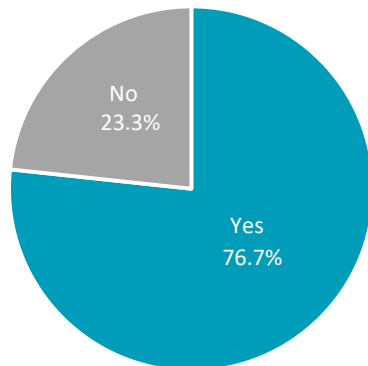
None of the enrolled participants reported having vaginal, anal, or oral sex at pre or post survey. None reported discussing birth control with their partner. Though the survey included question about drugs or alcohol before sex and condom use at last sex, no one answered these questions, because no one had ever had sex. However, research shows that increasing sexual health knowledge, attitudes and beliefs, as well as communication and condom use self-efficacy, help delay sexual initiation and increase future use of condoms and contraception. Thus, the domains impacted by the RCL program among Navajo youth are crucial to improving their future sexual health.

5. Communication/Sharing Information

In the post survey, almost all participants reported they had discussed what they learned with another person (Figure 3). The most common type of information shared was "How to solve problems using the "SPIRIT" method" (n=11, 50.0%) and "How to be assertive in setting boundaries or saying no" (n=11, 50.0%).

Figure 3 – The majority of youth talked to someone about what they learned in RCL

Did you talk to someone about the RCL program?



- 23% talked to a **friend**
- 50% talked to a **parent or guardian**
- 27% talked to **another family member**
- 14% talked to a **classmate**
- 23% talked to a **participant in the program**

6. Program Feedback

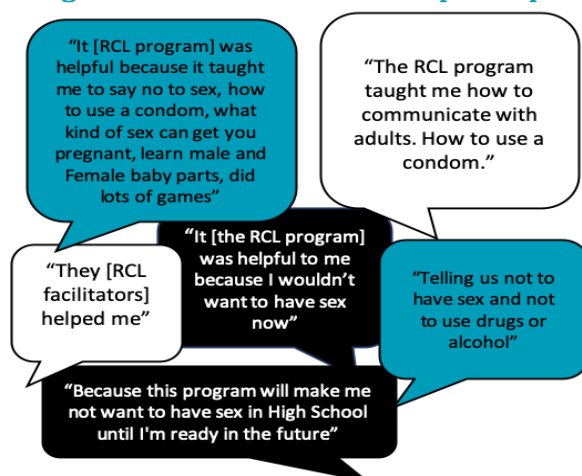
In the post survey, participants were asked to rate the program by its perceived effect on their knowledge, self-efficacy, and future behaviors on a five-point scale (1- Strongly Disagree to 5- Strongly Agree) (Table 3). All averages were above the neutral point (3.00).

The highest-rated statement was “Being in this program taught me how to protect myself against STIs and HIV/AIDS,” with an average of 4.26 out of 5.00, and 84.2% of participants agreeing or strongly agreeing.

Table 3- Youth enjoyed RCL

Being in RCL:	% Agree
Makes me more likely to use a condom.	44.4%
Taught me how to protect myself against STIs and HIV/AIDS.	84.2%
Helps me make better decisions.	73.7%
Makes me think twice before using alcohol/drugs.	77.8%
Makes it easier for me to communicate.	73.7%

Figure 4. Feedback from RCL participants



Participants were also asked what they thought of the program and list what of what they learned was most important to them. Figure 4 includes some of the quotes that were provided by the youth. The majority of youth talked about learning how to use a condom and say no to peer pressure. Youth also stated the program was helpful because they hadn’t learned a lot of the information previously, and now are equipped to better protect themselves from STIs, HIV/AIDs and pregnancy.

ACTIVITY 4: FUTURE IMPLEMENTATION OF THE RCL PROGRAM

In 2018, discussions with various schools around the Chinle Health Promotions took place to better understand capacity to adapt RCL and implement the program through school-based and after-school programming. JHU consulted with Chinle Health Promotions team members on considerations for implementing RCL in a non-camp based context. Throughout year five of this grant, we will continue discussions with local schools and Adolescent School Health Department with a goal to implement the RCL program in up to five schools in the 2020-2021 school year.

Johns Hopkins Center for American Indian Health

ABOUT JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

The Johns Hopkins Center for American Indian Health is an independent center within the Department of International Health of the Johns Hopkins Bloomberg School of Public Health, with offices in Arizona and New Mexico, as well as a Great Lakes Hub in Duluth, Minnesota. Our mission is to work in partnership with tribal communities to design public health programs that raise the health status, self-sufficiency, and health leadership of Native people to the highest possible level.

The Center was founded in 1980 by Dr. Mathuram Santosham, and currently works with 130+ tribal communities in 17 states to develop, evaluate and scale interventions to promote the health and wellbeing of Native peoples.

References and Appendices

REFERENCES

1. Caetano R, McGrath C, Ramisetty-Mikler S, Field CA. Drinking, alcohol problems and the five-year recurrence and incidence of male to female and female to male partner violence. *Alcoholism: Clinical and Experimental Research*. 2005;29(1):98-106
2. Guttmacher Institute. Understanding Intimate Partner Violence as a Sexual and Reproductive Health and Rights Issue in the United States. *Policy Review* 19;2016 https://www.guttmacher.org/sites/default/files/article_files/gpr1903716_1.pdf
3. Centers for Disease Control and Prevention. (February 8, 2008). Adverse health conditions and health risk behaviors associated with intimate partner violence --- United States, 2005. *Morbidity and Mortality Weekly Report (MMWR)* 57(05): 113-117. Available from: www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm#tab1.
4. Martin, J.A., Hamilton, B.E., Michelle, J.K., Driscoll, A.K., & Drake, P. (2018). Births: Final Data for 2017. *National Vital Statistics Reports*, 67(8), 1-50. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf.
5. Martin JA, Hamilton BE, Osterman MJK, et al. *National Vital Statistics Reports*. 9. Vol. 62. Hyattsville, MD: National Center for Health Statistics; 2013. Births: Final data for 2012.
6. Centers for Disease Control and Prevention (CDC). New CDC analysis shows steep and sustained increases in STDs in recent years. *NCHHSTP Newsroom Web site*. <https://www.cdc.gov/nchhstp/newsroom/2018/press-release-2018-std-prevention-conference.html>. Published January 01 2018. Updated 20182019.
7. Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, *NSDUH Series H-48*, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

APPENDICES

- Summaries of the RCL program outcomes
- One-page overview of the RCL program
- Description of partnership between Chinle Chinle Health Promotions and JHU
- Poster presentations from the National Indian Health Board Behavioral Health Conference