



Learning Walks

First Nations Community Health Source

The Native Youth Project (NYP) was a national learning collaborative facilitated by the National Network of Public Health Institutes (NNPHI), Healthy Teen Network, and the Centers for Disease Control and Prevention (CDC) that engaged seven community-based organizations serving American Indian youth in efforts to reduce teen pregnancies. These seven community-based organizations—Choctaw Nation of Oklahoma, Indigenous Peoples Task Force, Bad River Band of Lake Superior Chippewa, Center for Prevention & Wellness Salish Kootenai College, The Boys and Girls Club of the Northern Cheyenne Nation, Wind River Tribal Youth of Northern Arapaho Tribe, and First Nations Community HealthSource—worked with community leaders, including youth, to select, adapt, and implement an evidence-based teen pregnancy prevention program to address community priorities with cultural relevance. Additionally, these community-based organizations worked with the other funded agencies to share lessons learned and best practices. However, the project results only told a part

of the story and do not fully illuminate the processes grantees engaged in to make the Native Youth Project a reality in their specific communities.

To uncover and share the invisible work behind the concrete and measurable deliverables, Healthy Teen Network conducted Learning Walks with three agencies. Learning Walk is a popular strategy used in the education field by which an external observer visits a community to document lessons learned, provide input to guide decision-making for future project funding, and gain understanding of the impact that a particular project might have had in a community. The Learning Walks completed by Healthy Teen Network provided the opportunity to learn about the process of engaging stakeholders, the unique geographical context that shaped the implementation of the project, and the social impact the Native Youth Project has had in these three communities. This report from the field highlights lessons learned and successes from the initiative.

Context

The purpose of this Learning Walk was to document the process First Nations Community Health Source (First Nations) embarked on during the planning and implementation of the Native Youth Project and their accomplishments. The two-day Learning Walk allowed us to visit their community and gain a deeper appreciation for the physical, cultural, and environmental context in which the implementation of their selected evidence-based program, Sexual Health and Adolescent Risk Prevention (SHARP), took place and influenced the program adaptations made.

Our Learning Walk with First Nations began at one of their facilities in Albuquerque, which is home to the second largest urban Indian population in the United States. Their main clinic is located in the South East Heights, an area formerly known as “The War Zone”, due to high levels of gang activity. Recently, this area has also experienced a large influx of homeless men and women. Increasingly, however, it is becoming known as an International District due to growing Asian, Native American, and Hispanic/Latino communities.

We were met by Linda Stone, First Nations’ Chief Executive Officer. She provided us with a comprehensive history of the organization. First Nations was established in 1972 as The Urban Indian Health Center and was exclusively funded by Indian Health Services (IHS)—one of 32 programs nationwide. In 1985, the organization changed its name and mission to serve all people in the Albuquerque community, particularly urban Native Americans, undocumented Hispanic/Latinos, Southeast Asians, and other underserved populations. In 2007, First Nations expanded to become a designated community and homeless health center. Linda described the clinic as a “one-stop-shop,” using a larger, holistic perspective of health and well-being and an integrated health care model to provide the widest range of services for patients. These services incorporate culturally consistent Native American practices. Last year, First Nations served close to 24,000 patients, 16,000 of whom were Native Americans.

Linda took us on a tour of their main facility, which offers a wide variety of services for the community, including medical and dental care, behavioral health, and traditional healing. The facility is considered a Federally Qualified Health Center (FQHC) and is funded by several Federal, State, City, County, and private funding sources, including Title X and Ryan White funding. The clinic staff provide a range of supports including WIC, social services, and emergency financial assistance. In addition to these services, they also provide resources specifically for

“First Nations has always used an integrated health care model because it is culturally consistent with the Native American view of health and well-being and that encompasses the physical, social, emotional, and spiritual areas. . . All those areas are important, and if you are lacking in one of them, you won’t achieve positive health outcomes.” -Linda Stone, First Nations’ Chief Executive Officer

HIV-positive individuals, including housing, oral health services, and a food pantry. For the past five years, First Nations has also been offering a youth mentoring program covering topics such as academic performance, school attendance, gang involvement, substance use, and HIV prevention.

Linda next showed us the location within the clinic for the new All Nations Healing Wellness Center, a community-based driven center for the urban Native community to do traditional healing and cultural activities with youth. Through this multi-pronged approach, additional entry points into care will be created especially for unserved youth and adults. The Native Youth Project was one of the many mechanisms for reaching Native youth.

After our tour of the clinic, Mattee Jim (HIV Program Coordinator) and Marsha Pino (HIV Prevention Specialist), who work at the clinic and served as the program facilitators for the Native Youth Project, met with us. They shared a detailed description of the work the organization conducts, outside of the walls of the clinic. A major example of this kind of work is the School Based Health Center at the Native American Community Academy (NACA) Middle School which offers education to the community in areas such as cultural mentorship, HIV, diabetes and nutrition, homeless outreach, and the needs of transgender people. They also

work directly with independent medical providers to educate them about the unique needs of transgender populations.

Mattee and Marsha’s work in the field has taught them that youth need access to a program that would give them the skills and knowledge to make healthier decisions related to sex and alcohol consumption. This is particularly important for American Indian youth who have among the highest teen pregnancy and substance abuse rates in the state. The desired program, however, would need to fit the unique

needs of the local native youth. For this reason, Mattee and Marsha examined a number of different programs. After an extensive review process, they selected SHARP as the program they would implement under the Native Youth Project. SHARP was the best fit for the needs of the First Nations youth for two main reasons: it dealt with the topics of sex and alcohol, and it could be conducted in a single, 4-hour session. This was particularly appealing to minimize attrition rates. Additionally, they were able to adapt the content of the program to meet their cultural needs.





Partners

Mattee and Marsha took us on a tour through the areas of the city in which they focused their work. We visited two project partners, The Transgender Research Center and N'MPOWER Mission, with whom they have been collaborating as part of their HIV education initiative.

The Transgender Resource Center of New Mexico (TGRC) is located in small home of only four rooms. The center includes eating, resting, and bathing amenities for the people it serves. TGRC provides an array of services to the local transgender community, including legal advice, counseling, HIV testing, general health information, food, and a supportive environment. It also serves as a gathering spot for informal and formal weekly support groups for transgender individuals of all ages. Because a substantial proportion of clients are homeless or lack a stable address, TGRC staff allow clients to use their address for

receiving mail, and they store it on their behalf.

After visiting TGRC, we met with N'MPOWER Mission, First Nation's other community partner. Their organization is based in a large, open building with colorful walls and vibrant decorations. N'MPOWER Mission is based on the M'powerment Project, a model community-building and HIV prevention program designed specifically to address the needs of young gay/bisexual men, ages 18-29. N'MPOWER Mission is an adaptation of this intervention to promote gay, bisexual, questioning men's and transgender individuals' health and wellness. The leaders work with clients to co-host nightly sessions, often organized around a theme of the client's choosing. The group holds separate sessions for youth and adults.

First Nation has worked closely with both of these organizations to provide HIV education and clinical services to the people of Albuquerque. Together, this trio works as a greater community network, serving groups that are largely ignored by mainstream health initiatives.

Implementation of SHARP

On the second day of our Learning Walk, we traveled to the Pueblos where SHARP was implemented. On our way there, Marsha explained that in an effort to engage stakeholders in their project, they had attempted to form an advisory committee made up of parents, community agencies, representatives from NACA, and youth. This committee was formed to assist with the implementation of SHARP and create a youth ambassador group to support recruitment of participants. While the committee was useful in the initial planning piece of the Native Youth Project, after only four meetings,

the committee was disbanded due to schedule conflicts, staffing turnover, and other priorities.

Without the guidance of this advisory committee of outside stakeholders, First Nations was forced to conduct outreach with populations that it had not previously engaged. Despite their strong ties with the community, First Nations faced multiple challenges securing approval to implement the SHARP program in the middle and high school. They met with a NACA Middle School leader and obtained approval for the implementation; however,

this individual left NACA just a few weeks before the implementation was supposed to start. First Nations made contact with another person in the school who was somewhat reluctant to authorize the implementation. First Nations required the support of the teachers and clearance from the school Superintendent. Once they were able to establish contact with all the interested parties, the contact was no longer with the school. Due to staff turnover and inability to reach a school leader to obtain the necessary clearance to use the program's videos, First Nations decided to implement SHARP in the Pueblos.

First Nations also attempted to work with the local middle school in one of the Pueblos, but they were unable to create a partnership within a reasonable time. The program, which uses several explicit videos, required a school's approval. Marsha used her personal connections to obtain approval from the Governor and Lieutenant Governor at the Pueblos; however, obtaining permission from parents became a barrier to implementation.

Marsha explained that she decided to recruit older youth, 18 years of age and older, given that they would not require parental permission to participate in the program. Marsha recruited youth from her own community in Laguna through a member of Laguna Pueblo. The Pueblo of Laguna is situated at the foothills of a beautiful mountain range. Youth were recruited through word-of-mouth and using gift cards as incentives for their full participation. Over several weeks,

Marsha was able to recruit enough youth to run the program several times, reaching about 30 youth in total. The program was implemented over three sessions, which were held at Marsha's home in the evenings with groups of five or six youth at a time. Even after the project ended, she had youth come to her asking about the program. She reported that students have approached her after completing the program and she has provided follow up support.

Marsha explained that she made several adaptations to the program to make it suit her needs. One of the most significant adaptations was to hold the sessions without the use of the videos, and instead narrate the content of the videos to the youth as stories. The use of stories and storytelling is a strong cultural

tradition among American Indians. Thus incorporating stories was culturally consistent for the youth.

When we asked about potential future adaptations, the facilitator expressed an interest in recreating the video using youth from their community and described the possible mechanism for doing this was working with the Media Literacy Program at the local school. Matee shared that the youth feedback was very positive. In particular, the youth liked the wheel of future activity at the end of the program. She explained that during the game several participants began to think about their future and the consequences of their actions.

After touring the Pueblos, we met with two youth participants and a parent. One of the participants, an 18 year old boy, shared that the program was useful because pregnancy and alcohol use are serious problems in his community. He noted that is very common to have kids at an early age and consequently, youth don't graduate from high school. He explained that there is not much to do in the Pueblos. There are no recreational facilities or activities, and many members of the community were teen parents themselves. "Youth won't listen to adults even when parents share their own struggles and try to encourage a better future. Parents don't know how to communicate with their children," he

“People are kind of afraid to talk about HIV and safe sex... it was hard to get permission from the parents. The kids were all on-board.” -Marsha Pino

said. Another participant, a 17-year-old girl, shared that this program was the only source of information about sex and alcohol that she ever received. The parents indicated that programs like this are very important in the community to help to break the vicious cycle of poverty and teen pregnancy.

We drove away from the Pueblos and back to Albuquerque with a greater sense of the challenges this community faces in fighting the cycle of early parenthood and poverty. But we also left with a clear sense that First Nations is dedicated to improving the health of youth in the Pueblos through HIV and teen pregnancy prevention. The staff shared that the initial efforts they made to bring SHARP to their community provided them with a wealth of experience and information. They reported that they would like to use this knowledge to pursue new opportunities to bring SHARP to youth, both within neighboring Pueblos, and within the NACA School in Albuquerque.

Acknowledgements

We would like to thank all to Linda, Mattee, and Marsha for allowing us to learn about their work and community. We also want to thank N'M Power Mission and The Transgender Resource Center for sharing their experience working with First Nations during the Learning Walk. And finally, we want to give a special thanks to the youth for sharing their stories with us.



Funding for the Native Youth Project was provided by the National Network of Public Health Institutes (NNPHI) through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC - 5U38HM000520). NNPHI and Healthy Teen Network collaborated with the CDC's Division of Adolescent and School Health on this project. The views and opinions of these authors are not necessarily those of CDC or the U.S. Department of Health and Human Services (HHS).

Suggested Citation:

Garrido, M., and Sedivy, V. (2014). Learning Walks: First Nations Health Source. Baltimore: Healthy Teen Network.
Graphic Design: Kelly Connelly