Part 1: Beginning the Journey – Where We Have Been

Background Information

Our Indigenous elders remind us of the Seven Directions and encourage us to reflect on, "Where have we been?" As we begin thinking about the We Are Here Now intervention, we must remember everything that has happened throughout history leading us to this place of needing sexual reproductive health (SRH) intervention. This will help us do the best we can to create opportunities and resources for the current and future generations. Everyone has been somewhere. This toolkit acknowledges the varied histories and experiences of tribal communities as they begin to explore SRH needs and solutions.

NE is grounded in a longstanding partnership between the Fort Peck Tribes and Montana State University that began in 2006. NE began in April 2018 with the intervention period starting in May 2019 and had an original project end date of November 2022. The COVID-19 pandemic extended NE's intervention period to November 2023 with a new project end date of November 2024.[15]

It's happening because the tribal council wanted it to happen. The events of NE started 20 years ago. NE evolved over time with us designing, implementing and evaluating other CBPR SRH studies, before NE was concieved. The tribe said they wanted us to work with everyone. It is grounded in the commitment of the council and therefore the community to support the young people and their families.

We've been so fortunate through different tribal councils to have their support. They've never wavered in their support in what we are doing. We know that there is turnover in tribal elections. That has never gotten in the way. That speaks to the importance of stable leadership, consistency, trust, and relationships.

The complexity of the RCT is not something that anyone should embark on. It took everyone at Fort Peck understanding research, how it works, CBPR, it took years of mutual teaching and learning from each other about what is going to work here.

We've learned so much about what will work and will not work at Fort Peck from a research point of view. We know that research projects,especially research projects that are designed using western science methods, must use Indigenous research methods with deep, iterative, community engagement over time to really contextualize the research to a tribe so that the research is relevant for them.

- Beth Rink

I've lived on the reservation all my life; I have family across the reservation. Working in this project, not every community is the same. We live on the same reservation and have the same problems, but every community is different.

- Olivia Johnson

About NenŨnkUmbi/Edahiyedo (We are Here Now or NE)

Higher rates of teen birth, low birth weight, sexually transmitted infections, hepatitis C virus, and human immunodeficiency virus (HIV) are more prevalent among American Indian (AI) adolescents in comparison to other non-Indigenous adolescents in the United States. Previous research tells us that AI sexual reproductive health disparities are not influenced by individual characteristics alone, but by a number of historical, social, cultural, economic, educational, and environmental factors.[16-19] The NenŨnkUmbi/Edahiyedo ("We Are Here Now" or NE) multi-level intervention (MLI) was developed to address these multiple, complex factors. The NE intervention was designed for Fort Peck youth between the ages of 14 and 18 to improve sexual and reproductive health outcomes in youth on the Fort Peck Indian Reservation in Northeastern Montana.

Tribal members voiced that they wanted all 14- to 18-year-old AI youth to receive the intervention, so it was implemented in phases until all participants went through the entire intervention.[10-14] Five schools on the Fort Peck Indian Reservation participated in NE.

Each school was randomly assigned to its own sequence and was taken from control to intervention based on their sequence. Data were collected at four time points in each sequence. A four-member community advisory board (CAB) of Fort Peck tribal members provided guidance, insight, and recommendations for NE and its evaluation.

Figure 2. Study sites on or near the Fort Peck Reservation

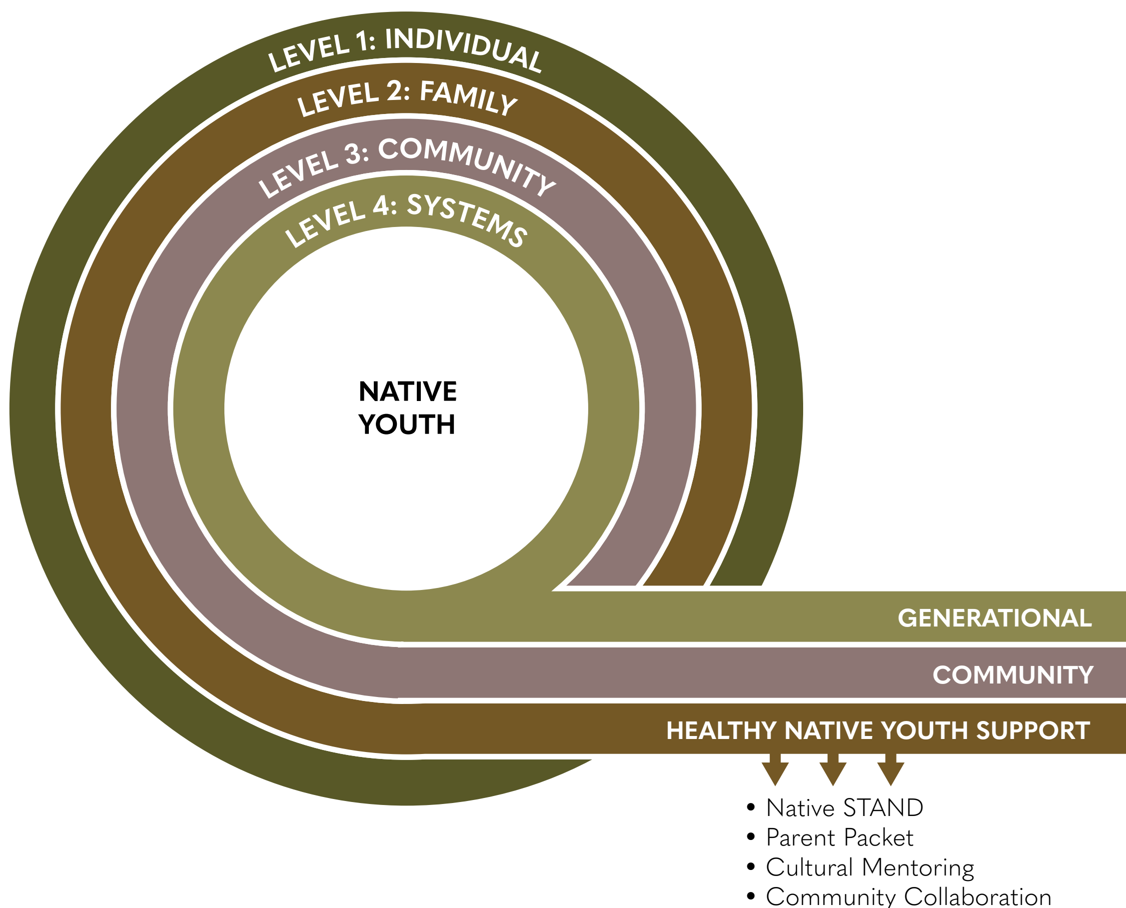
High school enrollment shown in parentheses.

Overview of the Study

NE utilized a community-based participatory research (CBPR) approach to develop capacity within the Fort Peck tribal communities to address sexual and reproductive health disparities. CBPR requires full buy-in from the community to achieve capacity building, community engagement, collaboration, and infrastructure development.

The components of the intervention were tailored to address four main levels to reach individuals, families, communities, and systems. This multi-level approach aimed to address the complex characteristics that influence sexual reproductive health outcomes in a way that fits the community and its culture.

Figure 3. Community-Based Participatory Research Approach



(Level 1- Individual) an adaptation of a school-based SRH curriculum called Native STAND, designed to address individual-level factors that lead to sexual risk behaviors;

(Level 2 - Family) a family-level home-based curriculum tailored to increase communication between adult family members and youth about SRH topics;

(Level 3 - Community) a cultural mentoring component at the community level in which AI youth receive traditional teachings about topics related to SRH; and

(Level 4 - Systems) a multi-sectoral network of organizations collaborate at the Fort Peck systems level to coordinate SRH services for AI youth.

Research Design: NE was implemented as a cluster-randomized stepped-wedge design (SWD). Five schools on the Fort Peck Reservation participated in the study; each school was considered a cluster. Each school/cluster was randomized to the intervention, with all schools eventually receiving all parts of the intervention. The schools/clusters were observed at baseline, mid-trial, post-trial, and 3-month follow-up time points.

NE used ecological systems theory (EST) to assess outcomes from the four levels: individual, family, community, and systems. Figure 3 shows the factors influenced by NE. Outcome variables include the following:

- Individual level- increased condom use, delayed onset of sexual intercourse, reduction in sex partners, increased contraceptive use, and reduction in substance use during sex.
- Family level- increased youth–parent/legal guardian communication on SRH topics.
- Community level- increased cultural values and traditional beliefs about SRH topics.
- Systems level- -increased coordination among education, health care, and social services on Fort Peck to provide SRH services for AI youth.

Figure 4. Outcome Variables of NE at Individual, Family, Community, and Systems Levels

Level	Factors Not Influenced by *NE*	Factors Influenced by *NE*
INDIVIDUAL	• Cognitive functioning • Mental health • Exposure to trauma and violence	• Youth condom use & birth control use • Number of sex partners • Alcohol use • Communication skills & decision-making skills
FAMILY	• Family functioning • Parenticaregiver individual characteristics • Mental health • Substance use • Violence within family	• Communication with parent/caregiver on topics related to SRH
COMMUNITY	• Spirituality • Cultural values outside of SRH • Traditional beliefs outside of SRH • Participation in ceremony	• Cultural values related to SRH • Traditional beliefs and practices about SRH
SYSTEMS	• Tribal poltics • Agency politics • Individual characteristics of agency personnel	• Coordination of agencies providing access to SRH services for youth

Adapting this Intervention

NE can be adapted by tribal communities for their culture and SRH needs. This toolkit provides information about how NE was implemented, and presents considerations for implementing a similar intervention in your own community.

NE was designed to be offered in-person and in communities. Sessions, data collection instruments, and dissemination processes can be adapted and implemented in a variety of settings with school professionals, clinics, treatment centers, behavioral health programs, faith-based organizations, and other health related service programs.

- LGBT Inclusive: Yes
- Trauma Informed: Yes
- Program Setting: Flexible
- Health Topics Covered: Healthy Relationships, Other Healthy Life-Skills, Sexual Health
- Duration: 60 minutes, 18 sessions
- Teacher Training or Certification Required: No
- Student to Teacher Ratio: 20:2
- Program Outcomes: Increased number of protected sex acts, decreased number of sex partners, decreased use of substances and sex

This has been a living intervention. It was not set in stone. If we had to run it the way we had it in the beginning, we would not have had this success. We had to make changes and listen to the people we were educating. It will always need fine-tuning. It is a different school and a different group of kids.

Something that they can listen to and get it. This intervention is the product of a lot of the ground fine-tuning. We did not just read, come in, and say we should do this. We worked it, and we tried it. It will always need that as time changes. You might go to another community. People are all different in every community.

- Olivia Johnson