



Lessons Learned in Providing Health Care Services for Native Youth

Background

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—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—to support the communities to select, adapt, and implement evidence-based programs. However, what the project results were not able to illuminate were the processes grantees engaged in to make the Native Youth Project a reality in their specific communities. To share these lessons learned with other communities and promote sustainability, the Centers for Disease Control and Prevention (CDC) and project partner, National Network of Public Health Institutes (NNPHI), contracted with Healthy Teen Network to

conduct Learning Walks. The Learning Walks 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 had in the community. Healthy Teen Network developed reports highlighting three of the agencies visited for Learning Walks. Interviews focused on providing health care services for Native youth were later added as a component of the Learning Walk study, as it became apparent that not much is known about best practices in providing culturally-appropriate health care services. In order to learn more from agencies, it was necessary to interview agencies operating in communities beyond the Native Youth Project communities. This report focuses on summarizing the efforts of these agencies to provide care and their lessons learned.

Promoting healthy youth behavior is critical for healthy development and a healthy adult life. The circumstances surrounding a young person's birth affect his/her ability to thrive: where youth live, learn, and play matters.

Marginalized communities can be more affected by a lack of support and resources, which may contribute to poorer outcomes and health disparities. Given the known health disparities that exist for American Indian/Alaska Native youth, it is critical to establish the necessary protocols and systems to support linking them to the necessary and appropriate health care services. Linkages to care facilitate access to the services that allow youth to make responsible choices about childbearing and family formation, and are supported and empowered to lead healthy sexual, reproductive, and family lives.

Methodology

Healthy Teen Network staff interviewers, Mila Garrido-Fishbein, MS, Genevieve Martínez García, PhD, and Alexandra Eisler, MPA, conducted six separate interviews and/or site visits with representatives from six different agencies that serve different communities. Interviews lasted about 30 minutes in length each:

1. Northwest Portland Area Indian Health Board (NPAIHB): Stephanie Craig Rushing, PhD, MPH, Project Director, Northwest Tribal Epidemiology Center
2. Portland Area Indian Health Services (PAIHS): Captain Stephen “Miles” Rudd, MD, FAAFP, Chief Medical Officer/Deputy Director, and Chairman, IHS National Pharmacy and Therapeutics Committee
3. Inter-Tribal Council of Arizona (ITCA): Travis Lane, Interim Assistant Director
4. Teen Age Medical Service (TAMS): Stephanie Ptak, MPH, Family Planning Coordinator
5. Four Directions Clinic (FDC): Terry Friend, CNN, Reproductive Health Clinician
6. First Nations HealthSource: Linda Stone, Chief Executive Officer

Interview Questions

Interview questions were developed to help Healthy Teen Network interviewers understand more about the clinical services provided and the population served. Because of the great interest in learning about what works best to provide youth-friendly services to native youth, more specific questions were asked about how native culture is infused into medical practices.

1. Can you tell us a bit about your clinic and the services it provides? What population?
2. Can you talk to us about the health issues youth

face in the community?

3. What is your relationship/role with Native Youth Project (as applicable)?
4. Can you describe how youth utilize health services?
5. Can you talk to us about the strategies you find successful in getting youth into the clinic?
6. How are native culture and native medicine integrated into medical practice?
7. What still needs to be addressed to get youth into the clinics?
8. How can clinics make their services more attractive to youth?
9. What advice would you give to an agency trying to establish health services for native youth?

About the Agencies

Portland Area Indian Health Services (PAIHS)

Portland Area Indian Health Services (www.ihs.gov/Portland/), or PAIHS, provides access to health care for an estimated 150,000 American Indian/Alaska Native residents of Oregon, Washington, and Idaho. Health delivery services are provided through health centers, health stations, preventative health programs, and urban programs. PAIHS operates six Federal health facilities in five Tribal communities and one at Chemawa Indian School.

Northwest Portland Area Indian Health Board (NPIAHB)

The Northwest Portland Area Indian Health Board (www.npaihb.org), or NPAIHB, represents tribal communities in Oregon, Washington, and Idaho. The NPAIHB is engaged in many areas of Indian health, including health promotion and disease prevention, legislative and policy analysis, training and technical assistance, and surveillance and research. NPAIHB houses a Tribal Epidemiology Center (EpiCenter), operates several health promotion disease prevention projects, and is active in Indian health policy. The NPAIHB provides services across a tri-state area, working with 43 Tribes, functioning like a state health department for Tribes.

One such NPAIHB EpiCenter project focuses primarily on adolescent behavioral health research, approaching its work through a strengths-based, Positive Youth Development (PYD) framework. The project commonly addresses issues such as healthy decision-making, sexual health, substance abuse, and suicide prevention. Dr. Stephanie Craig Rushing oversees three studies that are

adapting and evaluating evidence-based interventions (EBIs) for American Indian/Alaska Native (AI/AN) adolescents and young adults, using multimedia curricula, tech-based health resources (e.g., text messaging, Facebook, and other social media), and social marketing campaigns.

Inter Tribal Council of Arizona (ITCA)

Inter Tribal Council of Arizona (<http://itcaonline.com/>), or ITCA, administers more than twenty federal, state, and private grants and contracts in a variety of areas including health, research, and environmental quality. ITCA staff provide technical assistance, disseminate information, and conduct trainings to assist Tribal governments in operating programs. ITCA membership consists of twenty one of the federally recognized Tribes in Arizona. ITCA administers community health programs and grants funds to communities and organizations. ITCA receives funding for outreach related to the Affordable Care Act, to conduct research on diabetes and nutrition, to implement an oral health program, and to support the Indian Health Board for health policy analysis. The ITCA recently implemented a Tribal teen pregnancy prevention program called Native-It's Your Game: Keep it Real.

Indigenous Peoples Task Force (IPTF)

Indigenous Peoples Task Force (www.indigenouspeoplestf.org), or IPTF, is a Native American provider of HIV education and direct services to the Native community in Minnesota. IPTF develops and implements culturally appropriate programs to prevent further transmission of HIV, increase access to traditional and western medical services, and improve the quality of life for clients, families, and communities.

As part of the Native Youth Project, IPTF partnered with Teen Age Medical Services (TAMS), a local, full-service medical clinic located in their South Minneapolis neighborhood of Phillips, to operate the evidence-based program Native STAND activity to encourage youth to visit a family planning clinic. Instead of just narrating the process of accessing medical services, through this partnership, IPTF has been able to provide the youth participants the actual experience of navigating a clinic. Youth not only learn about the services provided by their local neighborhood clinic, but this activity boosts youth confidence levels to obtain services and become advocates of their own health.

Four Directions Clinic (FDC)

Four Directions is centrally located on the Pine Ridge Reservation in Kyle, South Dakota, and is home to the Oglala Lakota. Four Directors is located on the Kyle Health Center Campus and is part of the Indian Health Service. The clinic offers reproductive health services

including primary care, family planning, STI/HIV screening and care, prenatal care, gynecology, and the provision of sexual assault services and forensic interviews for children, adolescents, and adults.

First Nations Community HealthSource, Inc.

First Nations Community HealthSource, Inc. (FNCH) is a nonprofit, urban Indian Health center, located in Albuquerque, New Mexico. Since 1972, FNCH has provided a comprehensive array of holistic health care services to New Mexico's largest urban AI/AN population through a Title V contractual arrangement with Indian Health Services. The center's mission is to provide a culturally competent health delivery system that addresses the physical, spiritual, emotional, and social needs of AI/AN in Albuquerque and the surrounding areas. FNCH is the health care home for AI/AN urban populations in Albuquerque and provides a holistic approach to health care through its primary care, dental, behavioral health, disease prevention, education and mentoring, traditional healing, and alternative therapies. In addition, FNCH assists with Medicaid enrollment, WIC, homeless outreach and case management, social services, emergency financial assistance, and family programs.

Limitations

Working within the limited time and capacity scope of this study, Healthy Teen Network was only able to obtain interview response data from these select agencies, even though further interview contacts were suggested with other agencies, subsequently. It is recommended that further interviews be conducted in order to revise the contents of this report to include more diverse lessons learned, from more than these select agencies, about providing Native Youth with culturally-appropriate health care services.

Moreover, while the initial intent of the interviews was to focus specifically on partnerships and programs that supported linking Native Youth to care, or linkages to care, what emerged from the data gathered was really relevant to providing culturally-appropriate health care services for Native Youth. Linkages to care encompass the unique, and often organic, systems of referral and programming that serve to increase youth access and usage of health care services. Certainly, part of providing culturally-appropriate services is increasing access and subsequent use of services, but access and usage alone are not representative of linkages to care. While these findings are indeed valuable, Healthy Teen Network suggests further research into the harder-to-document partnerships and programs that support linkages to care.

Findings

Health Issues Native Youth Commonly Face

Interviewers requested respondents to identify the health issues Native youth in their communities commonly face. All six agencies identified sexual health, including teen pregnancy, HIV, and sexually transmitted infections (STIs) as a critical issue. One respondent noted, for example, “Native youth have one of the highest teen pregnancy rates in Arizona, and the second highest rate in chlamydia and gonorrhea.” Closely related to sexual health is healthy decision-making and high-risk behavior. Concerns related to depression and suicide were frequently cited. Another respondent noted, youth in “not good home situations” who experience trauma, such as child and sexual abuse, often face mental health issues related to Post-Traumatic Stress Syndrome (PTSD). One site explained, youth often come from households with a single guardian or provider where they may face many stressors, such as historical trauma, and the youth are in survival mode. Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) diagnoses can be common in communities. Substance, or alcohol, tobacco, and other drug (ATOD) use were identified as common health issues, by four of the agencies.

While some respondents explained that they do not treat nutrition and physical activity issues in the clinics, they acknowledged that obesity is a growing concern, because “20-25%” of the youth they see are considered overweight or obese. One clinician noted that quality food is scarce in the community and the closest market where healthy food is available, is located 100 miles from the reservation. One respondent noted that the reservation did not have gymnasium facilities, and experienced extreme climate conditions, lack of sidewalks, and wild animals pose a barrier to physical exercise. One respondent noted they see sports injuries because the clinic is located within an active sports community.

Health Issues Commonly Faced by Native Youth in no particular order:

- Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Obesity
- Sexual health, including pregnancy, HIV, and STI
- Injury – Motor vehicle accidents, Sports injuries
- Substance use and abuse – alcohol, tobacco, and other drug (ATOD)
- Suicide
- Stress, Trauma, and/or Post-Traumatic Stress Syndrome (PTSD)

Ways Youth Utilize Health Services

Respondents described the ways in which youth in their communities utilize services. One respondent finds that youth in her region often access health information via social media and websites, with sexual health topics getting more online traffic than mental or physical health information.

NPAIHB conducted a survey in 2009, receiving responses from more than 400 local youth, regarding media use and health information-seeking practices and preferences. Results indicated respondents were interested in a wide range of health topics, and the majority preferred a spectrum of ways to access health information. NPAIHB used these survey results to inform its outreach efforts, incorporating a holistic approach to health promotion. The agency developed a website, aiming for a national presence, to provide information across the range of health topics. Analysis of website traffic and use indicate youth are indeed accessing the site and its resources in a manner consistent with survey results.

At the PAIHS, minors tend to be frequently brought to the clinic by parents, guardians, or grandparents, but once teens reach the age of 14 or 15, they tend to more often seek health care on their own. However, often, other than with acute illnesses, the adolescents will only access services when they are required, such as physicals for sports, boarding school, or summer programs. With younger youth, some school nurses conduct outreach, visiting students during school hours, resulting in some engagement. For system-involved youth, such as with Child Protective Services or group homes, a public health nurse conducts weekly home visits. Additionally, PAIHS offers prenatal care, including for teen parents—though not all IHS clinics provide prenatal care (some use a referral process for this care).

The ability to offer confidential services is a critical factor in determining how youth utilize those services. For example, one site was able to offer confidential services to youth thanks to a tribal resolution passed 20 years ago. State law banned youth from accessing confidential services without parental consent except in Title X clinics which were not available in the reservation. The tribal resolution overrode the state law to extend confidential services to all youth.

Youth-Friendly Services

Respondents were asked to identify successful strategies to increase the number of youth who came to the clinics, as well as steps they have taken to attract more youth, or to make the services more youth-friendly. This question

generated perhaps the lengthiest responses during the interview: these agencies are working strategically to facilitate youth access to health care services and adjusting their practices based on their direct experiences with youth. Youth-friendly—meaning also culturally-appropriate—services are key to establishing linkages to care for Native youth.

Methods used to increase the youth-friendliness of services included a variety of approaches, but all appeared to be based on a strengths-based or Positive Youth Development (PYD) approach. Agencies reported similar youth-friendly services, working, in summary, to: 1) establish and maintain trust by ensuring consistent confidential practices; 2) meet youth where they are, rather than forcing youth to come to the services, but also increasing accessibility by adjusting hours and providing transportation; 3) make the best use of any appointment, offering screening and family planning consultations, as well as addressing many other health topic issues; 4) tailor health education materials to the Native youth audience, using age-appropriate language; and 5) take advantage of multimedia and multi-channel outreach and dissemination (e.g., text messaging, websites, social media).

The agencies elaborated on the ways in which they provide these youth-friendly services:

1. Confidential Services and Trust Between Patients and Health Care Providers

- Anonymous and confidential testing and treatment is key, particularly with the common stigma around HIV or other STI testing, for example, as ITCA found when it conducted focus groups with Native youth.
- The clinician must establish trust with the youth, so the patient knows his/her health information will not be shared informally.
- Clinics must practice consistent protocol, quality assurance, and staff training regarding HIPPA to ensure confidentiality.
- PAIHS frequently works with preschool and Headstart programs to help children feel comfortable using the clinic regularly. Starting this positive health practice at a young age facilitates future use of health services, establishing clinics as a safe place.

2. Access to Services

- Five of the respondents noted the importance of extending hours, or setting aside special times for services for youth.

- Clinics can make use of a captive audience, as well as facilitate access, by conducting screenings and providing services through schools, community-based programs, and sporting events, as well as making use of mobile health units.
- Providing transportation is an often necessary service in order to get youth into the clinic.
- Special events hosted during screening months or partnering with local organizations to offer services during events (e.g., Boys and Girls Club) can support access.
- Free condoms should be easily accessible in waiting and visiting rooms.
- A clinic has a computer in the waiting room to be used by all youth. Youth do not regularly have computers or internet access in their homes. The clinic's computer keeps patients occupied while they wait, but youth also use the computer as an excuse to go into the clinic when they need health services.
- Strong collaboration between the school and the clinic has facilitated prompt referrals by the school nurse, and visitation hours for clinicians at the school.
- One clinic is located close to the school to facilitate youth's access.

3. Comprehensive Services

- Clinics can make the best use of time with youth by addressing multiple health issues and topics planning during general health or other appointments.
- PAIHS and FNHC use electronic medical records to remind practitioners to offer screening. PAIHS has also implemented a program, One Key Question, asking clients, "Do you plan to get pregnant in the next year?" This question has been successful in triggering conversations about family planning needs and desires.

4. Audience-Specific Services, Materials, and Outreach

- Clinics should provide youth-friendly, age-appropriate materials written at the adequate literacy level of their clients.
- Complementary to establishing trust and maintaining confidentiality, outreach and materials about patient rights and responsibility must use youth-friendly language to facilitate comprehension.
- Social marketing campaigns designed for a youth audience have been successful, playing to adolescents' preference for online and multimedia health information.
- Educational materials and displays should focus

on topics relevant to youth (e.g., suicide, substance use). Health promotion messages should be tailored to Native youth, and include images of Native youth.

- Programs designed for youth, such as young or teen parents programs, can be supportive in teaching parenting skills and increasing immunization among their children.
- Easy access to condoms, available in waiting and visiting rooms, is important to support condom use.
- Incentives for participation in clinic-related events are always popular with youth.
- A site has commissioned culturally meaningful and empowering art for the clinic's walls, and avoids posters with stigmatizing health messages, in an effort to make youth feel comfortable in a welcoming and warm environment.

5. Multimedia, Multi-Channel Outreach and Services

- A multimedia/multi-channel presence, including website resources and social media outreach, is an effective means to reach youth. However, because there is a greater digital divide when internet access is unreliable or unavailable in some rural communities, text messaging is a powerful tool to link youth to care.
- PAIHS conducts a summer youth program, serving as an intervention for those youth, as well as helping to bring in more youth to access services. Youth volunteer within the clinic, helping them gain a better appreciation of the services and enlightening them on potential medical careers. Furthermore, these youth serve as ambassadors, educating their peers about the clinics and the services available.
- NPAIHB and TAMS host WeRnative (www.weRnative.org), a comprehensive health resource for Native youth, by Native youth, providing content and stories about the topics that matter most to them. NPAIHB, TAMS, and FNHC have developed numerous health promotion social marketing and media campaigns, to support youth linkages to care. Suicide, sexual assault, STI and HIV prevention campaigns.

Implementation of youth-friendly services, however, varies from clinic to clinic and from Tribe to Tribe. NPAIHB works with the NW Tribes to improve the youth-friendliness of their clinics, but the extent to which these services are youth-friendly can differ substantially. Some clinics are robust, with the ability to offer many youth-friendly services, while others may not offer as many services (some of this variability stems from the size of

the Tribe and/or size of the patient population). Youth in these communities may need to seek services elsewhere, or in some cases, they may not receive any services at all. Self-assessment tools and continuous quality improvement activities can help clinics improve their practices and services for youth.

Integration of Native Culture and Traditional Practices with Medical Practice

Respondents were asked to explain how the clinics integrated Native culture and traditional practices, or traditional healing, with medical practice. The integration varied from agency to agency, but moreover, each agency noted that their local clinics also varied, basing their practices on the needs and wishes of the local communities.

Some Navajo clinics have set aside space for patients, offering a meditation room in clinics and space for certain ceremonies take place in the clinic, upon patient request. In the Navajo community, a resident medicine man serves as a link: he shares guidance, for example, on how patients can be treated during the ceremony, such as using pigment for ceremonial purposes. With certain ailments or conditions, such as Post-Traumatic Stress Syndrome (PTSD), clinicians may treat one aspect, while the medicine men may use traditional rituals, separately.

FNHC 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. As part of their behavioral health services, they offer traditional healing as an option to all their patients. Within the clinic they have a new All Nations Healing Wellness, a community-based driven center for the urban Native community to do traditional healing and cultural activities with youth. In addition, they have a sweat lodge adjacent to the clinic which clients can use as part of their integrated health care.

PAIHS makes a dedicated effort to recognize the importance of Native culture and its influence on care. While the secular medical practice would never prevent—and often seeks to foster—integration, a few decades ago, the clinic assessed Tribal communities, to see if they would like to merge traditional practices with the medical center. The Tribes, however, chose to keep the practices separate. PAIHS has incorporated some traditional practices with parenting teens by providing courses on the proper use of cradle boards to prevent infant death. Public health nurses and Tribal elders teach these courses in the clinic. These courses are separate from PAIHS' general teen parenting course.

NPAIHB incorporates holistic health practices to support youth empowerment. There is much variation across Tribes and locations. Some clinics may have traditional healers as part of the health care team and contribute to the health and wellness of teens in the practice. Other settings might offer seeing a traditional healer outside the clinic setting, at the same time “Western” medicine is being provided.

A site has staff presenting at traditional “isnate” (womanhood) ceremonies for young women entering puberty. Talking circles for prenatal care are in the planning stage where pregnant women at similar gestation age gather to discuss multiple topics related to pregnancy and health. They are planning building a sweat lodge and use it for multiple healing and guidance practices alongside clinical care. For example, they would like to offer guidance services to fathers to be, to guide them to the process of fatherhood, and offer a healing space to victims of violence.

Recommendations and Lessons Learned

Respondents identified areas and issues that still need to be addressed in order to increase the number of youth accessing services, as well as suggestions for other agencies and clinics trying to establish health services for Native youth.

Youth-friendly services are tailored to the population, meaning assessment and youth engagement are critical components in providing health services for Native youth. One respondent recommended, “Start by talking to the young people you plan to serve; they will tell you what they need and want and how you can provide them [the services, that is] in a way that resonates with them and their priorities and what they value.” Similarly, “Be open to ask youth what they are looking for. Find the best way to meet those needs. Sometimes adults make the mistake of not listening to youth in that regard. They think they know best and don’t engage youth in that process.”

Particularly, when working with Native youth, it is imperative to ensure these messages are culturally

sensitive: mainstream messages are not always successful, and messages must be framed positively and promote empowerment. Some respondents noted that too often, health promotion messages focus solely on the negative health outcomes that are experienced by Native youth. For example, within its teen pregnancy prevention curricula, NPAIHB encourages young people to identify their personal goals and family values. Rather than say, “Don’t get pregnant,” positively framed messages like, “Wait until you are ready to care for a child,” can be more effective. The young person can think about how his/her goals might be impacted by having a child now. In a successful drug and alcohol prevention social marketing campaign, NPAIHB used the message, “I Strengthen My Nation,” encouraging youth to find ways to express themselves positively, make healthy decisions, and resist peer pressure.

Several respondents emphasized the importance of confidentiality and HIPPA adherence. Some youth fear that clinicians will disclose to other community members the nature of their visit. Clinics looking to establish health services for Native youth should invest in the time to develop consistent, youth-friendly, and of course, legal policies and protocols regarding young people. For example, can youth be seen with or without a parent or guardian? Establishing these kinds of policies is critical for family planning services and HIV/STI screening. Clinics should plan to develop clear policies, as well as train their staff to implement the policies consistently. Appropriate outreach and communications are necessary to the youth themselves, so they can feel safe in accessing services without potential repercussions due to a breach of confidentiality.

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Healthy Teen Network



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