

# Adolescent Health Tribal Action Plan

A Five-Year Strategic Plan for the Tribes of Idaho, Oregon, and Washington  
2014-2018



**Developed with the Northwest Native Adolescent Health Alliance**

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**Suggested Citation:** Adolescent Health Tribal Action Plan: A Five-year Strategic Plan for the Tribes of Idaho, Oregon, and Washington. Northwest Portland Area Indian Health Board, Portland, OR. Project Red Talon, 2014.

## Executive Summary

Adolescents (10 to 19 years old) and young adults (20 to 24 years old) make up 21 percent of the U.S. population.<sup>1</sup> During adolescence, young people experience profound physical, psychological, emotional and social changes. In an attempt to cope with the complex changes and challenges of development, adolescents often take risks to explore who they are and test their limits as individuals.

Because adolescents are in developmental transition, they are particularly sensitive to social and environmental influences.<sup>2</sup> Environmental factors - including family, friends, schools, neighborhoods, policies, and societal cues - can support or challenge young people's health and wellbeing.<sup>3</sup> Behavior patterns established during this period affect their current and future health status.<sup>4</sup>

Every parent, family, Tribe, and partnering agency has the opportunity to promote the health and wellbeing of the next generation, or to default on this responsibility.

In keeping with the mission of the Northwest Portland Area Indian Health Board (NPAIHB or the Board), the *Adolescent Health Tribal Action Plan* was designed to aid the development of programs and interventions to improve adolescent health within the 43 federally-recognized Tribes in Idaho, Oregon, and Washington.<sup>5</sup> As such, it can be used by program managers or public health professionals, as well as by tribal leaders and policy-makers as they set the agenda for improving their community's health.

In keeping with the Board's strong advocacy for tribal sovereignty and control over the design and delivery of healthcare systems, all strategic goals and objectives are based not only on national, statewide, and regional data, but also on feedback from Northwest tribal health experts, including tribal health advocates, tribal clinicians and behavior specialists, members of the Indian Health Service, staff from the Northwest Portland Area Indian Health Board, and representatives from community- and tribally-based organizations.

The *Adolescent Health Tribal Action Plan* emphasizes:

- Promoting adolescent health by developing culturally-appropriate programs and policies;
- Providing adolescents with the support, options, and resources they need to take control of their own health and wellbeing;
- Improving adolescent social and physical environments and increasing the role of schools in improving young people's health;
- Strengthening intertribal and interagency collaboration across sectors to promote adolescent health;
- Increasing knowledge and understanding among tribal decision-makers, State Health Departments, and potential funding organizations regarding adolescent health issues affecting Native people in the Pacific Northwest.

## Vision

**Native adolescents in the Pacific Northwest will be blessed with health, safety, and success.**



It is our hope that this action plan will be used by the NW Tribes and partnering agencies to guide program planning, catalyze community outreach efforts, and foster a coordinated response to addressing the health and wellbeing of adolescents in our tribal communities. Because adolescent health is deeply affected by the social conditions that surround them, we aim to encourage collaboration across agencies and programs (i.e. health and wellness, recreation, prevention, education, juvenile justice, social services, etc.) and integrate preventive services for Native youth across the Pacific Northwest.

## Mission

Our mission is to encourage Native adolescents and young adults to realize and embrace their full potential for health and development, and to enhance the capacity of NW Tribes to promote adolescent health, safety, and wellbeing.

## Guiding Principles

Good adolescent health provides a strong foundation for adult health. Some adolescents' unsafe choices or vulnerable situations can have serious life-threatening consequences. Alternatively when young people are supported in making positive choices, the benefits to the individual and community are significant, because many life-long patterns of behavior are established during adolescence. For these reasons we believe that addressing the health and wellbeing of Native young people is imperative.

**Holistic.** This plan recognizes the intersecting importance of physical, mental, emotional, social and spiritual health, and seeks to promote balance within each of these domains.

**Youth-Driven.** Programs, services, and interventions aimed at adolescents are likely to have a more significant impact if they are developed with the involvement of young people. Young people are experts on their own beliefs, values, and behaviors, as well as those of their peers. For this reason, this plan seeks to include young people from rural, reservation, and urban communities to help ensure health and wellness programs and services are sensitive to their diverse needs and concerns.

**Culturally-Appropriate.** When designing culturally-appropriate strategies to promote adolescent health, we will incorporate NW AI/AN community norms, beliefs, values, teachings, and traditions (including language, arts, music, and traditional healing practices), and will utilize traditional teaching methods and learning styles (including storytelling, role modeling, intergenerational teaching, and experiential learning).

**Prevention focused.** The leading causes of illness and death among adolescents are largely preventable<sup>2</sup> and young people's behaviors are influenced at the individual, peer, family, school, community, and societal levels. As such, successful interventions must acknowledge the full range of conditions, circumstances, and factors impacting the health and wellbeing of adolescents and young adults.

**Honoring the Past.** We envision our seventh generation living in communities that are blessed with good health- unencumbered by healthcare disparities and violence. To achieve this vision, our young people must be taught their traditions, and programmatic initiatives must incorporate cultural values that will sustain and heal our communities. Through honoring our past, learning our traditions, and encouraging youth-elder engagement, we believe that young people will learn the values that will help them keep steady and find the balance required of a healthy and happy life.

## Approach

Improving and maintaining the health of adolescents and young adults must be a collaborative, community-based endeavor, involving not just clinics and hospitals where youth receive healthcare services, but also schools, youth centers, and spaces where adolescents access social, tribally-based, and other services.

Furthermore, interventions must address the whole person, as well as family and community norms, life circumstances and the conditions under which people live, as well as individual and community beliefs, desires and passions, traditions, and history.

## Planning Process

The Adolescent Health Tribal Action Plan is the product of a collaborative planning process, initiated by the Northwest Portland Area Indian Health Board and members of the *Northwest Native Adolescent Health Alliance*, an inclusive, multi-functional group that meets quarterly in OR, WA, and ID to discuss cross-cutting prevention strategies targeting Native teens and young adults.

The overarching mission, vision, guiding principles, and objectives of this action plan were developed during *Alliance* meetings by members, who included tribal health representatives, tribal health clinicians and behavioral specialists, members of the Indian Health Service, staff from the NPAIHB, and representatives from community-based and tribal organizations. The plan spans a five-year period, and is designed for the 43 federally-recognized Tribes located in Idaho, Oregon, and Washington.

The planning process involved multiple phases, beginning with the review of adolescent health data and the identification of factors that influence the health and development of Native youth. To inform the planning process, the team gathered survey data from NPAIHB tribal delegates, community members, behavioral health representatives and others that work with tribal youth regarding current services available that address adolescent health, as well as the need for additional adolescent health services. The survey tool not only elicited the strengths and weaknesses of the adolescent health services available in NW tribal communities, but also identified the cultural assets and community resources available to promote adolescent health. Once the assessment was complete, data were used by the planning team to select and design strategies that were responsive to the current level of community readiness and capacity within the NW Tribes.

A draft of the Action Plan was completed during the summer of 2013, and circulated among partners for review and feedback. Once complete, the plan was reviewed by the delegates of the Northwest Portland Area Indian Health Board. A resolution supporting the plan's implementation was passed in October 2013.

## NW Adolescent Health: Background Data

Oftentimes serious diseases in adulthood have their roots in adolescence, and the behavioral patterns established during this period help determine young people's current health, as well as their risk for developing chronic diseases later in life.<sup>4</sup>

To better understand the conditions and behaviors that impact Native adolescents in the NW, we can examine a portion of the available data.

For Native adolescents (ages 10-24) in Oregon, Washington, and Idaho:

- Accidents and unintentional injury are the leading causes of death, with unintentional injury causing over 50% of deaths in this age group
- Suicide is the second leading cause of death in this age group, accounting for 17% of deaths among NW Native adolescents
- Homicide is the 3<sup>rd</sup> leading cause of death, accounting for 11% of adolescent deaths<sup>6</sup>

Additionally:

- Native adolescents (10-24 years old) are disproportionately affected by STDs - they have the second highest rates of chlamydia and gonorrhea when compared to other racial/ethnic groups<sup>7</sup>

Moreover, of high-school aged AI/ANs:

- 70.6% have tried smoking cigarettes (national average, 44.7%)
- 78% have consumed alcohol (national average, 71%)
- 71.6% have smoked marijuana (national average, 39.9%)
- 21.2% are overweight and 17.5% are obese (both higher than national averages of 15.2% and 13.0% respectively)
- 22.3% have been bullied at school (national average, 20.1%)
- 21.8% seriously considered attempting suicide and 14.7% attempted suicide at least once in the last year (national averages respectively, 15.8% and 7.8%)<sup>8</sup>

These data demonstrate the need for additional health resources for Native teens and young adults in the Pacific NW. Although the task of improving the health and wellbeing of our young people may seem daunting, our tribes possess numerous strengths and assets that will support us in this endeavor.

### Focus on the Positive

- 70% of AI/AN high school students have not smoked cigarettes in the last month
- 58% of AI/AN high school students are physically active at least 1 hour a day, five days a week
- ¼ of AI/AN high school students eat five or more fruits and vegetables per day
- 75% of AI/AN high school students have not binge on alcohol in the last month
- 82% of AI/AN high school students regularly wear a seat belt



## Current Capacity and Readiness within the NW Tribes

In 2012 and 2013, NPAIHB staff facilitated several discussions with tribal health advocates to better understand the current capacity and readiness of NW tribes to engage in adolescent health promotion. Participants repeatedly expressed support for additional programs and services. Sixty eight percent reported that adolescent health was a topic of significant concern in their community, though they reported that tribal members' awareness of available health services varied.

**Available Community Health Resources for Adolescents.** Of the adolescent services available locally, participants mentioned a variety of programs, including: mental health and substance abuse programs, fitness programs, RNs available for youth, educational tutoring, youth summer employment programs, teen councils, teen groups, afterschool programs, and youth-centered cultural pride initiatives.

**Needs.** In terms of community needs, the survey data demonstrate the desire for additional resources for more sophisticated evaluation of adolescent health services within NW tribal communities, with a majority of participants agreeing that Native-specific, evidence-based resources for youth were lacking. Notably, several participants felt that tribal leadership must be made more aware of the current services and gaps in services available to adolescents within their communities. This, they believed, would facilitate the development of more tribal policies that would advance adolescent health and create a stronger integration of services for youth that would cut across sectors.

**Assets.** Participants felt that there were a great deal of community resources and cultural assets that already help promote adolescent health. These included knowledge and wisdom of elders within the community, culture camps, classes and programs, family picnics, health activities, and culturally-appropriate educational and health activities.

**Desired Role for NPAIHB.** In addition to identifying community needs and assets, survey participants outlined several strategies they would like to see NPAIHB implement to strengthen adolescent health. These include: identifying (or developing where absent) media tools, fact sheets, posters, handouts, and health-based curricula for adolescents; disseminating these to tribally-based adolescent health program staff; presenting health information to tribal youth; training youth-serving tribal staff on site; presenting at tribal health fairs; and providing technical assistance for communities interested in developing adolescent-based activities.

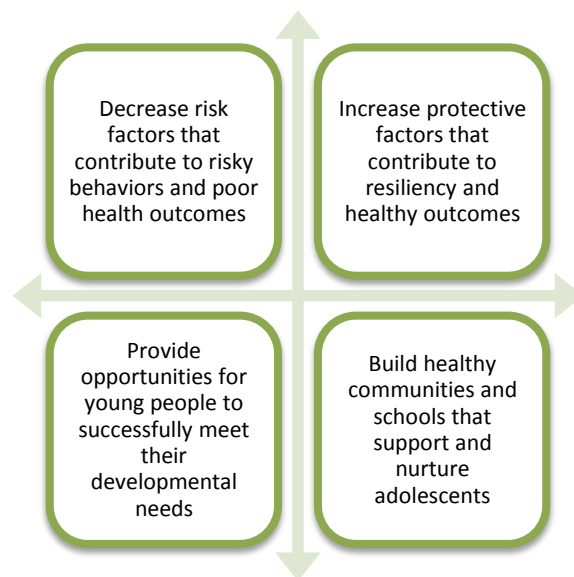
## Strengths and Weaknesses of Adolescent Community-based Services

Strengths	Weaknesses
Adult and elder involvement	Not enough resources i.e. staff or money
Youth raise issues of concern to the Tribe's Council	Some Tribes lack enough activities and programs for youth
Strong existing educational & recreation programs	Not enough mental health counselors
Active and dedicated staff working with youth	Need to develop and strengthen multiple sectors
Many youth participate in health or cultural activities, and some are members of youth councils	Integration of services that cut across sectors i.e. social and sexual health services that address teen pregnancy and the needs of the family
Teens trust their long-term health providers	Need more programs/activities for younger youth
Caring Native providers	Parental support i.e. transporting youth to activities and services

## Strategies that Work: Adolescent Health Promotion

Extensive work and research in the field of adolescent health over the past 30 years provides a wealth of information about strategies that can effectively support the health and wellbeing of youth. Analyzing and applying “lessons learned” from this research can assist in making informed decisions about those strategies that are most likely to have a positive effect on the health of Native youth and young adults.

Each of these strategies have been shown to improve the health and wellbeing of adolescents:



## Decreasing Adolescent Health Risk Factors

Certain behaviors are known to negatively affect the health of adolescents. Six behaviors contribute substantially to the leading causes of death and disability among teens and young adults:

- Behaviors that result in unintentional and intentional injury (including violence and suicidal behaviors)
- Alcohol and drug abuse
- Tobacco use
- Sexual behaviors that result in unintended pregnancy, HIV infection, and other sexually transmitted infections
- Unhealthy dietary behaviors
- Inadequate physical activity<sup>9</sup>

Many risk behaviors among adolescents are interrelated. Drug and alcohol use can affect both violent behavior and sexual activity, for example. It is thus imperative that we develop cross-cutting strategies to promote healthy behavior among Native youth, by exploring community and environmental conditions that impact health, as well as individual factors that make unhealthy behavior seem attractive.

## Increasing Adolescent Protective Factors

It is well recognized that many factors, conditions, and circumstances impact young people's health and development. Although the health sector plays a significant role in health promotion, prevention and care, other sectors - like education and social welfare - also influence the health and development of adolescents.

Because adolescents and young adults are still developing, they are particularly sensitive to social and environmental influences.<sup>2</sup> Adolescent behaviors are particularly influenced by:

- parents and families
- health care systems
- peers
- media
- neighborhoods and communities
- schools
- social norms
- community organizations
- government, policies, and laws
- faith communities<sup>10</sup>

These factors affect young people's capacity to withstand life stressors and their ability to make decisions about healthy behavior.<sup>10</sup> Not surprisingly, strategies designed to grow young people's resiliency via one or more of these change agents can be highly effective in advancing the health and wellbeing of young people.

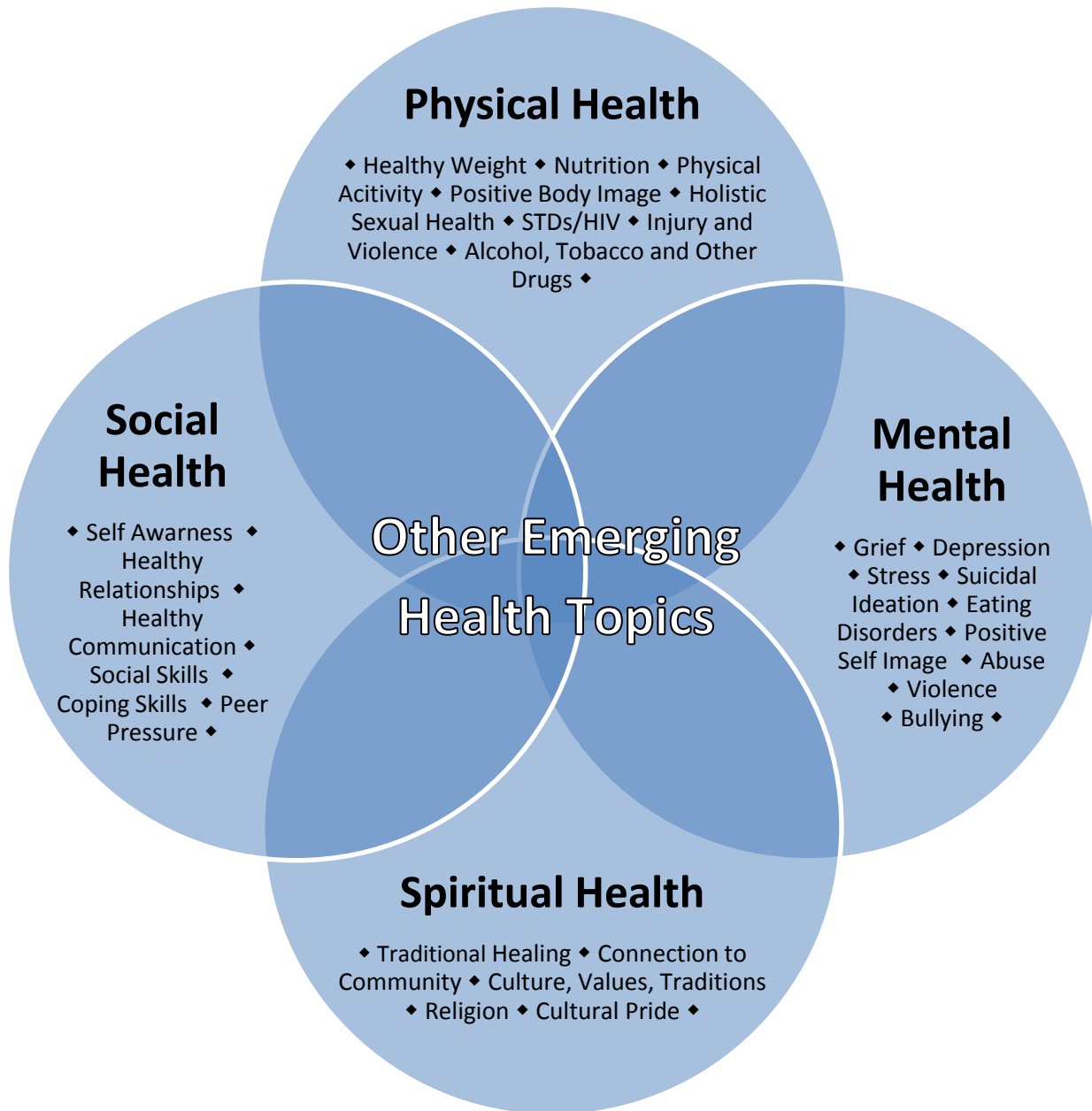


Research and practice has identified several environmental and social factors that help young people overcome adversity. These include:

- strong family support
- caring adults
- positive peer groups
- strong sense of self and self-esteem
- engagement in school and community activities <sup>11</sup>

## Adolescent Health Tribal Action Plan Priority Areas

Based on morbidity and mortality data and behaviors known to negatively affect the health of adolescents, feedback from Northwest tribal health experts, and survey data, we have chosen to focus our efforts on these priority health and wellness topics:



## Regional Goals and Objectives for Adolescent Health Promotion

**Goal 1. Increase the capacity of Tribal health programs to improve adolescent health using culturally-appropriate policies, programs, and services.**

**Strategy 1.** Connect NW Tribes to capacity building assistance (training, technical assistance, technology transfer) to improve tribal access to and use of culturally-appropriate, adolescent health policies, programs, and services.

**Strategy 2.** Identify and disseminate information about effective, culturally-appropriate adolescent health policies, programs, and services using email, listservs, the [www.npaihb.org](http://www.npaihb.org) website, webinars, articles, factsheets, and regional trainings and meetings. Include information on effective prevention strategies, screening tools, treatment options, policy templates, funding opportunities, and related resources.

**Strategy 3.** When culturally-appropriate tools or interventions are not available, develop, adapt and evaluate new adolescent health interventions designed specifically for AI/AN youth in the Pacific Northwest.

**Strategy 4.** Provide NW Tribes with access to solid and reliable adolescent health data to help guide program planning, delivery, and ongoing program monitoring, including:

- demographic and behavioral data
- morbidity and mortality data
- information on health risk and protective factors
- data assessing regional adolescent health promotion capacity and readiness levels
- take steps to correct racial misclassification

### ***Spotlight: Idea Northwest***

The [IDEA-NW Project](#) improves the quality of race data for American Indians and Alaska Natives by carrying out record linkages with health data systems in Idaho, Oregon, and Washington. The project works to correct inaccurate race data in cancer registries, hospital discharge systems, trauma registries, vital statistics, and STD/HIV systems. They then analyze and disseminate AI/AN health data in ways that are locally meaningful to improve tribal health planning.

## Regional Goals and Objectives for Adolescent Health Promotion

**Goal 2.** Empower AI/AN adolescents and young adults in the Pacific Northwest to realize their full potential for health and development. Provide them with the support and resources they need to take an active role in their own health and wellbeing.

**Strategy 1.** Prepare AI/AN adolescents and young adults to take an active role in their own health and wellbeing through leadership training, mentorship and internship opportunities, community service, and other positive extracurricular activities.

**Strategy 2.** Develop and disseminate *new* and *existing* social marketing campaigns designed specifically for AI/AN adolescents and young adults that address priority health topics.

**Strategy 3.** Develop and disseminate multimedia health resources (using the Internet, texting, social networking, videos, and print materials) to connect AI/AN adolescents to medically-accurate, culturally-appropriate health information.

**Strategy 4.** Connect AI/AN adolescents and young adults to affordable health and mental health services that are youth-specific and culturally-appropriate. Increase awareness among AI/AN adolescents and their families about how to access available health services.

**Strategy 5.** Support Tribes in their development of teen-friendly health, wellness, and social services.

### ***Spotlight: We R Native***

We R Native is a multimedia health resource for Native teens and young adults. The program includes an interactive website ([www.weRnative.org](http://www.weRnative.org)), a text messaging service (Text NATIVE to 24587), a Facebook page, a YouTube channel, a Twitter feed, and print marketing materials. Special features include monthly contests, community service grants, an “Ask Auntie” Q&A service, discussion boards, and over 330 pages of medically accurate health information reviewed by experts in public health, mental health, community engagement, and activism.

## Regional Goals and Objectives for Adolescent Health Promotion

### **Goal 3. Improve intertribal and interagency communication, coordination, and collaboration across sectors to promote adolescent health.**

- Strategy 1.** Support cross-program communication, coordination, collaboration, and policy-change to promote priority adolescent health topics. Actively engage tribal staff (both within and external to the healthcare sector) including, tribal council members, law enforcement personnel, school boards, educators and school administrators, and other key community stakeholders. Use these forums to discuss local concerns, possible solutions, and share available resources.
- Strategy 2.** Develop the mechanisms and opportunities to collect and share data and information across-program partners, including best practices, challenges, and lessons learned to inform decision-makers about adolescent health.
- Strategy 3.** Facilitate collaborative activities among Tribes and appropriate youth-serving agencies through NPAIHB Quarterly Board Meetings, *Alliance* meetings, conference calls, webinars, and email.
- Strategy 4.** Maintain a regional listserv to disseminate information about available trainings, funding opportunities, prevention or treatment resources, curricula, interventions, model programs, and tribal successes.
- Strategy 5.** Collaborate with Idaho, Oregon, and Washington State Health Departments, Mental Health Departments, and Juvenile Justice Programs to improve tribal access to state programs and services.



## References

- 1 United States Census Bureau. 2008 population estimates: National characteristics, national sex, age, race and Hispanic origin. Washington: 2008. Available from: [http://www.census.gov/popest/data/historical/2000s/vintage\\_2008/index.html](http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html).
- 2 Mulye TP, Park MJ, Nelson CD, et al. Trends in adolescent and young adult health in the United States. *Journal of Adolescent Health*. 2009; 45(1):8-24. Available from: <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X09001244.pdf>.
- 3 National Research Council, Panel on High-Risk Youth, Commission on Behavioral and Social Sciences and Education. *Losing generations: Adolescents in high-risk settings*. Washington: National Academies Press; 1993. Available from: [http://www.nap.edu/openbook.php?record\\_id=2113&page=1](http://www.nap.edu/openbook.php?record_id=2113&page=1).
- 4 National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development. *Adolescent health services: Missing opportunities*. Lawrence RS, Gootman JA, Sim LJ, editors. Washington: National Academies Press, 2009. Available from: [http://books.nap.edu/openbook.php?record\\_id=12063&page=1](http://books.nap.edu/openbook.php?record_id=12063&page=1).
- 5 Northwest Portland Area Indian Health Board. 2010. Northwest Portland Area Indian Health Board Strategic Plan: 2010 through 2015. Available from: [http://www.npaihb.org/about/npaihb\\_operations\\_documents](http://www.npaihb.org/about/npaihb_operations_documents).
- 6 Northwest Portland Area Indian Health Board. 2012. Northwest Portland Area Indian Health Board IDEA-NW Project Data Report: Three-State Mortality Data, Ages 10-24 years old, 2006-2009. Accessed 11/20/12.
- 7 Centers for Disease Control and Prevention. 2010. Sexually Transmitted Disease Surveillance Report: 2006-2010. Available from: <http://www.cdc.gov/std/stats10/surv2010.pdf>.
- 8 Centers for Disease Control and Prevention. 2011. Youth Online: High School Youth Risk Behavioral Survey Data Results. Available from: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>. Data query run November 20, 2012.
- 9 Centers for Disease Control and Prevention. 2011. *Morbidity and Mortality Weekly Report (MMWR). Youth Risk Behavior Surveillance – United States, 2011*. Surveillance Summaries- June 2012/61(SS04); 1-162. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6104a1.htm>.
- 10 National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities*. Atlanta, GA: 2004.
- 11 Department of Health and Human Services. 2012. Positive Youth Development: Positive Experiences +Positive Relationships+ Positive Environments= Positive Youth Development. Accessed online on November at: <http://www.findyouthinfo.gov/youth-topics/positive-youth-development>.