

## **The Healthy Living in Two Worlds Project: An Inclusive Model of Curriculum Development**

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### **Abstract**

The experience of living in two culturally distinct worlds and striving for healthy living served as the guiding themes in the development of a wellness curriculum for urban Native Americans ages 9-13. Development, implementation, and evaluation of these processes are presented as a model of participatory curriculum development. The Healthy Living in Two Worlds curriculum was developed as a framework that can be augmented with regionally or tribally specific content so that other urban Native American communities can create wellness programs that meet their needs.

### **Key Words**

Native American • curriculum development • wellness • prevention

The 2000 census identified 4.1 million Native Americans representing 1.5% of the United States population (Ogunwole, 2006). This population is often overlooked in health promotion efforts, particularly in urban areas. Even though most Native Americans live in urban areas, few health resources target this population (Duran, 2005; National Urban Indian Family Coalition, n.d.). The Healthy Living in Two Worlds project addressed this gap by developing a health initiative targeting urban Native American youth.

Living in two worlds is a reality for contemporary urban Native Americans. Healthy living, on the other hand, is often outside the experience of the many Native youth who participate in health-compromising behaviors. The urban experience and healthy living were guiding themes in developing a wellness curriculum for urban Native youth ages 9-13, thus the project title: Healthy Living in Two Worlds.

While the curriculum emphasized recreational tobacco use, poor dietary practices, and a sedentary lifestyle as behavioral risk factors for cancer, the overall wellness approach of the program helped youth to improve their health behaviors in general, thus minimizing risks for a variety of health concerns.

The program was developed by Native Americans in the Northeastern United States, an area often neglected by researchers working with indigenous populations. Because the eastern part of the United States was one of the first areas of the country colonized by Europeans, many people fail to realize that it is still

home to significant numbers of indigenous people. The curriculum was designed as a framework to be augmented with regionally or tribally specific content so that other urban Native communities can create wellness programs to meet their own needs. This is an important step in enhancing the wellness of future generations of Native Americans.

This article reviews the literature on the health status of Native Americans, health behaviors of Native youth, social learning theory, the Haudenosaunee cultural context, and wellness curricula for Native youth. This material informed a participatory model of curriculum development in which the Healthy Living in Two Worlds curriculum was created by Native people for Native people under the guidance of indigenous cultural advisors. This prevention program is grounded in holistic ideas of wellness that are compatible with indigenous philosophies of health and well-being. While targeting known risk factors for cancer, the curriculum is relevant to a variety of health risks prevalent among Native Americans. The curriculum examines the contemporary realities of urban Native Americans and encourages indigenous youth to make healthy lifestyle choices. The article focuses on the processes involved in developing this wellness program. A thoughtful examination of processes is an important yet often neglected component of developing a program that can later be replicated in other locations.

## **LITERATURE REVIEW**

### **THE HEALTH STATUS OF NATIVE AMERICANS**

Native American people suffer disproportionately from many health and social problems (Kavanaugh, Absalom, Beil, & Schliessmann, 1999), including diabetes (Burrows, Geiss, Engelgau, & Acton, 2000; Office of Minority Health, 2008), obesity, heart disease, stroke, and high blood pressure (Office of Minority Health, 2008). Native Americans experience high rates of HIV and other sexually transmitted diseases as well as lower rates of prenatal care (Office of Minority Health, 2008) and higher infant mortality rates (Indian Health Service, 2006; Office of Minority Health, 2008).

Indeed, Native Americans have long experienced a lower health status than other Americans. Factors that contribute to their lower life expectancy and disproportionate disease burden include inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. In turn, these broad quality of life issues are rooted in economic adversity and poor social conditions (Indian Health Service, 2006). For example, 12% of Native homes lack a safe and adequate water supply and waste disposal facilities. This compares to 1% of homes for the general population. The mortality statistics are bleak when Native people are compared with others in the United States. For example, Native Americans die

at higher rates from tuberculosis (600% higher), alcoholism (510% higher), motor vehicle crashes (229% higher), diabetes (189% higher), unintentional injuries (152% higher), homicide (61% higher), and suicide (62% higher) when compared with their non-Native counterparts (Indian Health Service, 2006).

These statistics reflect a bleak picture for Native Americans. Native youth often come from communities and households where they have seen many people that they know struggle with illness and early death. Under these circumstances, it may be difficult to believe that different lifestyle choices are possible and can make a real difference. As health conditions worsen, it is imperative that new approaches are identified that can begin to make a difference in the health status of indigenous people in the United States. Effective preventive mechanisms must be developed to interrupt the downward spiral of Native American health. Unfortunately, risk factors for Native youth appear to be increasing rather than decreasing at this time.

#### NATIVE AMERICAN YOUTH AND RISK FACTORS FOR CANCER

Health behaviors of Native youth increase the risk of developing chronic diseases such as cancer (Going et al., 2003; Hatcher & Scarpa, 2002; Hodge, 2002). Specifically, recreational tobacco use, poor dietary practices, and sedentary lifestyles are things that can be changed to improve the health of Native Americans.

Smoking is a well-known and significant risk factor for cancer. Native American teenagers consistently have higher rates of smoking than other teens (Hodge, 2002). One study of Native American teenagers documented that 50% smoked and 21% used smokeless tobacco (LeMaster, Connell, Mitchell, & Manson, 2002). Another study found the 30-day prevalence of smoking among Native high school seniors to be 46.1% compared to 34.3% for the overall population. Not only are Native youth more likely to smoke, Native youth who smoke typically smoke more than their non-Native peers. Native Americans have the highest rate of smoking half a pack or more of cigarettes a day, 17.1% compared to 12.7% of the general population (Hawkins, Cummins, & Marlatt, 2004).

Poor dietary practices are also a significant cause of cancer for Native Americans (Hatcher & Scarpa, 2002). Likewise, an increasingly sedentary lifestyle poses major health risks for Native youth (Going et al., 2003). Inadequate physical activity contributes to obesity and other health problems (Thompson et al., 2001). One study of urban Native youth ages 5-18 found 63% were overweight or at risk for being overweight, and 59% were sedentary (Gray & Smith, 2003). As more Native youth are sedentary and overweight, we can expect to see increasing health complications.

## SOCIAL LEARNING THEORY

Social learning theory seeks to explain how people learn behaviors. Initially, people observe others; if there seems to be a positive outcome, then individuals are more likely to adopt the behavior that they have observed (Miller, Jennings, Alvarez-Rivera, & Miller, 2008). Additionally, individuals are more likely to adopt behaviors if they are done by someone that they admire and perceive to be similar to themselves. This is the power of social modeling: if people see similar individuals succeed, they believe that they can, too (Bandura, 2004).

Peer pressure and peers' attitudes toward behaviors (either positive or negative) are significant influences on whether or not an individual adopts a particular behavior. Individuals are exposed to definitions, either favorable or unfavorable, of deviant or conforming behaviors. Adolescents are likely to participate in behaviors similar to those of their friends (Miller et al., 2008). This includes health-compromising behaviors such as smoking.

Curricula grounded in social learning theory have been found to be effective in shaping attitudes (Demirbas & Yagbasan, 2006). In turn, how an individual thinks about things has significant implications for health behaviors (Bandura, 2005). Social learning theory also provides a basis for skills interventions (Bandura, 1977). Modeling by peers and community members is a method to reinforce behaviors and is a traditional way of guiding behavior in many Native American cultures. Youth can learn skills for resisting peer pressure to participate in risky behaviors. The social cognitive approach is grounded in the belief that individuals can control their own behavior. Motivation and self-regulatory skills are the key to changing health habits (Bandura, 2005).

Social learning theory seems to have cross-cultural applicability (Miller et al., 2008). It has been used as a foundation for a school-based program to promote fruit and vegetable consumption at an urban multicultural elementary school (Blom-Hoffman, 2008). Self-efficacy, the belief that an individual has the ability to change behavior, does not conflict with collective orientations found in some cultures (Bandura, 2002).

Social learning theory provides a general framework that has proved acceptable in many different Native American contexts. It is compatible with indigenous ideas of knowledge transmission and shaping behaviors. This guiding framework allows for integration of cultural elements in prevention programming.

Culture plays a significant role in guiding the values, beliefs, behaviors, and worldviews of individuals (Lum, 2007). Culture is a critical element for successful cancer prevention efforts for Native Americans (Burhansstipanov & Dresser, 1994; Joe, 2001; Joe & Young, 1993; Michalek & Mahoney, 1990), while social learning theory, one of the most widely used foundations for changing high-risk behavior,

features behavior modification through modeling and reinforcement (Bandura, 1977; Bandura & Walters, 1963; Johnson, Amatetti, Funkhouser, & Johnson, 1988). Culturally grounded education combined with social learning theory has been shown to improve knowledge about cancer among Native people (Fredericks & Hodge, 1999; Hodge, Fredericks, & Rodriguez, 1996; Hodge, Stubbs, & Fredericks, 1999; Michielutte, Sharp, Dignan, & Blinson, 1994). Social learning theory has been successfully incorporated with Native American traditions in culturally grounded prevention programs for Native American youth (Botvin, Schinke, Epstein, Diaz, & Botvin, 1995; Davis et al., 1999; Hawkins et al., 2004; LaFromboise & Howard-Pitney, 1995; Schinke, Singer, Cole, & Contento, 1996).

### THE HAUDENOSAUNEE CULTURAL CONTEXT

The Healthy Living in Two Worlds curriculum was implemented in Buffalo, New York. Buffalo is within 40 miles of three Haudenosaunee reservations and is home to a significant urban Native American community. The Native American population in Buffalo is estimated to be 12,017 (National Urban Indian Family Coalition, n.d.).

The Native American population in Western New York State is primarily Haudenosaunee (aka Iroquois). The Haudenosaunee are a confederacy of six nations: the Seneca, Cayuga, Onondaga, Oneida, Mohawk, and Tuscarora. Although some members of this population have adopted Christian teachings and have taken on values and beliefs of the larger society, their traditional way of life, beliefs, and values are centered around the Longhouse. Longhouse teachings include healthy eating practices, tobacco for ceremonial purposes rather than recreation, and avoiding alcohol. These traditional practices can be directly related to wellness promotion and cancer prevention. In the Haudenosaunee belief system, sickness contains emotional, mental, and spiritual as well as physical aspects. Everything must be in balance for a person to be truly well.

Buffalo is across the Niagara River from Canada. The Haudenosaunee people lived in this region prior to establishment of the United States-Canada border and continue to live on both sides of this boundary. Indeed, some live on one side of the border and work on the other, and most have family connections on both sides. Many indigenous people of this region maintain a strong sense of sovereignty and see the international boundary as a false division imposed on indigenous peoples.

Contemporary urban Native Americans face challenges associated with living in two worlds. While urban Native Americans may (or may not) be strongly grounded in indigenous cultures, they are constantly exposed to non-Native cultures as part of living in an urban environment. For urban Native people, a wellness curriculum grounded in cultural teachings must consider the multicultural, urban context of two (or more) worlds that constitute their everyday environment.

## WELLNESS CURRICULA FOR NATIVE AMERICAN YOUTH

Prior to the Healthy Living in Two Worlds initiative, two projects have been documented in the literature that focused specifically on Native American youth and primary cancer prevention: the University of New Mexico's Pathways to Health and Columbia University's FACETS Program. Pathways to Health, a 16-week, school-based curriculum implemented in the Southwest and Great Plains regions, sought to modify diet and increase physical activity (Cunningham-Sabo et al., 1996; Davis et al., 1999). FACETS targeted Northeastern Native American youth through a curriculum focused on diet modification, tobacco abstinence, and a combination of diet modification and tobacco abstinence (Schinke et al., 1996).

Neither Pathways nor FACETS was as successful as their designers had hoped. Pathways produced changes in fat intake and health-related knowledge and behaviors yet did not reduce obesity (Caballero et al., 2003; Gittelsohn et al., 2003; Himes et al., 2003). Likewise, when the Pathways curriculum was evaluated, it was not possible to detect significant differences in physical activity levels between youth at intervention and non-intervention schools (Going et al., 2003). FACETS did improve youths' knowledge and attitudes about recreational tobacco use and diet following exposure to the combined curriculum, yet youth exposed to diet modification or tobacco abstinence alone did not show changes (Schinke et al., 1996).

The Healthy Living in Two Worlds curriculum builds on lessons from Pathways and FACETS. The researchers in the Pathways project recommended that social learning theory be culturally grounded, move beyond the school context for prevention efforts, and include full Native American participation throughout the project. FACETS focused on the understudied Northeastern Native population and found that a comprehensive curriculum that addresses multiple risk factors for cancer is most likely to be effective. Those recommendations and findings guide the Healthy Living in Two Worlds project.

## DEVELOPING THE HEALTHY LIVING IN TWO WORLDS CURRICULUM

Examining the process of curriculum development is a crucial element of being able to replicate success and alter mistakes. As an integral part of the Healthy Living in Two Worlds project, the development team documented and later reflected on processes of program development and implementation. That material is presented here to illuminate aspects of the project that might otherwise be obscured in the "black box," a place where transformations take place but the mechanisms for the transformations are obscured.

This project utilized a participatory method of curriculum development. While professionals brought their areas of expertise to the project, the guidance of non-professional members of the local Native American community was equally important

to ensure that the curriculum was culturally appropriate, acceptable, and engaging for the community. Likewise, the voices of Native American youth who participated in the program were incorporated in the finalized template curriculum. The way that the curriculum was developed and modified is an illustration of the participatory values and respect for knowledge held by non-professional community members and youth. The use of a participatory philosophy was considered crucial because so often in U.S. history programs have been developed by outsiders and imposed on Native Americans. While sometimes well-intentioned, such programs are often irrelevant, incompatible with indigenous values, and a source of significant resentment. Given this history, even programs developed with local indigenous involvement are subject to extensive scrutiny, and rightly so. Thus, the program developers cast a wide net to secure involvement of Native American community members throughout the project.

The Healthy Living in Two Worlds curriculum was drafted by a team of Native curriculum writers. The writers consisted of a Lakota woman (adopted as Haudenosaunee) with a background in social work, a Cayuga man trained in wellness and prevention, and a Tonawanda Seneca woman with a background in education. These curriculum writers brought expertise from their various disciplines along with a strong grounding in Haudenosaunee culture to their work. The curriculum was guided by social learning theory and the traditional wellness teachings of Haudenosaunee people.

The curriculum was overseen by an advisory board of Haudenosaunee people. These advisors were chosen for their grounding in Haudenosaunee culture and interest in wellness activities for Native youth. The advisory board consisted of two women and three men from four Haudenosaunee territories. The board gave input prior to developing the program as well as feedback on refining the final curriculum.

Five Native American staff were hired as youth workers to implement the curriculum. Four of these five were Haudenosaunee, and all were familiar with the urban Native American context. The staff members were hired one month before program implementation and were responsible (under the guidance of the program coordinator, who was also a curriculum writer) for putting the finishing touches on the curriculum, such as developing the materials needed to implement particular activities. They were able to draw on their own professional backgrounds in areas such as art, sociology, psychology, and youth development as part of this process.

The curriculum emphasized the importance of overall health and wellness for urban Native American people while specifically covering the topics of 1) traditional tobacco use, 2) recreational tobacco use, 3) traditional Native American dietary practices, 4) contemporary Native American dietary practices, and 5) contemporary Native American lifestyles. The goals and objectives for each topic are summarized in Table 1.

**TABLE 1. GOALS & OBJECTIVES**

	<i>Goal #1</i>	<i>Goal #2</i>	<i>Goal #3</i>	<i>Goal #4</i>	<i>Goal #5</i>
	Teach youth about traditional meanings & uses of tobacco	Teach youth about the impact of recreational tobacco on Native people	Teach youth about traditional Native American food & diet	Teach youth about the contemporary dietary practices of Native Americans	Teach youth about contemporary Native American lifestyles (active vs. sedentary)
<i>Obj. #1</i>	Identify what tobacco is	Understand the prevalence of smoking among Native people & youth in particular	Identify the components of traditional Haudenosaunee diet	Identify the main components of contemporary Native diets	Identify risks of a sedentary lifestyle
<i>Obj. #2</i>	Identify spiritual meanings of tobacco	Identify healthy impacts of smoking & other recreational tobacco use	Identify the role of traditional foods & plants in Haudenosaunee customs	Recognize how food choices influence health status	Recognize benefits of an active lifestyle
<i>Obj. #3</i>	Identify uses of tobacco	Identify health impacts of secondhand smoke	Recognize the health benefits of traditional dietary practices	Understand the value of making healthy food choices	Recognize the value of making healthy lifestyle choices
<i>Obj. #4</i>	Distinguish between sacred & recreational tobacco use	Understand the value of making healthy choices regarding tobacco use	Understand the use of Native plants & herbs as part of traditional medicine & diet	Learn refusal skills to use when offered junk food & surrounded by others with poor diets	Develop the ability to choose an active lifestyle even when surrounded by others who are sedentary
<i>Obj. #5</i>		Learn refusal skills to use when offered cigarettes or surrounded by smokers			



Curriculum materials were designed to increase knowledge, shape attitudes, and foster healthy behaviors. Both staff and guest speakers implemented a variety of activities to introduce and reinforce traditional Haudenosaunee concepts of wellness and healthy behaviors. These included teaching Haudenosaunee dances, lacrosse skills, and traditional uses of tobacco and discussions of plants that comprise a major part of the traditional diet. Curriculum activities also examined contemporary risky health behaviors and emphasized skills in making healthy choices.

### **IMPLEMENTATION OF THE HEALTHY LIVING IN TWO WORLDS CURRICULUM**

The final format of the program was guided by the professional knowledge of the curriculum writers, the guidance of the cultural advisors, and the practical considerations of scheduling the program. Activities were chosen based on their age appropriateness, cultural relevance, and potential effectiveness for communicating the targeted prevention messages.

The curriculum was implemented in a summer day camp format over a five-week period. The program ran from approximately 9:00 a.m.-3:00 p.m., Monday through Thursday. Friday was a planning day for staff. All Native American youth of ages 9-13 in the city where the project was implemented were eligible to participate. Recruitment was done through a Native American human service agency, through advertisement in their newsletter and radio show, and at Native American events.

Transportation was provided to the program site at a local university. The site allowed access to recreational opportunities, including a gymnasium and sports fields. The site also had indoor facilities, including a kitchen for meal preparation and demonstrations of preparing healthy food.

The Healthy Living in Two Worlds program included weekly field trips to reinforce that physical activity can be enjoyable (i.e., swimming, hiking) rather than simply a task. The field trips also reinforced culturally grounded lessons as youth were exposed to components of the natural world central to Native American identity. For example, one day an elder came in and gave the *Gano: nyok* (Thanksgiving Address) in Seneca and talked about its relevance for Native wellness in contemporary times. This was followed by the youth going on a hike and scavenger hunt at a local nature preserve where they sought out the various components for which the speaker had given thanks in the address, such as the grasses, waters, birds, animals, and medicine plants.

Guest speakers were a key component of the curriculum. Speakers taught traditional Haudenosaunee physical activities, such as lacrosse and social dancing. In addition to introducing specific techniques associated with these activities, the speakers emphasized the place of lacrosse and social dancing in the overall wellness

of Native American people. Other speakers discussed traditional indigenous ideas of health and wellness. These beliefs and practices were contrasted with contemporary behaviors, such as recreational tobacco use, that put the health of Native people at risk.

### **EVALUATING THE HEALTHY LIVING IN TWO WORLDS CURRICULUM**

Evaluating the process of implementation can yield important information for refining the curriculum. Process evaluation (rather than outcome evaluation) is reported here. As previously noted, this type of reflection is critical in assuring that we are building on a sound foundation as we further develop the project and implement it on a larger scale. The results of the curriculum pilot test are reported elsewhere (Weaver & Jackson, n.d.).

In order to refine the curriculum, data were gathered from the youth and staff. These data provided information on which activities were engaging and which were problematic. Data from the youth were collected through their reflection journals and through “talking circles.” A talking circle is a group process where members can speak about things that are on their mind or a topic introduced by the facilitator. Data from the staff were collected in their daily logs and at staff meetings.

Talking circles at the end of the program week gave youth an opportunity to reflect on what they learned and to express feedback about the program. The staff members facilitating the talking circles recorded the youths’ comments in logs devoted exclusively to the talking circles. This information was used to evaluate the youths’ understanding of the materials and satisfaction with the program.

The information described below is taken from the journals of 14 youth, records of four talking circles, and daily logs of four staff members. The author (who was also the Principal Investigator on the grant and one of the curriculum writers) attended weekly staff meetings. Notes were recorded at all these meetings, thus providing another source of data. In this way the researcher/author became a part of the research process and a source of data collection. In a sense, the presence of the researcher is an opportunity to gather facts over time that can illuminate and give meaning to facts that have been gathered (Lincoln & Guba, 1985).

The data from youth journals, staff logs, and talking circles were generally descriptive, clear, and straightforward. Data were read by the author in groups according to the source. In other words, data reflecting voices of youth were read together, and data reflecting voices of staff were read together. Ideas that were repeated by multiple people and/or multiple sources were recorded and noted for the frequency of their occurrence. These ideas were categorized according to meaning (i.e., like ideas were grouped together). The synthesized information was presented to a group of qualitative researchers for feedback on whether the information was clear and informative.

## **FINDINGS**

### **FEEDBACK FROM THE YOUTH**

Youth wrote comments in their journals about the program including which parts they liked and which they didn't like. These comments were overwhelmingly positive, especially regarding the physical activities in the program. Youth made comments such as "I liked yoga because it made me forget bad feelings," and "dodgeball is when you can let out your stress." There were several positive mentions of swimming, Native dancing, lacrosse, and games like kickball. While many comments were positive, there were a few comments such as "I didn't like basketball because I'm not good at it."

The youth made few comments about the dietary component of the curriculum with the exception of activities related to the Food Pyramid. There was an even split between positive and negative feedback on these activities. While the journals also contained limited comments on the tobacco-related activities, all comments were positive. Positive comments included enjoying making prayer ties (an activity emphasizing traditional uses of tobacco), learning about the health risks of recreational tobacco, and learning about the different cancers associated with smoking.

The pieces of the curriculum grounded in Haudenosaunee culture seemed to be meaningful to the youth. In particular, several youth stated that they liked hearing Seneca language as part of the curriculum. The parts of the program they liked least were activities involving writing. This may account for why some youth did not like activities related to the Food Pyramid that involved completing worksheets.

The journals also contained comments about their feelings and some things going on at home. For instance, one youth stated, "Yesterday I was mad because I got hollered at and I don't know why." He went on to say he responded by "throwing things, hitting." Another youth stated when he became angry with another youth, "I took his hand and slapped it like my Dad does." While not directly related to the program, these journal entries reflect the daily lives of the youth and the context for their behavioral choices. A chaotic home environment may influence youths' beliefs about their ability to control their own lives and behaviors.

In the talking circles, youth were asked several questions. When asked, "How well do you think the program is going?" all responses were enthusiastic. Typical responses included "Great," "Really good," and "Exciting." When asked, "What is one thing that you learned this week that you didn't know before?" the topics mentioned included the Medicine Wheel (an indigenous conceptual scheme that can be used to emphasize wellness), dances, and yoga. Many comments focused on content learned from the Jeopardy Game activity (based on a popular TV game show) that included questions on diet, tobacco, and physical activity. Another response was "a million ways to say no," referring to a refusal skills activity.

When asked, “What activities do you like and why?” many youth mentioned the lacrosse activities. Also mentioned were Jeopardy, dodgeball, food collages, kickball, and going outside. When asked what activities they did not like, the answers emphasized writing activities, worksheets, and the post-test. A few did not like lacrosse, the collages, and Jeopardy. Some also said there was nothing that they did not like.

When asked, “If you could change one aspect of the program what would it be?” they asked for more content on low-fat/fat-free food choices, for more swimming and outside time, that yoga be weekly, and for the talking circles. When asked, “How might this program help you live healthier?” they said they could make better food choices, “help my Mom grocery shop,” be more active, exercise, make healthier choices, and do yoga.

### FEEDBACK FROM THE STAFF

Staff kept daily logs where they recorded which activities were done each day, youth reactions to the activities, and other program observations. Staff noted that most youth were engaged in activities, but a few were not. The youth seemed to particularly enjoy outside activities and were frustrated on days when the weather made going outside impractical. Swimming was a favorite activity. The youth also enjoyed doing crafts.

Youth were particularly engaged when they planned and prepared their own healthy lunches. They also seemed to like working in small groups more than individual activities. Most youth enjoyed learning different Native dances and the culturally based trickster tale (a type of Native American story that contains a moral), which reinforced self-awareness and making healthy choices.

Youth perceived writing in their journals and completing worksheets to be like homework, and some of them disliked this aspect of the program. Some youth, including the oldest one, were slow readers and had significant difficulty with the writing activities. After a couple of weeks, the journal writing was discontinued, and instead, staff recorded the youths’ comments in their own daily logs.

Many of the observations made in staff logs related more to youth behaviors than program content areas. For example, they emphasized the importance of having rules and boundaries for the youth and having clear communication among staff so that youth behavior does not get out of control. It was particularly difficult to manage behavioral problems on hikes when some youth were not cooperative in staying on the trails. One of the older boys was particularly loud and disrespectful and only responded to the male staff member. This was disruptive to the whole program.

There was a problem with one youth who had been prescribed medication to manage behavioral problems but only took the medication sporadically. His behavior was clearly much more manageable on days when his mother had given him the medication. Lack of cooperation from the mother eventually led to this youth and his two siblings discontinuing the program.

Violence became an issue in the program. There were multiple instances of youth hitting each other and using rude language. One girl dropped out of the program after being hit by an older, larger boy. Another youth was observed punching himself in the face. During some activities, some youth made references to drug paraphernalia. Some of the youth who participated in the program came from chaotic home environments where they were exposed to negative family influences.

Some youth were harder to reach than others. It is important to develop a plan for reaching different types of youth. While the disruptive youth stand out for their behavior, there were also some who were shy and self-conscious, including some who were slightly overweight and were not comfortable participating in some physical activities.

Ultimately, most youth seemed to enjoy most aspects of the program. Many youth expressed sadness as the camp came to an end. The camp seems to have been a positive learning experience for most, in spite of some disruptive behavior.

## **DISCUSSION**

The evaluation gave information on both programmatic content and delivery issues. Overall the content was well-received by the youth, although some felt that writing activities should be minimized. Cultural aspects, physical activities, and crafts were generally well-received. This information has been integrated into a revised curriculum. Staff must be prepared to deal with behavioral issues and structure the program in ways that are responsive to these challenges.

Based on an analysis of all data sources, it is apparent that: 1) most youth were engaged, enjoyed the program, and seemed to be integrating the content, 2) physical activities and content grounded in Native traditional practices seemed to be the most engaging parts of the curriculum, 3) written activities seemed to be difficult for some youth and were generally seen as burdensome by most youth, and 4) a small cohort of youth were not very engaged in the curriculum and were often disruptive.

In addition to providing important content, the project was enriching in less tangible ways. The Healthy Living in Two Worlds program gave the youth an opportunity to be on a college campus and interact with Native staff, many of whom were in college, thus providing another form of social modeling. They were also afforded a way to connect with their culture in an urban environment that might not have otherwise been available to them. This was an ambitious project for this community that included multiple positive ways to occupy youth who might otherwise be without guidance during the summer months. Given the multifaceted nature of the curriculum, youth had multiple opportunities to be successful. For example, a youth who did not feel skilled at basketball was afforded many other activities to demonstrate success.

The overall purpose of the project was to develop a template curriculum that could be tested for effectiveness in reducing health-compromising behaviors with urban Native American populations in different settings. The process data presented here and the outcome data from the pilot study provided information to strengthen and revise the curriculum. Based on the pilot test of the curriculum and feedback from the youth and staff, we have identified the need to develop another version of the curriculum that addresses the needs of the youth who were least attentive.

Data on the health behaviors of the youth who were most disruptive, while not statistically significant, suggest that they may also have some of the riskiest behaviors such as poor dietary practices and sedentary lifestyles (Weaver & Jackson, n.d.). This mirrors the multiple health risk factors identified in the literature. The fact that some youth were on medication to modify their behaviors and the difficulty that some had reading, writing, and following directions suggest that some learning disabilities or mental health issues may be present. The fact that some youth made references to anger, violence, and drugs suggests that their home environments and other aspects of the community may also contribute to their problematic behavior. It is precisely this type of troubled youth that appeared to be most likely to drop out or not be engaged with the curriculum. Special efforts are needed to recruit, retain, and engage this population with a modified version of the curriculum. On the other hand, the fact that most program participants seemed engaged and actively participated in the curriculum speaks to its relevance for this population.

## **CONCLUSION**

This article describes the development and implementation of the Healthy Living in Two Worlds curriculum. The goal of the curriculum was to enhance the health behaviors of urban Native American youth by using social learning theory and emphasizing healthy traditional Haudenosaunee beliefs and behaviors. For these particular youth, healthy living often does not reflect their reality. The program sought to enhance their knowledge and skills in making healthy decisions with the ultimate goal of increasing the health of this population.

While this article reports on a relatively small project, it is one component of a larger wellness agenda designed to enhance the health and wellness of urban Native Americans. This project adds to the knowledge base and helps to build a strong foundation for finding meaningful ways to alter health risks for this population. In particular, it focuses on often overlooked segments of the Native American population, those in urban areas and those in the Northeastern United States. It also reflects a commitment to strive to meet the needs of some of the most hard-to-reach youth and those with the riskiest behaviors.

The curriculum was well-received and seemed to be helpful for the majority of participants. A significant minority, however, did not seem to connect with or benefit from the program. This may be the most vulnerable, at-risk group of urban Native youth. Additional efforts are needed to reach this particular group. Only through sustained efforts to reach all Native American youth, whether they are enthusiastic and ready to learn, shy and self-conscious, or disruptive and disengaged, can we really begin to increase the health status of urban Native Americans and insure that Native youth are the future of healthy indigenous communities.

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