

UP CLOSE AND PERSONAL

TALKING OPENLY ABOUT REPRODUCTIVE HEALTH CAN BE DIFFICULT, BUT FOR THESE TRIBAL COMMUNITIES IT MAY BE A CRUCIAL FIRST STEP TOWARD SOLVING A VEXING HEALTH PROBLEM.

CAIRHE Research Project:

THE FORT PECK SEXUAL HEALTH PROJECT



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FORT PECK
COMMUNITY COLLEGE

The Fort Peck Reservation.

Beth Rink doesn't like to consider how many hours she's spent behind the wheel on Montana's lonely highways. "Hundreds, maybe thousands," she sighs. This year marks a complete decade since she first collaborated with partners on the Fort Peck Reservation in the state's far northeastern corner, a region as hauntingly beautiful as it is remote. Working three different projects at Fort Peck over that 10-year span, including her current CAIRHE study, Rink has made the seven-hour drive from Bozeman with regularity.

On the plus side, after 10 years of meetings and presentations, everyone on the reservation knows her pretty well.

That's a definite advantage *anywhere* when your job involves talking frankly to people about reproductive health, healthy relationships, and risky adolescent behavior. The fact that Rink does so in tribal communities, where discussion about such topics can be even more reserved and uncomfortable, is testament to the level of trust she's developed in close collaboration with her local partners.

"We've come a long way in 10 years," says Rink, a longtime practitioner of community-based participatory research (CBPR), "but I still need to be mindful that I'm an outsider, and I can't forget that. I still need to be respectful and consult with my colleagues for their input."

Though at times awkward for community members to talk about (at first Rink had to refer to her study as just the "Fort Peck Health Project"), the attitudes and behaviors that she discusses with her focus groups and in one-on-one interviews may be one complex part of a significant health problem and disparity for perhaps the state's most isolated region. The rate of sexually transmitted infections (STI) on the Fort Peck Reservation is roughly three times higher than that for the general U.S. population, and unplanned teen pregnancy rates are also much higher. Currently a single nurse handles pregnancy testing and reproductive health for the Fort Peck population of around 7,000.

The objective of the *Fort Peck Sexual Health Project*, Rink explains, is to identify a multitude of factors that may influence sexual and reproductive health among 15- to 18-year-old adolescents living on the reservation, which is home to the Assiniboine and Sioux tribes. "We think high STI rates and unplanned pregnancies could be a marker for deeper underlying health issues operating and interacting at the individual, family, community, and environmental levels," she says.

Rink's local partner, Adriann Ricker, describes how close working relationships with the community have engendered strong support

and participation, which in turn have resulted in a project timeline running right on schedule.

"As a researcher, Beth is always willing to ride in the passenger seat, if you will, and let us take control of the wheel," says Ricker, who serves as the project's research consultant. "This makes the research we're doing and the work that we're trying to accomplish more personal, and it's also much easier to convey to the community and to our tribal leadership what exactly is going on, what exactly we're seeking to accomplish, and how exactly we intend to execute the plans.

"It also makes it easier for me, a person who's a staunch supporter and protector of our communities and people, to feel like I can tell

others to trust Beth and the work that she's doing," Ricker adds, "because really it was directed in response to the needs of our community and people."

A Multifaceted Problem

Work got underway quickly in late 2014. Rink set up her collaboration with Fort Peck Community College,

including faculty investigator Loy Sprague and project coordinator Paula FireMoon. She also convened a five-member community advisory board that has met quarterly since the project's beginning. Her team conducted 10 focus groups among 50 tribal members, and earlier this year they concluded the last of 30 key informant interviews.

Although the study targets issues among 15- to 18-year-olds, the project's data collection includes an equal distribution of adults and adolescents, men and women, Assiniboine and Sioux. Elders have preferred interviews to focus groups, while the focus groups with teens—no surprise—have tended to fall into one of two extremes. "Either you couldn't get them to stop talking," Rink says with a smile, "or you couldn't get them to say *anything*." Follow-up solo interviews with some of the adolescents, adults, and elders have resulted in clearer, more candid answers, she adds.

As Ricker notes so eloquently, "The true beauty of a well-constructed and -executed CBPR project is the ability to enhance the voices and perspectives of those who do not always get to have a say."

Whether in groups or one-on-one, project participants talk generally about issues, attitudes, and cultural norms surrounding reproductive health and relationships in the communities. For example, how do parents talk to their children about these topics? How do traditional and contemporary religious beliefs come into play? And how might access to drugs and alcohol, excessive free time in isolated areas, and limited access to family planning services contribute to risk-taking behaviors among adolescents?

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**ADRIANN RICKER, PROJECT RESEARCH CONSULTANT,
FORT PECK RESERVATION**



Photo by Julia Haggerty

For their work at Fort Peck, CAIRHE project leaders Beth Rink and Monica Skewes (left and center) collaborate with project development and grants specialist Elizabeth Bird (right) of MSU's College of Education, Health and Human Development.

“We’re getting really great results, and people are excited,” Rink says.

After analysis of the focus group and interview information, Rink hopes to design and administer a quantitative survey among 15- to 18-year-olds in community schools later this fall. The next step would be to design an intervention targeting that age group, which would round out the five-year timeline for the project.

“The intervention is going to be a multi-level approach,” Rink explains, adding that the exact design won’t be determined until later, after her team and advisory board have reviewed all the data collected. “Even though the target population is teenagers, we might do something with families, policy-makers, the schools, tribal leaders, and so on. It’s not just going to be with the teenagers.” She pauses. “It never works when you just target the teenagers.”

A Global Community

Rink’s current work at Fort Peck builds on the successes, and valuable lessons, of two previous CBPR projects, the *Fort Peck Men’s Sexual Health Study* and the *Fort Peck Ceremony of Research Project*. The latter, with support from Montana INBRE, helped the tribe build its research infrastructure and establish its own Institutional Review Board at Fort Peck Community College.

During the course of the men’s project—which Rink calls “very different” with its less indigenous, quantitative approach and its peer-education intervention—tribal leaders asked her to expand her work into what has become her latest study. “They said, ‘We really want you to work with women too, and we want you to do research on younger people,’” she recalls. “We really think these problems start in adolescence.’ So it was the Fort Peck Tribal Council that got our new study going.”

Since 2007, Rink also has conducted research in Greenland examining sexual and reproductive health among the Inuit, who make up about 80 percent of the island’s small population of 50,000. Around the time she started work at Fort Peck, a former MSU colleague and epidemiologist, Dr. Dionne Gesink (now at the University of Toronto), was conducting research that mapped STI rates in indigenous populations in the Northern Hemisphere. She and Rink noticed that the farther north they went, with Greenland being the farthest, the STI rates were nearly five times higher in the Inuit population there compared with Montana. They prepared a presentation for a circumpolar health conference, which led to some key contacts and two successive National Science Foundation grants that have supported Rink’s work in Greenland.

Earlier this year, Rink also traveled farther east to Finland, where she has a new project exploring the development of ethical guidelines for CBPR among the indigenous Sami peoples.

Still, there remains enough work to do south of the 49th parallel to keep Rink interested for years to come. She points to her MSU and CAIRHE colleague, Monica Skewes, who also works at Fort Peck (See “Burden and Resilience” in this issue), as a future collaborator. With partner Carl Yeoman, an MSU microbiologist, Rink is also in the process of adding a biological component, bacterial vaginosis testing, to her work at Fort Peck—a step that must be very thoughtful with explicit tribal approval, she explains. “It involves multiple meetings with community stakeholders to get up and running, due to the sensitivity of biological sampling with indigenous populations,” she says.

All of which means more days ahead for Rink on Montana’s lonely roads. ☀