

Adolescent Sexual Health Toolkit

A Provider's Guide to Discussing Sexual Health with Adolescents

Welcome to the Toolkit

Find resources, tips and guides including:

- Alaska Native and American Indian Acknowledgement
- Cultural Humility
- Cultural Considerations
- Creating a Confidential, Youth-Friendly Environment
- Mandated Reporting
- Collecting Sexual Health History
- Answering Questions from Adolescents
- What About Parents? - Practical Actions
- Talking Points for Discussing Confidentiality
- Approaching STI Prevention: A Case Scenario
- Additional Resources

This toolkit is part of an evidence-based practice improvement project. After careful review and consideration of or actual use in your practice, we invite you to complete an -15 minute survey to aid in future improvements of the information embedded. We recommend 2-4 weeks of toolkit use prior to survey completion. Your participation and feedback would be greatly appreciated

“We are responsible for each other and ourselves.”

Kodiak Alutiiq/Sugpiaq Traditional Value

What is this document?

This document is a resource for health care providers that see, monitor and counsel Alaska Native adolescents in clinical practice. It offers up-to-date and evidence-based information, specifically regarding the importance of discussing sexual health needs with adolescents.

This toolkit is a review of sexual health topics, initiating conversation, making recommendations and tips for discussion with adolescents. A literature review, key informant conversations and professional experts were consulted during the development.

Why is it important?

Providing adolescents with accurate and evidence-based information is an effective approach to sexually transmitted infection (STI) prevention and ensuring healthy relationships and sexual health decisions.

Who am I talking to?

Alaska Native adolescents of all genders ages 10-17, ideally prior to the onset of sexual activity or at the beginning of puberty.

Why are these conversations important?

If the goal is to influence behavior and lifestyle choices, it is important to share information in a way that your audience considers to be effective. Additionally, health care providers have a substantial impact on creating an inclusive, medically accurate, safe space for adolescents to turn to when they have questions or concerns about sexual health. The space providers create can influence lifestyle decisions – whether adolescents pursue wellness or engage in risky behaviors.

Alaska Native and American Indian Acknowledgement

This toolkit was created with mindfulness of traditions and perspectives of the diverse Alaska Native peoples, aiming to honor and support conversations around sexual wellness among adolescents. Much of the content and design is based on identified community needs by Alaska community members and clinical experts.

Throughout this toolkit please consider the following:

- This toolkit refers to Alaska Native and American Indian people through using the abbreviated ‘AN/AI’ or by the term ‘Native.’
- The word ‘traditional’ is also used throughout this toolkit to indicate the rich cultural practices and traditions, such as language and ceremony, that are preserved and passed from generation to generation.

Historically, the use of terms such as these has contributed to the generalization of all Tribes, peoples and communities throughout North America as one community. The use of these terms additionally does not acknowledge the unique characteristics, culture and history of each community, Tribe and nation.

This toolkit was designed and created in Anchorage, Alaska on Dena’ina Etnena.

“We acknowledge the Dena’ina people, on whose traditional lands we do this work. We also acknowledge the Creator and all Indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals, and spiritual practices of this place.”

Language courtesy of the Alaska Native Tribal Health Consortium’s Alaska Native Elder Health Advisory Committee, 2019



Cultural Humility

DEFINITION: awareness of how people’s culture can impact their health behaviors and using this awareness to develop sensitive approaches in treating patients (Society of Hospital Medicine, 2020).

- Three Dimensions: self-awareness, respectful communication, collaborative partnerships.
- Clinicians should continuously self-reflect and monitor implicit biases - especially prior to sensitive discussions.

The Society of Hospital Medicine recommends the 5R Model:

5 Rs	Aim	Ask
Reflection	Clinicians will approach every encounter with humility and understanding that there is always something to learn from everyone	What did I learn from each person in that encounter?
Respect	Clinicians will treat every person with the utmost respect and strive to preserve dignity at all times	Did I treat everyone involved in that encounter respectfully?
Regard	Clinicians will hold every person in their highest regard, be aware of, and not allow unconscious biases to interfere in any interactions	Did unconscious biases drive this interaction?
Relevance	Clinicians will expect cultural humility to be relevant and apply this practice to every encounter	How was cultural humility relevant in this encounter?
Resiliency	Clinicians will embody the practice of cultural humility to enhance personal resiliency and global compassion	How was my personal resiliency affected by this interaction

Cultural Considerations

- Alaska is a LARGE state with SMALL communities
- Avoiding eye contact is often a form of respect
- Respect for Elders and those in authority is significant
- Youth need adults that they can trust
- Youth are more likely to speak openly with an objective expert

Recommendations for providers:

- Build trust and establish rapport
- Reduce harm by meeting people where they are
- Respect adolescent decisions to uphold personal relationships and connections
- Recognize that people from rural communities may speak at a different pace than you – To make others comfortable, be aware of how your speech may be perceived and allow time for response



Creating a Confidential, Youth-Friendly Environment

Confidentiality, or lack thereof, is a significant barrier to adequate adolescent sexual health delivery. Confidential care is essential to building a trusting patient/provider relationship.

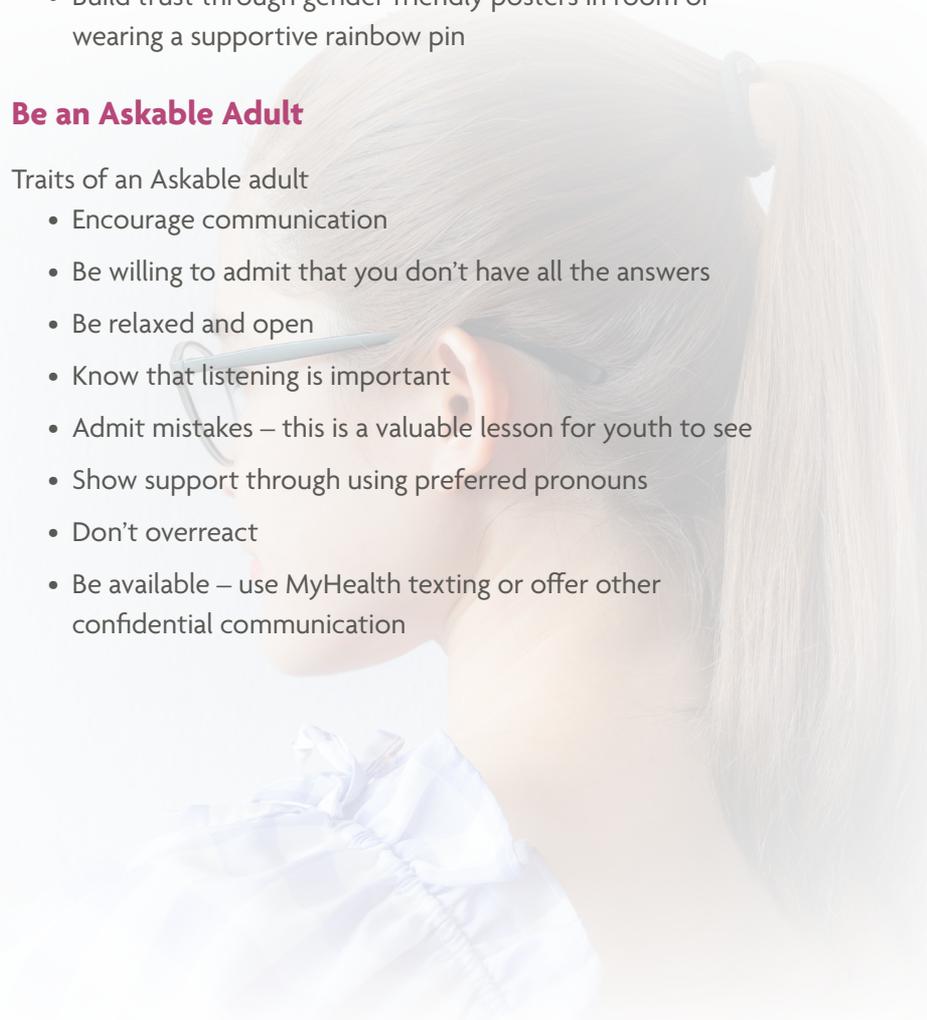
Tips to Foster a Youth-Friendly, Confidential Environment

- Lead with a statement about confidentiality - Act For Youth, 2018
- Ask the patient how they would like to be addressed, including preferred pronouns and name
- Encourage and support transition to take responsibility for their health
- Set up a code word, for this visit or future visits when the adolescent needs private time
- Identify personal contact information for the patient to report confidential test results or follow up
- Build trust through gender-friendly posters in room or wearing a supportive rainbow pin

Be an Askable Adult

Traits of an Askable adult

- Encourage communication
- Be willing to admit that you don't have all the answers
- Be relaxed and open
- Know that listening is important
- Admit mistakes – this is a valuable lesson for youth to see
- Show support through using preferred pronouns
- Don't overreact
- Be available – use MyHealth texting or offer other confidential communication





Age of consent is 16 years.

This means that the minimum age a person must be before the law considers that person old enough to have sex is 16, if <16, age difference MUST be considered. However, minors <18 may receive reproductive services at any age.

Mandated Reporting

Understand your limits on confidentiality and when you, as a provider, are required to report. See guidelines below. Remember to be honest with the adolescent - that all information is confidential, unless something is disclosed that indicates danger to themselves, others or is reportable to the state. American College of Obstetricians and Gynecologists Recommendations are outlined below.

At initial visit providers should discuss the following issues with parent or guardian:

- The meaning and importance of confidentiality
- The scope of confidentiality protection
- The limitations of confidentiality

According to Alaska law, adolescents younger than 18 have the right to the following services without the permission of a parent or legal guardian:

- Emergency services
- Contraceptives and family-planning services, including emergency contraception
- Pregnancy services and prenatal care
- Testing for HIV
- Abortion
- Testing and treatment for sexually transmitted infections (STIs)

Any medical service if:

- Parent or guardian cannot be reached
- The parent or legal guardian, when reached, refuses to provide or withholds consent

Reportable STIs in Alaska for non-identifiable data surveillance:

- Chlamydia
- Gonorrhea
- Syphilis
- HIV/AIDS

Collecting Sexual Health History Information

Using the script below helps to streamline sexual health history conversations and elicit information for identifying appropriate clinical course of action.

Box 1: GOALS Framework for the Sexual History

Component	Suggested Script	Rationale & Goal Accomplished
<p>Give a preamble that emphasizes sexual health</p>	<p><i>I'd like to talk with you for a couple of minutes about your sexuality and sexual health, because it's such an important part of overall health. Some of my patients have questions or concerns about their sexual health, so I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need.</i></p>	<ul style="list-style-type: none"> • Focuses on sexual health, not risk • Normalizes sexuality as part of health and health care • Opens the door for patient's questions • Clearly states a desire to understand and help
<p>Offer opt-out HIV/STI testing and information</p>	<p><i>First, I like to test all of my patients for HIV and other sexually transmitted infections. Do you have any concerns about that?</i></p>	<ul style="list-style-type: none"> • Doesn't commit to specific tests, but does normalize testing. • Sets up the idea that you will recommend some testing regardless of what the patient tells you. • Opens the door for the patient to talk about HIV or STIs as a concern.
<p>Ask an open-ended question.</p>	<p><i>Pick one (or use an open-ended question that you prefer):</i></p> <ul style="list-style-type: none"> • <i>Tell me about your sex life.</i> • <i>What would you say are your biggest sexual health questions or concerns?</i> • <i>How is your current sex life similar or different from what you think as your ideal sex life?</i> 	<ul style="list-style-type: none"> • Puts the focus on the patient • Lets you hear what the patient thinks is most important • Lets you hear the language the patient uses to talk about their body, partners, and sex.
<p>Listen for relevant information and probe to fill in the blanks</p>	<ul style="list-style-type: none"> • <i>Besides [partner(s) already disclosed], tell me about any other sexual partners.</i> • <i>How do you protect yourself against HIV and STIs?</i> • <i>How do you prevent pregnancy (unless you are trying to have a child)?</i> • <i>What would help you take (even) better care of your sexual health?</i> 	<ul style="list-style-type: none"> • Makes no assumption about monogamy or about gender of partners. • Avoids setting a script for over-reporting condom use • Can be asked of patients regardless of gender • Increases motivation by asking the patient to identify strategies/interventions
<p>Suggest a course of action</p>	<ul style="list-style-type: none"> • <i>So, as I said before, I'd like to test you for [describe tests indicated by sexual history conversation].</i> • <i>I'd also like to give you information about PrEP/contraception/other referrals, I think it might be able to help you [focus on benefit].</i> 	<ul style="list-style-type: none"> • Allows you to tailor STI testing to the patient so they don't feel targeted. • Shows that you keep your word. • Allows you to couch education or referral in terms of relevant benefits, tailored to the specific patient.

Taking a Sexual Health History

The Center for Disease Control and Preventions (CDC) recommend the 5Ps as a way to remember the major aspects of sexual health history and guide discussion.

A Guide to Taking a Sexual Health History - 5 Ps, CDC

5 Ps	Aim	Ask
Partners	Determine the number and gender of patient's sex partners. Never make assumptions	<ul style="list-style-type: none"> • Are you currently having sex of any kind -oral, vaginal, or anal with anyone? If no, have you ever? • How many sex partners have you had? • What is/are the gender(s) of your partner(s)?
Practices	Guide the assessment of patient risk, risk-reduction strategies, and determine necessary testing and from which sites.	<ul style="list-style-type: none"> • What kind of sexual contact do you or have you had? What parts of your body are involved when you have sex? • Have you or any of your partners exchanged sex for your needs? • Are you a top or bottom?
Protection from STIs	Determine appropriate level of risk reduction for each patient.	<ul style="list-style-type: none"> • Do you and your partner discuss STI prevention? • What methods do you use and how often? • Have you received HPV, Hep A, Hep B shots? • Are you aware of PrEP, a medicine that can prevent HIV?
Past History of STIs	A prior history of STIs places patient at greater risk now.	<ul style="list-style-type: none"> • Have you even been tested for STIs and HIV? • Would you like to be tested? • Have you been treated for an STI in the past? Have you had any symptoms that keep coming back?
Pregnancy Intention	Prior questions may alert risk of pregnancy. This section determines the pregnancy intention and information needed.	<ul style="list-style-type: none"> • How important is it to you that you prevent pregnancy? • Do you think you would like more children? • Are you and your partner using contraception or practicing any form of birth control? Would you like to talk about options?



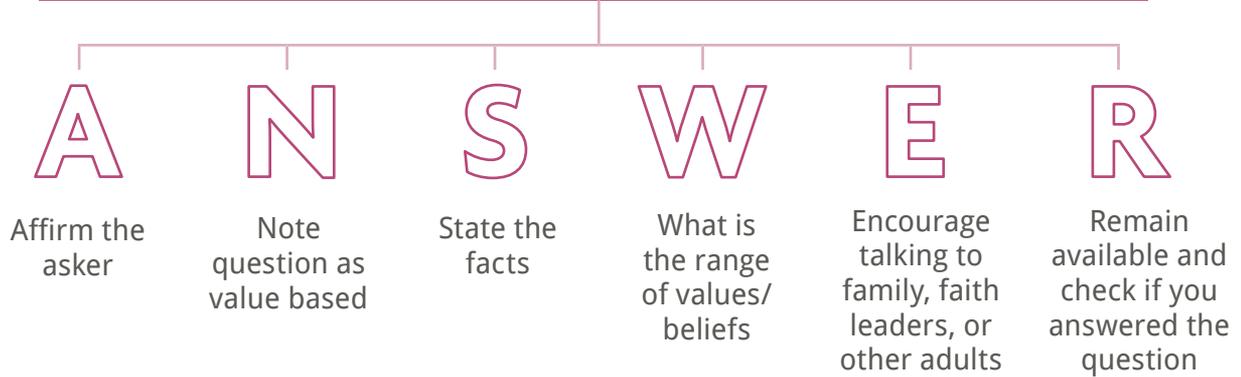
Answering Questions from Adolescents

Clinicians should be prepared to answer a wide range of questions from adolescents.

TYPES OF QUESTIONS



If the question cannot be answered with medical information, consider the Values Question Protocol using ANSWER:



Examples of questions that AI/AN youth have asked:

- Can all STIs be transferred by kissing?
- How big of an age difference is too big?
- How and why would someone get tested for STIs?
- What is an orgasm?
- Why is it important to know about STIs?
- Where can I get birth control?
- How do people allergic to latex protect themselves from STIs?
- Does double bagging help prevent STIs?



What About Parents? - Practical Actions

What does the parent need to know?

- Providers should discuss with the parent(s) the importance of having these confidential conversations between the provider and the adolescent patient, and ensure the parent(s) understands the conversation is considered private, not secret
- Children are interested in sexuality long before they can verbalize questions
- Adolescents are less likely to participate in high risk behaviors when parents are involved

Does talking with teens about sex really make a difference?

- Yes! Parents have some of the greatest influence on teen's decisions about sex. Teens who report talking to their parents about sex are more likely to delay having sex and use condoms when they do!
- Guide the parent to answer questions at the time they are asked, avoid "not now" responses

What can parents do?

- Stay informed about where their teen is getting information, what health messages your teen is learning and what health messages are factual and medically accurate.
- Prepare your teen for private conversations with the provider

What can parents talk about with their teens?

- Healthy and respectful relationships
- Information about where your teen can speak with a provider and receive services
- The parents' expectations about relationships and sex
- Preventing HIV/STI/pregnancy with a focus on benefits of protection

Other tips for parents:

- Share what you've been thinking about rather than waiting for youth to talk
- LISTEN to them even if it is difficult to hear
- Express your opinion without putting down theirs
- Be relaxed and open
- Have frequent conversations
- Identify unique opportunities to have conversations with teens such as in the car or during a movie
- Initiate and encourage conversation with provider and teen collaboratively
- Understand where your adolescent is coming from

Provider considerations for managing a resistant parent

- Some parents don't understand the importance or purpose of confidential spaces. Navigating conversations in this case be challenging - consider the talking points on the next page.

Talking Points for Discussing Confidentiality

Example for discussions with parents or guardians:

“As your adolescent’s Health Aide and as the parent (or guardian), we have two roles here. First, we want to make sure that adolescent patients have access to health care to make sure that they are healthy and safe. Second, we want to make sure that they have had the opportunity to learn to talk with a doctor by themselves so that when they are young adults, they are prepared to communicate and advocate for what they need.”

Example for discussions with adolescents:

“As your provider, I am very much interested in seeing you grow into a healthy young adult in all aspects of your life. I would like to make sure you have all the appropriate scientific information that will help you make healthy choices and be the best you can be—physically, academically, emotionally, sexually, and even spiritually.”

Why is confidentiality vital?

Adolescents gain more ownership over their own health: *“We encourage adolescents to be active participants in their health care as a step toward becoming adults and to take on more responsibility. As part of comprehensive health care, it is our practice to ask parents to wait outside for part of the interview and to encourage the adolescents to discuss their own interests and concerns.”*

Why is conversation time alone so important?

It provides a safe space to ask questions: Talking to adolescents one-on-one also gives adolescents a chance to ask questions or give information they may feel self-conscious about. Adolescents often have questions or concerns that they may feel embarrassed to talk about in front of their parents or guardians.

It builds trust: *“Experimenting with a range of behavior is common among adolescents and young adults. Often, the behavior is not disclosed to parents or guardians. While gaining the adolescents’ trust, we still encourage them to discuss issues with their parents or guardians.”*

Additional points:

We may have to disclose private information to protect a patient’s safety. The staff is always available to discuss health problems or answer questions. We want to work with you to help your adolescent make the best choices for a healthy future.



Approaching STI Prevention: A Case Scenario



A 13-year-old girl enters your clinic with her mom for a routine health visit. She is guarded, shy, but seems inquisitive.

WHAT SHOULD YOU DO NEXT?

STEP 1 – Ensure a confidential, youth-friendly environment

- Use a private room with a closed door
- Inform the teen and her parent about the benefits of confidential time between the patient and provider (confidential, not secret)
- Request or suggest the parent leaves the room using the talking points on confidentiality (see page 9)

Fortunately, the parent understands and leaves the room

STEP 2 – Foster a youth-friendly environment (a safe place)

- Ask the patient their preferred pronouns
- Remind the patient about confidentiality, including the purpose and when you may have to break confidentiality (discloses harm to self or others)
- Listen to the patient
- Take a more in-depth health history using preferred framework – ensure at minimum, the 5Ps

While taking health history, the adolescent discloses that she has had intimate relationships with some ‘boys.’ She has learned some information from TikTok, but is nervous about getting pregnant or ‘getting sick.’ You interpret ‘getting sick’ as a concern about STIs.

Additional Resources

For Parents

Talking is Power | healthynativeyouth.org/wp-content/uploads/2020/03/One-Pager_TalkingIsPower_FINAL.pdf

Going Beyond “The Talk” | cdc.gov/healthyyouth/protective/pdf/talking_teens.pdf

Three Tips/Be an Askable Adult | healthynativeyouth.org/wp-content/uploads/2020/05/04.-Three-Tips-for-Talking-with-Youth.pdf

Reporting Child Abuse/Age of Consent

Child Abuse Module

dpaweb.hss.state.ak.us/training/lms/ChildAbuse/index.html

Evidence-based Online Programs

Health Education and Relationship Training (HEART)

drlaurawidman.com/current-projects

Media Aware Parent | mediaawareparent.com

For STI Information/Treatment

STI Treatment Pocket Guide | cdc.gov/std/treatment-guidelines/pocket-guide.pdf

HIV Self-testing Kits | iknowmine.org/product/hiv-self-test-kit

HPV Campaign | hpvcancerfreeak.org

PrEP/PEP, CDC | cdc.gov/hiv/clinicians/prevention/prep-and-pep.html#:~:text=Learn%20more%20about%20PrEP,and%20continued%20for%204%20weeks

Reportable STI Form

dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf

Youth-Friendly Visits/Confidentiality

Teen Friendly Visit | cdc.gov/teenpregnancy/pdf/teenfriendlyclinic_8.5x11.pdf

Youth Friendly Clinic Project

dhss.alaska.gov/dph/wcfh/Pages/adolescent/AYFC.aspx

Making Your Clinic Teen Friendly | healthynativeyouth.org/wp-content/uploads/2018/12/Tips-Teen-Friendly-Clinic.pdf

STEP 3 – Have an open and honest conversation about STIs and prevention of STIs

- Discuss abstinence but be clear of other ways to protect self about pregnancy and STIs
- Consider the following prevention information:

Human immunodeficiency virus (HIV)

- PrEP/PEP (pre or post exposure HIV prophylaxis) is available and should be discussed to all sexually active adolescents.
- Criteria includes: anal or vaginal sex in the past 6 months and any of the following:
 - HIV+ partner
 - Bacterial STI in the past 6 months
 - History of inconsistent or no condom use with sexual partners

Human papillomavirus (HPV)

- HPV is an STI that can cause many different cancers, there is a vaccine that can prevent it.
- Offer the adolescent two doses of the HPV Vaccine.
- Routine vaccination recommended at ages 11-12 years (but can be provided as early as 9 years old) and should be offered prior to the onset of sexual activity.

Hepatitis A, B, C

- Hepatitis A and B both are vaccine-preventable conditions. Ensure the adolescent's vaccines are up-to-date.
- Hepatitis C is prevented by avoiding sharing of needles, avoiding the use of drugs, or any other contaminated blood.

Chlamydia, Gonorrhea, Trichomonas, Syphilis

- Use a latex or polyurethane condom
- Offer a visual representation with return demonstration
- Educate about extragenital testing - Test all potential sites including vagina, anus, and throat.
- You may say something like, "These STIs are common in three areas of the body, we test everyone at all three sites. Here are the swabs."
- Talk to your partner, avoid sex if your partner has any sign of disease

STEP 4 – Summarize the visit and decide treatment plan

- The 13-year-old girl has been sexually active and expresses desire to be safe from STIs. You provided education throughout the visit and referred her to resources.
- Consider including the patient's parent in the conversation. Encourage the adolescent to be open with their parent.
- Offer the HPV vaccine and highlight it as a cancer-preventing vaccine. Also, offer information about PEP for possible HIV exposure.
- Perform extragenital STI testing swabs.
- Inform the patient of where they can see test results.
- Offer additional resources to the parents on what they can do to help be involved.

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THANK YOU!

Taikuu! Quyana! Chin'an! 'Awa'ahdah! Baasee'!
Dogedinh! Doykshn! Haw'aa! Way Dankoo! Gunalcheesh!



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**ALASKA NATIVE
 TRIBAL HEALTH
 CONSORTIUM**