- **Multimodal Formats.** When possible, technology-based interventions should include a variety of teaching/modeling tools, take into consideration the "different reading/literacy capabilities of youth, even within grade levels," and include print versions "for those who do not have computers."

- **Shorter Length/Duration.** Participants noted that some technology-based interventions took an hour or more to complete or required youth to return to the clinic multiple times, and were concerned about student retention. On the whole, intervention activities should not require multiple clinic visits, and should be conscientious of possible "attention span issues."

- **Cost.** The only cost concerns voiced by participants were in relation to text messaging interventions, which they thought might be problematic for some youth (depending on individual calling plans).

- **Maintaining Youths□Interest and Attention.** Participants also noted that "there are a lot of interesting sites on the Internet that teens frequent already." Online interventions will have to be "as good as the technologies that teens are already using, or teens may not use them."

(It should be noted that a mix of teachers, parents, and health educators participated in these meetings; their comments were not collected in such a way that they could be stratified by informant type.)

When asked about the potential utility of various intervention strategies, particularly in relation to their own communities' programs, resources, and needs, tribal partners used an anonymous automated response system to indicate that computer- or Internet-based skill-building tools would be most useful (91%) for their community, followed by informational Web sites or social networking sites (82%), electronic assessment or diagnostic tools (81%), services that would allow teens and young adults to order STD test kits or condoms online (81%), and programs that offered youth live instant message or text counseling with an expert (74%). Participants indicated that they would prefer interventions that could be administered by someone at the regional level, by a local health educator, or, if appropriate, by the youth themselves. Few felt that it would be highly problematic for them or their tribe to deliver a computer-based intervention (13%), an Internet-based intervention (17%), or an intervention requiring a TV/DVD (13%). More people expressed concern, however, about delivering interventions via cell phone (36%).

## DISCUSSION

While data from the *Native Youth Media Survey* offered insight into which technologies were most often used by AI/AN youth, the literature review and additional CBPR activities provided critical information needed to select strategies that aligned to the priorities and organizational capacities of the Northwest tribes (Craig Rushing, 2010). The literature review provided partners with a better understanding of the types of technology-based interventions that were possible, and the skills and resources that would be needed to implement them. Partners discussed the effectiveness of various approaches, and design features that have been shown to maximize behavioral impacts.

CBPR processes also took into consideration other factors that have been shown to affect intervention effectiveness and sustainability, including the availability of staff with appropriate skills and training, the availability of requisite space and equipment, the perceived merits and drawbacks of available intervention modalities and settings, and the availability of current and recurring funds to implement selected interventions, as well as more nuanced Indigenous knowledge about Northwest AI/AN communities (Center for Substance Abuse Prevention, 2009). CBPR activities substantially improved the intervention alignment process by giving insight to tribal values and priorities, and potential capacities and constraints affecting participating tribes.

CBPR activities also enhanced the interpretation of qualitative and quantitative data collected by the project, employing both Western and cultural lenses. For example, while cell phones were the media technology most frequently used by Northwest Native youth (according to survey results), youth, parents, and health educators expressed much less interest in phone-based interventions than they did in Internet- or video-based approaches. This apparent divide between youths' current technology use and reported intervention priorities may stem from the strong preference (expressed by both survey respondents and CBPR partners), that youth receive sexual health information from a trusted adult. Role modeling, experiential learning, and storytelling are teaching tools traditionally valued by AI/AN communities, and are highly dependent upon human interaction (Cajete, 2008; Goodluck, 2002). Compared to the other strategies offered and discussed, rote text messaging services (that often lack modeling, interaction, and visual cues) may have felt less congruent with traditional teaching modalities.

CBPR participants were particularly concerned that some technology-based interventions might unintentionally reduce communication or fail to support needed follow-up with youth. This concern highlights the importance of using technology-based interventions to enhance, rather than replace, traditional sources of health information, including health professionals and family members (Fox & Jones, 2009). Other critical insights gained through CBPR included the importance of empowering Native youth to get involved in their own health and well-being, while also addressing the deeper social and emotional conditions that contribute to their disproportionate risk-taking.

CBPR strategies increased our understanding of the ethnographic culture of AI/AN youth, and the social and environmental contexts in which they live. Participants pointed out that Native youth "culture" is not solely defined by race/ethnicity. Like other teens and young adults, Native youth identify with and reflect multiple identities (e.g., athletes, skaters, nerds, gangsters, straight/two-spirit/lesbian/gay/bisexual/transgender/questioning, etc.). Northwest Native youth did express a greater preference for accessing sexual health information on Web sites containing Native-specific content than on sites targeting all U.S. youth, but to reflect their full lived experience, interventions targeting AI/AN youth should portray a range of adolescent and cultural identities.

Like all research, this study had several strengths and limitations worth noting. These findings represent data from the Pacific Northwest and cannot be generalized to other regions or individual tribes. Many of the youth who participated in CBPR feedback sessions were involved in tribe- or school-sponsored health and wellness activities, and may have reported higher levels of interest than typical youth. The continuity of our coalition membership was hampered by our inclusion of participants from a geographically disbursed three-state region. This challenge was met by rotating meetings throughout the Northwest, covering travel expenses for tribal participants, and by iteratively reviewing project data and refining recommendations at each subsequent meeting. Fortunately, the project was strengthened by the support of the Northwest tribes, who repeatedly expressed interest in the research subject and its findings. Collecting data and feedback from multiple tribes helped ensure that resulting recommendations and priorities reflected a wide spectrum of perspectives and experiential realities. Guided by CBPR values, this process took active steps to address potential validity threats associated with analyzing data using only a Western interpretive lens.

## CONCLUSION

Like all behavioral interventions, to be truly effective, technology-based sexual health interventions must address the core risk and protective factors associated with teen pregnancy and STDs, cultivate individual skills, and foster frequent and repeated use. If designed properly, youth-driven multimedia technologies could achieve these goals, while reflecting traditional and contemporary AI/AN culture, values, teachings, and experiences. To meet everyone's needs, age- and gender-appropriate sexual health information should be made available in a variety of formats, through a variety of channels. This CBPR study suggests that integrated, multimedia approaches offer the best opportunity to reach the greatest number of Native youth in the Pacific Northwest. The NPAIHB and Northwest tribes are now using this data to inform the development of several technology-based interventions targeting AI/AN teens and young adults.

Stephanie Craig Rushing, PhD, MPH
Northwest Portland Indian Health Board
2121 SW Broadway, Suite 300, Portland, OR 97201
E-mail: scraig@npaihb.org

## REFERENCES

Barak, A., & Fisher, W. A. (2001). Toward an Internet-driven, theoretically-based, innovative approach to sex education. *Journal of Sex Research, 38*(4), 324-332. doi: 10.1080/00224490109552103

Barak, A., & Fisher, W. A. (2003). Experience with an Internet-based, theoretically grounded educational resource for the promotion of sexual and reproductive health. *Sexual and Relationship Therapy, 18*(3), 293-308. doi: 10.1080/1468199031000153928

Battiste, M. (2008). Research ethics for protecting Indigenous knowledge and heritage: Institutional and researcher responsibilities. In N. K. Denzin, Y. S. Lincoln, & L. T. Smith (Eds.), *Handbook of critical and Indigenous methodologies* (pp. 497-511). Thousand Oaks, CA: Sage Publications, Inc.

Baylari, A., & Montazer, G. A. (2009). Design a personalized e-learning system based on item response theory and artificial neural network approach. *Expert Systems with Applications, 36*(4), 8013-8021. doi: 10.1016/j.eswa.2008.10.080

Beard, L., Wilson, K., Morra, D., & Keelan, J. (2009). A survey of health-related activities on Second Life. *Journal Of Medical Internet Research, 11*(2), e17. Retrieved from http://www.jmir.org/

Bennett, G. G., & Glasgow, R. E. (2009). The delivery of public health interventions via the Internet: Actualizing their potential. *Annual Review of Public Health, 30*, 273-292. doi: 10.1146/annurev.publhealth.031308.100235

Bowen, A. (2005). Internet sexuality research with rural men who have sex with men: Can we recruit and retain them? *Journal of Sex Research, 42*(4), 317-323. doi: 10.1080/00224490509552287

Bowen, A. M., Williams, M. L., Daniel, C. M., & Clayton, S. (2008). Internet based HIV prevention research targeting rural MSM: Feasibility, acceptability, and preliminary efficacy. Journal of *Behavioral Medicine, 31*(6), 463-477. doi: 10.1007/s10865-008-9171-6

Bull, S., Lloyd, L., Rietmeijer, C., & McFarlane, M. (2004). Recruitment and retention of an online sample for an HIV prevention intervention targeting men who have sex with men: The Smart Sex Quest Project. *AIDS Care, 16*(8), 931-943. doi: 10.1080/09540120412331292507

Bull, S., Phibbs, S., Watson, S., & McFarlane, M. (2007). What do young adults expect when they go online? Lessons for development of an STD/HIV and pregnancy prevention website. *Journal of Medical Systems, 31*(2), 149-158. doi: 10.1007/s10916-006-9050-z

Bull, S., Pratte, K., Whitesell, N., Rietmeijer, C., & McFarlane, M. (2009). Effects of an Internet-based intervention for HIV prevention: The Youthnet trials. *AIDS and Behavior, 13*(3), 474-487 doi: 10.1007/s10461-008-9487-9

Bull, S., Vallejos, D., Levine, D., & Ortiz, C. (2008). Improving recruitment and retention for an online randomized controlled trial: Experience from the Youthnet study. *AIDS Care, 20*(8), 887-893. doi: 10.1080/09540120701771697

Cajete, G. (2008). Seven orientations for the development of indigenous science education. In N. K. Denzin, Y. S. Lincoln & L. T. Smith (Eds.), *Handbook of critical and Indigenous methodologies* (pp. 487-496). Thousand Oaks, CA: Sage Publications, Inc.

Card, J. J., & Kuhn, T. (2006). Development of online suites of social science-based resources for health researchers and practitioners. *Social Science Computer Review, 24*(2), 255-261. doi: 10.1177/0894439305281498

Center for Substance Abuse Prevention. (2009). *Identifying and selecting evidence-based interventions: Revised guidance document for the strategic prevention framework state incentive grant program*. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Chewning, B., Mosena, P., Wilson, D., Erdman, H., Potthoff, S., Murphy, A., & Kuhnen, K. K. (1999). Evaluation of a computerized contraceptive decision aid for adolescent patients. *Patient Education and Counseling, 38*(3), 227-239. doi: 10.1016/S0738-3991(99)00014-2

Cobb, N., Graham, A., Bock, B., Papandonatos, G., & Abrams, D. (2005). Initial evaluation of a real world Internet smoking cessation system. *Nicotine & Tobacco Research, 7*(2), 207-216. doi: 10.1080/14622200500055319

Cochran, P. A., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health, 98*(1), 22-27. doi: 10.2105/AJPH.2006.093641

Coyle, D., Doherty, G., Matthews, M., & Sharry, J. (2007). Computers in talk-based mental health interventions. *Interacting with Computers, 19*(4), 545-562. doi: 10.1016/j.intcom.2007.02.001

Craig Rushing, S. N. (2010). *Use of media technologies by Native American teens and young adults: Evaluating their utility for designing culturally-appropriate sexual health interventions targeting Native youth in the Pacific Northwest*. Doctoral dissertation, Portland State University, Portland, OR. Retrieved from http://dr.archives.pdx.edu/xmlui/handle/psu/4743

Craig Rushing, S., & Stephens, D. (2011). Use of media technologies by Native American teens and young adults in the Pacific Northwest: Exploring their utility for designing culturally appropriate technology-based health interventions. *The Journal of Primary Prevention, 32*(3), 135-145. doi: 10.1007/s10935-011-0242-z

Daft, R., & Lengel, R. (1986). Organizational information requirements, media richness and structural design. *Management Science, 32*, 554-571. doi: 10.1287/mnsc.32.5.554

Dijkstra, A. (2005) Working mechanisms of computer-tailored health education: Evidence from smoking cessation. *Health Education Research, 20*(5), 527-539. doi: 10.1093/her/cyh014

Di Noia, J., Contento, I. R., & Prochaska, J. O. (2008). Computer-mediated intervention tailored on transtheoretical model stages and processes of change increases fruit and vegetable consumption among urban African-American adolescents. *American Journal of Health Promotion, 22*(5), 336-341. doi: 10.4278/ajhp.22.5.336

Downs, J. S., Murray, P. J., Bruine de Bruin, W., Penrose, J., Palmgren, C., & Fischhoff, B. (2004). Interactive video behavioral intervention to reduce adolescent females' STD risk: A randomized controlled trial. *Social Science & Medicine, 59*(8), 1561-1572. doi: 10.1016/j.socscimed.2004.01.032

Forster, J. L., Rhodes, K. L., Poupart, J., Baker, L. O., Davey, C., & Forster, J. L. (2007). Patterns of tobacco use in a sample of American Indians in Minneapolis-St. Paul. *Nicotine & Tobacco Research, 9*(Suppl 1), S29-S37. doi: 10.1080/14622200601083434

Fox, S., & Jones, S. (2009). *The social life of health information*. Washington, DC: Pew Internet and American Life Project.

Gerber, B. S., Solomon, M. C., Shaffer, T. L., Quinn, M. T., & Lipton, R. B. (2007). Evaluation of an Internet diabetes self-management training program for adolescents and young adults. *Diabetes Technology & Therapeutics, 9*(1), 60-67. doi: 10.1089/dia.2006.0058

Gold, M. A., Chiappetta, L., Young, A. J., Zuckoff, A., & DiClemente, C. C. (2008). Female adolescents' educational choices about reproductive health modules. *American Journal of Sexuality Education, 3*(1), 65-86. doi: 10.1300/J455v03n01_05

Goodluck, C. (2002). *Native American children and youth well-being indicators: A strengths perspective* (pp. 1-58). Portland, OR: National Indian Child Welfare Association.

Hoffman, J. (2009, May 3, 2009). When the cellphone teaches sex education. *The New York Times*, p. ST1.

Hurling, R., Fairley, B. W., & Dias, M. B. (2006). Internet-based exercise intervention systems: Are more interactive designs better? *Psychology & Health, 21*(6), 757-772. doi: 10.1080/14768320600603257

Ito, K. E., Kalyanaraman, S., Ford, C. A., Brown, J. D., & Miller, W. C. (2008). “Let's talk about sex”: Pilot study of an interactive CD-ROM to prevent HIV/STIs in female adolescents. *AIDS Education & Prevention, 20*(1), 78-89. doi: 10.1521/aeap.2008.20.1.78

Kalichman, S. C., Cherry, C., Cain, D., Pope, H., Kalichman, M., Eaton, L., . . . Benotsch, E. G. (2006). Internet-Based Health Information Consumer Skills Intervention for People Living With HIV/AIDS. *Journal of Consulting and Clinical Psychology, 74*(3), 545-554. doi: 10.1037/0022-006X.74.3.545

Kiene, S. M., & Barta, W. D. (2006). A brief individualized computer-delivered sexual risk reduction intervention increases HIV/AIDS preventive behavior. *Journal of Adolescent Health, 39*(3), 404-410. doi: 10.1016/j.jadohealth.2005.12.029

Koekenbier, R. H., Davidovich, U., van Leent, E. J. M., Thiesbrummel, H. F. J., & Fennema, H. S. A. (2008). Online-mediated syphilis testing: Feasibility, efficacy, and usage. *Sexually Transmitted Diseases, 35*(8), 764-769. Retreived from http://journals.lww.com/stdjournal/pages/default.aspx

Kok, G., Harterink, P., Vriens, P., de Zwart, O., & Hospers, H. J. (2006). The gay cruise: Developing a theory- and evidence-based Internet HIV-prevention intervention. *Sexuality Research & Social Policy: Journal of NSRC, 3*(2), 52-67. doi: 10.1525/srsp.2006.3.2.52

Lau, J. T. F., Lau, M., Cheung, A., & Tsui, H. Y. (2008). A randomized controlled study to evaluate the efficacy of an Internet-based intervention in reducing HIV risk behaviors among men who have sex with men in Hong Kong. *AIDS Care, 20*(7), 820-828. doi: 10.1080/09540120701694048

Levine, D., McCright, J., Dobkin, L., Woodruff, A. J., & Klausner, J. D. (2008). SEXINFO: A sexual health text messaging service for San Francisco youth. *American Journal of Public Health, 98*(3), 393-395. doi: 10.2105/AJPH.2007.110767

Levine, D. K., Scott, K. C., & Klausner, J. D. (2005). Online syphills testing - confidential and convenient. *Sexually Transmitted Diseases, 32*(2), 139-141. Retrieved from http://journals.lww.com/stdjournal/pages/default.aspx

Lightfoot, M., Comulada, W. S., & Stover, G. (2007). Computerized HIV preventive intervention for adolescents: Indications of efficacy. *American Journal of Public Health, 97*(6), 1027-1030. doi: 10.2105/AJPH.2005.072652

Liu, S.-H., Liao, H.-L., & Pratt, J. A. (2009). Impact of media richness and flow on e-learning technology acceptance. *Computers & Education, 52*(3), 599-607. doi: 10.1016/j.compedu.2008.11.002

Lustria, M. L. A., Cortese, J., Noar, S. M., & Glueckauf, R. L. (2009). Computer-tailored health interventions delivered over the web: Review and analysis of key components. *Patient Education & Counseling, 74*(2), 156-173. doi: 10.1016/j.pec.2008.08.023

Markham, C. M., Shegog, R., Leonard, A. D., Bui, T. C., & Paul, M. E. (2009). +CLICK: Harnessing web-based training to reduce secondary transmission among HIV-positive youth. *AIDS Care, 21*(5), 622-631. doi: 10.1080/09540120802385637

Mayer, R. E., & Moreno, R. (1998). *A cognitive theory of multimedia learning: Implications for design principles*. University of California, Santa Barbara, CA. Santa Barbara, CA. Retrieved from http://www.unm.edu/~moreno/PDFS/chi.pdf

Metcalf, C. A., Malotte, C. K., Douglas, J. M., Jr., Paul, S. M., Dillon, B. A., & Cross, H. (2005). Efficacy of a booster counseling session 6 months after HIV testing and counseling: A randomized, controlled trial (RESPECT-2). *Sexually Transmitted Diseases, 32*, 123-129. Retrieved from http://journals.lww.com/stdjournal/pages/default.aspx

Mikolajczak, J., Kok, G., & Hospers, H. J. (2008). Queermasters: Developing a theory- and evidence-based Internet HIV-prevention intervention to promote HIV-testing among men who have sex with men (MSM). *Applied Psychology: An International Review, 57*(4), 681-697. doi: 10.1111/j.1464-0597.2008.00342.x

Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass.

Moskowitz, D. A., Melton, D., & Owczarzak, J. (2009a). PowerON: The use of instant message counseling and the Internet to facilitate HIV/STD education and prevention. *Patient Education & Counseling, 77*(1), 20-26. doi: 10.1016/j.pec.2009.01.002

National Congress of American Indians. (2009). *Research that benefits Native people: A guide for tribal leaders*. Retrieved from http://www.ncaiprc.org/research-curriculum-guide

Noar, S. M., Black, H. G., & Pierce, L. B. (2009). Efficacy of computer technology-based HIV prevention interventions: A meta-analysis. *AIDS, 23*(1), 107-115. doi: 110.1097/QAD.1090b1013e32831c35500.

Owens, S. L., Arora, N., Quinn, N., Peeling, R. W., Holmes, K. K., & Gaydos, C. A. (2010). Utilizing the Internet to test for sexually transmitted infections: Results of a survey and accuracy testing. *Sexually Transmitted Infections, 86*, 112-116. doi: 10.1136/sti.2009.037226

Paperny, D. M. (1997). Computerized health assessment and education for adolescent HIV and STD prevention in health care settings and schools. *Health Education & Behavior, 24*(1), 54-70. doi: 10.1177/109019819702400107

Paperny, D. M., & Starn, J. R. (1989). Adolescent pregnancy prevention by health education computer games: Computer-assisted instruction of knowledge and attitudes. *Pediatrics, 83*(5), 742. Retrieved from http://pediatrics.aappublications.org/

Pedlow, C. T., & Carey, M. P. (2004). Developmentally appropriate sexual risk reduction interventions for adolescents: Rationale, review of interventions, and recommendations for research and practice. *Annals of Behavioral Medicine, 27*, 172-184. doi: 10.1207/s15324796abm2703_5

Portnoy, D. B., Scott-Sheldon, L. A. J., Johnson, B. T., & Carey, M. P. (2008). Computer-delivered interventions for health promotion and behavioral risk reduction: A meta-analysis of 75 randomized controlled trials, 1988-2007. *Preventive Medicine, 47*(1), 3-16. doi: 10.1016/j.ypmed.2008.02.014,

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *The American Psychologist, 47*(9), 1102-1114. doi: 10.1037/0003-066X.47.9.1102

Project Red Talon. (2009). *Red Talon STD/HIV tribal action plan, 2009-2011*. Northwest Portland Area Indian Health Board. Portland, OR: Author. Retrieved from http://www.npaihb.org/epicenter/project/prt_tribal_action_plan/

Puccio, J. A., Belzer, M., Olson, J., Martinez, M., Salata, C., Tucker, D., & Tanaka, D. (2006). The use of cell phone reminder calls for assisting HIV-infected adolescents and young adults to adhere to highly active antiretroviral therapy: A pilot study. *AIDS Patient Care & STDs, 20*(6), 438-444. doi: 10.1089/apc.2006.20.438

Rhodes, S. D. (2004). Hookups or health promotion? An exploratory study of a chat room-based HIV prevention intervention for men who have sex with men. *AIDS Education & Prevention, 16*(4), 315-327. doi: 10.1521/aeap.16.4.315.40399

Roberto, A. J., Carlyle, K. E., Zimmerman, R. S., Abner, E. L., Cupp, P. K., & Hansen, G. L. (2008). The short-term effects of a computer-based pregnancy, STD, and HIV prevention program. *Communication Quarterly, 56*(1), 29-48. doi: 10.1080/01463370701839255

Roberto, A. J., Zimmerman, R. S., Carlyle, K. E., & Abner, E. L. (2007). A computer-based approach to preventing pregnancy, STD, and HIV in rural adolescents. *Journal of Health Communication, 12*(1), 53-76. doi: 10.1080/10810730601096622

Roberto, A. J., Zimmerman, R. S., Carlyle, K. E., Abner, E. L., Cupp, P. K., & Hansen, G. L. (2007). The effects of a computer-based pregnancy, STD, and HIV prevention intervention: A nine-school trial. *Health Communication, 21*(2), 115-124. doi: 10.1080/10410230701306990

Roye, C., Perlmutter Silverman, P., & Krauss, B. (2007). A brief, low-cost, theory-based intervention to promote dual method use by Black and Latina female adolescents: A randomized clinical trial. *Health Education & Behavior, 34*(4), 608-621. doi: 10.1177/1090198105284840

Shegog, R., Markham, C., Peskin, M., Dancel, M., Coton, C., & Tortolero, S. (2007). "It's your game": An innovative multimedia virtual world to prevent HIV/STI and pregnancy in middle school youth. *Studies in Health Technology and Informatics, 129*(Pt 2), 983-987. Retrieved from http://booksonline.iospress.nl/Content/View.aspx?piid=6252

Skinner, C., Campbell, M., Rimer, B., Curry, S., & Prochaska, J. (1999). How effective is tailored print communication? *Annals of Behavioral Medicine, 21*(4), 290-298. doi: 10.1007/bf02895960

Text to Change. (2009). Retrieved from www.texttochange.com

Thomas, R., Cahill, J., & Santilli, L. (1997). Using an interactive computer game to increase skill and self-efficacy regarding safer sex negotiation: Field test results. *Health Education & Behavior, 24*(1), 71-86. doi: 10.1177/109019819702400108

Tortolero, S. R., Markham, C. M., Peskin, M. F., Shegog, R., Addy, R. C., Escobar-Chaves, S. L., & Baumler, E. R. (2008). *It's your game. Keep it real: Delaying sexual behavior with an effective middle school program*. Houston, TX: Center for Health Promotion and Prevention Research, University of Texas Health Science Center.

Warner, L. S., & Grint, K. (2006). American Indian ways of leading and knowing. *Leadership, 2*(2), 225-244. doi: 10.1177/1742715006062936

Wilson, K. A., Bedwell, W. L., Lazzara, E. H., Salas, E., Burke, C. S., Estock, J. L., . . . Conkey, C. (2009). Relationships between game attributes and learning outcomes: Review and research proposals. *Simulation Gaming, 40*(2), 217-266. doi: 10.1177/1046878108321866

Woodruff, A. J. (2009). *Hookup program usage summary: April-June 2009*. San Francisco, CA: Internet Sexuality Information Services, Inc.

## FOOTNOTE

[1] Hypertext: text displayed on an electronic device with links to other text, tables, or images that can be accessed immediately.

## ACKNOWLEDGEMENTS

We would like to thank the tribes of Idaho, Oregon, and Washington for their public health leadership, and their ongoing support of Project Red Talon. All credit in this undertaking should be given to our tribal partners, whose impassioned commitment to AI/AN health has made this project a success. We also thank John Spence and members of the Portland Area IHS IRB for their constructive reviews of this article.