

Integrating a Social Determinants of Health Approach in Teen Pregnancy Prevention

Using Data to Assess Context & Inform Action

May 2015

Background

Many of our youth today live in stressful environments where unemployment may be high, violence and substance abuse may be present, and housing conditions are poor. However, there are also protective factors that support teens such as community programs and resources that empower youth. All these “social determinants” impact how youth perceive their future, or lack thereof, and may influence their sexual decision-making and behavior. Examples of social determinants that increase the likelihood of teen pregnancy in a specific community include low social capital; low social support for teens from families, schools, or community groups; harmful gender norms; and general neighborhood disadvantage.¹

In 2010, the Centers for Disease Control and Prevention (CDC) in partnership with the Office of the Assistant Secretary for Health Offices of Adolescent Health (OAH) and Population Affairs (OPA) funded nine state- and community-based organizations in high need communities as part of the

*Teen Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives.*² These initiatives are tailored to the specific communities, yet all employ common strategies such as increasing access to evidence-based interventions (EBIs) and sexual and reproductive health services. In addition, these initiatives engage stakeholders, and mobilize community members to take action to facilitate the change (in both behaviors and systems) necessary to reduce teen pregnancy.

JSI Research & Training Institute, Inc. (JSI) is one of five national organizations funded to provide training and technical assistance to the nine grantees and focuses on the “Working with Diverse Communities” component. This is an essential component of the initiative which aims to raise awareness of the relationship between teen pregnancy and social determinants of health, help partners identify determinants that are feasible to change, and ultimately integrate a “social determinants approach” into all of their teen pregnancy prevention efforts.

What Are Social Determinants of Health?

- ◆ Social determinants of health are the cultural, economic, environmental, and social conditions that influence health.³
- ◆ Social determinants of health are factors found where we live, learn, work and play that increase or decrease our chances of a health outcome such as teen pregnancy.^{3, 4}
- ◆ Social determinants of health are why some people are healthier than others or why people are not as healthy as they could be, genetics aside.³



Why Address Social Determinants of Teen Pregnancy?

In 2013, U.S. teen birth rates dropped to a record low with 27 births per 1,000 females 15-19 years old. This data also showed teen birth rates lowering across all age groups, racial and ethnic groups, and states. However, even with strong prevention messages and increased access to contraception, disparities persist between racial and ethnic groups with teen birth rates for Hispanic (46 per 1,000) and non-Hispanic black (44 per 1,000) over twice that of non-Hispanic white (21 per 1,000) females aged 15-19 years in 2012 (the most recent year for which births by race and Hispanic origin are available).⁵ Furthermore, a recent literature review conducted by scientists at the CDC underscores the relationship and impact of social and economic disparities on teen childbearing.⁶

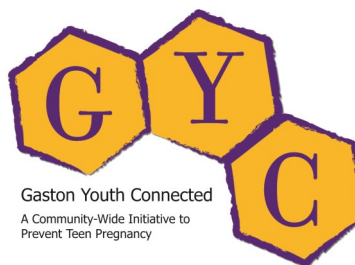
Public health issues often have root causes that are beyond the scope of individual behavior. Root causes of teen pregnancy may include lack of employment and school engagement, substandard living conditions, community disconnectedness, substance abuse, and exposure to violence. In teen pregnancy prevention, identifying and addressing root causes enables communities to support youth and better understand that teen pregnancy is not an isolated issue but rather the manifestation of deeper social inequities that are beyond individual behavior.

The activities discussed in this case study will provide lessons learned, implications, and recommendations for sustaining a social determinants approach to teen pregnancy prevention efforts.

What Are Health Inequities?

- ◆ Health inequities are differences in health outcomes between groups of people that are systemic, avoidable, and unjust.⁴

Grantees Included in this Case Study



Gaston Youth Connected,
Adolescent Pregnancy Prevention
Campaign of North Carolina
Gaston County, NC



Hartford Teen Pregnancy
Prevention Initiative, City of
Hartford Department of
Health and Human Services
Hartford, CT



We Are Change, Georgia Campaign for
Adolescent Power and Potential
Richmond County, GA

Using Data to Raise Awareness and Enhance Community Engagement



Gastón Youth Connected, Adolescent Pregnancy Prevention Campaign of North Carolina

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC), now known as Sexual Health Initiatives for Teens (SHIFT NC), helps communities prevent teen pregnancy through advocacy, collaboration, and education. The overall goal of APPCNC is to increase the number of effective prevention programs available to North Carolina youth through local partners.

In 2010, APPCNC and a key group of Gastón County stakeholders, known as Gastón Youth Connected (GYC), were selected to be one of nine grantees supported by CDC/OAH/OPA. While the Gastón County Health Department had existing programs, along with an Adolescent Sexual Health Taskforce, the community was ready for a new approach and GYC began its work with the premise that teen pregnancy prevention efforts should take into account the community context and roots of disparities in Gastón County.

As a first priority, three community partnership groups were formed to raise awareness and ensure community members were included in decision-making processes. The Core Partner Leadership Team (CPT) was formed to engage civic leaders from multiple sectors of the community in planning and guiding the initiative. The Community Action Team (CAT) served as a forum for grassroots community members to have a voice in planning and implementation. GYC also created the Teen Action Council as a means for community teens to provide input and help plan and implement the initiative.

Raising Awareness About Social Determinants

The work of raising awareness about social determinants and underlying root causes of teen pregnancy was a critical first step in this community-wide initiative. At the beginning of the project, JSI convened GYC leadership and staff and facilitated a [Root Cause Analysis \(RCA\)](#) workshop, a process through which participants increase their understanding of social determinants of health and how these factors are

related to teen pregnancy.

Following the initial RCA, GYC staff then attended a workshop entitled “Undoing Racism.” Using elements from both the RCA and “Undoing Racism” workshops, GYC began building the capacity of the CPT and CAT to raise community awareness about the root causes of teen pregnancy in Gastón County. The community partner groups then worked with GYC to conduct outreach workshops focused on discussing racism, classism, and systems that perpetuate poverty for some, and power and privilege for others.

One way GYC encouraged community conversations about these topics was by hosting a community viewing of “Unnatural Causes,”⁷ a Public Broadcasting Service (PBS) documentary that discusses the root causes of socio-economic and racial inequities in health. During this discussion, residents shared their experiences and made recommendations to address racism in Gastón County. Community members also suggested that communities of faith, political leaders, students, law enforcement, school board members, school staff, and healthcare professionals be involved in the project to ensure activities were reflective of community need.

Mobilizing Community Stakeholders

Rather than determining teen pregnancy prevention activities at the outset, GYC’s community mobilization coordinator canvassed the neighborhood, interviewing and conducting listening sessions with community leaders, decision makers, and adolescent program and service providers to better understand the community’s perspective on teen pregnancy prevention. This often entailed meetings at churches, potential leadership team member’s homes, community events, and offices of various youth-serving organizations. While the conversations revealed past experiences of mistrust due to institutionalized racism, they also unearthed a powerful, connected group of community members with a wealth of historical knowledge and political insight. Many of these individuals became active members of the CAT.

Their connections with the community greatly enhanced the community-wide teen pregnancy prevention initiative in Gastón County, as they were able to bring light to the issues youth face across Gastón County.

At the same time, an iterative and concerted needs assessment using surveys and interviews was underway to inform program planning and communication with stakeholders.

Using Data-Driven Messaging

The community needs assessment revealed important and powerful data. Results showed disparate rates of teen pregnancy and births between black, Latino, and white teens, limited sexual and reproductive health knowledge among teens, lack of access to youth-friendly reproductive health services, and strong community support for evidence-based teen pregnancy prevention programs. CAT members participated in local health fairs and meetings to share the data with the community. Other awareness raising activities included attending civic organization meetings and recruiting local businesses to participate in “Let’s Talk Month” and “Teen Pregnancy Prevention Month.” The use of community needs assessment data underscored the power of data itself to communicate unmet needs and indicate next steps for teen pregnancy prevention in Gaston County.

Several CAT members who were former school administrators and teachers also used their newfound knowledge to educate current school staff, while other members planned events for to build parents’ capacity to communicate with teens.



CAT Members Judith Ayala (left) and Vivian Taylor (right) recruiting local restaurant owner, Titus Greene (center) to display Teen Pregnancy Prevention Month 2013 table tents.

Over the course of the project, this intentional engagement process enabled GYC to gain the trust of many community stakeholders, even those who were initially reluctant. Over time, the tone of conversations about teen pregnancy prevention in Gaston County changed from being mistrustful to being hopeful and collaborative. Many would attribute the change to the initial and relentless outreach where trusting relationships were established at the outset.

The most significant inroad achieved as a result of these efforts was GYC’s work with schools. Prior to the initiative, schools did not have any evidence-based teen pregnancy prevention programs as part of their health education curriculum. Today, all 6th graders in Gaston County receive the evidence-based program *Project AIM (Adult, Identity, and Mentoring)* as part of this curriculum. The school district has committed to institutionalizing this program and is now working to provide professional development to high school health educators on sexual health education.

More recently, a momentous cultural shift initiated by GYC’s leadership was to merge their two community leadership teams—the CPT and the CAT—into one. This new leadership team reflects a diverse combination of sectors, backgrounds, and skills and more importantly, represents the unseating of systems that have in the past perpetuated separate spheres of work and hence inequities. Moving forward, members of this group will be active in outlining a transition plan for the initiative after 2015 in order to sustain the effective prevention efforts initiated by GYC.

A social determinants of health approach to teen pregnancy is built on the necessary and foundational work of community engagement and iterative cycles of assessment and awareness raising to respond to the systemic causes of inequity. Using data and information to identify community factors influencing teen pregnancy is a key first step in raising awareness of the issue and enhancing community engagement around teen pregnancy prevention.

Using Data to Forge Partnerships and Plan Community Action



Hartford Teen Pregnancy Prevention Initiative

The Hartford Teen Pregnancy Prevention Initiative (HTPPI) is a program of the City of Hartford Department of Health and Human Services (Hartford HHS). HTPPI partners include Planned Parenthood of Southern New England, Inc. and Connecticut Women’s Education and Legal Fund.

Hartford is a vibrant and culturally diverse city, yet it is also a city beset with one of the state’s highest health inequities (including high teen birth rates compared to nearby cities, the state, and the nation). Not unlike other major urban communities in the country, Hartford contends with issues such as poverty, unemployment, and poor school graduation rates, and is challenged to provide economic and educational opportunities for its youth.⁹

Health Equity Index

In 2010, HTPPI was selected as one of nine grantees supported by CDC/OAH/OPA for a community-wide teen pregnancy prevention project. In addition, Hartford HHS

received a two-year grant in 2010 from the W.K. Kellogg Foundation to forge a public-private partnership, one that brought together public health, community leaders, city department administrators, and community-based organizations to address health inequities.

The work of the partnership resulted in “The Health Equity Index,” a community based assessment tool that can be used to identify social, political, economic and environmental conditions that are most strongly correlated with specific health outcomes.

Hartford HHS utilized this tool to demonstrate that teen pregnancy is not a public health issue that stands alone, but one that is impacted by many other community conditions (i.e., poverty, high unemployment, and substandard living conditions).

Data through “The Health Equity Index” showed that the highest teen birth rates also existed in neighborhoods with the lowest socioeconomic status and least favorable health outcomes (Table 1). Thus, efforts to impact high teen birth rates would require addressing the precursors to teen pregnancy – the social determinants of health.

Table 1. Health Equity Rankings for City/Neighborhood Social Determinants (1 is Worst, 10 is Best)

	Priority Hartford Neighborhoods			Hartford Compared to Nearby Cities		
	BARRY SQUARE	FROG HOLLOW	NORTHEAST	HARTFORD	STAMFORD	WEST HARTFORD
Birth Rate per 1,000 Females Aged 15-19	79.9	113.9	79.6	73.6	23.9	11.2
Median Household Income	1	1	1	1	8	8
Percent of Households with Income Below Poverty Line	1	1	1	1	4	6
Percent of Adults with Less than a 9th Grade Education	1	1	2	1	3	6
Unemployment Rate	1	1	1	1	5	2
Crowded Housing as a Percent of Total Households	1	1	2	2	2	5
Births Not Receiving Prenatal in the First Trimester	2	2	1	2	4	5

Source: Connecticut Association of Directors of Health - Health Equity Index

Partnering with Workforce Development Agencies

Using “The Health Equity Index,” HTPPI was able to focus their work in areas of Hartford with highest teen birth rates and gain a better understanding of the social determinants of teen pregnancy in Hartford, including low income and a high unemployment rate. HTPPI sought to address social determinants of teen pregnancy by partnering with workforce development programs to host HTPPI activities and provide evidence-based programs.

For one of these partners, Hartford Job Corps, it began with a simple event known as “Cupcakes and Condoms.” This event was an interactive, educational presentation about the various methods of contraception available to young people. With a consistent turn out and interest in more information, the “Cupcakes and Condoms” events led to a greater discussion between the two organizations about ways in which youth could be provided adequate and accurate information about their sexual health. These discussions resulted in Hartford Job Corps staff training and implementation of *Be Proud Be Responsible!* (*BPBR!*), one of the more widely used evidence-based teen pregnancy prevention programs.

Another HTPPI partner in reaching adolescents has been Capital Workforce Partners (CWP), one of Connecticut’s five regional Workforce Investment Boards.



Teens Participating in Hartford Job Corps’ 2013 Cupcakes and Condoms Event



Photo Credit: Hartford Job Corps

CWP coordinates programs and initiatives to develop job skills and career opportunities for youth in the community. The decision to partner with CWP was strategic, recognizing that teen pregnancy is impacted by the social conditions and limited opportunities in underserved communities.

Providing evidence-based programs to youth about healthy decision making, self-care, and self-efficacy complements job training and skills building through CWP. Furthermore, the partnership with CWP resulted in the development of a cross-walk between *BPBR!* and CWP’s own Career Competencies framework. With the shared agenda of seeing young people equipped with healthy decision making skills and creating a community with promising opportunities for its adolescents, HTPPI has been able to work with CWP’s summer youth employment programs to conduct *BPBR!*

As part of a CWP summer employment program, two youth serving agencies—Blue Hills Civic Association and Our Piece of the Pie—reached 200 youth with *BPBR!* in 2013 and another 117 youth in the summer of 2014.

Evaluation data shows that adolescents who received *BPBR!* were less likely to have sex within the next three months and had an increase in 1) condom use, 2) knowledge of condom efficacy, and 3) knowledge of sexually transmitted infections and diseases (STIs/STDs).

Using community data to identify social, political, economic and environmental conditions that are most strongly correlated with specific health outcomes illuminates the community factors influencing teen pregnancy. This type of data strengthens prevention initiatives and supports cross-sector partnerships. Engaging workforce development programs, such as Hartford Job Corps and CWP, are examples of how community-wide initiatives can forge effective partnerships through a shared agenda.

Engaging Youth in Participatory Research to Understand and Address the Social Determinants of Teen Pregnancy



The mission of the Georgia Campaign for Adolescent Power and Potential (GCAPP) is to improve the overall health and well-being of young people in Georgia by developing, establishing, and supporting ideas and program innovations that build local and statewide capacity to promote the healthy development of the most vulnerable adolescents. In 2010, with funding from CDC/OAH/OPA, GCAPP’s five-year “We Are Change” Teen Pregnancy Prevention Initiative focused its efforts in Richmond County, Georgia. Despite recent declines in teen birth rates on a national level, Richmond County continues to experience a high burden of teen births with 44.3 per 1,000 in 2012, one and a half times higher than the national average.⁹

Using data in a meaningful way was critical to GCAPP’s integration of the social determinants of health framework into their teen pregnancy prevention efforts in Richmond County. As a first step, GCAPP retained Messages of Empowerment Productions, LLC to: 1) collect relevant community data to inform planning and implementation, 2) assist GCAPP and community partners in making data-driven decisions (i.e., in selecting and implementing teen pregnancy prevention programs), and 3) collect follow-up data to inform sustainability activities.

Community Needs Assessment

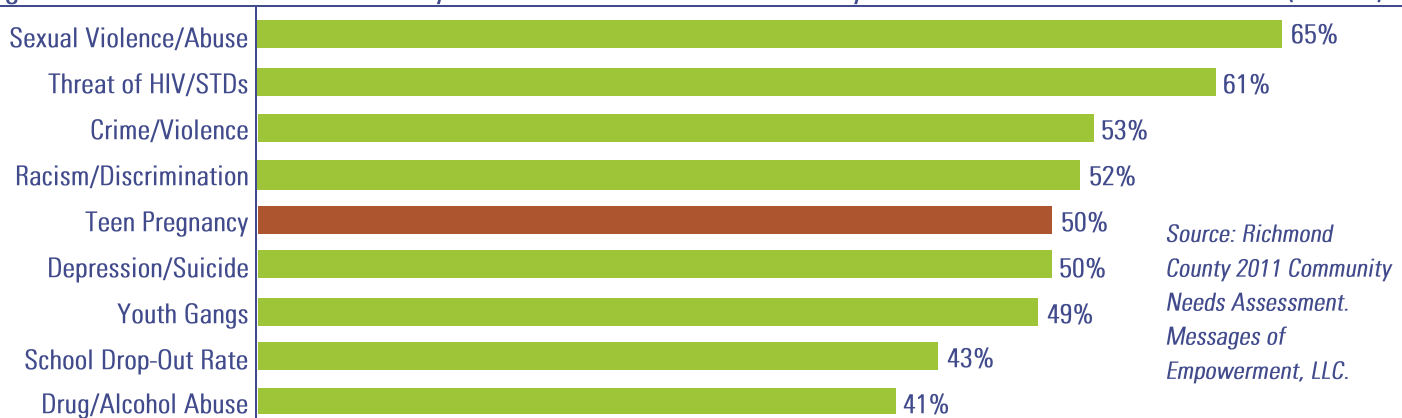
The needs assessment conducted in Spring 2011 gauged Richmond County’s views on teen pregnancy and their knowledge, attitudes, and access to and use of teen pregnancy prevention programming and reproductive health services. A total of 426 surveys were collected from youth ages 15-19 over a three month period.

The needs assessment was conducted in four phases using the “FAST” model for action research,¹⁰ a community-based participatory research approach that engaged community researchers in: Framing the research inquiry, Asking the right questions, Selecting the right data sources, and Thinking about viable solutions for addressing the social and environmental factors identified as contributing to teen pregnancy. The evaluation team recruited youth from Richmond County and trained them as youth researchers. These youth researchers participated in every step of the FAST model, bringing their unique perspectives on community problems (including teen pregnancy) to the needs assessment team.

Focus groups were conducted with the youth researchers and provided important context to understand the needs assessment survey findings. During the focus groups, many youth researchers identified gangs, school drop-out rates, drug and alcohol abuse, and sexual violence as being related to teen pregnancy in Gaston County.

Together, survey and focus group findings were used to assist community-based organizations and clinical partners in selecting programming and best practices that were based on the specific, identified needs of the youth they serve.

Figure 1. Percent of Richmond County Teens Who Identified Community Problems as “Extreme Concerns” (N=426)



Source: Richmond County 2011 Community Needs Assessment. Messages of Empowerment, LLC.

Many young people surveyed (62%) reported that Richmond County was a good or excellent community with access to recreational activities and resources. When asked solely about teen pregnancy, youth reported it was a “very serious” problem (72%). However, when asked to rate their level of concern regarding nine problems Richmond County teens face today, teen pregnancy was less likely to be identified as an “extreme concern” compared to other issues (Figure 1). Surveyed teens recognized many problems in their community including sexual violence/abuse, threat of HIV/STDs, crime and violence, teen pregnancy, suicide/ depression, youth gangs, school drop-out rate, and drug and alcohol abuse as “extreme concerns.”

These findings were supported by youth researchers who participated in focus groups. During focus group discussions, youth researchers suggested several ways in which these issues influence to teen pregnancy.

“I know with some gangs, you have to have sex in order to get into the gang, and so if you can keep teens out of teen gangs, you prevent pregnancy, the threat of AIDs, HIV.”

- Youth Researcher

“If they don’t drop out [of school] they won’t have that much time to go and have sex.”

- Youth Researcher

“Drugs, alcohol abuse, when you’re drunk... it damages your brain cells and all that so you can’t really think straight... once drugs and alcohol enter, teens stop caring.”

- Youth Researcher

Compared to other issues, teens were less concerned about school dropout rate, however in focus group discussions, youth researchers suggested that factors contributing to the dropout rate often have little to do with academic performance and more to do with other influencers such as being the victim or perpetrator of violence (e.g., bullying). Additionally, they suggested teens are more likely to be kicked out of school, rather than drop out. Furthermore, youth researchers mentioned that teens don’t feel comfortable discussing bullying with their parents or with school officials. These findings further support the importance of identifying the often ignored environmental factors contributing to overall youth well-being.

Addressing the Complex Needs of Youth through Program Implementation

The survey and focus group findings further illuminated a complex web of community factors affecting teens in Richmond County and laid the groundwork for community partners to select programming to address priority issues (e.g., sexual violence/abuse). Two community partners that specialize in crisis prevention and sexual abuse collaborated to provide targeted approaches to young people who face sexual violence/abuse. These two partners were instrumental in establishing linkages with clinics and youth-serving organizations and implementing evidence-based programs at targeted locations (e.g., on college campuses, in the military).

In general, findings from the needs assessment identified the need for a comprehensive approach to meeting the needs of the community, particularly youth. Responding to the data showing that the issues teens face were broader than pregnancy, the majority of the partners selected programs that were comprehensive and that included life skills development, decision-making skills building, and HIV, STI, and pregnancy risk reduction. Community partners have also been intentional in providing programming and services to teens at increased risk for STIs and pregnancy.

Planning for Sustainability

Since implementation began, program evaluators have worked to identify the initiative’s best practices that could be sustained beyond the five-year grant. As an added measure, in 2014 a follow-up needs assessment was conducted to gauge knowledge of, attitudes toward, and use of the initiative's teen pregnancy prevention programming efforts. Together, these findings will be used to inform future efforts, including how to continue identifying and addressing social determinants of health and mobilizing community partners in response to these determinants. Ultimately, these efforts aim to ensure continued programming that addresses the complex needs of Richmond County.

Conclusion

Incorporating a “social determinants of health” approach to teen pregnancy prevention influences the course of action that a community will take. As illustrated through the case examples, data on social determinants of health can be used to identify community factors influencing teen pregnancy, raise awareness, and plan for action with non-traditional stakeholders and youth themselves. This approach results in teen pregnancy being seen not as an isolated issue but rather the manifestation of deeper social inequalities that are beyond individual behavior. Addressing teen pregnancy through a community-wide initiative therefore calls for a process of community-engaged inquiry to identify specific risk and protective factors within the context where young people live, learn, work and play.

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