WORKING WITH DIVERSE COMMUNITIES:
STRATEGIES GUIDED BY BEST PRACTICE

Introduction

JSI Research & Training Institute (JSI) is one of five national partners funded by the Centers for Disease Control and Prevention (CDC) under the Teenage Pregnancy Prevention: Integrating Services, Programs and Strategies through Community-Wide Initiatives program. JSI is the coordinator and lead technical assistance provider for the Working with Diverse Communities component. In this capacity, JSI builds Part A grantees and their local community partner's capacity to engage and serve diverse youth to reduce disparities[i] and inequities in teen birth rates. Because the context of where youth live, learn, work and play influences sexual and reproductive health behavior, JSI assists grantees to raise awareness among community partners about the social determinants that impact teen pregnancy and foster reproductive health equity.

To fully engage diverse youth and the community in a community-wide teen pregnancy prevention effort, data-driven strategies should be used to: inform and address the needs of diverse populations; identify, reach, and serve hard-to-reach, marginalized, and diverse youth with teen pregnancy prevention programs and services; engage and recruit a diverse group of community partners who are not typically engaged in the target community to collaborate in their community's teen pregnancy prevention efforts; provide evidence-based programs that meet the needs of youth from diverse communities and retain youth in those programs; ensure that program facilitators and clinical providers and their staff have the necessary skills and knowledge to provide culturally and linguistically appropriate programs and adolescent friendly clinical reproductive health services; and engage and educate a diverse group of community stakeholders on the root causes of teen pregnancy and how social determinants of health are linked to teen pregnancy.

To effectively address disparities and inequities in teen births, JSI recommends that Part A grantees focus their efforts to reduce teen pregnancy by following strategies guided by best practice. This document provides a list of recommended strategies specific to working with diverse communities. These strategies provide guidance as to what Part A grantees can do specific to working with diverse communities organized by the other key components of the teen pregnancy prevention community-wide initiative: community mobilization, educating and engaging stakeholders, evidence-based and evidence-informed prevention program

[i] Despite great progress in the reduction of teen pregnancy and birth in the United States, some groups continue to have a disproportionate burden of teen pregnancy and/or birth in their communities. Social determinants, which are complex, integrated, and overlapping social structures and economic systems, are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health. Structural and societal factors such as social and physical environments, and availability, cost of, and access to health services, create pathways or barriers to good health. For groups already disadvantaged, reduced access to resources increases their likelihood for negative sexual health outcomes.

implementation, and increasing youth access to client-centered contraceptive and reproductive health care services. The target audience for these strategies guided by best practice is Part A grantees, who will work with their community partners to select and adopt appropriate strategies to implement. A glossary has been provided at the end of the document to define terms used through the document (e.g., best practice, cultural competence, diverse youth, equity, root cause analysis).

Careful planning including needs assessment and goal setting will guide the selection and implementation of these strategies in each community over the course of the project. Ideally, the gold standard would be for Part A grantees to ultimately address and incorporate all of these strategies into their work plan. Rather than attempting to adopt or implement all of the strategies immediately, JSI will work with Part A grantees to think carefully about individual target communities' needs and resources and strategically prioritize the most appropriate strategies to adopt and implement each year. JSI is developing a series of tools, resources, case studies, trainings, and technical assistance to further facilitate the adoption and implementation of these strategies guided by best practice.

The list of strategies guided by best practice that follows is not intended to replace strategies or best practices recommended by other components (e.g., Promoting Teen Friendly Services: Health Care Delivery System, Contraceptive and Reproductive Health Best Practices), but rather, to enhance the effectiveness and impact of Part A grantees and their partners as they work to identify and develop a plan for serving diverse, hard-to-reach, marginalized, or vulnerable youth with teen pregnancy prevention programs and services (e.g., African American and Latino youth, youth in foster care, youth in the juvenile justice system, GLTBQ youth, and pregnant and parenting teens); conduct activities to educate community partners on the link between social determinants and teen pregnancy (e.g., workshops, webinars); and train clinical and program partners to provide teen-friendly, culturally competent services and programs.

Community Mobilization

Community mobilization empowers individuals and groups to take action to facilitate change. To address social determinants of health that affect teen pregnancy, mobilizing the sectors of the community where youth live, learn, work, and play is essential to bring together youth, parents, schools, community and faith-based organizations, housing and recreation, businesses, community members, policy makers, and opinion leaders to identify and understand underlying issues related to teen pregnancy and build community cohesion to address teen pregnancy prevention.

The basic elements of community mobilization rest on understanding community needs and resources, leveraging these resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community. These steps, reinforced

by the ongoing raising of awareness, can potentially bring about change. The following strategies guided by best practice for community engagement and mobilization include strategies to engage youth and participatory approaches for community mobilization to include diverse youth.

Strategies to engage diverse youth

1. Develop respectful relationships with youth and the community to be served [1]
2. Increase youth and community awareness about health equity and the root causes of teen pregnancy [2]
3. Create a dialogue among youth and the community about health equity and the root causes of teen pregnancy [1]
4. Involve youth and community leaders in strategic planning [1]
5. Involve youth and community leaders in program planning and delivery [1]
6. Establish alliances with community groups that are working to improve conditions (e.g., housing and economic development) that influence adolescents' health status [1]
7. Arrange meetings that are welcoming to youth and community members (e.g., take into consideration location, physical environment, time of meeting) [3]

Strategies that utilize participatory approaches for community mobilization to include diverse youth

8. Identify and engage a cross-section of community partners (i.e., ethnically, culturally, and linguistically representative of the community) that are committed to youth issues [4]
9. Review community needs and resource assessment findings (e.g., community needs assessment data from year one and other relevant community data) with a diverse cross-section of community partners that are committed to youth issues (e.g., traditional and non-traditional stakeholders) to better understand the impact of social determinants of teen pregnancy in a given community (e.g., percent who live in poverty) [5]
10. Increase awareness of teen pregnancy in the community and identify feasible strategies to address social determinant(s) of teen pregnancy (e.g., address barrier of transportation to receive clinical services; ensure prevention literature and programming are available for different languages and literacy levels; educate about the importance of policies that support pregnant and parenting teens in schools) [5]

11. Include youth from diverse backgrounds in teen pregnancy prevention project development, implementation, and evaluation efforts (i.e., recruitment and retention strategies; project strategies; communication strategies; participation in the Youth Leadership Team) [1]

12. Conduct Root Cause Analysis with diverse community partners to identify social determinants that impact teen pregnancy (i.e., behaviors, actions, inactions, or conditions that need to be addressed to reduce teen pregnancy in a given community) [4]

13. Ensure messages, materials, and strategies used are culturally and linguistically appropriate (e.g., community presentations and communications acknowledge social determinants of teen pregnancy; recruitment materials are developed that appeal to youth from diverse backgrounds; proxies that better resonate with community members are used to substitute the language "social determinants" of teen pregnancy) [2]

14. Identify and engage a cross-section of diverse youth who are at increased risk for teen pregnancy (i.e., hard-to-reach, marginalized) to participate in teen pregnancy prevention programs and services [4]

15. Encourage shared leadership among stakeholders (i.e., decision making; meeting facilitation; balance of responsibility and accountability) [5]

Educating and Engaging Stakeholders

Addressing the range of needs for diverse and marginalized youth requires collaboration among youth-serving agencies, other social services and educational institutions, policy makers, community leaders, and youth[15]. To facilitate such collaboration, Part A grantees and community partners can engage other youth-serving institutions, such as juvenile justice, foster care, schools, and other community-based organizations to work together to prevent teen pregnancy.

Strategies for working with diverse youth and their communities in addressing teen pregnancy should involve community stakeholders and reflect local knowledge and a community's readiness for change, not just "expert" knowledge regarding the best way to create change. To support informed decision making on strategies for reducing teen pregnancy, key community stakeholder groups should be knowledgeable about teen pregnancy in their community. Data and resources on teen pregnancy and prevention efforts should be included in community information dissemination efforts (e.g., town hall meetings, community summits, presentations to local PTA, educational materials).

The following strategies guided by best practice can assist Part A grantees and their community partners in a process of identifying, educating, and engaging all subgroups affected by teen pregnancy. These strategies provide opportunities for community partners of various ethnic and

racial groups and with differences in perspectives and experiences (e.g., age, gender) to participate in a process of informed decision making about approaches to reduce teen pregnancy.

Strategies to engage a diverse group of community partners to participate in teen pregnancy prevention efforts

16. Educate stakeholders, including non-traditional stakeholders, and community members on the root causes of teen pregnancy and how social determinants of health affect teen pregnancy by using data to identify populations with high teen pregnancy and birth rates, who lack access to contraceptive or reproductive health services and prevention programming, and who experience health inequities; synthesize and translate data into information that describes the health disparities related to teen pregnancy in the target community; and make data available and accessible to the public [5]

17. Educate local civic groups and faith-based groups about teenage pregnancy and youth development[ii] [7, 10]

18. Engage a wide variety of community partners by using suitable language, frameworks, and methods to encourage communities to work across their differences and participate in actions that unite them in their efforts to reduce teen pregnancy [5]

Evidence-based and Evidence-informed Prevention Program Implementation

Evidence-based interventions (EBIs) are powerful tools designed to address teen pregnancy. EBIs have been evaluated for specific sexual risk behavioral outcomes, in specific locations (urban or rural settings), with particular ethnic/racial group(s), and within a specific age range. When selecting and implementing an intervention for another setting or with a different group of young people than the population for which the intervention was developed, the EBI may need to be adapted to fit the target population (e.g., culturally appropriate). [9]

In addition to assessing the need to adapt an EBI, Part A grantees and facilitators, including trainers, teachers, and health educators, need to ensure the EBI is accessible and supported by the community. In implementing an EBI with diverse, marginalized, or vulnerable youth, it is important to recognize that other factors may need to be taken into consideration during implementation. Therefore, while an EBI must be implemented with fidelity, facilitators should also assess the context for the EBI participants, and determine whether additional community

[ii] Sex education can give youth the skills and knowledge they need to refuse sex or to practice safer sexual behaviors, and youth development (YD) programs may provide them with the motivation and confidence needed to use those skills. Positive YD programs help youth strengthen relationships and skills, embed them in positive networks of supportive adults, and help them develop a more positive view of their future by providing academic, economic, and volunteer opportunities. In other words, Positive YD programs target a different, but complementary, set of mediating variables than those targeted by many sexuality education programs.

resources are available from the community partners or mechanisms for appropriate linkages and referrals are in place.

The strategies guided by best practice for EBI implementation describe what Part A grantees can do to help facilitate the appropriate selection and adaptation, if necessary, of EBIs to meet the specific needs of diverse, marginalized, and vulnerable youth.

Strategies to support implementation partners' programmatic practices

19. Select evidence-based intervention(s) that demonstrate best fit and reflect the diversity of each priority youth population [8]

20. Adapt[iii] evidence-based intervention(s), as necessary, to reflect the target population and community [8, 9]

21. Incorporate youth development principles and practices into evidence-based program implementation [10]

22. Assess the logistical needs of youth who attend programs (e.g., transportation, food) and address gaps [9]

23. Implement programs in venues that are frequented by and accessible to diverse youth and in close proximity to youth in communities at risk [9]

24. Develop recruitment and retention plans in collaboration with diverse youth [9]

25. Develop outreach and recruitment strategies for young males in collaboration with other males [9]

26. Provide diversity and cultural competence training to health educators, facilitators, and trainers as needed (e.g., respect for youth culture, how to demonstrate cultural humility; how to appreciate diverse perspectives and roles; how to communicate and share data effectively across cultures) [3, 8]

Increasing Youth Access to Client-Centered Contraceptive and Reproductive Health Care Services

Adolescence represents a key window of opportunity for promoting life-long health behaviors, building health self-efficacy, and enhancing capacity to make healthy decisions[1]. Increasing access

[iii] Adaptations could vary from changing an activity (e.g., a role-play scenario) to incorporating language throughout the curricula that is inclusive to your particular target population/community (i.e., incorporating language that is inclusive of LGBTQ youth in activities and information shared).

to high quality, comprehensive, confidential, and culturally competent reproductive health services is an essential component in the efforts to reduce teen pregnancy.

These strategies informed by best practice for increasing youth access to clinical services include actions to help guide Part A grantees in supporting clinical partners in providing clinical services that are accessible and culturally appropriate for the diverse, marginalized youth in the communities served.

Strategies to support clinical partners to develop culturally competent clinical services

27. Provide clinical staff with trainings and materials to ensure they have the necessary skills, knowledge, and attitude to provide youth with patient-centered reproductive health services which are culturally and linguistically appropriate [11, 12]

28. Use care coordinators to link youth to other community resources as needed (beyond sexual and reproductive health services) and assist with linkages to Medicaid, violence prevention, and other health care programs or services[13]

29. Develop clinic linkage and referral mechanisms and resources for youth from diverse backgrounds (both genders) to receive care and support not provided by the organization (e.g., mental health services, food pantry, employment agency) [14]

30. Develop and/or translate patient instructions, registration, consent and history forms, and questionnaires to meet the language needs of youth from diverse backgrounds [11, 14]

31. Provide trained interpreters and translators and avoid using family members as translators/interpreters (e.g., minors) [11, 14]

32. Display sexual and reproductive health information in the clinic (e.g., pictures, posters, fact sheets, and flyers) that is representative of the client population [14]

33. Create and promote the use of a standardized health risk assessment for each patient that goes beyond conventional physical or behavioral health conditions to include social determinants of health that affect teen pregnancy [14]

Strategies to support community outreach practices

34. Establish youth-serving health centers or satellite clinics in close proximity to youth in disenfranchised communities or in locations accessible to diverse youth (e.g., on bus line, near youth organization) [15]

35. Include community members, who are representative of the populations served, in clinic advisory boards, continuous quality monitoring, and materials review [14]

36. Develop outreach strategies to engage males in clinical care, create a male-friendly environment, and provide male-inclusive services [16]

37. Identify, engage, and retain community health workers/community lay health outreach workers (e.g., promotoras) to serve as liaisons between patients and clinicians [6]

References for Strategies Guided by Best Practice

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[16] *Oregon Youth Sexual Health Plan.* Oregon Department of Human Services. Accessed from: http://egov.oregon.gov/DHS/children/teens/tpp/#actionagenda. Accessed on May 26th, 2012.

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GLOSSARY OF TERMS FOR STRATEGIES GUIDED BY BEST PRACTICE

Best Practices: Strategies and activities that have been evaluated and demonstrate effectiveness at promoting sexual health for adolescents. Strategies that do not have strong evidence of effectiveness (e.g., less rigorous evaluation) are considered strategies guided by best practices (e.g., lessons learned) and will be included and referred to as such.

Cultural Competence: A set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals. . . which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment of time.

Diverse Youth: Young people of different age, race, color, national origin, ancestry, creed, religious and political belief, gender, physical or mental disability, sexual orientation, language, ethnicity, class, or cultural background.

Equity: The quality of being fair or impartial.

Health Equity: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." (U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010. Chapter 1: Introduction. Available at: http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34).

Health Inequity: A difference or disparity in health outcomes that is systematic, avoidable, and unjust (World Health Organization (WHO). *Social Determinants of Health.* [online]. 2011. http://www.who.int/social_determinants/en/

Inequity: An instance of injustice or unfairness.

Marginalized Youth: Young people who find themselves outside the boundaries of prevailing youth development programming due to their race, ethnicity, class, gender, sexual orientation, and immigrant status (Roach, C., Sullivan, L. Y., & Wheeler, W. *Youth leadership for development: Civic activism as a component of youth development programming.* 1999. Washington DC: National 4-H Council's Innovation Center for Community and Youth Development).

Non-traditional Stakeholders: Those who are not typically engaged (e.g., youth, business leaders, social service organizations, community leaders/gatekeepers).

Promotora: An outreach worker in a Hispanic community who is responsible for raising awareness of health and educational issues.

Root Cause Analysis: A process aimed at identifying the many causes of a problem or event impacting a particular population in a particular geographic setting in order for the group participating to arrive at a shared understanding of the complexity of the issue they seek to address.

Social Determinants of Health: The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (World Health Organization (WHO). *Social Determinants of Health.* [online]. 2011. http://www.who.int/social_determinants/en/).

Traditional Stakeholders: Those organizations that serve youth (e.g., health and human service institutions, nonprofit agencies, government, businesses, educational institutions, community- and faith-based organizations).

Vulnerable Youth: The term *vulnerable* has surfaced lately as one that encapsulates those youth for whom mainstream institutions are not readily available. Vulnerability can stem from several circumstances or events – life and family circumstances, such as poverty, violence, and job loss; discrimination through systems such as education and juvenile justice; and transitions inherent in adolescence (between schools, etc.). (Pittman, K., Irby, M., Tolman, J., Yohalem, N., & Ferber, T. 2003. *Preventing Problems, Promoting Development, Encouraging Engagement: Competing Priorities or Inseparable Goals?* Based upon Pittman, K. & Irby, M. 1996. *Preventing Problems or Promoting Development?* Washington, DC: The Forum for Youth Investment, Impact Strategies, Inc. Available online at www.forumfyi.org. This and other terms (disconnected or dislocated, disenfranchised, at-risk) attempt to describe a population of young people who, for many reasons, are not receiving the supports and services they need to grow up to be healthy, productive adult members of society.