



# Achieving Adolescent Reproductive Health Equity: From Root Causes of Teen Pregnancy to Fair Outcomes

*Supporting National Efforts to Reduce Disparities  
in Teen Pregnancy*

Wednesday July 20<sup>th</sup>, 2011

*Presenters: JSI Project Team*

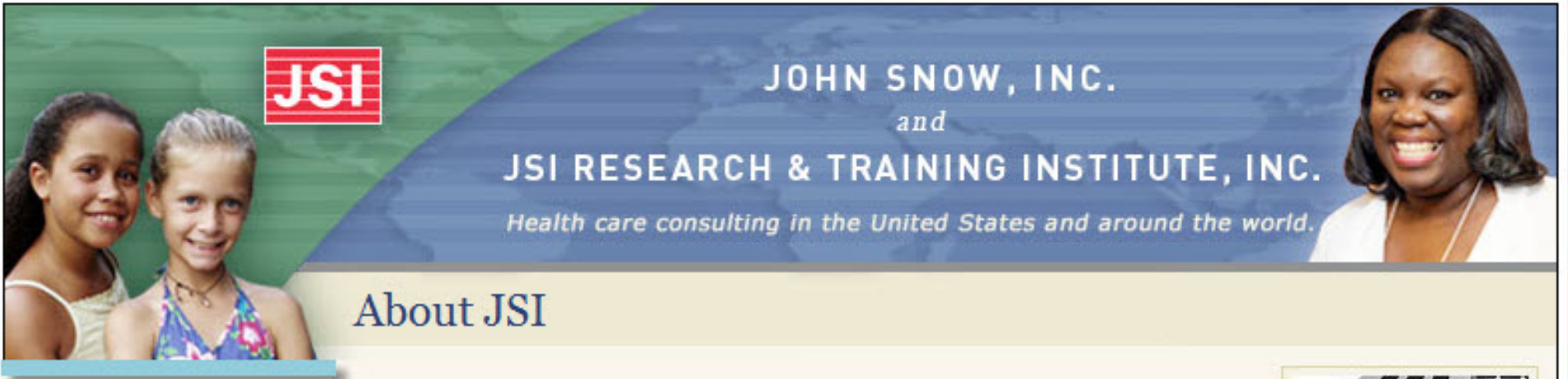


Research and Training Institute, Inc.

# Objectives

At the end of this Webinar participants will be able to:

1. Explain **why** addressing the social determinants of health is a necessary approach to reduce inequities in teen pregnancy
2. Identify **what** framework to utilize to integrate addressing the social determinants of teen pregnancy



30 years of R & T Initiatives

Better-educated consumers who take an active role in managing their health

Informed policy and programmatic decisions for cost and quality improvements

Improved access to health care services

Faster adoption of evidence-based interventions

Enhanced public/private-sector collaborations that improve public health

More efficient organizations and systems



# Our Team

- JSI team:

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**Naomi Clemmons**, Assistant Project Director

**Tajan Braithwaite Renderos**, Evaluation and TA Manager

**Rodolfo Vega**, Senior Project Evaluator

**Jackie Nolan**, Technical Advisor

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**Carol Rougvie**, Communications Coordinator

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- Project Consultants:

**Héctor Sánchez-Flores** (NCN/NLFFI)

**Sayra Pinto** (Matriz Coaching and Consulting)

# Project Background

## CDC Overall Project Purpose:

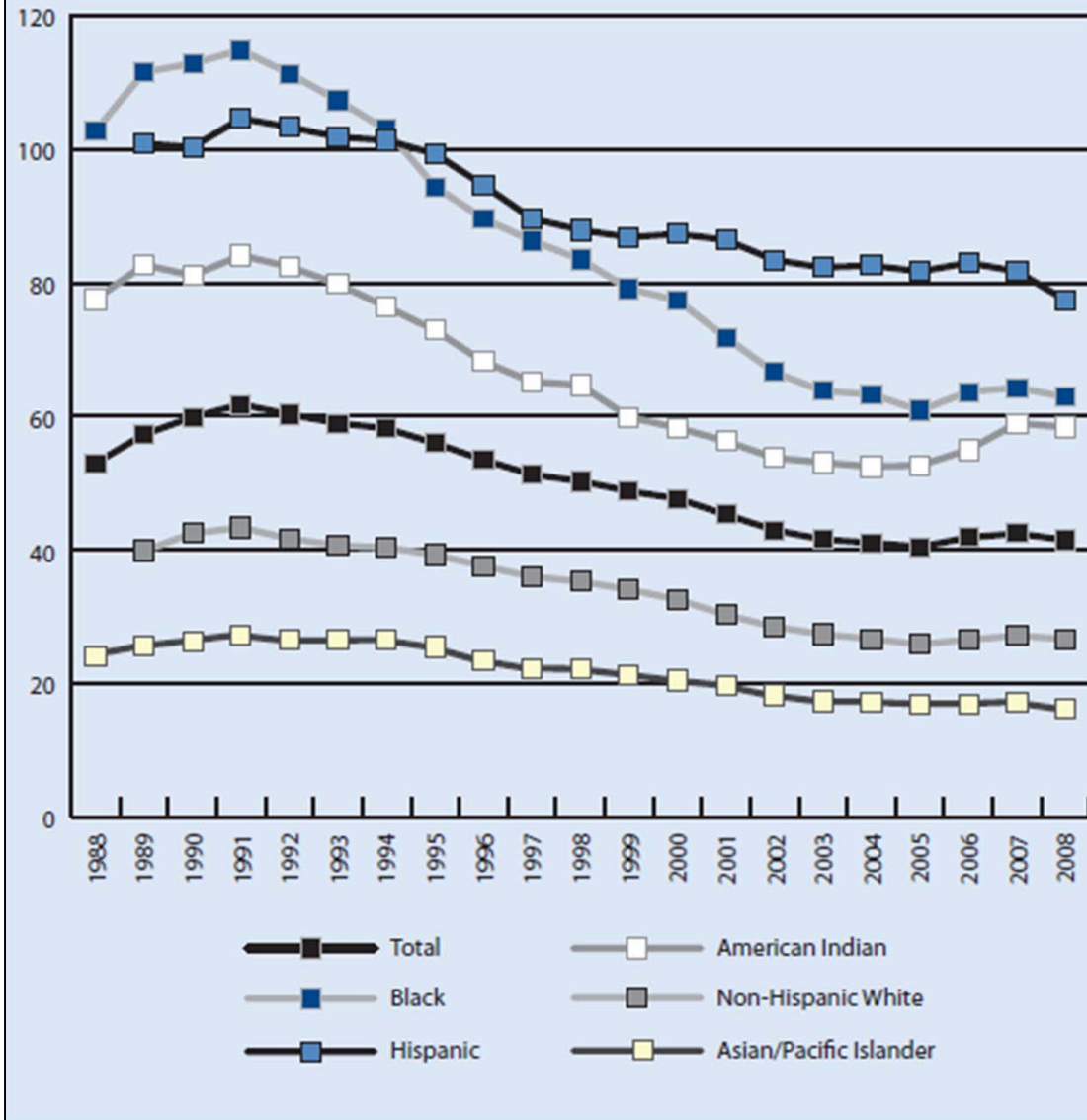
- “To demonstrate the effectiveness of innovative, multi-component, community-wide initiatives in reducing rates of teen pregnancy and births”\*
- Target Population: Youth aged 15-19 who are at highest risk for teen pregnancy in communities with a focus on reaching African American and Latino/Hispanic youth

[\\*http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm](http://www.cdc.gov/TeenPregnancy/PreventTeenPreg.htm)



# Teen Pregnancy and Health Disparities: The What

**FIGURE 1.** Teen Birth Rate (Per 1,000 Girls Age 15-19)  
1988-2008, by Race/Ethnicity



The National Campaign to Prevent Teen and Unplanned Pregnancy: Teen Childbearing in the United States, Final 2008 Birth Data.  
[http://www.thenationalcampaign.org/resources/pdf/FastFacts\\_TeenChildbearing\\_Final2008BirthData.pdf](http://www.thenationalcampaign.org/resources/pdf/FastFacts_TeenChildbearing_Final2008BirthData.pdf)





## JSI's Component: Working with Diverse Communities

**Goal:** To build the capacity of Part A Grantees to identify and address the social determinants that impact teen pregnancy among African-American, Latino, foster care, out of school youth and youth in at-risk situations, at the individual, community, policy and overall relational environment levels.

# What are the Social Determinants?

Social conditions in which people are **born, live, work and age** are the single most important determinant of one's health status.

Sen A (1999). *Development as freedom*. New York, Alfred A Knopf Inc.

Marmot M (2004). *The status syndrome: how your social standing affects your health and life expectancy*. London, Bloomsbury.

Why treat people...

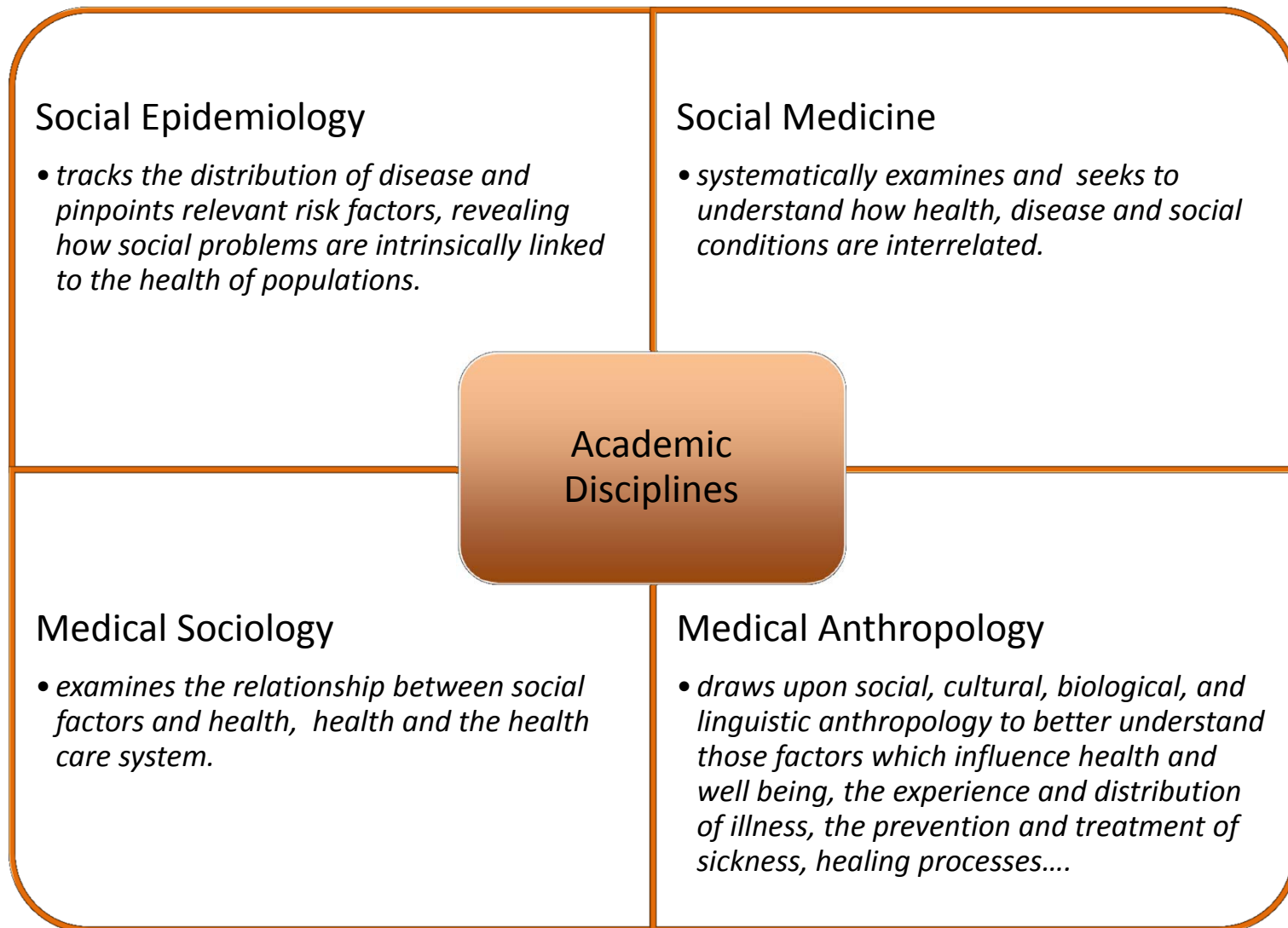
...if we send them back to what made them sick?



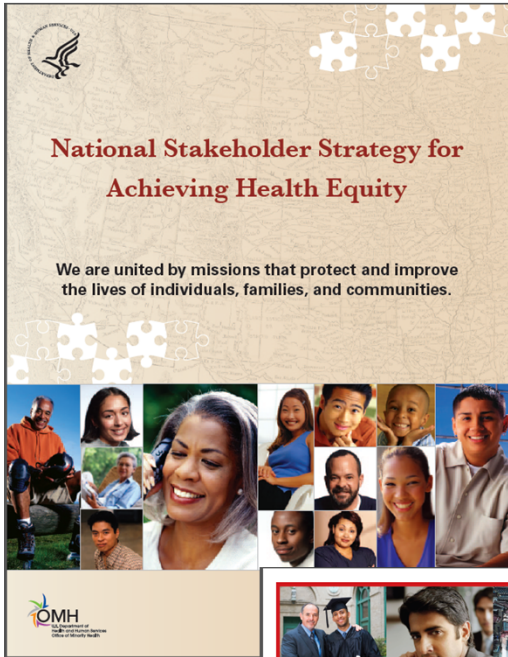


# Social Determinants: The Why

# Why the Social Determinants? Rationale



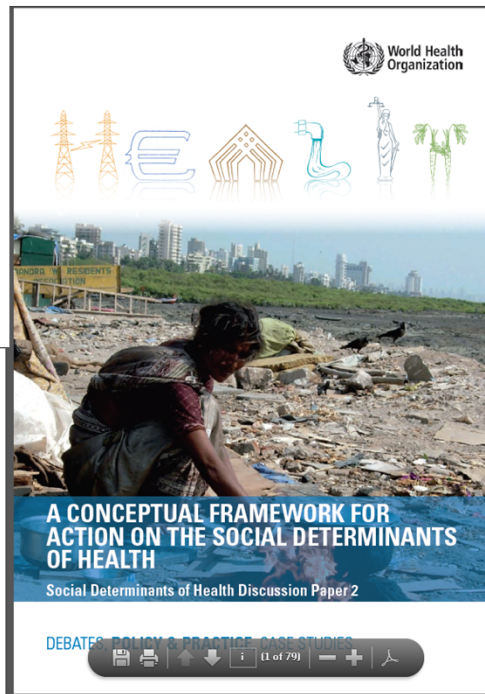
# Why the Social Determinants? Policy



**National Stakeholder Strategy for Achieving Health Equity**

We are united by missions that protect and improve the lives of individuals, families, and communities.

OMH  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL OFFICE OF ORIGIN AND DESTINATION



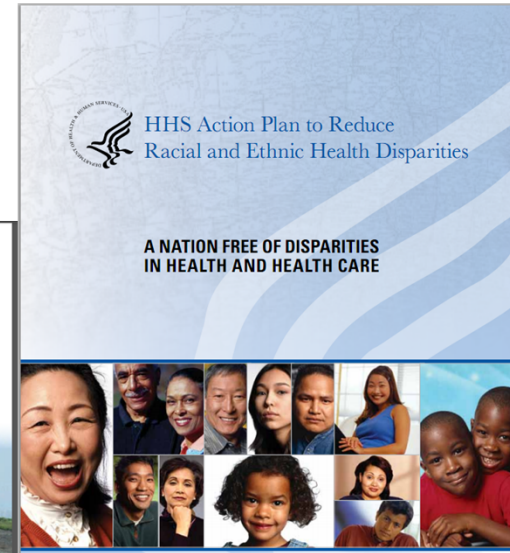
World Health Organization

**A CONCEPTUAL FRAMEWORK FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH**

Social Determinants of Health Discussion Paper 2

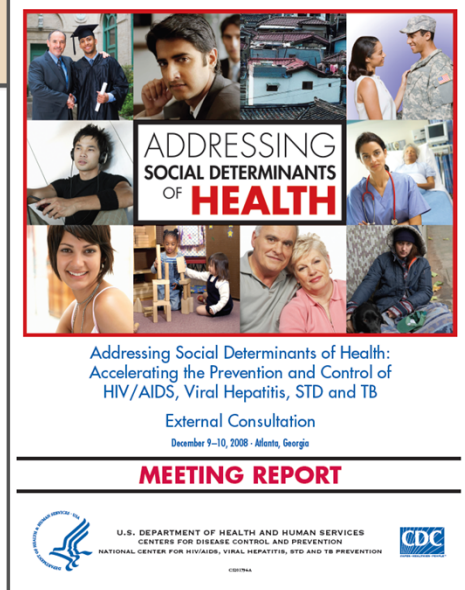
DEBATED POLICY & PRACTICE OPPORTUNITIES

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HHS Action Plan to Reduce Racial and Ethnic Health Disparities

**A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE**



**ADDRESSING SOCIAL DETERMINANTS OF HEALTH**

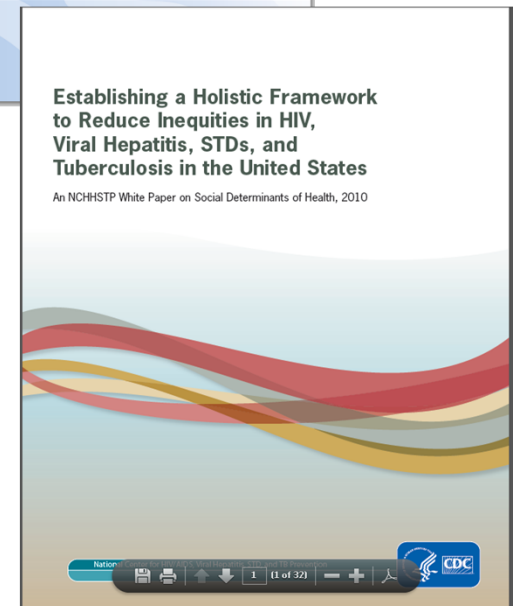
Addressing Social Determinants of Health: Accelerating the Prevention and Control of HIV/AIDS, Viral Hepatitis, STD and TB

External Consultation  
December 9-10, 2008 - Atlanta, Georgia

**MEETING REPORT**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD AND TB PREVENTION

CDC



**Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States**

An NCHHSTP White Paper on Social Determinants of Health, 2010

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CDC



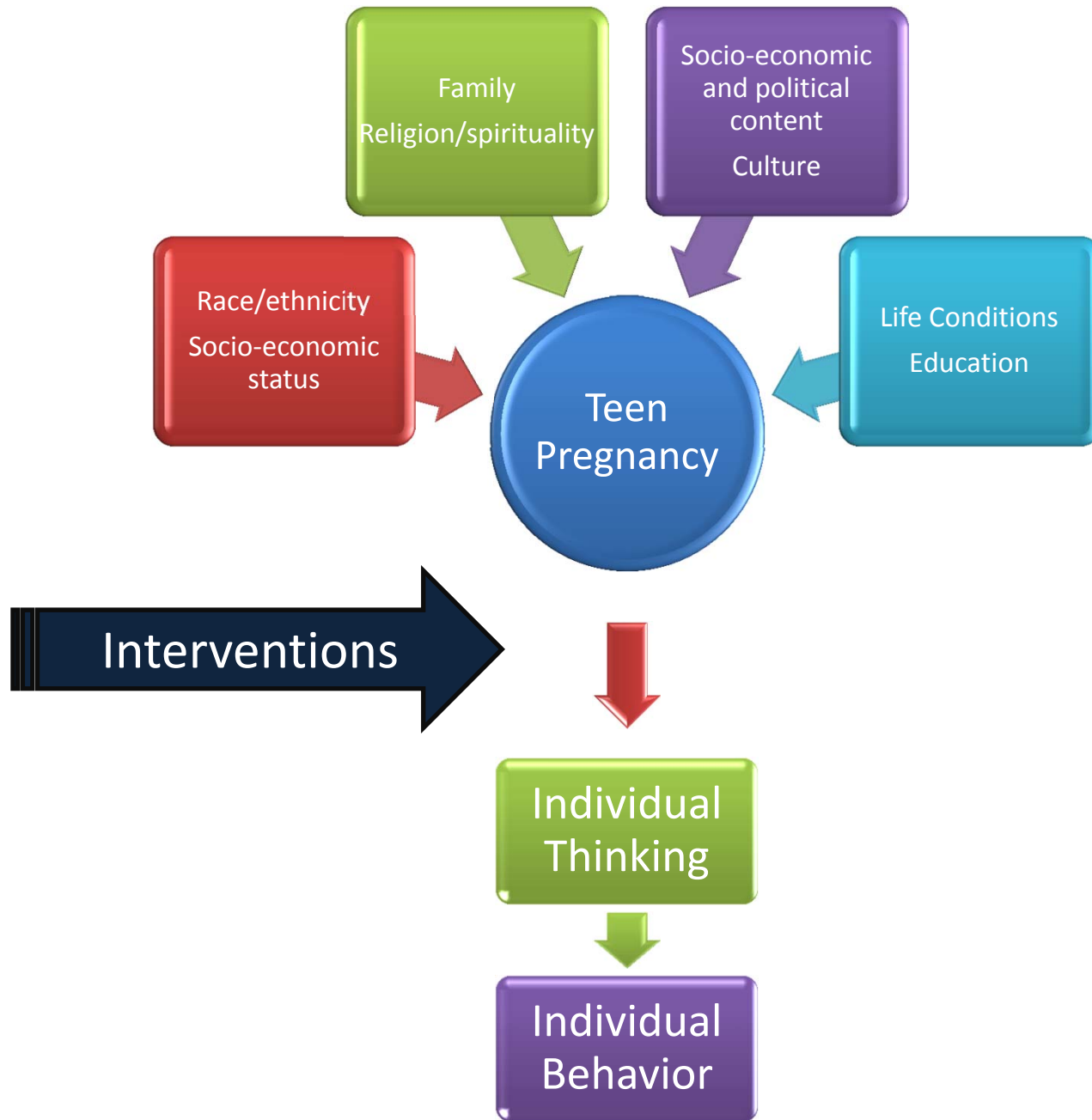
# **Social Determinants and Teen Pregnancy**

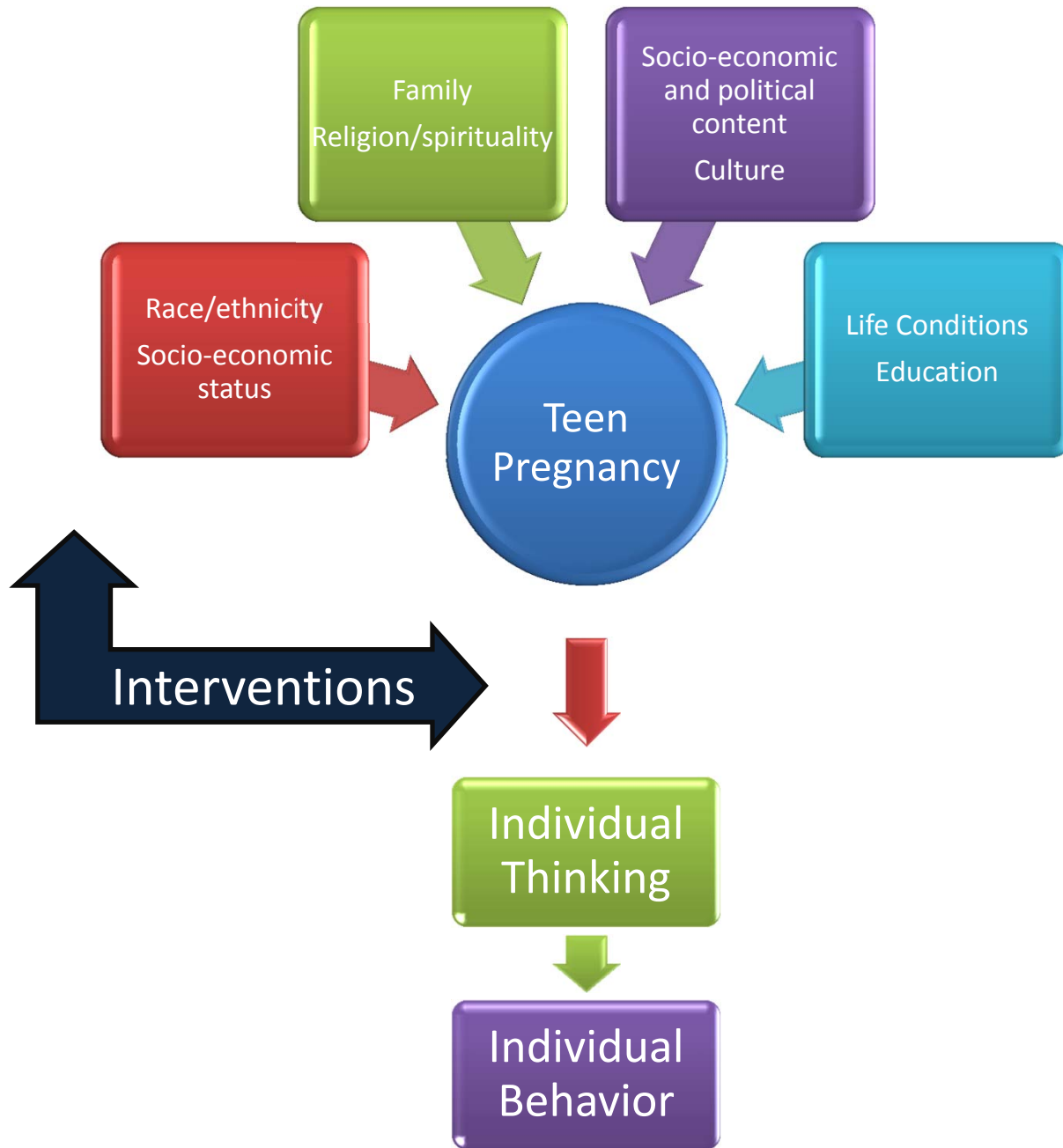
# Why the Social Determinants?

## Rationale: Research

- “Sociocultural determinants of teenage childbearing among Latinas in California” (Dehlendorf et. Al, 2010)
- “Adolescent Pregnancy Desire and Pregnancy Incidence” (Sipsma et. Al, 2011)
- “The protective value of social capital against teen pregnancy: a state level analysis” (Crosby, 2006)







# Findings: What impacts teen pregnancy?

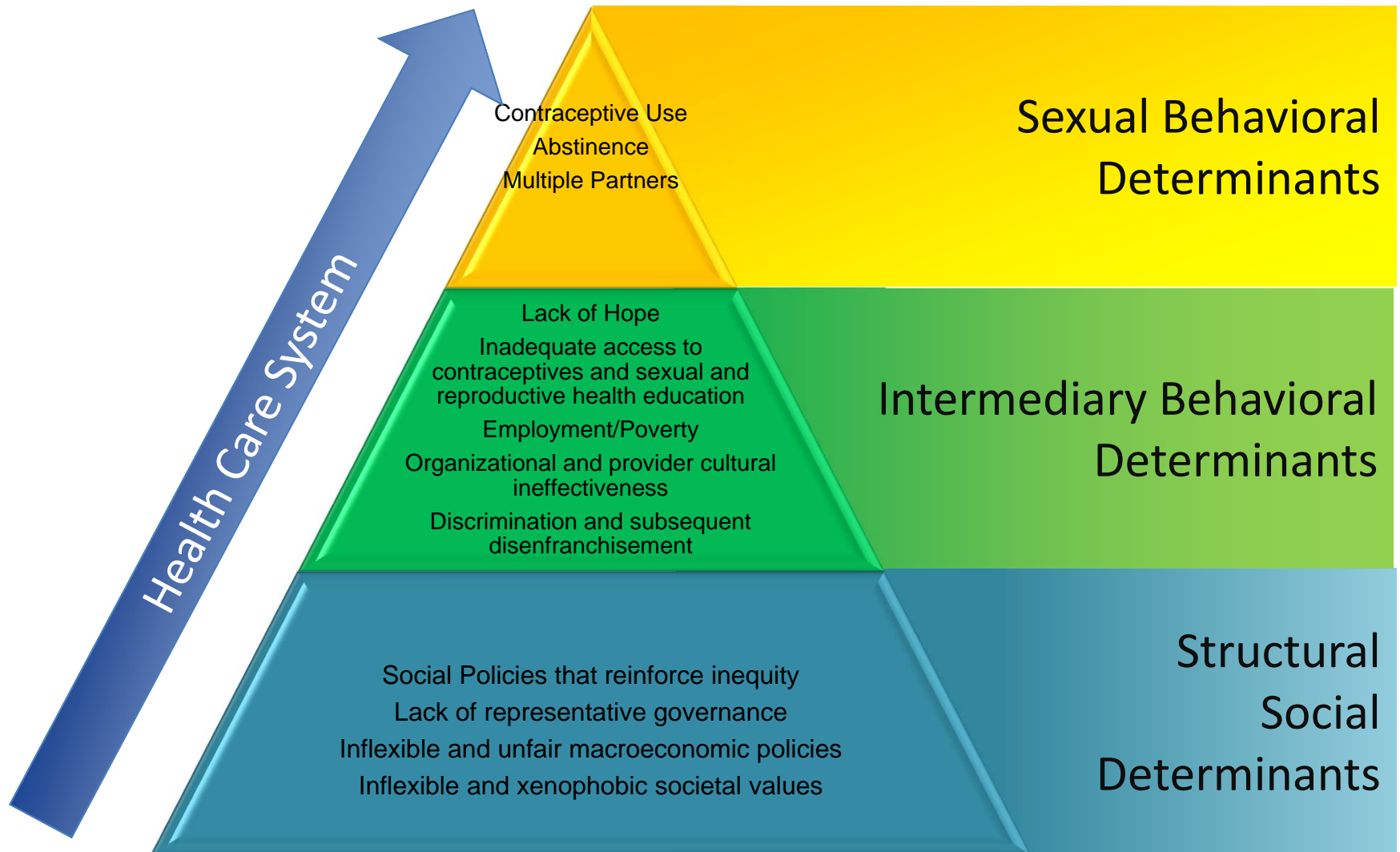
- Poverty
- High-drop out rates
- Lack of education
- Unemployment
- Gang activity
- Sexual Abuse/Incest
- Deep-seated Racism
- Capitalism
- Industrialism
- Lack of self-esteem/emotional support
- Lack of things to do/opportunities
- Lack of access to healthcare and to basic needs
- Lack of transportation



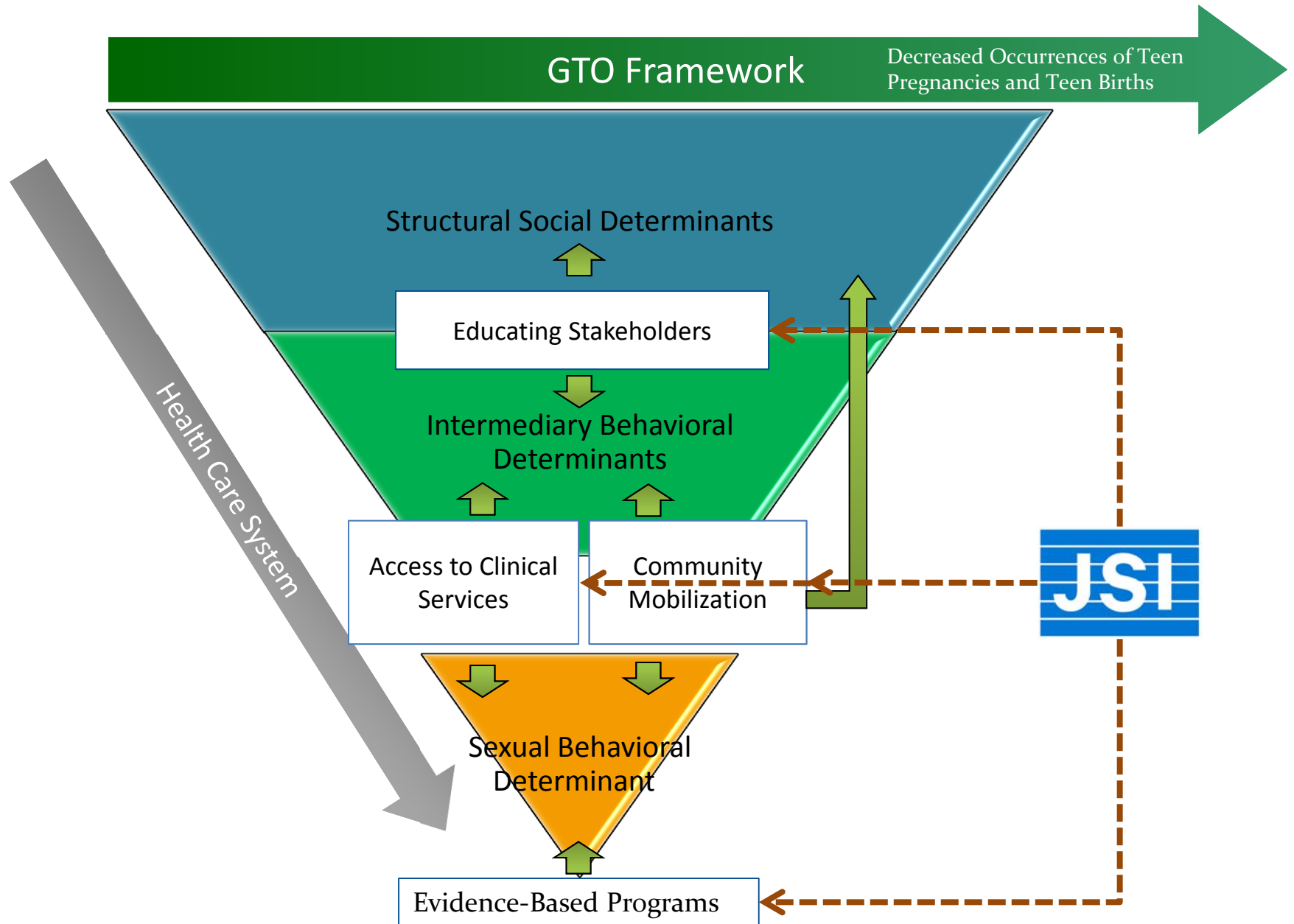
**JSI's Framework for  
Addressing the  
Social Determinants of Health**

# Root Cause Analysis

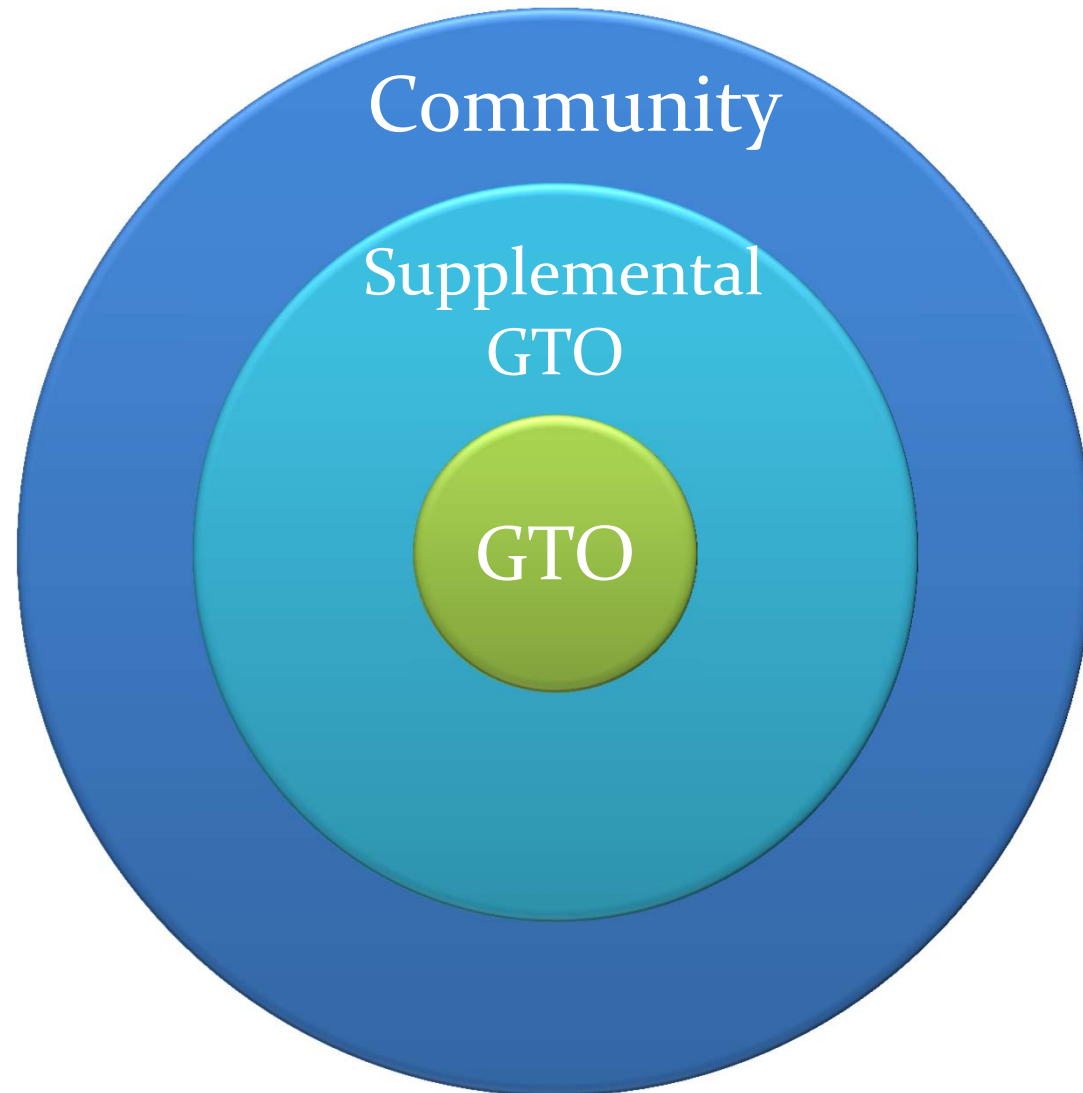
Teen Sexual and Reproductive Health Inequity



# JSI Socioecological Model



# Supplemental GTO Model

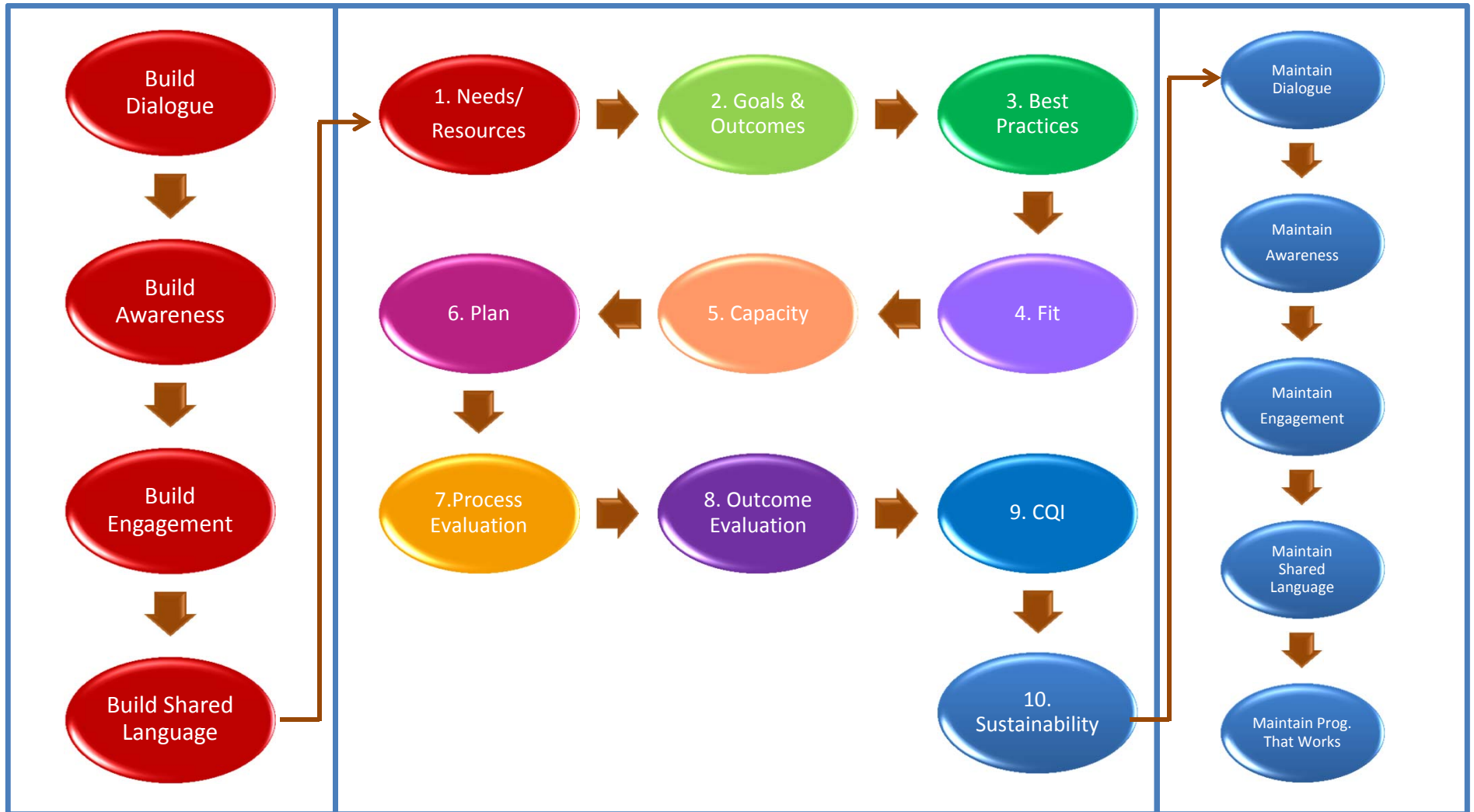


# Supplemental GTO Steps

## Pre-GTO

## During GTO

## Post-GTO





# Practical Applications

Key Component	Strategies
Component 1: Community Mobilization and Sustainability	<ul style="list-style-type: none"><li>•Identifying &amp; involving community stakeholders (including teens) in program planning who are typically not engaged</li><li>•Use of “promotoras” in engaging communities</li></ul>
Component 2: Evidence-Based Programs	<ul style="list-style-type: none"><li>•Integrating cultural competency in the PSBA-GTO process</li><li>•Identifying local community characteristics (e.g., literacy levels, preferred communication channels)</li><li>•Ensure culturally competent adaptation of evidence-based programs</li></ul>

## Practical Applications (cont'd)

Key Component	Strategies
<b>Component 3: Access to Clinical Services</b>	<ul style="list-style-type: none"><li>•Retaining diverse program staff</li><li>Working with low-literacy populations</li><li>Knowing reproductive/sexual health nuances of population served</li><li>•Engaging males in reproductive health</li></ul>
<b>Component 4: Educating Stakeholders</b>	<ul style="list-style-type: none"><li>•Engaging non-traditional community stakeholders in decision-making and policy change</li></ul>

# Technical Support and Resources

- Grantee-specific TA & Training Plan
- E-newsletter
- Website

# Sample Institute Discussion topics

Sept. 20<sup>th</sup>-23<sup>rd</sup>

- Addressing underlying factors for teen pregnancy such as poverty, discrimination and isolation
- Explaining how local and national demographic trends shape the need for culturally competent services
- Describing pertinent national and state regulations and policies regarding culturally and linguistically appropriate health care and services
- Describing how culture affects health-seeking behaviors and decision-making
- Identifying factors affecting access to services for diverse populations
- Tackling social determinants within the GTO process

# Questions?



# Dialogue

1. What social determinants do you think impact teen pregnancy in your community?
2. Why do you think it is important to examine root causes of teen pregnancy in your community?
3. Examples of planned/proposed activities in four components that promote health equity/address social determinants.

# Action Steps: Preparing for September Institute

1. Given what you have learned from the webinar, which natural partners (by component area) should you be connecting with more?
2. How do you envision a process for conducting a root cause analysis in your community?
3. What are some practical next steps you think are important to integrate this work across the four key components?