

Exploring the Influence of Social Determinants on Teen Pregnancy

Taleria R. Fuller, PhD., Ana Penman-Aguilar, PhD, MPH,
Michelle Reese and Carmen Chaparro, M.S.

*Office of the Assistant Secretary for Health/Office of Adolescent Health, Administration for Children and Families/
Family and Youth Services Bureau, and Centers for Disease Control and Prevention/Division of Reproductive Health*

May 15, 2013

Division of Reproductive Health
Adolescent Reproductive Health Team



Disclaimer

The findings and conclusions of this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Purpose

- ❑ Explore the link between social determinants and teen pregnancy by highlighting recent research on socioeconomic disadvantage and teen childbearing and discussing the importance of key community partnerships.

Outline

- ❑ Welcome & Introductions
- ❑ Dr. Ana Penman-Aguilar
“Socioeconomic Disadvantage as a Social Determinant of Teen Birth.”
- ❑ CDC TPP Community-Wide Initiative Grantees
 - Michelle Reese
Raising Awareness of Social Determinants of Health with Community Members in Gaston County, NC
 - Carmen Chaparro
Linking Economic Opportunity to Teen Pregnancy Prevention in Hartford, CT
- ❑ Questions & Answers

CDC Teen Pregnancy Prevention Community-Wide Initiative Purpose

- Test the effectiveness of innovative, multi-component, community-wide initiatives in reducing rates of teen pregnancy and births in communities with the highest rates,
- Focus on African American and Latino youth, and aged 15-19 years.



*Grantees are funded, in part, through a collaboration with the HHS Office of Adolescent Health, President's Teen Pregnancy Prevention Initiative, and the Office of Population Affairs, Title X Program.

Community-Wide Initiative 5 Key Components



Working with Diverse Communities Component

- ❑ Led by JSI Research and Training, Inc.
- ❑ Builds grantee and local community partners' capacity to engage and serve diverse youth to reduce disparities and inequities in teen birth rates.
- ❑ Provides specialized T/TA (e.g. cultural competence, root cause analyses, engaging young males).
- ❑ Provides a host of strategies, tools, and resources

Reproductive Health Equity for Youth (RHEY) Web site

www.rhey.jsi.com

Socioeconomic Disadvantage as a Social Determinant of Teen Birth

Ana Penman-Aguilar, PhD, MPH

Associate Director for Science

Office of Minority Health and Health Equity, CDC



Office of the Director

Office of Minority Health & Health Equity (OMHHE)

*The findings and conclusions in this presentation
are those of the author and do not necessarily
represent the official views of the
Centers for Disease Control and Prevention.*

Presentation Objectives

- ❑ Define common terms used in health equity work.
- ❑ Present results of a literature review on socioeconomic determinants of teen birth.
- ❑ Discuss implications for intervening to reduce teen birth rates in disadvantaged communities.

Defining Health Equity

- ❑ Health equity has been variously defined, with a common theme of universal opportunity to be healthy and make healthy choices.

Defining Health Equity

Health Equity is 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.

Defining Health Disparities

Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Defining Health Disparities

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their...

Source: <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>.
<http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>.

Defining Health Disparities

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their...

racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location;

or other characteristics historically linked to discrimination or exclusion.

Source: <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?vl=1&vlid=34>.
<http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>.

Defining Health Inequities

A health inequity is a health difference or disparity that is:

- Systematic
- Unfair
- Avoidable

Defining Social Determinants of Health

Social determinants of health
reflect social factors and the physical conditions
in the environment in which people
are born, live, learn, play, work , and age.

Background - Teen Pregnancy/Birth as a Public Health Issue

- ❑ Birth rate among 15-19-year-old females in the US reached a record low in 2011.
- ❑ However, number of teen births remains high.
- ❑ Giving birth in teen years can limit social and financial well-being.
- ❑ Adverse outcomes include preterm birth, low birth weight, and infant death.

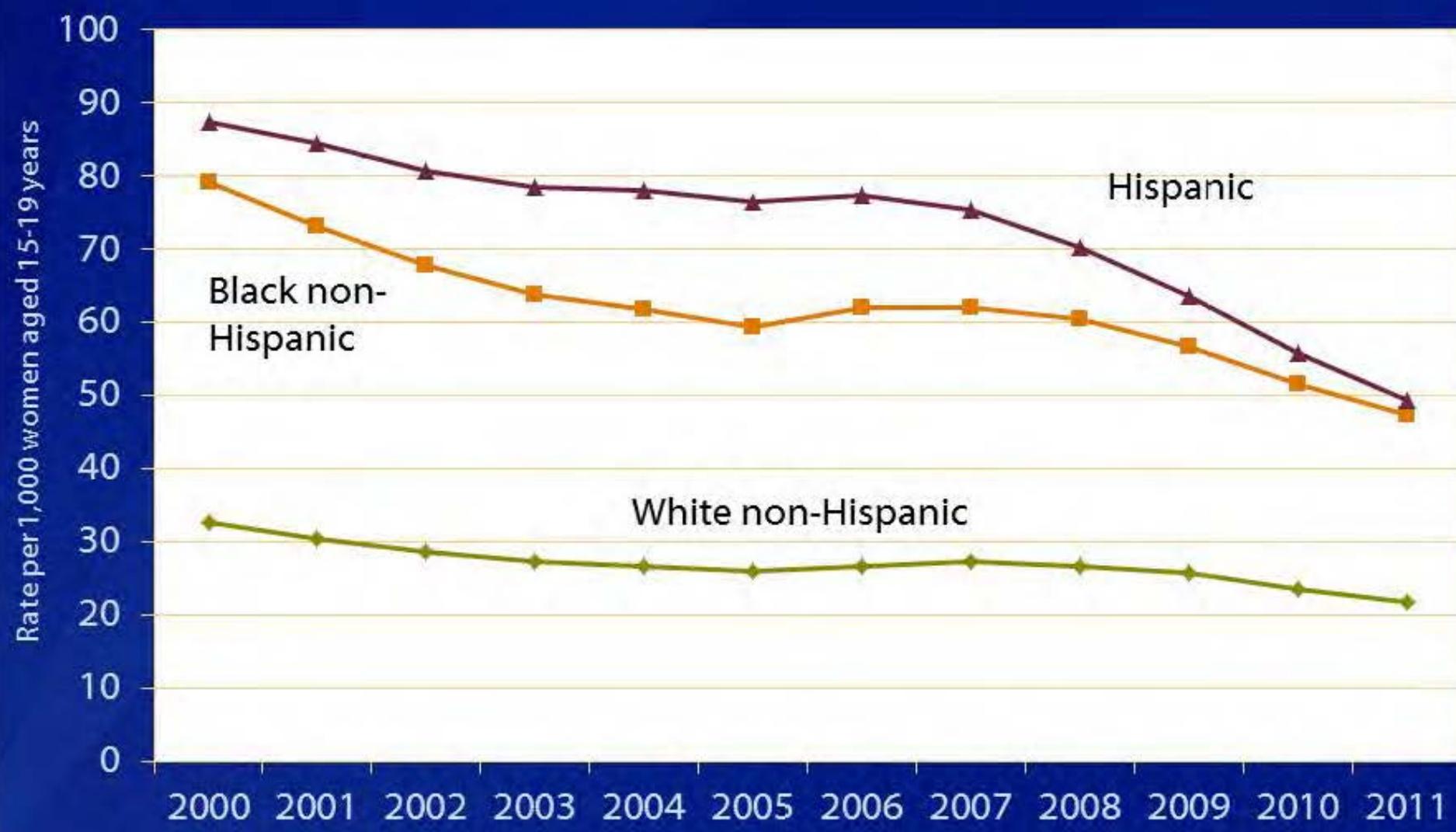
Background – Teen Pregnancy/Birth as a Public Health Issue

- ❑ Non-Hispanic black youth, Hispanic/Latino youth, and American Indian/Alaska Native youth experience the highest rates of teen pregnancy and childbirth.
- ❑ Together, black and Hispanic youth comprised 57% of U.S. teen births in 2011.*

*Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2011. National Vital Statistics Reports. 2012;61(5). Table 2.

Teen birth rates* by race and Hispanic ethnicity: United States, 2000–2011^{1,2,3}

*Live births per 1,000 women in age group



Methods – Literature Review

- ❑ Focused on individual-, family-, school-, and community-level socioeconomic influences on teen childbearing
- ❑ Electronic search of Medline, ERIC, PsychLit, Sociological Abstracts databases
- ❑ Peer-reviewed articles published January 1995- November 2011
- ❑ Selection criteria:
 - Socioeconomic factors as determinants of teen birth
 - First birth among females aged ≤ 19 years in the US
 - Original quantitative analysis
 - Data aggregated at county or lower level

Methods – Literature Review

- ❑ **Socioeconomic factors considered:**
 - Educational attainment of the teen or her parent(s)
 - Family members' income, wealth, or occupation(s)
 - Community-level financial or material resources

Results

- **Racial/ethnic composition of study samples:**
 - African American only (n=2)
 - Non-Hispanic White only (n=1)
 - African American and non-Hispanic White (n=1)
 - Latina and non-Hispanic White (n=1)
 - African American, Latina, and non-Hispanic White (n=4)
 - Not specified (n=3)

Results

Family-level influences				
	Education	Income	Wealth	SES
Dehlendorf 2010	Parental education (-)			
Gest 1999				Family level SES (-)
Hogan et al. 2000	Parental education (-)			

Results

Community-level influences

	Education	Income	Wealth	SES
Gold et al. 2001		Per capita income (-) Income inequality (+)		
Bickel et al. 1997		Average wage (-) Unemployment (+)		
Kirby et al. 2001	% college graduates (-)	Poverty (+) **Male employment (+)		
Blake and Bentov 2001	Years of education (-) High school completion rates (-)	Income (-) Receipt of public assistance (+)		

Results

Community-level influences (cont.)

	Education	Income	Wealth	SES
Wei et al. 2005			Neighborhood physical disorder (+)	
Sucoff and Upchurch 1998		Poverty (+)		
Massey and Shibuya 1995		Income-to-needs ratio (-) Male joblessness (+)		
South and Baumer 2000			Neighborhood disadvantage (+) Neighborhood affluence (-)	

Results

Multiple level influences (cont.)

	Education	Income	Wealth	SES
Manlove 1998	<u>Black Teens:</u> Public (vs. private) school attendance (+)			<u>Black Teens:</u> **Family level SES (+)
	<u>White Teens:</u> Attending a less-resourced school (+)			<u>Hispanic Teens:</u> Family level SES (-)
	<u>White and Hispanic Teens:</u> School dropout (+)			

Discussion - Understanding Disparities

- ❑ Social determinants of health are important to consider.
- ❑ It is important to locate prevention within its cultural context.

Discussion – Understanding Disparities

- ❑ Individual-, peer-, family-, community-, school-, and policy-level factors jointly influence health outcomes
- ❑ It is important to measure socioeconomic factors at multiple levels whenever possible.
- ❑ Many data sets do not allow for analysis at multiple levels.
- ❑ One solution is linking individual-level datasets to Census or American Community Survey data.

Discussion – Responding to Disparities

- ❑ Access to high quality clinical services is critical (including contraceptive counseling and affordable contraception).
- ❑ Yet, ensuring access to services is generally not sufficient for eliminating health disparities.
- ❑ Targeted efforts that are culturally and linguistically appropriate are also necessary.

Discussion – Responding to Disparities

- ❑ **Multi-level approaches to prevention may be well-positioned to succeed.**
 - Safer Choices Project
 - Teen Health Project
- ❑ **“Youth development” approaches may lessen the influence of socioeconomic factors.**
 - Project AIM
- ❑ **Multi-sector collaboration is important.**
 - Rikers Health Advocacy Program

Summary

- ❑ Health inequities are health differences or disparities that are systematic, unfair, and avoidable.
- ❑ Socioeconomic disadvantage is linked to high teen birth rates.
- ❑ Data-related challenges exist.
- ❑ Access to high quality services is critical...as are cultural and linguistic appropriateness of interventions.
- ❑ Multi-level approaches and multi-sector collaboration are key.

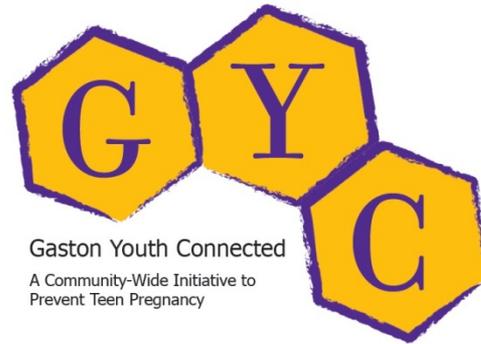
- ❑ Penman-Aguilar A, Carter M, Snead MC, Kourtis AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the U.S. Public Health Rep. 2013 Mar-Apr;128 Suppl 1:5-22.

Acknowledgments

- ❑ Marion Carter
- ❑ Christine Snead
- ❑ Athena Kourtis

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Martin Luther King, Jr., in a speech to the Medical Committee for Human Rights, 1966



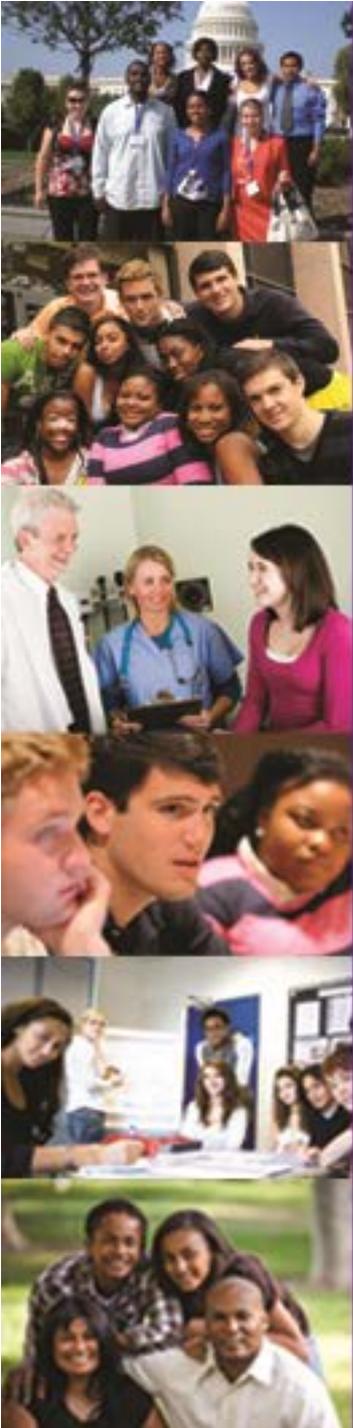
Raising Awareness of Social Determinants of Health in Gaston County, NC

Michelle Reese

Gaston Youth Connected

Community Integration Coordinator

APPCNC.ORG



Disclaimer: The findings and conclusions of this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

GASTON YOUTH CONNECTED (GYC)

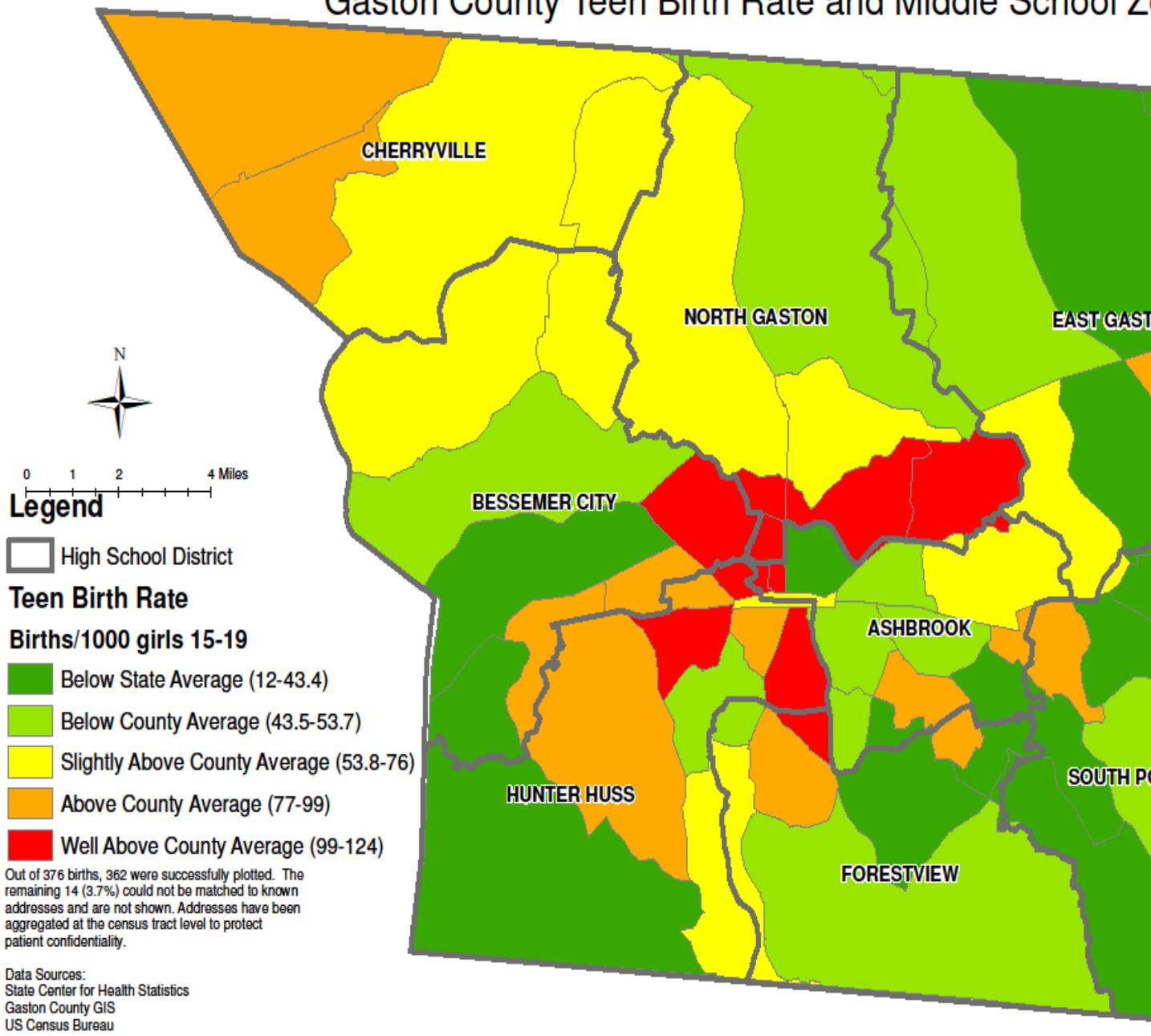
- CDC-funded project to reduce teen birth rates by 10% in Gaston County, NC
- Five staff members
- Small bedroom community adjacent to Charlotte, NC. Former mill town (chief industries: yarn and farming)
- 13 unique municipalities

GYC TARGET POPULATION

- African-American and Latino youth
- African-American and Latino youth make up 28% of the adolescent population
- Priority populations include:
 - 18-19-year-olds
 - Youth living in poverty
 - Foster care youth
 - Youth in juvenile justice system
 - Homeless youth



Gaston County Teen Birth Rate and Middle School Z



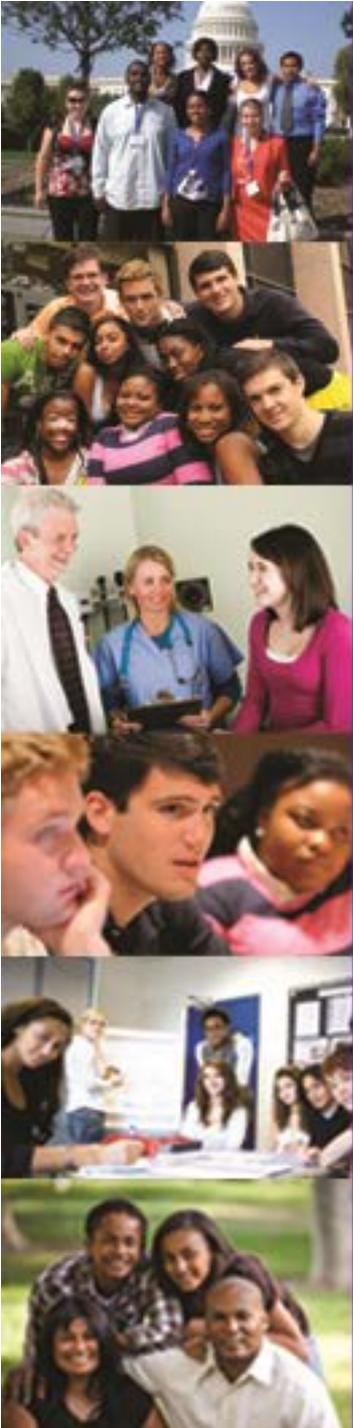
COMMUNITY SNAPSHOT

- In 2000, the percentage of persons aged 25 years and older who were high school graduates was 71.4 in Gaston County compared to 78.1 for the state.
- The 2008 median annual household income of \$46,265 was slightly below the state median of \$46,574.
- In 2008, 15.4% of all persons in the county lived below the federal poverty level, compared to 14.6% for the state (U.S. Census Bureau State and County Quick Facts).



COMMUNITY SNAPSHOT

- Gaston County experienced a sharp rise in unemployment from 5.7% in 2007 to 14% in 2009. (North Carolina Economic Security Commission as of April 14, 2011).
- The percentage of children under 18 years of age who live in poverty increased from 18.0 in 2005 to 21.7 in 2009 (Kids Count Data Center).
- 41% (approximately 5,725) of youth aged 15-19 years live in single-parent households (U.S. Census Bureau, American Community Survey 2005-09 Five Year Estimate).



SEEING THE POSSIBILITIES

Given the data available, it became more apparent that there was an opportunity to address the determinants that are affecting the entire community.

By raising awareness, providing opportunities to communicate about the issues, and supporting sustainable activities, this could potentially create a community that actively supports teen pregnancy prevention past the life of the project.



AWARENESS ACTIVITIES

- Root cause analysis facilitated by JSI, Research and Training, Inc., with project leadership teams found:
 - Lack of transportation
 - High percentage of youth unemployed and not in school
 - Selective and inequitable job training/workforce development for future jobs
 - Marginalized Latino population



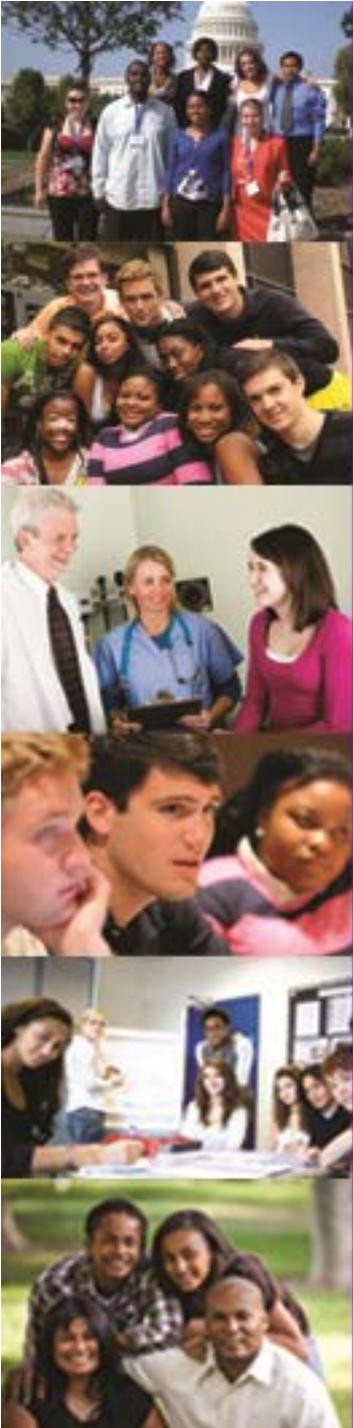
AWARENESS ACTIVITIES

- Conducted 139 presentations and individual meetings and reached approximately 1822 individuals.
- Systems-changing workshop for community mobilization leadership teams
- Unnatural causes: community viewing series



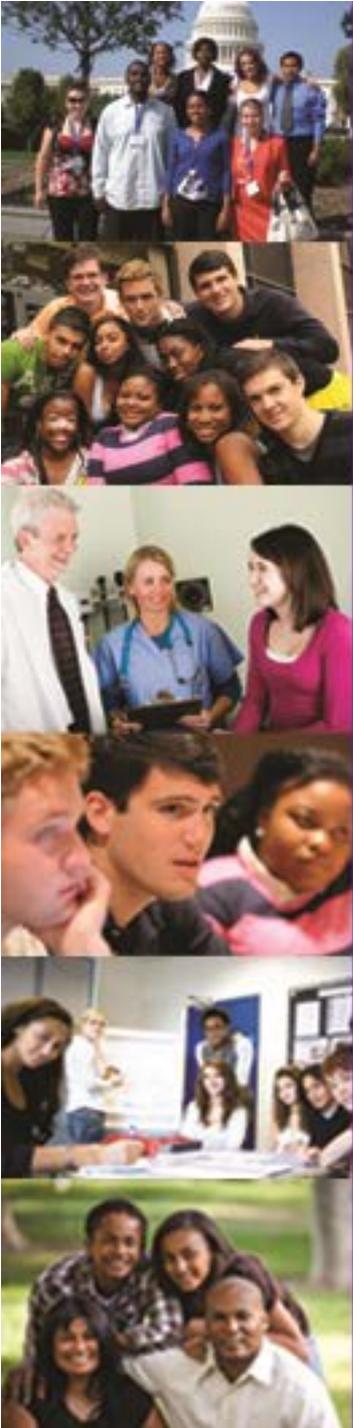
Outcomes

- Teen birth rates for 15-19-year-olds decreased by 19% from 2010-2011
- Schools are allowing Teen Outreach Program implementation on school campuses after school
- Dropout rates have decreased from 2010-2012
- Increased evidence-based programs in community
- Increased locations for teens to receive reproductive health services



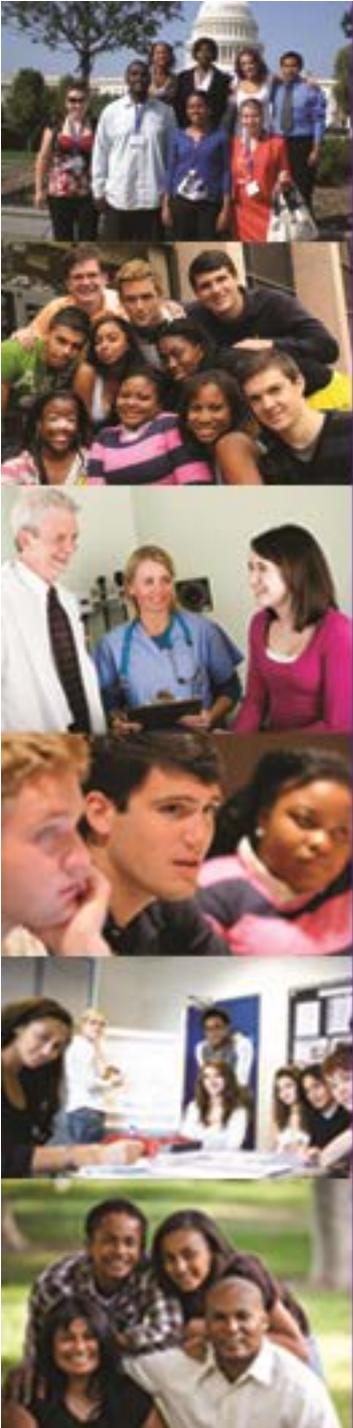
LESSONS LEARNED

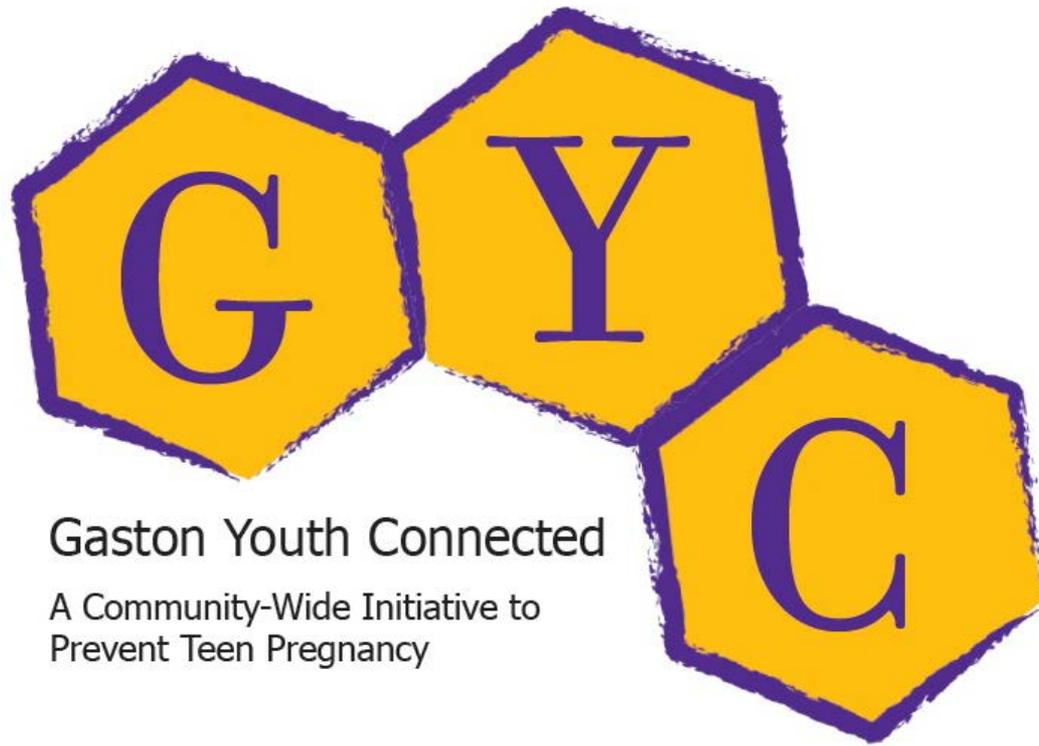
- Consistently share your message.
- Focus on relationship building: Champions are critical to your success.
- Find ways to work with the dissonance between acknowledging social determinants and actively addressing them.



NEXT STEPS

- Continue the conversation within the community and look for more partners.
- Continue looking for ways to supporting and collaborating with Gaston County Health Department in their efforts around social determinants of health.
- Build a sustainability plan in collaboration with community leaders that encourages policy change within community organizations to be more involved with social determinants.





Gaston Youth Connected

A Community-Wide Initiative to
Prevent Teen Pregnancy

Michelle Reese

Community Integration Coordinator/Clinical Coordinator

mreese@appcnc.org

(704) 898-5541

appcnc.org

City of Hartford

Department of Health and Human Services



CARMEN CHAPARRO, MS
PROJECT COORDINATOR
HARTFORD TEEN PREGNANCY
PREVENTION INITIATIVE



Disclaimer



The findings and conclusions of this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Hartford Teen Pregnancy Initiative



The Hartford Teen Pregnancy Prevention Initiative is a project of the Hartford Health & Human Services Department, in partnership with multiple community agencies; focusing its work on *5 Hartford neighborhoods where the highest teen birth rates exist* and where socioeconomic conditions and health outcomes are least favorable.



Hartford at a Glance



- Hartford is **young**: 31.6% of the total population is less than 18 years of age
- Hartford's population is approximately 124,000.
- Hartford is **racially and ethnically diverse**: 40% of the population is identified as Latino, 38.1% as Black, and 17.8% as White.
- **74.3% of children younger than 18 years of age are living in families headed by a single parent.**
- **42.5% of children younger than 18 years of age are living below the federal poverty level.**

Hartford Office for Youth Services (2011) *Landscape report on Hartford Youth: the Well-being of Hartford's Youth.*

Community Health Data Scan. Available online. <http://www.hartfordinfo.org>

Health Equity Index



- The Health Equity Index is a community-based tool that can be used to identify social, political, economic, and environmental conditions that are most strongly correlated with specific health outcomes. In Hartford, this tool has been used to demonstrate that teen pregnancy is not a health concern that stands alone, but rather one that is affected by many other conditions.

Connecting the Dots...



- A high birth rate, coupled with health, economic, and social disparities, drives the need to address precursors to teen pregnancy in the context of social determinants of health.
- Creating conditions for youth to achieve economic security, while educating them to make informed decisions about their reproductive sexual health, is key for a community like Hartford.



Capital Workforce Partners

Capital Workforce Partners (CWP), the state's regional Workforce Investment Board (WIB), coordinates programs and initiatives to develop a skilled, educated, and vital workforce that promotes and invests in youth and future workforce development solutions. This board consists of 22 members from various sectors



Why *This* Partnership?



- Evidence-Based Implementation sites play a key role in reaching out to high-risk populations. In Hartford, we currently have 15 sites implementing
- Non-traditional sites like Capital Workforce Partners will:
 - (1) Provide the opportunity for long-term vision and sustainable results, and
 - (2) Provide access to a greater number of youth and adults who work with them. Such non-traditional sites are more capable of addressing the social determinants commonly associated with teen pregnancy.
- Creating conditions for youth to achieve economic security, while educating them to make informed decisions about their reproductive sexual health, will have a greater impact on reducing teen pregnancy rates, STI, and HIV in Hartford.

The Partnership



- In 2011, 360 CWP youth enrolled in summer youth employment program completed a Youth Risk Behavior Survey for Hartford. Six months later, project staff invited CWP to the table for a conversation about the survey results and next steps.
- In summer 2012, we piloted implementation of *Be Proud! Be Responsible!* with two CWP-funded agencies, serving 123 youth.
- Over the last 7 months, we have continued to engage CWP in conversations, resulting in the development of a crosswalk between the EBIs from the U.S. Dept. of Health & Human Services/Office of Adolescent Health's approved list of EBIs and with CWP's Career Competencies.
- We will be partnering to serve 270 youth in 3 different locations in summer 2013.

Lessons Learned



- Relationships with an agency this large (CWP) take time.
- Approaching them strategically and on their terms helps!
- Speak their language. When we showed CWP how nicely an EBI crosswalked with their career competencies (and how this would help to address the social determinants and other issues that arose in the YRBS data), they were much more interested in partnering.
- Patience!