WEBINAR FOR SRAE GRANTEES



FYSB Family & Youth Services Bureau Adolescent Pregnanc Prevention Program



Applying a Health Equity Lens in Sexual Risk Avoidance Education Programming

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Webinar Logistics

- Mute yourself when not talking
- Turn off your video if you experience any connection issues
- Type questions in the chat
- Time will be reserved for Q&A at the end
- Take off "everyone" if you want to directly message with someone
- Transcript & recording will be available





Agenda

- Welcome & Overview
- Background
- Health Equity as it Relates to Sexual Risk Avoidance Education (SRAE) Programming
- What Can We Do?
- Q&A
- Poll/Reflection
- Wrap & Adjourn

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Webinar Objectives

At the conclusion of this webinar, participants will:

- Apply the principles of health equity and health communication to inform SRAE programming activities
- Reflect on how personal experiences and assumptions can shape how we address health equity
- Identify opportunities to operationalize strategies to advance health equity in sexual and reproductive health
- Identify new resources to support strategies that create inclusive group spaces



What is health equity?





Defining Health Equity

- Health equity is "the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential" (CDC, 2022b)
- Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions (Braveman, 2014)



Photo credit: Robert Wood Johnson Foundation



Social Determinants of Health

 Factors in the social environment that contribute to or detract from the health of individuals and their communities





Our environments cultivate our, communities and our communities nurture our health.

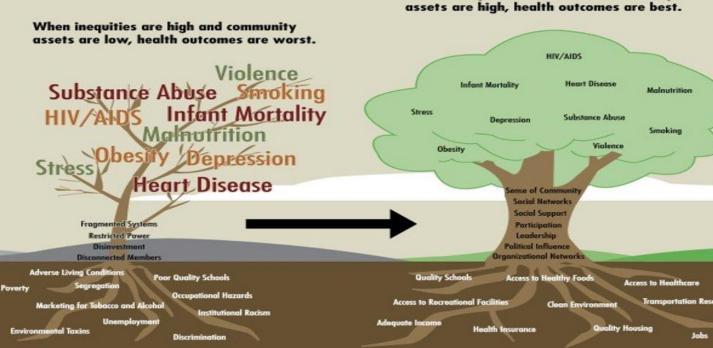


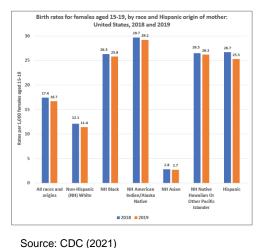
Photo source: CDC

When inequities are low and community

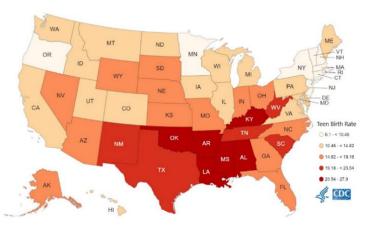


Health Disparity

- Health disparities are preventable differences in the opportunities to achieve optimal health experienced by socially disadvantaged groups. Health disparities exist in all age groups.
- Health outcomes in reproductive health for adolescents vary by **race/ethnicity** and **geography**:



Family & Youth Services Bureau



Source: CDC (2022a)

Why do health disparities exist?

- Historical and contemporary injustices (discrimination and exclusion) that lead to unequal access to care for certain groups based upon the following:
- Race or ethnicity
- Religion
- Socioeconomic status
- Gender identity

- Sexual orientation
- Geographic location
- Cognitive, sensory, or physical ability
- Behavioral health



Health Equity in SRAE Education

- For adolescent pregnancy prevention, health equity means that all adolescents, regardless of social or physical identity, can:
 - Access high-quality, culturally relevant sexual health education and reproductive health services
 - Form healthy relationships
 - Access high-quality contraceptive methods of their choice without fear of coercion
 - Speak with a trusted adult about issues related to sexual and reproductive health and their future
 - Access opportunities in their community for positive youth involvement and life skills development



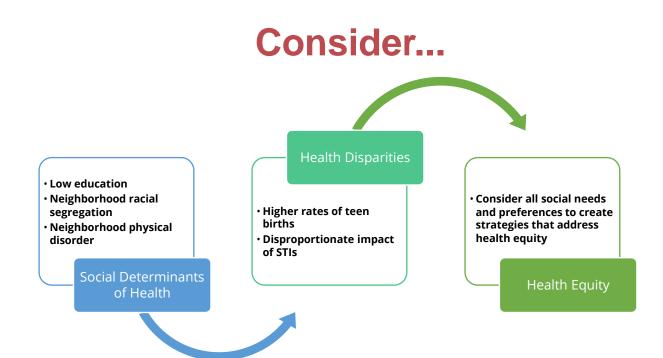
What Can We Do?



How does this relate to my own work?

- To apply an equity lens, ask which people, geographic areas, or other groups have historically been most affected by the problem; what social, economic, and environmental data could be overlaid; and where resources are currently dedicated.
- All of this should help define your approach and prioritize practices and decisions. Creating urgency and direction through a clear, data-centered approach, identifying disparities and highlighting the right data will help allocate the right resources to the people and places that need it most.







Your Role in Promoting Health Equity

- **Individual level:** Improving your knowledge of equity; changing your attitudes and beliefs; expanding the depth of your relationships
- **Organizational level:** Prioritizing strengthening staff knowledge and capacity; shifting culture and norms; improving recognition of equity-centered practices
- **Policy level:** Strengthening political will; advocating for favorable changes in health policies



First step: Self-reflection

What are some assumptions, values, and beliefs that you bring to the work? How may they be shaped by your background and current and past experiences?



How Can Your Organization Demonstrate Its Commitment to Health Equity?

- Create a health equity statement
- Create specific budget line items for health equity advancement
- When recruiting new staff, consider recruiting those who bring in new skills and perspectives by focusing on hiring talent with a background working with historically underserved populations and with specific cultural networks.
- Facilitate consistent and ongoing training for both staff and management to help make health equity a part of your organization's standard operating procedure.
- Create clear health equity goals and set expectations for staff to reach these goals
- Become more connected to the communities you serve

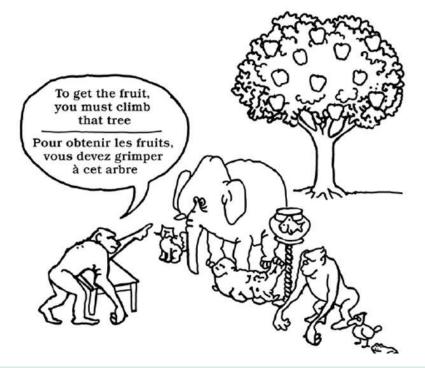


What Can Be Done at the Policy Level?

- Strengthen political will to advance health equity
- Shift social norms and public discourse
- Advocate for favorable changes in health policies (e.g., advocate for health insurance to cover reproductive health for adolescents)

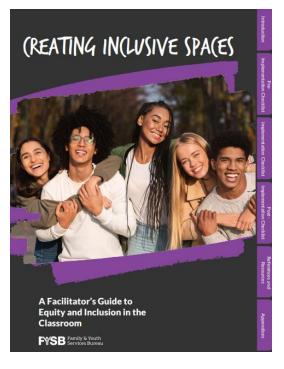


What assumptions are being made by the speaking monkey?





Equity and Inclusion in the Classroom





What is Bias?

Bias is prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.

Explicit Bias = conscious bias

Implicit Bias = unconscious bias



Implicit Bias

Please read the following paragraph out loud.

"If you can raed tihs praapragh, it's bcsecuae our mnids are vrey good at ptuting tgoehter peiecs of ifnroamtoin in a way taht is esay for us to make snese of. Our mnids do tihs atoumtaicllay, whituot our cosncoius cotnrol."

This activity is adapted from Kirwan Institute. (2015). State of the science: Implicit bias review. https://kirwaninstitute.osu.edu/implicit-bias-training



Microaggressions

Microassaults

Microinsults

Microinvalidations

Microaggressions

"I have Black friends."

 Microinvalidation: What I say cannot be offensive. "The pronoun 'they' is plural. I'll keep referring to you as 'he'."

 Microassault: I don't respect your pronouns. "You speak English very well."

 Microinsult: Because of how you look or where you are from, you should not be well-spoken.

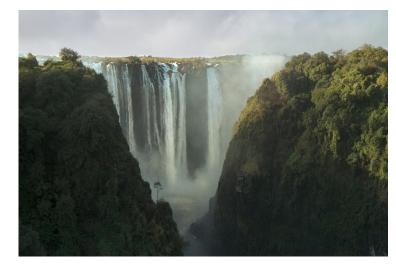
Making Programs Inclusive

1	2	3	4	5
Review your curriculum.	Avoid messaging that may stigmatize youth.	Avoid promoting stereotypes.	Promote inclusion.	Use Universal Design Principles.

Questions?







Waterfall Activity

What is one strategy you will implement in your programming to advance health equity?



General Health Equity Resources

- <u>Deciding Together: Shifting Power and Resources Through</u> <u>Participatory Grantmaking</u>
- Eliminating Implicit Bias in Grantmaking Practice
- <u>By the Numbers: A Race for Results Case Study; Using</u>
 <u>Disaggregated Data to Inform Policies, Practices, and Decision-Making</u>
- <u>Background on the Social Determinants of Health</u>
- <u>Racial Equity Impact Assessment Toolkit</u>
- <u>Crises as a Catalyst: A Call for Race Equity & Inclusive Leadership</u>
- Improving Health Equity: Make Health Equity a Strategic Priority



Health Equity Resources Related to Adolescent Pregnancy Prevention

- Advancing Equity in Sexual Health Education: A toolkit for Adolescent Pregnancy
 Prevention Grantees
- Elevate Youth Programming: Health Equity
- <u>Creating Inclusive Spaces for Youth: A Facilitator's Guide to Equity and Inclusion in</u>
 <u>the Classroom</u>
- Advancing Racial Equity: The Time is Now!
- <u>Teen Pregnancy and Childbirth: Pregnancy and Childbirth to Females Ages 15</u> <u>Through 19 Years Old</u>
- <u>Teen Sexuality and Pregnancy in Nevada</u>
- <u>Preventing Teen Pregnancy by Tackling Social Determinants of Health</u>
- Increasing Our Impact by Using a Social-Ecological Approach
- <u>Advancing Equity for Women and Girls of Color</u>
- <u>Racial and Ethnic Disparities Persist in Teen Pregnancy Rates</u>





- Centers for Disease Control and Prevention (CDC). (2021). *About teen pregnancy.* <u>https://www.cdc.gov/teenpregnancy/about/</u>
- Centers for Disease Control and Prevention (CDC). (2022a, February 25.) Teen birth rate by state. <u>https://www.cdc.gov/nchs/pressroom/sosmap/teen-</u> <u>births/teenbirths.htm</u>
- Centers for Disease Control and Prevention. (2022b, July 1). What is health equity? <u>https://www.cdc.gov/healthequity/whatis/index.html#:~:text=Health%20equity%2</u> <u>0is%20the%20state,health%20and%20health%20care%3B%20and</u>
- Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, *129* (Suppl 2), 5-8. <u>https://doi.org/10.1177/003335491412915203</u>



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Thank

you!



We Want to Hear from You!

Please complete a short survey about your experience with today's webinar.

https://survey.alchemer.com/s3/7262630/SRAE-Webinar-Feedback-Survey-Health-Equity

If you attended the webinar with other team members, please share the link and complete the evaluation separately.

