

ADVANCING EQUITY IN SEXUAL HEALTH EDUCATION: A TOOLKIT FOR ADOLESCENT PREGNANCY PREVENTION GRANTEES

February 2023

INTRODUCTION

We designed this toolkit to equip the [Family and Youth Services Bureau's](#) (FYSB's) Personal Responsibility Education Program (PREP) grantees with information and strategies to address health disparities and advance health equity in PREP programming. The guide includes information that will enable you to apply a health equity lens within your organizations and to your existing programming. Whether you are newly funded or have been implementing project activities for many years, this toolkit provides practical tools that you can adapt and implement to best fit your organizations' projects, participants, and settings. You are encouraged to share this toolkit with your sub-recipients and partners. The information provided in this toolkit is most relevant for organization leaders, program implementers, and partners.

As grantees and partners with FYSB, you have a responsibility to ensure that you have a health equity-centered approach in meeting the needs of youth who face disparities in health and access to health care, while serving as stewards of limited resources. This toolkit helps you assess your strengths and areas of growth for centering equity in your work. Being able to assess where your organization stands in its journey to health equity is a crucial step toward creating concrete action plans to advance health equity goals and commitments. To support this journey, the toolkit provides practical examples of what centering health equity in youth-focused prevention programs can look like in practice. Throughout the toolkit, we highlight examples and provide links to helpful tools (e.g., frameworks, suggested readings, templates for action plans, reflection tools) that you can use to support your own learning and health equity work at your organization.

The toolkit is organized into the following sections:

Overview of Health Equity

Health Disparities and Health Equity in Adolescent Pregnancy Prevention

Understanding Your Role in Promoting Health Equity

Integrating Equity Within Your Organization

OVERVIEW OF HEALTH EQUITY

What is health equity?

The Centers for Disease Control and Prevention (CDC) defines health equity as “the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance” (CDC, 2022b).

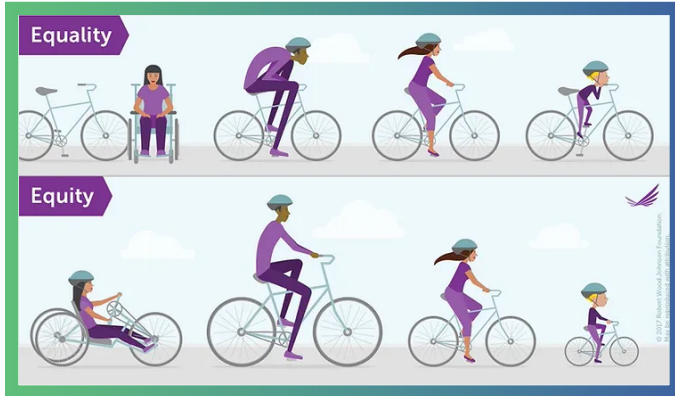


Photo credit: Robert Wood Johnson Foundation

In the United States, the ability to have good health outcomes is often determined by many social and economic factors, including where you live, how you look, and whom you love. Because not all people have access to high quality health care and health-promoting resources, such as green space and access to fresh fruits and vegetables, achieving health equity requires an intentional and persistent focus on increasing access to resources and strengthening the quality of culturally responsive and bias-free care and services. Advancing health equity requires examining how social and economic factors impact health and assessing ways to intervene on these factors.

In practice, achieving health equity means reducing and eliminating health disparities and ensuring health for all Americans. This refers to ensuring “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latinx and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; LGBTQ+ persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality” (HRSA, 2020).

For adolescent pregnancy prevention, health equity means that regardless of an adolescent’s social identity or place of residence, the adolescent will have access to culturally relevant services for reproductive health. It also includes ensuring adolescents from marginalized backgrounds can:

- Access high quality, relevant sexual health education (e.g., education on contraception and abstinence);
- 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; and
- Access opportunities in their community for positive youth involvement and life skills development.

Now that we have described health equity and what health equity means for adolescent pregnancy prevention, we can discuss how health equity has impacted sexual health and reproductive health outcomes for adolescents in the United States.

Health equity is achieved when the intersections of your social identities, residence in marginalized communities, or experience with structural racism and other oppressive systems do not determine your health outcomes.

HEALTH DISPARITIES AND HEALTH EQUITY IN ADOLESCENT PREGNANCY PREVENTION

What is the status of health equity in adolescent pregnancy prevention in the United States?

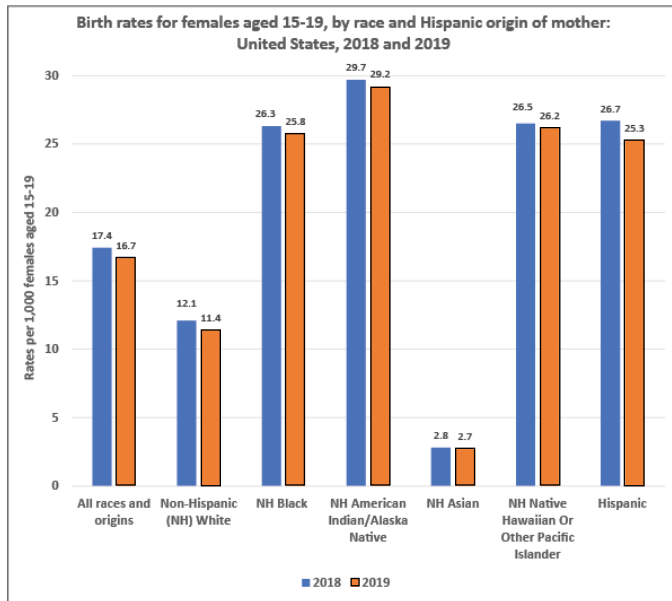


Figure 1. Birth Rates for girls ages 15–19 by Race/Ethnicity 2018 and 2019 (CDC, 2021).

Young people of color, specifically girls and those from a lower socioeconomic background, are disproportionately affected by STIs (Sales, 2020). Disparities in adolescent birth rates and STIs are linked to many factors, such as disparities in access to information and care, quality of care, and implicit biases that impact how young people are treated, listened to, and supported.

What contributes to disparities in teen birth rates and STIs in the United States?

Social determinants of health contribute to disparities in the rates of adolescent pregnancy, adolescent birth rates, and STIs. The World Health Organization defines social determinants of health as non-medical factors that influence health outcomes. These non-medical factors are the conditions in which people are born, grow, live, work and age (WHO, 2021). These conditions are shaped by the distribution of money, power, and resources at global, national, and local levels. Social determinants can include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Examples of social determinants linked to disparities in adolescent pregnancy rates include low-resourced schools that are unable to offer afterschool programming and sexual health education (Brindis, 2020). You can find additional examples of social determinants of health in Exhibit 1.

Health equity has not yet been achieved in adolescent pregnancy prevention. We know this because health outcomes in reproductive health for adolescents vary by race/ethnicity and geography. CDC data indicate a disproportionate number of Hispanic teens, non-Hispanic Black teens, and American Indian/Alaska Native teens have birth rates significantly higher than the national average (Figure 1). Additionally, as seen in Figure 2, certain geographic areas of the United States like rural and southern states and counties experience higher rates of teen births than the national average.

In addition to pregnancy, adolescent sex can result in sexually transmitted infections (STIs) affecting a young person's reproductive health. In recent years, data show almost half of the 20 million new STIs in the United States each year are among adolescents aged 15–24 (Shannon, 2018).

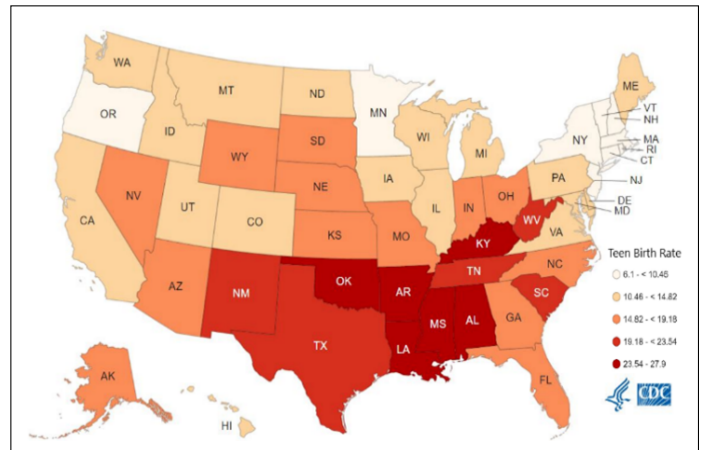


Figure 2. Birth Rates for Females Ages 15-19 Years by State (CDC, 2022a)

How can social determinates of adolescent pregnancy be addressed?

There are many different approaches to preventing disparities in adolescent health. The Social-Ecological Model (SEM) is a multi-level framework that can help inform how you think about and address the social determinants of health affecting adolescents. The SEM describes the complex interplay between factors that may influence a person's health outcomes.

- Individual factors: Individual characteristics that influence behavior, including knowledge, skills, motivation, and personality traits.
- Interpersonal factors: Relationships with others and effects on social identity.
- Institutional factors: Rules and regulations of organizations and institutions.
- Community factors: Availability and location of resources that promote health, social networks, and social norms.
- Public policy factors: Local, state, and federal policies and laws that impact health.

Exhibit 1. Examples of Social Determinants of Health Contributing to Disparities in Teen Birth Rates (CDC, 2021)

- Low education and low-income levels of a teen's family.
- Few opportunities in a teen's community for positive youth involvement.
- Neighborhood racial segregation.
- Neighborhood physical disorder (e.g., graffiti, abandoned vehicles, litter, alcohol containers, cigarette butts, glass on the ground).
- Neighborhood-level income inequality.
- Access to quality reproductive health services, including contraception and STI services.

See Exhibit 2 for examples of contributing factors specific to adolescent pregnancy.

The references below provide additional information about SEM:

[The Social-Ecological Model: A Framework for Prevention |Violence Prevention|Injury Center|CDC](#)

[Social Ecological Model of Health - UNC Center for Health Equity Research](#)

Exhibit 2. The Social Ecological Model Applied to Adolescent Pregnancy

PUBLIC POLICY

- Legislation and funding related to sexual health education
- Health insurance
- Legislative contraceptive coverage
- Media
- Racial, ethnic and gender equity

COMMUNITY

- Transportation
- Health care services
- Poverty
- Social and cultural norms
- Women's pursuit of post-secondary education or training
- Women's labor force participation/women's opportunity for labor force participation

INSTITUTIONAL

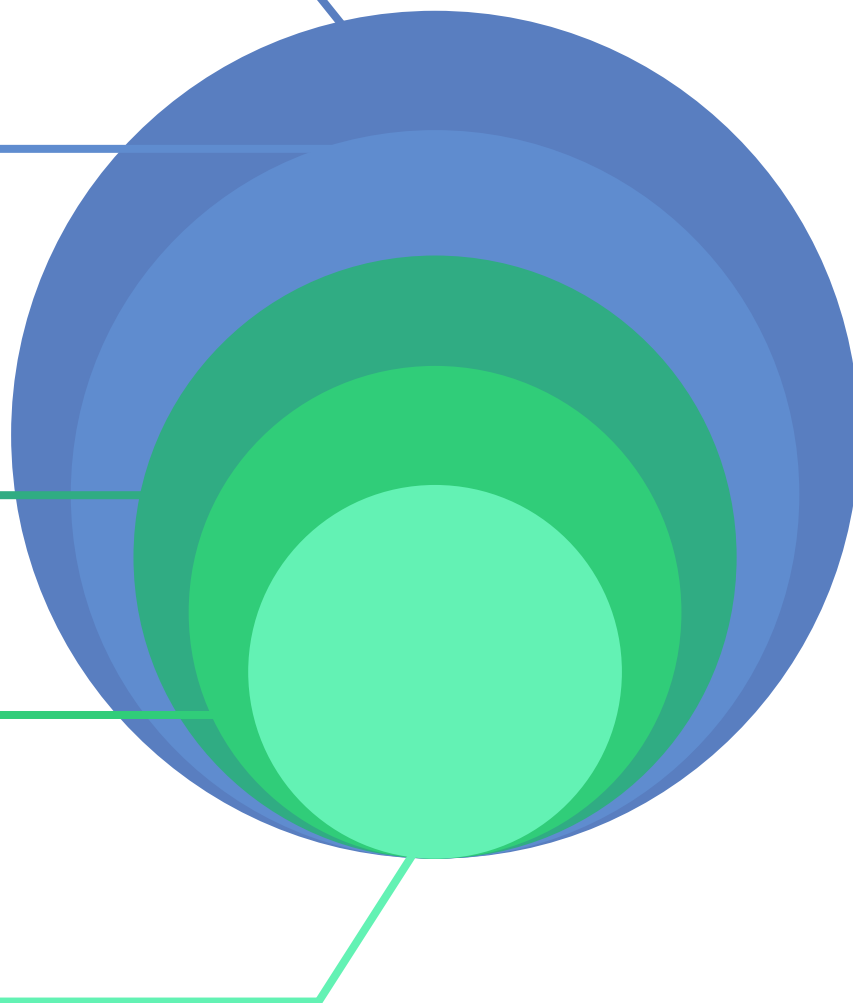
- Referral systems
- Availability of family planning
- Quality of school and/or community-based sex education

INTERPERSONAL

- Social support and networks
- Partner race, education, and occupation
- Family environment
- Family background (single-parent family)
- Communication about contraception

INDIVIDUAL

- Age, sexual orientation, race/ethnicity
- Knowledge of sexual health
- Attitudes and beliefs around adolescent pregnancy



How do you address multiple levels identified by the SEM?

The parable of a river is often used to describe approaches to addressing factors that influence health. Picture a village located along a river. One day a villager notices a baby floating downstream, and the villager quickly runs in the water to rescue the baby. As soon as the villager brings the baby to safety on land, the villager hears the cry of another baby floating down the water. The villager rushes in again to rescue this baby and sees another baby floating down the river. The villager calls for help from fellow villagers to try to rescue the babies that keep floating down the river. As the villagers try to rescue as many babies as possible, one villager looks up and sees a seemingly never-ending stream of babies floating down the river. This villager begins to run upstream and hears someone shout, “Where are you going? There are so many babies that need help here.” To which the villager replied, “I’m going upstream to our neighboring village to find out why so many babies are being sent down the river.”

In this story, we see that an initial focus is on addressing the immediate needs of the babies flowing down the river. This approach is often called a downstream approach, where the focus is on caring for and treating the immediate need. In the case of disproportionate adolescent birth rates in disadvantaged communities, the downstream approach is to provide education on contraception use and sexual and reproductive health to these populations. With regard to disparities in STI rates, a downstream approach would be to provide disadvantaged populations with testing and treatment. The downstream approach focuses on the individual level of the SEM. As we move “upstream” and up various levels of the SEM, our approaches include addressing factors external to the individual. This may include providing education and support to individuals’ families or partners (interpersonal), ensuring there is culturally relevant reproductive health education available at all schools that serve disadvantaged communities (institutional), ensuring adolescents have access to contraception (community), and advocating for health insurance to cover reproductive health for adolescents (public policy). It is also important to know that all of these factors are interrelated and factors at one level of the SEM can influence factors at another level. For example, a quality school sex education program (institutional factor) can increase adolescents’ healthy relationship skills and knowledge (individual factor), which can influence the ways in which adolescents communicate and interact with their romantic partners (interpersonal factor) and how adolescents influence community-level norms (community factor).

This model suggests health equity is more likely to be achieved when multiple SEM levels are addressed at the same time. It may be challenging for one program to address all factors described in the SEM; however, this toolkit will help you identify strategies within your control, including developing partnerships to address equity more fully in your community.

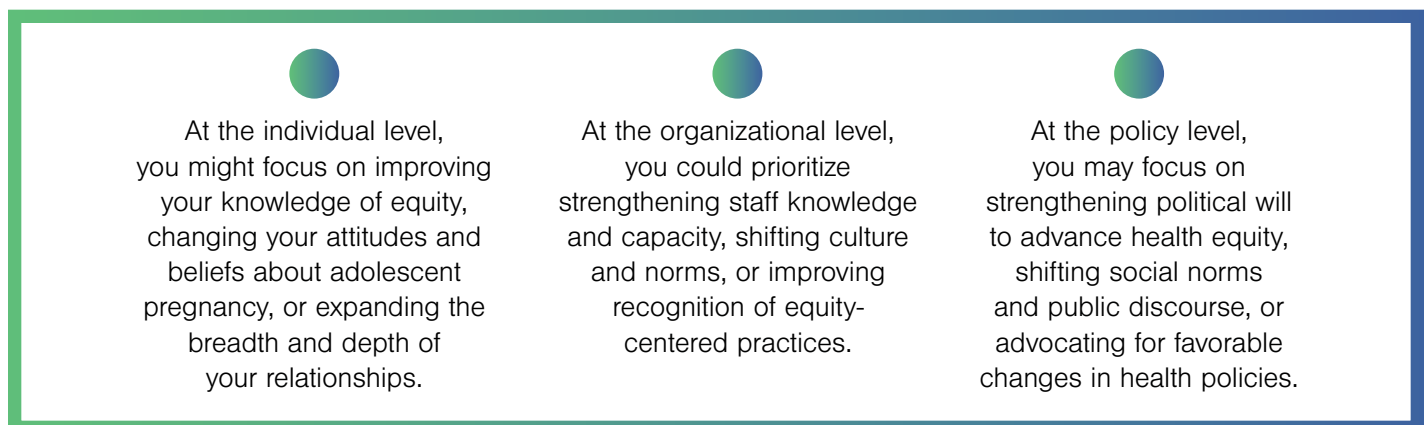


UNDERSTANDING YOUR ROLE IN PROMOTING HEALTH EQUITY

Your ability to address health disparities is influenced by your background, experiences, skills, responsibilities, and organizational role. For example, a clinician who provides direct medical care to adolescents will use different approaches to reduce health inequities than someone setting eligibility criteria for subsidized health coverage. Thus, it is important to think about what changes you can make in the spaces in which you work.

The Spheres of Influence framework can help you think strategically about how you advocate for health equity. This framework introduces the concept that change happens at multiple levels: within individuals, across organizations, and more broadly in the health (care) or public policy system (Karches, 2021).

The concept of Spheres of Influence is based on the idea that individuals, institutions, and communities have power to influence different factors contributing to adolescent pregnancy and therefore have a responsibility to others to address these factors. In the example of adolescent pregnancy prevention, if you are someone who provides sexual health education and programming to adolescents, you have direct influence over program delivery and interactions with adolescents. In offering strategies and advice around sexual health to adolescents, you have a responsibility to provide accessible and culturally relevant information to the youth you serve.



Where do you begin your equity journey?

To begin your equity journey, you must engage in self-reflection. Consider how your past experiences influence how you perceive people and how these perceptions shape the decisions you make. To do this, you will need to consider implicit bias.

[Implicit bias](#) is unconscious, unintentional assumptions that may be shaped by previous experiences or information. Overcoming implicit bias requires an individual to first discover their blind spots and then to actively work to dismiss stereotypes and attitudes that can affect interactions with others. Because of the historical marginalization of groups of people in a society, an intentional effort is required to replace negative assumptions about these groups.

There are three strategies to mitigate implicit biases—**educate, expose, and approach** (Edgoose, 2019).

- **Educate** yourself on your blind spots. Discovering your unconscious assumptions through introspection and increasing mindfulness while under pressure can help you show less implicit bias.
- **Expose** yourself to situations that counter your implicit biases. Putting yourself in the perspective of someone who is marginalized, learning to slow down while interacting with others, and individuating those you interact with will help prevent group-based inferences from forming.
- Finally, understand the **approach** you will take. Check your messaging to create a more inclusive environment, institutionalize fairness within your organization or group, and take a close look at the systems you may be involved in that contribute to implicit bias.



Although it can be hard, being willing to speak up and share your perspective can make a difference. Recognizing that it can be challenging to speak up will help you plan for how you will encounter situations in which you may need to speak up. By speaking up, one person can inspire another with their voice and vision, and potentially create and influence change on a large scale. Here is an example of how anyone in an organization can make significant change: [How One Person Can Change the Conscience of an Organization](#). Speaking up can help create equity conversations within an organization through the active demonstration of allyship in the support of others in less advantaged positions.

[Project Implicit](#) is a non-profit organization and team of researchers working on understanding unconscious attitudes, stereotypes, and biases. The organization developed the Implicit Associations Test (IAT) to detect implicit bias by measuring reaction time to images and words. Participants are instructed to categorize words and images quickly. The test measures associations between concepts (e.g., a specific group of people) and an evaluation (e.g., good or bad) or a stereotype (e.g., athletic or clumsy) and how much time it takes someone to respond to each item. The test is designed to use these measurements to detect hidden biases below one's conscious awareness. The IAT includes various assessments that help us understand our own implicit biases relative to certain groups of people, so we can work to minimize their impact. Please try taking one or more of these [IAT assessments](#) to discover your own implicit biases. To see the menu of tests without registering, you can log in as a guest. Discovering and becoming aware of your own biases is the first step toward addressing them. After completing an assessment, reflect on your results. Ask yourself, "what surprised you?" and "what stood out to you?"

Types of Implicit Bias Tests:

- Disability IAT
- Gender-career IAT
- Race/Nationality IATs: Race IAT, Arab-Muslim IAT, Asian IAT, and Skin-tone IAT
- Sexuality IAT
- Transgender IAT
- Weight IAT

Although you can only control your behavior, you do have some influence on your organization and among your colleagues. You can use your voice to advocate for equitable practices and policies. For example, if you work for a service organization, you can offer suggestions on how and where programs are delivered. You can also suggest policies that support staff as they integrate health equity into their work; this may include advocating for paid time to connect and develop partnerships with youth-serving community organizations or attend community events to connect directly with youth. Implementing these strategies will

help you and your organization build trust within the communities you serve.

You can also use your influence to advocate that your organization address the social determinants of health impacting the youth you serve. For example, you might implement a screening tool, such as the [Pediatric ACEs and Related Live Events Screener](#), which assesses adolescents' social needs. Questions such as *"Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?"* or *"Have you experienced discrimination?"* can facilitate discussions about disparate treatment and access. However, it is not easy to have these conversations, and you can cause more harm to the young person you are speaking with if you are not prepared. To ensure you are equipped to talk about historical and systemic inequities, you can ask your organization to provide training to those who engage youth one on one.

In this example, your conversation to assess social needs will reveal several opportunities to connect the young person to a variety of resources. To respond appropriately, you need to be aware of other services being offered to adolescents in your community. Thus, you may need to advocate that your organization offer additional funding to connect with youth-serving organizations. You could also advocate for adequate financial support for staff to connect young people with social workers or case managers who are trained to help adolescents with their needs.

Being an equity champion goes beyond your organization. You have a responsibility to understand and describe how local, national, social, political, and environmental factors work together to affect adolescents' health and their ability to engage in behaviors that protect their sexual and reproductive health. One way you can do this is by getting involved. Join a local or national association focused on promoting equity and justice. By participating, you can offer your expertise to these associations and initiatives advocating for diversity, belonging, inclusion, and liberation.



INTEGRATING EQUITY WITHIN YOUR PROGRAM/ ORGANIZATION

How can you incorporate equity in your program/organization?

Now that you have reflected on your role in addressing equity, we want to shift the focus to working toward integrating equity in your APP program/organization (hereinafter referred to as organization). Your organization is in a unique position to start thinking about how organizational processes can influence organizational health equity goals. This requires thinking about equity in all the decisions being made within your organization, including strategic planning, program planning, hiring staff, partnering, applying for or administering funding, and implementing your program. So where should you begin to support your organization on its equity journey? We will draw from CDC's [A Practitioner's Guide for Advancing Health Equity](#) to walk you through this process.

How can your organization demonstrate its commitment to advancing health equity?

The first part of demonstrating commitment to advancing equity is to understand how your organization defines health equity, which will depend on your organization's mission and vision. A youth-serving organization may have a different mission from a family-focused organization. We suggest you convene staff from across the organization to participate in drafting a definition for health equity. Once you have agreed upon an organizational definition of health equity, you will want to create a health equity statement that demonstrates your organization's commitment to advancing health equity. This statement should identify a vision of how the organization will carry out equity and inclusion internally and externally. It should include statements about how equity, diversity, and inclusion will be embedded across the organization's culture, operations, and practices. The statement should also highlight why health equity is important to your organization. We have included an example of an equity statement from a youth-serving organization in Exhibit 3.



Exhibit 3. Example of an Organizational Health Equity Statement

New Avenues for Youth Equity Statement

New Avenues for Youth imagines a community where all young people experience health, wellbeing, and a self-determined home. We understand that racism, poverty, and experiences of oppression lead to social injustice and housing instability for youth. Due to current and historical exploitation and racism, youth of color are disproportionately impacted. In order to advance equity at New Avenues and fulfill our mission, we must address how privilege has shaped our organizational culture, policies and practices.

New Avenues believes equity is an ongoing commitment without closure; in taking risks, we will learn from our mistakes. We will listen to and learn from young people's lived experiences. We will seek multiple perspectives, strive for transparency, remain humble, and resist the urge to simplify or silence hard truths. We make these commitments because we believe in social justice and the inherent human dignity of each individual. [New Avenues for Youth & Equity Statement | New Avenues For Youth](#)



How can you ensure that your organization's commitment to advance equity aligns with how decisions are made regarding spending and budgeting?

An organization's commitment to health equity should be reflected in its budget, with specific budget line items for health equity advancement. This could include allocating funds for staff to have ongoing engagement with key community partners. Health equity should also be integrated into how your organization distributes funding. For example, your funding announcement could require contractors to identify the populations of focus based on racial or health inequity data and require contractors to describe how they will address health equity within their technical approach. Prior to distributing funds, consider making health equity a clear requirement of the funding expectations, such as hiring and working with those who represent underserved communities, requiring health equity training for staff and management, or creating programs and interventions that target health equity. We recommend including communities experiencing health inequities on the grant or contract application review process. Exhibit 4 shows an example funding announcement that includes health equity requirements.

How can your organization's commitment to health equity be reflected in staff recruitment and staff development?

When recruiting new staff, organizations should 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. Your organization should strive to make hiring policies more equitable to increase staff diversity and therefore potentially better reflect the diverse populations you serve.

Ensure all candidates have the same interview conditions and experiences by standardizing the interview process—all candidates should be asked the same interview questions and be interviewed by the same people. Exhibit 5 provides additional examples of strategies your organization can use to make your hiring practices more equitable. Once staff have been hired, we recommend including equity conversations as part of your onboarding process so people who are hired understand the race, equity, diversity, and inclusion work that occurs at your organization.

Exhibit 4. Example of a Funding Announcement that Includes Health Equity Requirements

Excerpt from a New Mexico Department of Health Request for Proposals

Proposals submitted to the Division must provide information sufficient to describe the activities and expenditures to be supported by this proposal. Therefore, the Division, in its evaluation of proposals from eligible Offerors, may assign weights to each of the factors below:

- Statewide work
- Rural/frontier work
- Plan to increase health equity and/or factors impacting health equity
- Sustainability plan to assure permanency of program services
- Service and/or resource area includes all counties within the Department of Health Public Health Region where entity resides
- Services/resources provided in multiple languages to reflect the needs of the communities served
- Special attention to underserved and underrepresented populations
- Addresses (documented) provider shortages

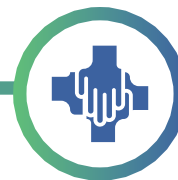


Exhibit 5. Examples of ways to Make Hiring Practices More Equitable

- Develop partnership with local minority-serving institutions to develop a pipeline for diverse populations to be connected to employment opportunities
- Diversify the places where your organization posts jobs (e.g., community colleges and Historically Black Colleges and Universities)
- Use your staff's social networks to broaden recruitment efforts
- Consider removing degree requirements and emphasizing years of experience
- Share job postings in English and non-English languages
- Consider creating a team or hiring staff who have relevant experience (lived or professional) that align with the population of focus
- Invest in implicit bias training for staff involved in recruiting and interviewing candidates

In addition, consider facilitating consistent and ongoing training for both staff and management to help make health equity a part of your organization's standard operating procedure. Trainings should familiarize staff with health differences that are closely linked to social, economic, and environmental disadvantages. We encourage you to provide staff development and training opportunities to increase knowledge of gender, race, and health equity. This link to [health equity training modules](#) offered by Population Health Institute at the University of Wisconsin–Madison will help staff who take these trainings to:

- Use a broad definition of health that includes social determinants,
- Reflect on how conditions of power shape social determinants and health inequities, and
- Identify opportunities to operationalize strategies to advance health equity in your own work or practice.



How can you track the effectiveness of your health equity efforts?

To know that you have made progress in your equity efforts, you will want to create clear health equity goals and set expectations for staff to reach these goals. As part of a goal to ensure that your staff is more culturally competent, your organization could require that all staff participate in at least one health equity training per year. Your organization can hold staff accountable for these activities through performance plans. Your organization should include health equity or inclusion metrics or indicators in all planning, quality, intervention, and impact assessments and reports. Your organization can also conduct health equity or other equity impact analyses on new or existing efforts. These intentional efforts are critical for embedding health equity within the culture of your organization and helping staff to understand their role in advancing health equity. Table 1 is an example of a performance indicator tied to an organizational health equity goal.

Table 1. Sample Performance Indicator

Equity Strategy - Integrate equitable practices in recruitment				
Health Equity Goal	Outcomes and Actions	Responsible Party	Performance Metric	Timeframe
APP organization workforce demographics reflect the communities the organization serves across job classification	<ul style="list-style-type: none"> • Implement new inclusive hiring protocols • Include equity and inclusion as core competency in job descriptions • Develop recruitment standards that establish intentional pursuit of a diverse pool of candidates • Define and create diversity score card by division (race, gender, age) 	Executive leadership team and Human Resources office	<ul style="list-style-type: none"> • Number of job descriptions that include organization's commitment to equity • Number of job announcements that are posted on minority-serving institutions' websites 	1 year

How can you integrate health equity into program delivery?

With the previous steps, your organization has started to look at advancing equity through an internal lens. Now that you have clearly defined equity, aligned your funding with your equity goals, and addressed equity in training staff and management, the next step is to look at program delivery. This means providing culturally relevant, inclusive, and destigmatizing programming. FYSB offers a resource, [Creating Inclusive Spaces for Youth: A Facilitator's Guide to Equity and Inclusion in the Classroom](#), which details specific strategies you can use when engaging with youth from disadvantaged backgrounds. The Creating Inclusive Spaces guide provides educators with resources to identify and address their own implicit biases, so they can relate to youth participants in an equitable and inclusive manner in the classroom. It also enables educators to identify elements in existing curricula or other educational materials that may marginalize certain groups of adolescents. FYSB also offers the [Elevate Youth Voices podcast episode, "Health Equity,"](#) to help you consistently integrate a health equity lens into your APP and other youth-centered programming.

The following are additional suggestions for integrating equity into your programming:

- Provide culturally relevant and inclusive sexual health education.
- Teach communication skills to help teenagers engage in knowledgeable, supportive, and non-pressuring conversations that support gender equitable pregnancy prevention.
- Encourage your clinical partners to provide youth-friendly, culturally competent reproductive health care services that are easily accessible to all young people in the community



To integrate health equity into program delivery and the services you provide, your organization should solicit feedback from youth and from others in the communities in which the youth reside. Use this feedback to modify your programming, services, and materials to better represent the population you serve. To ensure you are being responsive to the needs of the population you serve, we recommend your organization develop quality improvement mechanisms to allow your organization to track or follow up with those who have participated in your programming. To support you in creating more equitable programming, we suggest you use the [Health Equity Review Planning Tool](#) from the Washington State Health Department. This planning tool provides worksheets to assist your organization with integrating health equity into your adolescent pregnancy prevention programming.

How can your organization get more connected to the communities you serve?

No individual organization can address all of the complexities of social determinants of health existing among youth they serve, because it is beyond the scope of any one organization or entity. As such, it is important to establish multi-sector collaborations and relationships with diverse community organizations. We offer some strategies below for developing these partnerships:

- Establish committees, councils, advisory groups, or other bodies to focus on equity or inclusion.
- Require committees, councils, advisory groups, or other policy-making bodies to reflect state or local populations most affected by inequities (with mandated threshold or percentage requirements).
- Ensure "meaningful participation" of communities experiencing health inequities.
- Require program or organizational accountability to communities experiencing health inequities (e.g., require annual or biennial reporting on data, activities, progress on goals, service delivery, timeliness of services to reduce health inequities and promote inclusion).

Facilitating Power developed [The Spectrum of Community Engagement to Ownership](#), which outlines the continuum of community engagement. This continuum (see Table 2) serves as a roadmap for your organization to use to engage community members. We recommend reviewing this document and the [Working with Diverse Communities: Strategies Guided by Best Practice](#) tool as you map out strategies for community engagement.

Table 2. The Spectrum of Community Engagement to Ownership

INCREASED EFFICIENCY IN DECISION-MAKING AND SOLUTIONS IMPLEMENTATION → EQUITY

Stance Toward Community	Ignore	Inform	Consult	Involve	Collaborate	Defer To
Impact	Marginalization	Preparation or placation	Limited voice or tokenization	Voice	Delegated Power	Community ownership
Community Engagement Goals	Deny access to decision-making processes	Provide the community with relevant information	Gather input from the community	Ensure community needs and assets are integrated into process & inform planning	Ensure community capacity to play a leadership role in decision-making and the implementation of decisions	Foster democratic participation and equity through community-driven decision making; Bridge divide between community & governance
Message to youth and the communities they live in	Your voice, needs & interests do not matter	We will keep you informed	We care what you think	You are making us think, (and therefore act) differently about the issue	Your leadership and expertise are critical to how we address the issue	It's time to unlock collective power and capacity for transformative solutions
Activities	<ul style="list-style-type: none"> • Closed door meeting • Misinformation • Systematic disenfranchisement 	<ul style="list-style-type: none"> • Fact sheets • Presentations • Videos 	<ul style="list-style-type: none"> • Public Comment • Focus Groups • Community Forums • Surveys 	<ul style="list-style-type: none"> • Community organizing & advocacy • Interactive workshops • Community forums • Open Planning Forums 	<ul style="list-style-type: none"> • MOUs with Community-based organizations • Youth and community advisory committees • Collaborative data analysis • Co-design and Co-implementation of solutions • Collaborative decision-making 	<ul style="list-style-type: none"> • Community-driven planning and governance • Consensus building • Participatory action research • Participatory budgeting • Cooperative models
Resource Allocation Ratios	100% systems administration	<ul style="list-style-type: none"> • 70%–90% systems administration • 10%–30% material development 	<ul style="list-style-type: none"> • 60%–80% systems administration • 20%–40% consultation activities for youth and community members 	<ul style="list-style-type: none"> • 50%–60% systems administration • 40%–50% community involvement 	<ul style="list-style-type: none"> • 20%–50% systems administration • 50%–70% community partners 	80%–100% community partners and community-driven processes ideally generate new value and resources that can be invested in solutions

*Adapted from [Facilitating Power](#)

ADDITIONAL RESOURCES

This section presents a compilation of tools and templates that can be easily adapted to support organizations who are delivering high-quality, evidence-based programming. These resources serve as a repository to support your health equity work.

General Health Equity Resources

- [Deciding Together: Shifting Power and Resources Through Participatory Grantmaking](#)
This guide presents participatory grantmaking's core elements, benefits, and challenges and how they appear in grantmakers' everyday work. Along with these core elements, benefits, and challenges, the guide provides insight on how to get started, how to handle challenges as they occur, and how to evaluate processes to help you with creating a grantmaking structure that aligns with your organization's goals.
- [Eliminating Implicit Bias in Grantmaking Practice](#)
This article discusses how to eliminate implicit biases in the grantmaking process by providing a set of recommendations on how to integrate Diversity, Equity & Inclusion principles into the grantmaking process.
- [By the Numbers: A Race for Results Case Study; Using Disaggregated Data to Inform Policies, Practices, and Decision-Making](#)
This research article provides insight on how disaggregated race-based data can be used to help leaders and their communities to successfully manage and distribute resources to families. In addition, the article covers using data on race and ethnicity along with Geographic Information Systems mapping software, which has been shown to help create opportunities for communities lacking sufficient resources.
- [Background on the Social Determinants of Health](#) (multiple sources)
This webpage explains social determinants of health along with multiple sources providing information on social determinants of health research. It provides CDC resources for social determinants of health data, research, tools for action, programs, and policy.
- [Racial Equity Impact Assessment Toolkit](#)
This toolkit explains racial equity impact assessments, why they are needed, when it should be conducted, and when they are in use. It provides a series of sample questions that will assist your organization with how to anticipate, assess, and prevent potential adverse actions on different racial groups.
- [Crises as a Catalyst: A Call for Race Equity & Inclusive Leadership](#)
This tool assists and supports leaders with reflecting on what they are doing to advance race equity and inclusion during crises. The guide lists information and questions to facilitate both individual reflection and team discussions.
- [Improving Health Equity: Make Health Equity a Strategic Priority](#)
This guide describes practices implemented across eight health care organizations through the Institute for Health Improvement's initiative. The guide covers three strategies to make health equity a strategic priority, examples of change seen in the eight organizations, and challenges that can occur.

Health Equity Resources Related to Adolescent Pregnancy Prevention

- [Elevate Youth Programming: Health Equity](#)
Discusses integrating a health equity perspective into APP and other youth-centered programs.
- [Creating Inclusive Spaces for Youth: A Facilitator’s Guide to Equity and Inclusion in the Classroom](#)
Enables facilitators of APP education to advance equity in their work with youth.
- [Advancing Racial Equity: The Time is Now!](#)
Explores the institutionalized, personally mediated, and structural mechanisms that perpetuate differences in opportunities, stresses, and exposures that youth and families face.
- [Teen Pregnancy and Childbirth: Pregnancy and Childbirth to Females Ages 15 Through 19 Years Old](#)
Example of how state agencies can incorporate an equity lens in their work.
- [Teen Sexuality and Pregnancy in Nevada](#)
Discusses the national and local policies and programs designed to reduce teen pregnancy and to promote health equity among teenage youth.
- [Preventing Teen Pregnancy by Tackling Social Determinants of Health](#)
Explores the complex social factors that contribute to unplanned teen pregnancy.
- [Increasing Our Impact by Using a Social-Ecological Approach](#)
Provides an understanding of the social-ecological model and tips for applying this model to impact work.
- [Advancing Equity for Women and Girls of Color](#)
Highlights some of the steps taken by the Obama Administration to address issues faced by women and girls of color.
- [Racial and Ethnic Disparities Persist in Teen Pregnancy Rates](#)
Examines disparities in teen pregnancy rates and provides varying perspectives.

CONCLUSION

The resources included throughout this toolkit can provide support as you seek to advance health equity in adolescent pregnancy prevention within your APP programming and as you work to improve adolescent pregnancy outcomes for the most impacted populations. We want to leave you with the following key takeaways from this toolkit for advancing health equity in your work:

- Assess inequities that exist among specific youth populations within the local community you serve.
- Reflect on and work to address any personal implicit biases that may affect how you deliver services.
- Understand health equity through the SEM framework and how advancements in healthy equity can be impacted at each level.
- Identify the potential social, physical, and economic environments of the youth in your community.
- Make hiring policies more equitable to increase staff diversity and therefore potentially better reflect the diverse populations your organization serves. Review policies for subrecipients to ensure subrecipients are also able to make hiring policies more equitable.
- Develop partnerships with local youth-serving community-based organizations and work jointly to adopt practices that promote equity.
- Solicit feedback on your programming from youth and the local community.

REFERENCES

- Centers for Disease Control and Prevention (CDC). (2021). *About teen pregnancy*. <https://www.cdc.gov/teenpregnancy/about/>
- Centers for Disease Control and Prevention (CDC). (2022a, February 25.) *Teen birth rate by state*. <https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm>
- Centers for Disease Control and Prevention. (2022b, July 1). *What is health equity?* <https://www.cdc.gov/healthequity/whatis/index.html#:~:text=Health%20equity%20is%20the%20state,health%20and%20health%20care%3B%20and>
- Brindis, C. D, Decker, M. J., Gutmann-Gonzalez, A., & Berglas, N. F. (2020). Perspectives on adolescent pregnancy prevention strategies in the United States: Looking Back, looking forward. *Adolescent Health, Medicine and Therapeutics*, 11, 135-145.
- Edgoose, J. Y. C., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management*, 26(4), 9-33.
- Health Resources and Services Administration, Office of Health Equity. (2020). *Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities*. U.S. Department of Health and Human Services.
- Karches, K., DeCamp, M., George, M., Prochaska, M., Saunders, M., Thorsteinsdottir, B., & Dzen, E. (2021). Spheres of Influence and Strategic Advocacy for Equity in Medicine. *Journal of General Internal Medicine*, 36(11), 3537-3540. <https://doi.org/10.1007%2Fs11606-021-06893-4>
- Sales, J. M., Newton-Levinson, A., Swartzendruber, A. L. (2020). Racial disparities in STIs among adolescents in the USA. In: S. Hussen, (Ed.), *Sexually Transmitted Infections in Adolescence and Young Adulthood*. Springer, Cham. https://doi.org/10.1007/978-3-030-20491-4_3
- Shannon, C. L, & Klausner J. D. (2018). The growing epidemic of sexually transmitted infections in adolescents: a neglected population. *Current Opinion Pediatrics*, 1, 137-143.
- World Health Organization (WHO). 2021. *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

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