Dr. Kineka Hull: Welcome to Elevate Youth Programming, a podcast for Adolescent Pregnancy Prevention programs and other youth serving agencies. In each episode, we will discuss best practices, tips, and strategies to strengthen your programming. Each episode will cover a specific topic discussed with experts in the field and will address questions submitted by youth program providers. Listen along as our guests join me to discuss these relevant topics. [00:00:30] I'm your host, Dr. Kineka Hull.

In this episode, we sat down with Dr. Asari Offiong and Catherine Schaefer from Child Trends. Dr. Offiong is a research scientist who focuses on using asset-based approaches in research and practice to promote positive health outcomes among youth. She has experience designing and implementing and evaluating prevention programs focused on sexual and reproductive health and substance use, particularly [00:01:00] for youth of color in inner city settings. Ms. Schaefer is a senior analyst in early childhood development. Her work is focused on LGBTQ+ topics, specifically gender identity development and health outcomes.

Hi, Asari and Catherine. Welcome to the Elevate Youth programming podcast. I'm so excited to have you guys on the episode today. How are you?

Dr. Asari Offiong: I'm good. Thank you so much, Kineka, for having us.

Catherine Schaefer Yeah, I'm doing [00:01:30] great. I'm glad to be here.

Dr. Kineka Hull: Perfect. So, I'm looking forward to our conversation on health equity. So to make sure that we're all starting on a equal footing or level understanding for our conversation, let's start with an operational definition of health equity. How do we define that?

Dr. Asari Offiong: I think in our current climate, health equity has become one of those buzz words that everyone has said. But to be honest, most people are uncertain of its meaning and its relevance in our work, in [00:02:00] our daily lives. The truth is as long as we've been talking about health disparities, we've been talking about health equity as well. So, I know that a lot of the grantees have attended cluster calls or been a part of webinars, and the term health equity has come up. So, if you think about the disparate outcomes that young people experience and why, you have an idea of what health equity is.

Catherine Schaefer Yeah. And while there's several ways to explain health equity, at its core, it's the opportunity for everybody to live the healthiest life and for [00:02:30] demographic factors to not really systematically drive patterns and outcomes. So, health equity approaches take this into consideration in the context in which people live, people learn, play, or even pray. Individuals in communities are complex, diverse, and multidimensional, and by taking a health equity lens to our work, we acknowledge the people and communities in their full selves. We acknowledge their strengths, their challenges, their traumas, and their histories. And then we use all these factors to connect to their health and wellbeing.

Dr. Asari Offiong: Ultimately, when we [00:03:00] think about health equity, it allows us to acknowledge and address a lot of the cracks in our systems, the policies and the structures that inherently perpetuate health disparities, and essentially promote negative outcomes for the most vulnerable.

Dr. Kineka Hull: So, I think that's important. A lot of times people are familiar with the word equality, but we don't always understand the difference between equality and equity. Can you describe or explain to us that difference?

Dr. Asari Offiong: Yes. And I'm so glad that [00:03:30] you're bringing that up, Kineka, because there is a difference. Equality and equity are not the same thing. So, equality is when everyone is given the same resources and the same opportunities. However, equity takes it, a lot of it, a step further to really take into consideration the circumstances and experiences that people have and adjust to ensure that everyone can reach the same goal. For example, equity would be giving all teens education on contraceptives, [00:04:00] like LARCs or something like that, in a school-based health center. But taking more of an equity lens would be ensuring that highly concentrated areas have access to more school-based health clinics and that education acknowledges the cultural perceptions of LARCs or it provides teens with multiple options beyond LARCs that addresses their personal cultural experiences.

Catherine Schaefer From Asari's example, we can see that equity is definitely the goal. I think a quote that nicely summarizes it, "The route to achieving equity [00:04:30] will not be accomplished through treating everyone equally. It'll be achieved by treating everyone justly according to their circumstances." So, in other words, people have different needs, and addressing those needs can result in equitable health outcomes, even if the needs require different resources or different supports.

Dr. Kineka Hull: One of my favorite illustrations of the difference between equality and equity is a group of youth. So, it's three young people trying to see over a fence to watch a baseball game or some sporting [00:05:00] event. And so all three are different heights, but with equality, they're all given the same size box to stand on to try to see over the fence. And so, you see one that's way over the fence and has a perfect view. You have one that's barely at eye level and trying to peer over. And then the third who is shorter still can't see over the fence.

And then in the second example for equity, everyone is given a different size box, as you guys [00:05:30] noted, based on their need or their additional height needed to be able to see clearly. And so, I like that as an example of the difference between equality and equity. So, thank you for that definition.

So, making sure that everyone has what they need to have a level playing field and access to be successful and to thrive. Why is health equity so relevant to reproductive health?

Dr. Asari Offiong: Well, for me as an adolescent health researcher and a person that works with folks that do pregnancy prevention [00:06:00] work on the ground, I think it's really thinking about health equity as a means to reproductive justice. I think even in our current times, in our current days, that is really what we need to be focused on. And reproductive justice is rooted in autonomy, giving people the right to choose and determine what is best for them given their life plan, given their life circumstances, given the social context that they live in. And it is our hope that young people will be able to make the decisions that are best suited for their reproductive health and that they can do that in comforting [00:06:30] and inviting spaces. And so, health equity allows us to provide those services to young people when we're thinking about teen pregnancy prevention or when we're just thinking about promoting positive sexual health.

Catherine Schaefer At the end of the day, equity matters, because we want young people to be able to have the autonomy and agency over their reproductive health decisions, and that's why equity matters.

Dr. Asari Offiong: Yeah. So, I totally agree. Health equity matters in our work with young people. Whether you work in schools or community settings, or even if you are a researcher, [00:07:00] our goal as grantees is to support young people to thrive and have a successful future in the programs that we select, in the settings that we decide to do our work in, or the discussions that we have with young people. It's an opportunity to integrate equity into your work and into our work. In the long run, health equity will lead to eliminating current disparities that we see and promoting a path of reproductive justice and just overall positive sexual health for young people.

Dr. Kineka Hull: Thank you. I like that. So [00:07:30] the autonomy to be able to make good decisions for yourself based on your desired outcomes and goals, the ability to have reproductive justice and equity. So, meeting you where you are to make sure that you have what you need to be successful and thrive. I think that's so important. So, thank you for highlighting and explaining those differences.

So, what are some practical steps that our listeners can do to make sure that we are infusing those concepts [00:08:00] and having a strong foundation of health equity in their work?

Catherine Schaefer: I think first we can talk about acknowledging our own biases. So, each of us brings a unique combination of personal features to every interaction that we have, and that means that we see the world from a unique perspective. However, most of us living in the United States have also absorbed the teachings of systems that dominate our worlds. One of these pervasive systems is white supremacy, which uses a social construct of race to systematically disadvantage people of color. [00:08:30] And it's our job as educators to think about and acknowledge the privileges we hold because of these systems.

Dr. Asari Offiong: Taking that a step further, when we think about ourselves and the contributions that we have, and when we think about our own personal identities, it really allows us to first root ourselves in the work. So, for example, as a Black woman, as an early immigrant who came to the US as a young child and grew up in a predominantly Black city, I know that I cannot separate my identities from one another, and I love the combination of the experiences that that creates [00:09:00] for me. And that's what we think about in terms of intersectionality. And that intersectionality reminds us to continue to think about people as whole people, to think about young people as whole people, and integrate those identities into our work and how we talk about sexual reproductive health and how we present information to young people.

Dr. Kineka Hull: I think that's so important, as I think about the research that I've conducted and the conversations that I've even had with friends, right? So also, as an African American or Black woman, [00:09:30] I hear a lot about vicarious experiences, right? So, you mentioned earlier, Asari, about LARCs, or long-acting reversible contraceptive methods. Historically based on the lack of autonomy and lack of reproductive freedoms and lack of reproductive justice, a lot of women or individuals of color are very leery of some of the things that may be recommended to them by their providers. And so, some of that personal experience or background knowledge [00:10:00] or historical context, as you say, can impact what we can do with health educators to move forward with health equity. So, what are some ways that you would recommend that educators think or combat some of those vicarious or historical contexts?

Catherine Schaefer: I would say knowing your students is an important step toward that, and the process doesn't end there. Incorporating a health equity lens means co-creating materials and lessons and actively seeking feedback. [00:10:30] So you can ask yourself questions like, “Have all the students been given an opportunity to contribute to the learning environment, and what are some ways that you can comfortably encourage feedback?” And some common methods include things like optional questionnaires or anonymous feedback boxes.

And the other part is to make sure you take the feedback seriously and implement the useful suggestions. So, in doing so, you're communicating to students that their feedback and their opinions and their backgrounds matter. And if resources are available, one other actionable task you can take is to establish a task [00:11:00] force or an advisory board that includes young people. And that group can assess the curricula that you use and the program models for fit and relevancy and appropriateness, too. So, in prioritizing opportunities for co-creation and making decisions together, you can build on the core features of health equity.

Dr. Asari Offiong: I think it's also important to leverage the community assets that you have. And so, whether that is partnering with organizations, maybe advocacy groups or folks that are well versed in the cultural norms [00:11:30] or the historical experiences that community has had, I think will also help you as a provider or as a grantee to understand that context. And maybe how do you build upon

that? How do you create partnerships with others that maybe can provide more information that can support that? Because I think that is the key is really making sure that we understand the historical trauma that a lot of people of color have gone through and how that informs the education that we provide to young people today.

Dr. Kineka Hull: So, a lot of times when we [00:12:00] think about health equity, our minds immediately go to race and ethnicity, but that's not the only piece or important thing to think about when we're doing health equity. So, I like the fact that you said including the youth in some of the decision-making processes and getting feedback and taking it seriously and helping them pick the curricula that you're going to be using. So, when we're looking at choosing a curriculum for our program, what are some things [00:12:30] that we should be asking ourselves?

Catherine Schaefer: I think a good example is the lack of inclusivity of LGBTQ+ topics in a lot of the sexual and reproductive health programs. Research has found that LGBTQ+ youth perceive topics as unrelated to their lives when they're heteronormative. They're less likely to engage and they're less likely to enact the information that they receive. LGBTQ+ youth are actually at greater risk than their heterosexual, cisgender peers for contracting STIs and for [00:13:00] experiencing an unintended pregnancy. So as educators, it's our job to look out for curricula that are inclusive and to make sure that we're not just preventing outcomes, but actively dismantling the systems that cause these disparities.

Dr. Asari Offiong: I totally agree. And I think a great way for us to talk about that is within the context of an actual evidence-based program. So, we know that a lot of folks implement the program Making Proud Choices. And so, to start, the developers have already done a really good job of starting to think about equity [00:13:30] and have provided tons of adaptations and resources on how to adapt and guidance on that. So, if you are implementing Making Proud Choices, we would strongly encourage that you take some time to read some of those green, yellow, and red-light adaptations that they've mentioned.

But we can even go a little bit further and actually looking, even after they've done a lot of good work around adapting, we can even talk about some of the activities and how as a provider you can think more deeply about equity.

So, for example, in Making Proud Choices [00:14:00] in module one, there's an activity called goals and dreams, and it asks participants to think about their goals and to think about their dreams. And while this seems like a very harmless and simple activity, it's really important for folks to think about who they have in the room. So, if you have young people that are extremely affected by trauma or young people that are extremely vulnerable that may have had other circumstances where thinking about dreams and goals can feel very intangible, even how you talk about that [00:14:30] conversation and changing the timeline to think about more short-term and more attainable goals. Like what are your goals for today, what are your goals for tomorrow, and what are your goals for a week from now makes that activity seem so much more attainable for a young

person versus thinking about their dreams five to 10 years from now, which for some young people seems unrealistic, right?

And even in that activity, there's another part where they talk about obstacles. While it may seem very harmless to say like, "Oh, what are the obstacles that [00:15:00] you may have?" that could also be very triggering for young people, particularly young people that may be homeless, who may be system involved, who may be currently expecting and parenting teens. And asking about obstacles, assuming that everyone has the same similar obstacles, can be triggering as well. But taking into consideration the lived experiences of young people, you can alter that activity so that it doesn't further marginalize young people, but it's more of an activity that thinks [00:15:30] about common challenges that we have as humans, and then making sure that you relay that information in a way that everybody can connect with.

Catherine Schaefer: I think considering gender and gender roles is also really important for equity, especially in reproductive health programming, because a lot of programming comes from a perspective where there are aggressors and responders instead of mutual partners involved in making decisions. And I think that focusing on gender [00:16:00] and thinking about what implicit gender roles we have embedded in our programs is really important. We also know that more young people than ever before are identifying with a gender that's not their gender that was assigned at birth, too. So, we have a lot of different dynamics going on with gender in our programming.

And one simple thing you could do is make the genders either match in your programming in your role playing or in your examples, or you can make them ambiguous. I personally prefer [00:16:30] to actually choose to intentionally include LGBTQ identities and genders that are different from cisgender men and cisgender women and to focus on other possible dynamics that show up in queer relationships as well. And so once you start interrogating gender and thinking about where it shows up in your program, you'll see that there are actually a lot of opportunities for reflecting on some stereotypes and some ideas that we have deeply ingrained about how people behave based on their gender.

Dr. Kineka Hull: I'm glad that you mentioned [00:17:00] that, Catherine, because I'm a huge fan of role plays, and a lot of the curricula use role plays. And so, the students will look at the role play and see the names or see the scenario, and when you ask for volunteers, they raise their hand. They go, "Oh, no, wait a minute. This is supposed to be two young ladies," or "This is supposed to be two young men," or "I'm not going to volunteer because ..." And so, when you take gender out of it and make it gender neutral, and I like to use the ambiguous names. And so [00:17:30] everybody's name would be Shannon and Adrian. And they'll be like, "Well, is Shannon a girl or is Shannon a boy?" "Does it matter? Right? Read the role play. Let's get the content. Let's get the scenario."

And also with health equity, changing the names that may be more reflective of your population. Sometimes when you see Kendra or you see Tamika, it makes the youth feel more comfortable. So being purposeful and pre-thinking of some ways when you are preparing your lessons or selecting your curricula [00:18:00] on how to be inclusive is key.

Catherine Schaefer: I think it's also important to open up a conversation about why there might be discomfort about playing a role that's outside your gender or playing a role that's part of a relationship that's outside of cisgender heterosexual relationships and have a conversation about, "Well, why might that feel awkward for you? And why might you hold some biases that you didn't know you had until you were asked to play that role?"

Dr. Kineka Hull: That's it. That's the key to health equity, understanding each other's perspective. So not only making sure that you [00:18:30] are inclusive, but that everyone has the opportunity to learn and appreciate everyone's perspective.

Dr. Asari Offiong: It also builds on the idea of co-creation, because when we have young people supporting the co-creation of scenarios and role plays as well, it makes those role plays that much more realistic, much more salient to their friends, to their peers, to their experiences as well, which I think makes young people more likely to want to engage.

Dr. Kineka Hull: Perfect. Thank you. Wow. That's a lot of great information. [00:19:00] So just to piggyback off of what was said, if you are interested in learning more about adaptations, please listen to our podcast on Navigating the New Norm. If you are interested in learning more about making sure that you have a safe space for your staff and for your students, please listen to our podcast about trauma informed care. Because the goal, as you both have said, is that you are making sure that not only are you [00:19:30] being knowledgeable and purposeful when thinking about the experiences and backgrounds of all youth, but that you are putting health equity into practice. And also ensuring that you're creating a space that is inviting and safe and warm, especially because we're talking about some very sensitive or sometimes challenging topics for youth to feel comfortable opening up with when it comes to reproductive health.

Is there anything else that you would like to give our [00:20:00] listeners to think about before we jump into some grantee questions?

Dr. Asari Offiong: The only other thing that I would add that I think is really important is honing in on the point of knowing who's in the room and understanding while we are implementing teen pregnancy prevention programming, that you may have expecting teens in your room. You may have parenting teens in your room. You may have young people who have HIV or who've had an STI before. And so, understanding who's in the room and how we [00:20:30] talk about these topics. It is not our goal and our intention to further stigmatize youth, right? Because that doesn't lead and connect to positive health outcomes. But we want to make sure that we are promoting and advocating for positive sexual

health decision making and making sure that we are aware of the circumstances and the experiences that young people have. And the goal is to make sure that, again, like we mentioned before, that health equity is about reproductive justice and that they have access and the agency to live out [00:21:00] their reproductive plan in a safe, inviting, and comforting way that aligns with their needs.

Dr. Kineka Hull: Thank you. So, let's jump into a couple of questions. And so you've touched on this a little, but let's see if we can give our listeners some additional things to think about. So, what are some ways that we can make adaptations to evidence-based interventions, so they are more inclusive and less shaming and recognize the different cultural views around sexual and reproductive health?

Catherine Schaefer: I think [00:21:30] it starts with not making assumptions and it starts with not making assumptions about what you know and what you don't know. I think taking a stance where you are humble and where you are aware that there are different people in the room that have all had different experiences is one of the first steps to making sure that you're not using any shame-inducing messages and that you're being inclusive of anybody in the room who may have had an unintended pregnancy, anyone who may have had children, anyone who may have had an STI, and just taking the stance [00:22:00] that you are a person who is part of the learning process.

Dr. Kineka Hull: Thank you, Catherine. Those are some good things to think about when you're shifting the focus from shame-inducing messages to being more inclusive of all youth experiences. We don't know what youth have experienced. We don't know someone who may have had a non-consensual sexual encounter. And so, when we're teaching some of these lessons about having the right to say no, this is part of the educational journey. Someone may realize that there is [00:22:30] something that they may want to self-report or self-disclose to a trusted adult or a parent or a guardian. So, I like the shifting of that mindset to be less shaming and more inclusive.

So, for agencies that are using grant funding that require that they use specific curricula, how can they advocate for materials that are more diverse and inclusive to be accepted by their funders?

Dr. Asari Offiong: [00:23:00] I think that's a really great question. I think one of the first things that pops out to me is it highlights the importance of data collection and evaluation. A lot of times the grantors are really looking at what does your data say? And so this is an opportunity to collect data from your young people about what is and what isn't working and even providing evidence to the funders about gaps in services and resources, and even leveraging the stories of the young people that are in your program, because there's a power in youth voice [00:23:30] and for young people to share what is important to them, what is missing in the curriculum, if they see themselves, if they don't, that is qualitative data and that's equally as important as numerical quantitative data.

It's also an opportunity to rely on academic research and see what evidence is out there and if there are other programs that maybe have not been labeled as evidence-based but are promising. It's an opportunity to talk to your PO about there's a program out here that really aligns with the needs [00:24:00] of our community and of our young people. Can we test it? Can we adapt it? Can we evaluate it to see how it works with our young people?

You can work with developers. So for example, like we mentioned, Making Proud Choices. ETR has done a lot of work around adaptations, and you can reach out to them to say, "These are some of the things that we're considering. What resources do you have and how can we gather data around that?"

And then lastly, even partnering with an academic institution that does research. Partner to gather more data and research [00:24:30] about what is needed for the population that you're working with. And all of that supporting evidence is what I think will really move grantors or funders to really think about expanding the options and seeking programs that really meet the needs of young people. Because that's the goal, right? The goal is to have programs that work, have programs that are impactful, and have programs that are deemed acceptable so that we can see a shift in behaviors and outcomes for young people.

Dr. Kineka Hull: Perfect. That's a lot of great [00:25:00] information. So just to recap, there is a lot of information that's already out there, and the first place that you can start as was mentioned at several points in this conversation is developers' website so that you can see if there are already materials that help you with the adaptations or ways to be more equitable when it comes to your implementation. And if you find that you still need to make some other adaptations [00:25:30] to make sure that you are tailoring your curricula to your population to make sure that it is impactful, speak with your Project Officer about any changes that you may need to make to make sure that those are acceptable.

This has been a fantastic conversation. As we wrap up, are there any key takeaways you would like to leave for listeners?

Dr. Asari Offiong: Yes. I think the key of this conversation has been about health equity, and I want to make sure that that is really emphasized throughout. And just remembering that health equity is an [00:26:00] opportunity for everyone to live their healthiest life, particularly our young people. It's not the same as equality in that it really honors the various factors and circumstances that impact people's access, their decisions, their behaviors, and their wellbeing overall. And while I know health equity at times feels like a really big feat and it feels bigger than a lot of us, there are practical ways that we've mentioned today that you can do your part in incorporating health equity into the programming that you provide [00:26:30] for young people.

Catherine Schaefer: Yeah. And some of those ways are like understanding your own social position and your own potential biases, recognizing your students as unique individuals with different identities and different experiences, and thinking about how that impacts their health and choices. You can also build opportunities to co-create and decide on materials, activities, or programs that promote equity and inclusion, recognizing that these features will lend themselves to health curricula, education, and resources that positively impact young people's overall health behaviors [00:27:00] and outcomes.

I would also say that it's okay to look at your programming and see where you have opportunities to be more equitable, just because you don't have to wait for something to happen in order to make sure that you can improve your programming and make it more inclusive for everyone.

Dr. Kineka Hull: Thank you so much for being on today's episode, Asari and Catherine. I have enjoyed this conversation around health equity, and you have given our listeners a lot to consider as they work towards being more equitable with their implementation.

Catherine Schaefer: Thank you.

Dr. Asari Offiong: Thank you.

Dr. Kineka Hull: [00:27:30] If you enjoyed today's conversation, be sure to like and follow Elevate Youth Programming on your podcast platform of choice. For information on today's topic and resources in adolescent pregnancy prevention, visit the exchange@teenpregnancy.acf.hhs.gov.

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