



The Unity Project

Place-based capacity building for racial equity & social justice

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WHY THIS WORK IS IMPORTANT

- ◉ In 2005, sponsored by the Ford Foundation, CARTA documented racial/ethnic disparities in adolescent reproductive and sexual health (ARSH) (e.g., birth, pregnancy, STIs), across the United States.
 - Key findings:
 - States with high rates (e.g., Texas, New Mexico, Mississippi, Louisiana) on multiple ARSH indicators also have significant racial/ethnic disparities.
 - There is between a two and four-fold gap in teen birth and pregnancy rates for non-whites vs. whites in these states.
 - States with overall lower rates (e.g., Connecticut, Wisconsin, Minnesota) on sexual health indicators had larger racial/ethnic disparities.
 - For example there was a five-fold difference (blacks vs. whites in Wisconsin) in terms of teen births.

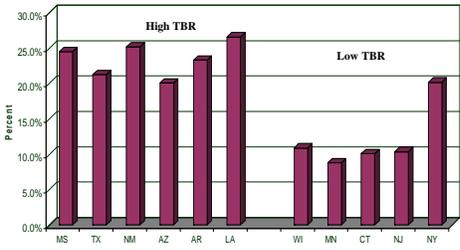
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...PLACE MATTERS

BACKGROUND

- ◉ Disadvantage significantly higher in high TBR states

Selected Inequality Measures by High and Low Birth Rate States

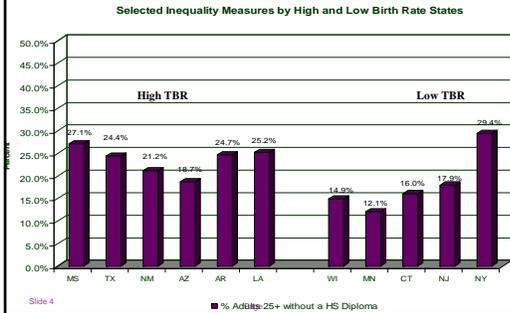


State	% Children in Poverty
MS	25.5%
TX	22.5%
NM	26.5%
AZ	21.0%
AR	24.0%
LA	27.5%
WI	11.5%
MN	9.5%
CT	10.5%
NJ	11.0%
NY	21.0%

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BACKGROUND CONTINUED.

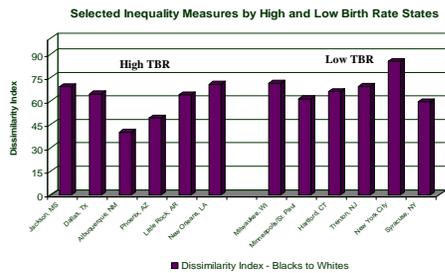
- ◉ Educational attainment is generally lower in high TBR states



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BACKGROUND CONTINUED.

- ◉ Residential segregation a problem across major cities in low & high TBR states



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The dissimilarity index measures the relative segregation or integration of groups across all neighborhoods of a city or metropolitan area. A score of "0" means complete integration. A score of "100" means complete segregation.

BACKGROUND CONTINUED.

Local Example:

Milwaukee, WI

- ◉ State TBR - 20.8/1000 (2002)
- ◉ City TBR for African Americans - 103.9/1000
 - Highest birth rate for African Americans in the country
- ◉ City TBR for Hispanics - 106/1000
 - 17th highest birth rate for Hispanics
- ◉ Racial/ethnic composition (2000 Census)
 - 45% White, 37% African American, 12% Hispanic, 6% Other
- ◉ Employment & Education
 - 5.4% city unemployment
 - 19% unemployment for African American males
 - 11% unemployment for Hispanic males
 - 5% unemployment for White males

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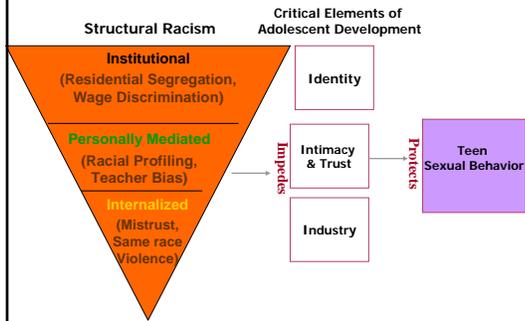
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What is the cause of racial/ethnic disparities in teen sexual health outcomes?

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Structural Racism Matters for Teen Sexual Health



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Sugland, B., Innocent, M.A., Ross, K. et al. (2006). *Disparities in Adolescent Sexual & Reproductive Health: The Case for Structural Racism*. (Discussion Paper)
CARTA, Inc. Baltimore, MD.



Needed: A placed-based capacity-building strategy to address the causes of racial/ethnic disparities in ARSH



The UNITY PROJECT

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GOALS OF UNITY

Long-term:

- Facilitate a social movement within the field of adolescent reproductive and sexual health (ARSH) addressing structural racism, disparities in ARSH, and social justice

Short term:

- Promote the ability of reproductive health and youth development organizations to:
 - Understand structural racism and social injustice and its influence on ARSH disparities.
 - Respond to local conditions contributing to structural racism, social injustice and ARSH disparities.

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OUTCOMES OF UNITY

- **Know & understand the issues**
 - ARSH disparities
 - Structural racism, social justice
 - Root causes
- **Engage constituents**
 - Understanding, planning & action
- **Develop a shared strategy**
- **Create a Sustainability plan**
 - Funding, people & expertise
- **Get the word out**
 - Market & mobilize

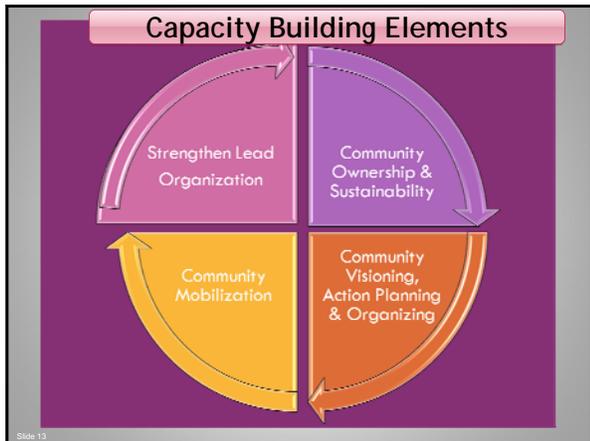
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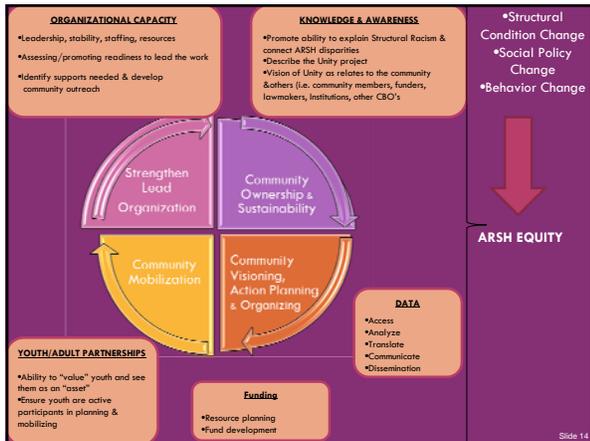


Organizational Capacity for Social Change Model (OCSC)

A Place-Based Capacity Building Process for Achieving Equity in Adolescent Reproductive and Sexual Health

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- ### CAPACITY BUILDING ACTIVITIES
- Cross-site Meetings**
 - ❖ Representatives from all three Unity sites
 - ❖ Project foundations
 - ❖ Opportunities for cross-sharing
 - ❖ Face-to-face facilitation support
 - Tailored Facilitation & Support**
 - ❖ Knowledge & Awareness – The People’s Institute
 - ❖ Organizational and Community mobilizing – National Community Development Institute (NCDI)
 - ❖ Action Planning – Independent Consultant
 - ❖ Youth/Adult Partnerships – The Innovation Center
 - ❖ Communications – Urbanomics
 - Phone-based Technical Assistance**
 - ❖ Formation of core leadership teams
 - ❖ Identification of stakeholders
 - ❖ Articulation of Unity and buy-in at the community level
 - ❖ Planning for stakeholder meetings
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CAPACITY BUILDING ACTIVITIES CONTINUED.

Tool Development

- ❖ Technical assistance one-pager
- ❖ Stakeholder identification worksheet
- ❖ Google group

On-site Stakeholder Meetings

- ❖ Connect goals of Unity with local stakeholders and identify the most critical issues impacting ARSH on a local level, using a series of activities including:
 - Dance for your generation
 - The minefield exercise
 - CARTA's Structural Racism framework
 - Decade timeline
 - Brain map
 - Issue Prioritization

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Partner Sites

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SELECTION OF PARTNER SITES

- Request for proposal
 - Invited 26 organizations from 7 states
- 11 proposals submitted
- Staff reviewed/rated proposals on the following
 - Defining target community (Racial/ethnic composition of target community aligns with the focus of the Unity project)
 - Understanding of disparities
 - Readiness for change
 - Engaging youth as partners
 - Collaboration

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ALBUQUERQUE, NEW MEXICO

- **The New Mexico Teen Pregnancy Coalition (NMTPC), Albuquerque, NM**
 - Established in 1989
 - Leading private nonprofit statewide organization dedicated to reducing teen pregnancy and the negative consequences of this and related issues
 - Committed to providing the state with the latest and most accurate information
- **At-a-glance ARSH in Albuquerque**
 - Teen pregnancy rate (2004)
 - Percentage of all births that occurred in Albuquerque/Bernalillo County was lower than the percent of births to teens within the state of New Mexico (regardless of ethnicity)
 - Births to Asian/Pacific Islander and Hispanic teens was higher in Bernalillo County compared to U.S. among these racial/ethnic subgroups



HARTFORD, CT

- **Breaking the Cycle/Office of Youth Services**
 - Established in 1995
 - Citywide campaign to reduce Hartford's high rate of teen births
 - The city's Office of Youth Services was created in 2006
- **At-a-glance ARSH in Hartford**
 - Teen pregnancy rate (2005)
 - Teen birth rate of 90.4 per 1,000 for girls 15-19 years old
 - Hispanics were 2 times more likely to give birth than blacks and whites
 - STIs (2006)
 - Hispanic teens were 4 times more likely to report higher rates of Gonorrhea than white teens; Hispanic teens were 2 times more likely to report rates of Chlamydia than white teens
 - Black teens were 10 times more likely to report higher rates of Gonorrhea than white teens; Black teens were 4 times more likely to report higher rates of Chlamydia than white teens



MILWAUKEE, WI

- **Urban Underground, Milwaukee, WI**
 - Grassroots organization founded in 2000
 - Working for the educational and social advancement of youth
 - Provides opportunities for youth to develop skills in personal and community leadership
 - Action-based learning model
 - Solid foundation and reputation in the community
- **At-a-glance ARSH in Milwaukee**
 - Teen pregnancy rate (2004)
 - Hispanic and non-Hispanic black teens are 3 times more likely to get pregnant than non-Hispanic white teens
 - Difference in teen births and pregnancy by race/ethnicity are smaller in Milwaukee than for the state overall
 - STIs (2006)
 - Ranked 10th highest in the nation among cities on combined rates of Chlamydia, Gonorrhea and Syphilis
 - 38% of reportable STDs occur among youth under 20 years of age



NEW MEXICO TEEN PREGNANCY COALITION

Onsite stakeholder meeting

- ❖ March 2008 at local community center
- ❖ 15 stakeholders

Priority issues

- ❖ Lack of knowledge/access to reproductive sexual health information/services
- ❖ Drugs and violence
- ❖ Lack of self-identity and awareness among teens
- ❖ Environmental and economic justice

Action Plan Goals/Outcomes

- ❖ Gain funding for programs, increase awareness, create buy-in, policy change
- ❖ Disseminate information and increase awareness
- ❖ Engage youth in discussion of structural racism and ARSH and ensure youth voice integrated and heard in activities

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BREAKING THE CYCLE (HARTFORD, CT)

Onsite stakeholder meeting

- ❖ January 2008
- ❖ 25 participants

Priority issues

- ❖ Education
- ❖ Parent family engagement in sex education
- ❖ Employment
- ❖ Racism

Action Plan Goals/Outcomes

- ❖ Youth workers will address their own personally mediated racism and internalized racism and work to inform and education others about SR/ARSH
- ❖ Commitment to ARSH improvement within the city structure (includes addressing racial and ethnic disparities)
- ❖ Show short-term outcomes for youth that have been involved; conduct meaningful conversations with youth; raise awareness; provide opportunity for youth to create ongoing communication

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URBAN UNDERGROUND (MILWAUKEE)

Onsite stakeholder meeting

- ❖ January 2008
- ❖ 22 stakeholders

Priority issues

- ❖ Health
- ❖ Education
- ❖ Employment
- ❖ Incarceration

Action Plan Goals/Outcomes

- ❖ Organizational development will incorporate clear definition of SR/ARSH
- ❖ Inform and educate people in order to reduce SR/ARSH

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Challenges, Lessons Learned, and Next Steps

CHALLENGES

Overall challenges

- ❖ Partner sites not organizationally prepared for planning/work
- ❖ Leadership
- ❖ Limited ability to create a vision for Unity in their communities

Site specific challenges

New Mexico Teen Pregnancy Coalition

- ❖ Navigating how to do this work as a coalition (consistency of participation)
- ❖ Struggling with inclusion of all communities of color
- ❖ Creating authentic youth/adult partnerships

SITE SPECIFIC CHALLENGES CONT..

Breaking the Cycle (Hartford, CT)

- ❖ Navigating newly formed relationship with Office of Youth Services (OYS)
- ❖ Struggled (collectively) with SR Framework and its connection to ARSH outcomes
- ❖ No real history of youth/adult partnerships

Urban Underground (Milwaukee, WI)

- ❖ Lack of organizational stability
- ❖ Collectively core leadership team struggled with vision for the work
- ❖ Limited networks with other CBOs and adult leaders

LESSONS LEARNED

- ❖ Time (funding)
- ❖ Increased knowledge/understanding of social movements and base building
- ❖ Staffing stability
- ❖ Organization selection process & criteria
- ❖ The need for a road map/guided process
- ❖ Facilitation partner discussion & engagement

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LESSONS LEARNED CONTINUED.

Where were we going? (Goals before implementation)

- ❖ Increase awareness/understanding of Structural racism and social injustices and their influence on ARSH disparities
- ❖ Respond to local conditions via a social movement

Where are we now? (After implementation)

- ❖ Greater awareness
- ❖ Delineated actions
- ❖ Increase organizational readiness
 - ❖ Continued actions
 - ❖ Youth engagement

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NEXT STEPS

- ❖ Secure continuation funding
- ❖ Finalize development of a capacity-building tool kit
- ❖ Assist Partner sites with implementing their action plans

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RECOMMENDATIONS

- ❖ Ensure Adequate time/resources
- ❖ Establish a road map – for the capacity building process and the end destination
- ❖ Involve partners earlier
- ❖ Increase knowledge of the social movement process (lead agency and community partners)
- ❖ Conduct initial site visits, see the community and lay of the land
- ❖ Conduct initial assessments of partner sites organizational capacity to do this work

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Objective: Present Innovative State and Local Approaches to Address Health Disparities

Discuss the Impact of Youth Sexual Behavior Data to Inform Policy

Share the Use of an Organized Collaborative to Reduce Unintended Pregnancy and STDS in Wisconsin's Largest City



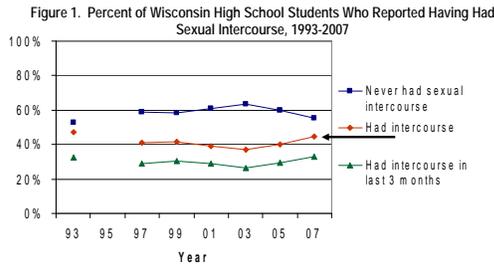
Wisconsin Youth Sexual Behavior Data Outcomes: 1993-2007 Update

Key findings regarding sexual behavior, cases of STD and HIV, and births

Wisconsin Department of Health Services
Division of Public Health
March 2009

Sexual Behavior: Figure 1

Decline from 1993 to 2003 in percent of high school students who reported having had intercourse; then increase to 45% in 2007. Condom use also declined in 2007.

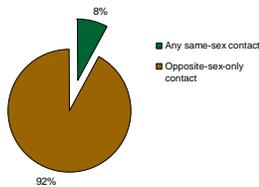


95% confidence interval ranges from +/- 1.8% in 1993 to +/- 2.9% in 1997 and 1999. Source: Wisconsin Youth Risk Behavior Survey, Department of Public Instruction.

Sexual Behavior: Figure 2

Among students who reported any sexual contact, 8% reported same-sex behavior.

Figure 4. Same-Sex Sexual Contact among Wisconsin High School Students Who Have Ever Had Sexual Contact, 2007

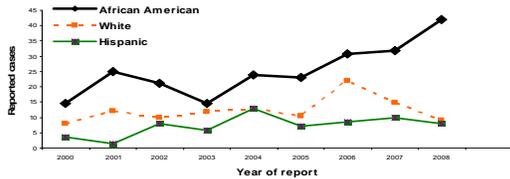


95% confidence interval for same-sex contact is +/- 2% and for opposite-sex contact is 1%. Source: Wisconsin Youth Risk Behavior Survey, Department of Public Instruction.

HIV: Figure 6

Cases of HIV among young African American MSM in Milwaukee Metropolitan Statistical Area (MSA) **tripled** from 2000 to 2008, while cases among Latinos and Whites have remained flat.

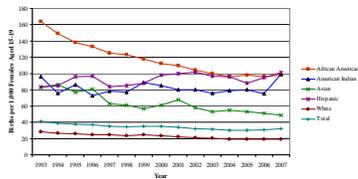
Figure 15A: Reported cases of HIV infection, MSM* 13-29 years of age, by race/ethnicity and year of report, Milwaukee MSA, 2000-2008



Births: Figure 7

- Decline in teen birth rate: 20% overall, 30% for African Americans but 5% increase in rates for Hispanics/Latinos between the two 4-year periods, 1993-96 and 2003-07.
- Significant disparity in birth rates: for African Americans, Hispanics, Native Americans and Asians rates are 5, 5, 4, and 2+ times higher respectively than those of Whites, 2003-07.

Figure 17. Birth Rates, Wisconsin Teens Aged 15-19, by Race/Ethnicity, 1993-2007



Source: Bureau of Health Information and Policy, Division of Public Health, Department of Health Services.

Key Data Findings

Sexual Behaviors

- While the percent of Wisconsin high school students reporting sexual intercourse declined from 47% to 37% between 1993 and 2003, it increased to 45% in 2007 (48% nationally)
- Among Wisconsin students who reported any sexual contact, 8% reported same-sex sexual behavior

Sexually Transmitted Diseases (STDs)

- On average, between 2003 and 2007, one in eight African American teens contracted an STD, compared to one in 145 White teens. This 18-fold disparity (twice the disparity found nationally) has remained relatively stable over the last decade

Key Data Findings

- **HIV**
- Male-to-male sexual contact accounted for 73% of cases of HIV reported among youth aged 15-24 in Wisconsin from 2004 to 2007
- African Americans represent just 8% of Wisconsin's male population aged 15-24, but accounted for 43% of the HIV cases attributed to male-to-male sexual contact in this age group between 2004 and 2007
- African American MSM population in Milwaukee's Metropolitan Area tripled from 2000 to 2008

Key Data Findings

- **Teen Births**
- Teen birth rates show significant racial/ethnic disparities: Between 2004-2007, rates for African Americans and Hispanics-Latinos were five times higher than those of Whites, and Rates for Native Americans and Asians were respectively four times higher and more than double those of Whites.

Key Policy Recommendations

- Promote the use and access to Dual Protection Services (simultaneous intervention of providing information and supplies to reduce the risk of STD and unintended pregnancy)
- Promoting Healthy Birth Outcomes focusing on eliminating racial and ethnic disparities through social marketing, tracking of STDs, and promoting high quality care to African American youth
- Promote the norm of annual HIV and STD testing among men who have sex with men
- Support the implementation of a comprehensive Human Growth and Development Curriculum
- Improve assessment of health needs of LGBT/ Sexual Minority Youth

The Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP)

- Lead: Medical College of Wisconsin
Milwaukee Adolescent Health Program
- City of Milwaukee Health Department
Keenan Clinic
- Milwaukee Health Services, Inc.
- New Concept Self-Development Center, Inc.

State Departmental Overarching Goals

- Successfully implement the evidence based, dual goal strategy for addressing adolescent pregnancy prevention:
 - (a) Encourage and promote delayed sexual activity among sexually abstinent adolescents
 - (b) Provide access to confidential contraceptive and related reproductive health services to prevent unintended pregnancies and sexually transmitted infections (STI's) among sexually active adolescents

Milwaukee Partnership Collaborative Goals

- Develop a Milwaukee driven, community based partnership focused on adolescent pregnancy prevention for African Americans, ages 15 – 19
- Increase Medicaid Family Planning Waiver (FPW) enrollment in Milwaukee. The FPW program is designed to help low-income aged 15 through 44 women who are at or below 185% of the federal poverty level avoid unintended pregnancy and obtain family planning health care services at no charge

Available Partner Service Areas through Milwaukee Adolescent Health Program

- **Downtown Health**
Milwaukee, WI 53233
Hours: M-F 9:00am – 5:00pm
Sat. 9:00am – 12 pm
Physician call 24 hrs/7 days
- **Juvenile Detention**
Milwaukee, WI 53226
Reproductive Health Clinic
In-house: 4 hours weekly
- **Lady Pitts/Custer Clinic**
Custer High School
Hours TBD

Milwaukee Adolescent Health Clinic Client Characteristics
Served by Nurse Practitioner and MA 9/1/07-6/30/08

- 235 females were served
 - African American – 65%
 - Hispanic -19%
 - Caucasian – 10%
 - Asian/Pacific Islander – 3%
 - American Indian/Alaskan – 1%
 - Other – 1%
- 80% were 15-19 yrs of age; 20% were 12-14
- 92% were sexually active (85% in last 3 mos.)
 - 9% were pregnant at the encounter
 - 26% had been pregnant or were parenting
- Reported alcohol/drug use
 - 22% reported using alcohol
 - 33% marijuana
 - 24% tobacco
 - 4% other drug use
- Insurance status
 - 67% T-19
 - 1% Private
 - 28% had none or status was unknown

Available Partner Services through City of Milwaukee Health Department

- Free STI/HIV related services

Keenan Central Health Clinic
City of Milwaukee Health Department
3200 North 36th Street
Milwaukee, WI 53216

Hours: Mon. and Thurs. 11am-3:15 pm
4:15 pm – 7:15 pm
Tues. Wed. and Fri. 8:00 am – 11:15 am
12:30 pm – 4:15 pm

State-Local Partner STD Clinic Initiative

- Educate patients and offer condoms plus emergency contraception
- Enroll eligible clients into the Wisconsin's Medicaid Family Planning Waiver (FPW)
- Active referral of clients to medical homes
 - Milwaukee Health Services Inc.
 - Milwaukee Adolescent Health Program
 - Planned Parenthood-Northwest
- Get reimbursement from Medicaid's FPW for STD and Reproductive Health services

Available Partner Services through New Concept Self-Development Center

Martin Luther King Office
1531 West Vliet Street
Milwaukee, WI 53205

- Pregnancy Prevention Group Education at the Juvenile Detention Center
- Coordination of Staff and Community Training/Resources to enroll in Family Planning Waiver
- In Touch Parents – Teen Parent Case Management Community referrals

New Concept Accomplishments

New Concept Services: July 2007 - June 2008

- 25 sessions have been conducted with the 62 girls served through weekly Pregnancy Prevention education sessions at the Milwaukee County Juvenile Detention Center
- 60 African American teen moms received individual case management services addressing:
 - Preventing subsequent pregnancy
 - Ensuring clients have access to a reproductive healthcare home
 - Relationship issues with the baby's grandparent
 - Ensuring girls are in school
 - Assisting with childcare concerns
 - Educating about the prevention of abuse and neglect
 - Information about community resources to assist the family

Available Partner Service Areas through Milwaukee Health Services, (MHSI) Incorporated

- Martin Luther King Heritage Health Center
Milwaukee, WI 53212
Hours: M-F 7am-10pm Sat. Adults 1-5pm
Children, Teens 11am-5pm
- Isaac Coggs Heritage Health Center
8200 W. Silver Spring Drive
Milwaukee, WI 53218
Hours: Mon. 8:00am-7:30pm Tues.-Fri. 8:00am-5:30pm

**MHSI – Nurse Midwife Accomplishments
7/1/2007-6/30/2008**

- STI/STD's Treatment – 16%
 - Chlamydia Infection – 42%
 - Trichomoniasis - 21%
 - Human Papilloma Virus – 5%
 - Gonorrhea in Pregnancy – 5%
- Pregnant—63%
 - Aged 18-19—59%
 - Aged 16-17—29%
 - Aged 14-15—12%
- Family Planning Waiver Enrollment - 8
 - MHSI has had meetings with our benefits coordinator, Customer Service Representative Supervisor, and providers to impress upon them the importance of informing teens of their right to apply for the FPW.

MAPPP/MASH COLLABORATION CHART



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Wisconsin Youth Sexual Behavior Data Outcomes Data Website Link:
<http://dhs.wisconsin.gov/stats/s-behyouth.htm>

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