

# PLANNED PARENTHOOD NORTH CENTRAL STATES

## Hmong STAR & Youth Power Peer Education Programs



Youth Power participants, Spring 2018

### CONTEXT

**Goal:** Planned Parenthood contributes to closing the gap in teen pregnancy and HIV/AIDS and sexually transmitted infections rates among African immigrant and Asian American youth in Minnesota.

**Causes:** Racism and discrimination have caused long-standing disparities in education, employment, income/wealth, housing, neighborhood conditions, and access to health care, transportation, social connections and support that directly affect health.

**Population:** Approximately 151,058 youth of color age 10-19 live in the Twin Cities 7-county metro region.

**Issue:** Minnesota had 3,004 pregnancies among 15-19-year-olds in 2016. Black youth (including African-born youth) had pregnancy rates of 29.0 per 1,000 compared to 14.0 for Whites. The birth rate for Asian/Pacific Islander youth was 15.2 per 1,000 compared to 9.0 per 1,000 of White youth.

### APPROACH



24+ hours of health promotion programming adapted from evidence-based Making Proud Choices and tailored to African immigrant and Hmong communities.

Youth and adult councils advise and create strategies at the program and organizational level to ensure approaches are aligned and relevant with community priorities and values.

#### ROOT CAUSES/ CONDITIONS FOR HEALTH

Addresses the social and economic conditions for health (also known as the social determinants of health). This often happens by changing local, regional or state policy, changing the way systems work or changing the environment.

#### ORGANIZATIONAL/ INSTITUTIONAL CHANGE

Addresses a health area by changing policies or systems in a school, clinic, hospital, etc. to support healthy behaviors and individual risk/protective factors.

#### HEALTH PROMOTION/ DIRECT SERVICE

Addresses individual or family-level risk/protective factors through health education, programming, case management, etc.

*"I learned to speak, voice my opinions."*

*– program participant*

### IMPACT

- Peer educators reported increases in:
  - Sexual health knowledge
  - Awareness of resources
  - Comfort communicating with parents/guardians about sexual health topics
- Facilitated discussions about identity, gender, and generational trauma led to a more intergenerational connection

**3,184 YOUTH**  
in target populations  
**directly contacted**  
through programming



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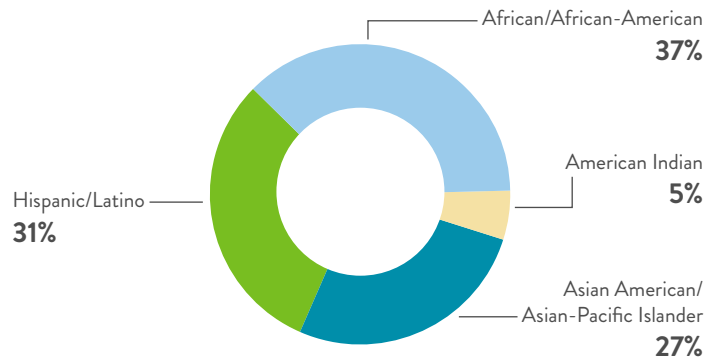
Planned Parenthood North Central States has been the leading provider of quality, comprehensive, compassionate, safe, and confidential family planning services in Minnesota since 1928.

Planned Parenthood's Education & Outreach department serves over 40,000 individuals each year with a mission of promoting healthy sexuality.

## PRIORITY HEALTH AREA SPOTLIGHT

In 2016, Minnesota reported 3,004 pregnancies among 15- to 19-year-olds. Rates of teen pregnancies among American Indians (56.1 per 1,000 pregnancies) and African Americans (39.6 per 1,000 pregnancies) were among the highest in the state. Disparate rates of unemployment, poverty, adverse childhood experiences, and access to comprehensive sexual health education directly affect sexual health and increase the likelihood of early pregnancy.

**Collective Impact:** 52,974 individuals were reached through the work of fourteen grantees addressing this priority health area in 2017-18. The proportions of individuals reached by race/ethnicity are shown in the figure below.



EHDI grantees addressing teen pregnancy prevention identified common measures to track and report. Collective results include:

- ★ 86% of program participants know where to access sexual health care
- ↑ Increased comfort talking about sex and birth control with partners
- ↑ Increased number of young people who reported having adults in their lives with whom to talk about sexual health issues

## MDH ELIMINATING HEALTH DISPARITIES INITIATIVE

The Eliminating Health Disparities Initiative (EHDI) grant program was created to address health inequities for populations of color and American Indians across eight different priority health areas. Since 2001, the EHDI approach has been to support organizations and projects run by and for communities of color and American Indians to develop and implement strategies that are effective in reaching their communities. Every few years, the program reallocates the competitive grants to organizations and tribes across the state of Minnesota. The current grant cycle is from 2016-2019.