

# STATE REPORT

## Addressing Infant Mortality through Positive Youth Development Opportunities for Adolescent Girls



THE OHIO STATE  
UNIVERSITY  
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## INTRODUCTION

Infant mortality, or death of an infant before his or her first birthday, is of increasing concern in Ohio and across the United States. In 2016, 1,024 Ohio babies died before their first birthdays. Ohio mothers age 15-17 were twice as likely to lose their baby compared to mothers age 30 to 34.

Addressing maternal risks factors known to contribute to infant mortality in Ohio is an increasing priority. In addition, supporting adolescent girls through positive youth development (PYD) programming is a long-term strategy for preventing infant mortality, as young people take steps early on to improve their own health and well-being.

Guided by research and informed by state-level data, The Ohio Department of Health (ODH) partnered with local Ohio Equity Institute (OEI) entities to host and facilitate nine community forums aimed at addressing and reducing risks for infant mortality and improving access to PYD activities for adolescent girls. Community forums were hosted in the Spring of 2018, and occurred in the nine counties with the highest infant mortality rate in Ohio.

At each of the nine forums, a diverse group of stakeholders examined local data, assessed local capacity, and designed programs and policies to reduce infant mortality and related inequities. Specifically, stakeholders examined the strengths, weaknesses, opportunities, and threats (SWOT) present in their communities related to adolescent girls ages 10 to 14. At the end of each forum, specific priorities related to preventing infant mortality were identified. This state level report synthesizes the findings across the nine counties, and provides an overview of key priorities and needs to inform the state-wide agenda.



## MAKING THE CASE IN OHIO

During each of the forums, stakeholders first examined data to guide, inform, and understand the position of the state in relation to risks for infant mortality. The connection between maternal risk factors and the need for PYD among adolescent girls was made. Stakeholders then worked through a process to identify needs and future priorities. Highlights from the Ohio contextual data are presented on pages 3 and 4.

In the end, reducing infant mortality is a significant priority for state and local leaders in Ohio, and addressing maternal risk factors through PYD is of increasing important. Efforts in this area will not only promote better outcomes for adolescent girls age 10 to 14, but also will ultimately prevent infant mortality.

## The facts about infant mortality



In 2016, 1,024 Ohio babies died before their first birthdays.<sup>1</sup>



In 2016, Ohio mothers age 15-17 were twice as likely to lose their baby compared to mothers ages 30-34.<sup>1</sup>

### Leading causes of infant deaths

- Birth defects
- Low birth weight
- Pregnancy complications
- Preterm birth
- Sudden infant death syndrome
- Accidents

## Prevalence of maternal risk factors known to contribute to infant mortality



### Chronic health issues such as obesity, diabetes, and hypertension

- 26% of Ohio females (7th–12th grade) are overweight or obese.<sup>3</sup>
- Only 39% of high school females report being physically active for at least 60 minutes on five or more days a week.<sup>5</sup>
- Only 20% of high school females report eating five servings of fruits and vegetables per day in a week.<sup>5</sup>



### Teenage pregnancy and sexually transmitted infections

- In 2016, Ohio teens age 15-19 accounted for 6% of the State's births.<sup>1</sup>
- Approximately 17% of teen mothers will have a repeat birth between the ages of 15 and 19.<sup>4</sup>
- In 2013, Ohio females age 15-24 accounted for 73% of all reported cases of Chlamydia and 59% of all reported cases of Gonorrhea.<sup>2</sup>



### Tobacco and alcohol use

- 22% of Ohio adolescents report having used some form of tobacco during the past month.<sup>5</sup>
- 27% of high school females report having at least one drink of alcohol within the past month.<sup>5</sup>
- Approximately 76,000 of Ohio adolescents ages 12–17 (8%) report using illicit drugs within the past month.<sup>7</sup>



### Healthcare utilization

- Only 46% of pregnant girls ages 15-17 in Ohio receive prenatal care in their first trimester.<sup>1</sup>
- In 2016, 43% of Ohio Medicaid eligible youth receive a well-care visit.<sup>9</sup>



### Other sociocultural factors such as race, age, poverty, and psychosocial stressors

- 25% of Ohio youth are food insecure.<sup>7</sup>
- 22% of children in Ohio under the age of 18 live in poverty.<sup>8</sup>
- Of all Ohio births to girls under the age of 20, 63% belong to White Caucasian mothers and 28% belong to African American mothers.<sup>6</sup>

1. Ohio Department of Health. (2016). Bureau of Vital Statistics.

2. Ohio Department of Health. (2016). Centers for Disease Control and Prevention Sexually Transmitted Disease (STD) Surveillance. Columbus, OH.

3. Ohio Department of Health. (2016). Ohio Healthy Youth Environments Survey Data.

4. Ohio Department of Health (2016). Maternal & Child Health: Women & Infants Health. Columbus, OH.

5. Ohio Department of Health. (2013). Youth Risk Behavior Survey Executive Summary. Columbus, OH.

6. Office of Adolescent Health. (2017, May 30). Ohio Adolescent Reproductive Health Facts.

7. Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Ohio, 2015.

8. United States Census Bureau. (2016).

9. Ohio Department of Medicaid. (2016).

## Promoting healthy behavior

Adolescent girls can make healthy choices both before and during pregnancy:

- Preventing chronic health conditions (obesity, diabetes, hypertension)
- Reaching a healthy weight through proper nutrition and physical activity
- Going to a healthcare provider to receive an annual, preventive well-care visit
- Making positive choices in relation to their health and well-being
- Staying on course to be college and/or career ready

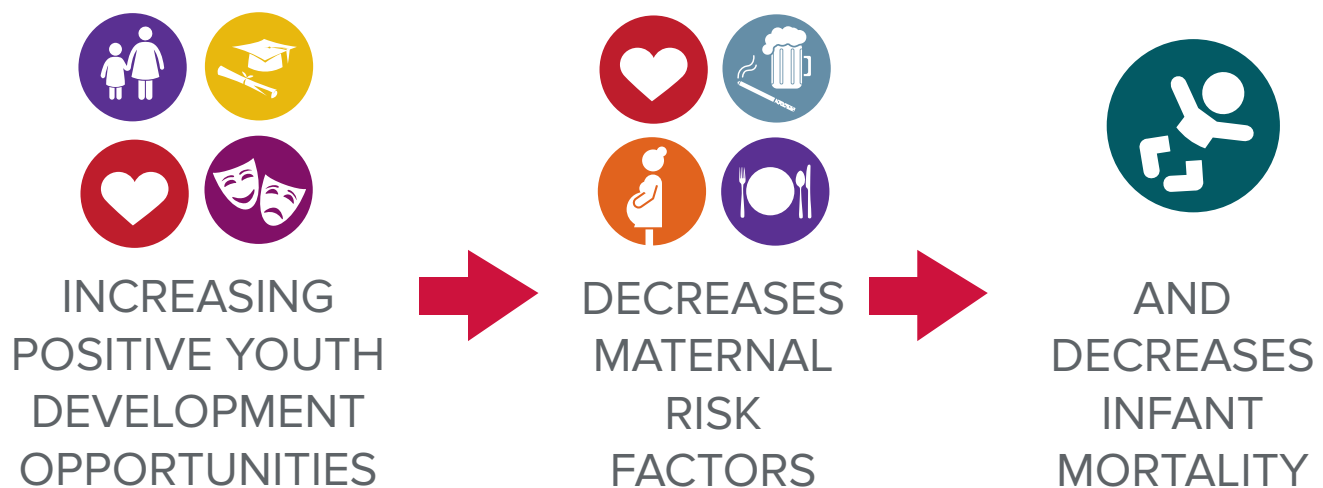


Provide girls with positive youth development (PYD) opportunities:

- Extracurricular activities
- Mentoring programs
- After-school programs
- Faith-based activities
- Sports and recreational activities
- College preparation programs
- Work experiences and internships

## How are they connected?

*Supporting adolescent girls through positive youth development (PYD) programming is a strategy for reducing risk behavior and promoting health and wellness.*

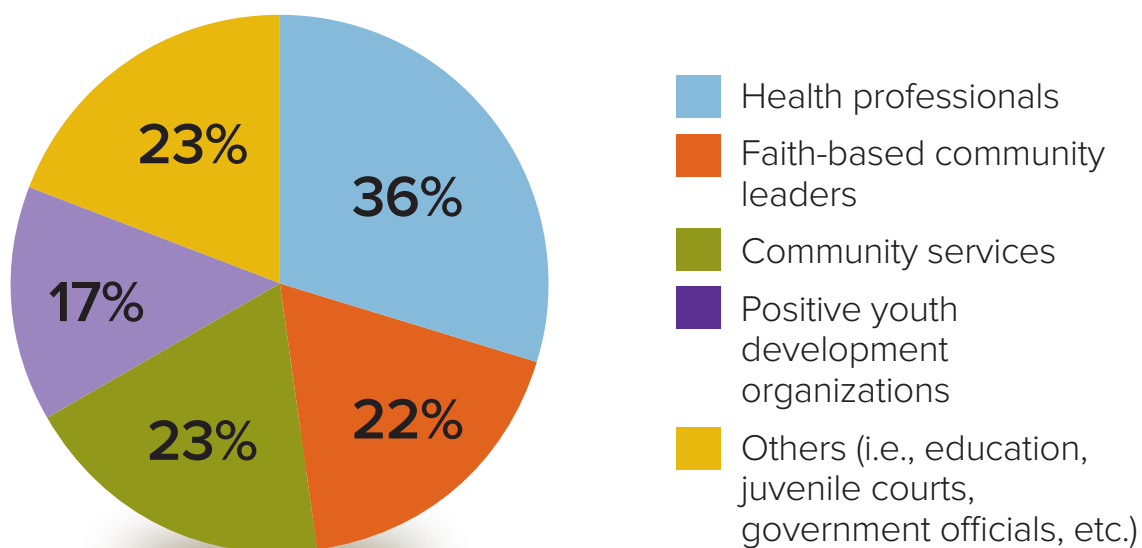


## METHODS

To better understand the context and need in Ohio, leaders from ODH and OEI and partners from the OSU College of Social Work, Envision EdPlus, and the Working through Obstacles Reaching True Height (WORTH) Foundation hosted nine half-day Adolescent Girls Community Forums in the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit. In total, 356 stakeholders gathered to discuss local policies and programming that impact the holistic well-being of adolescent girls. Stakeholders represented diverse organizations and agencies in the community. See the table below (**Table 1**) in relation to the number of participants from each county. The graph below also highlights the percent of participation among different stakeholder groups involved in the nine forums.

**Table 1. Community Forum Attendance by County**

COUNTY	NUMBER OF STAKEHOLDERS
Butler	34
Cuyahoga	38
Franklin	47
Hamilton	11
Lucas	49
Mahoning	37
Montgomery	45
Stark	47
Summit	48
<b>TOTAL</b>	<b>356</b>



## SWOT Analysis

A SWOT analysis was used to guide the community forum process and served as a systematic approach that allowed stakeholders to explore strengths, weaknesses, opportunities and threats in each of the nine counties. More specifically, a SWOT analysis is an analytical framework that assesses what a community can and cannot do for factors both internal and external to their control. Internal factors are strengths and weaknesses and external factors are opportunities and threats. In the end, a SWOT analysis helps stakeholders to identify influences within their immediate control, ones they can maneuver, modify and impact to support adolescent girl development.

The SWOT analysis was guided by the Association for Supervision and Curriculum Development's (ASCD) Whole Child Tenants. The ASCD's Whole Child Tenants is grounded in a whole child development perspective. The Tenants present an effort to transition from a focus on narrowly defined academic achievement to an approach that promotes the long-term wholistic development and success of all children. As such, each group of stakeholders in their respective counties who attended the forums identified the top strengths, weaknesses, opportunities and threats for adolescent girls in relation to ASCD's five tenants: "Safe, supported, challenged, healthy, and engaged."

Stakeholders used the results of their SWOT analysis to identify policies and programming needed to positively impact the health of adolescent girls in each county. Each of the nine counties received their own report summarizing the results of their own SWOT analysis. In addition, several focus groups were conducted to validate the findings from the SWOT analysis. Three focus groups were conducted with parents/guardians of adolescent girls and three with adolescent girls aged 10 to 14. For this state level report, findings across the nine counties were synthesized to provide a state-wide summary of emergent needs and priorities.

## RESULTS FROM THE SWOT ANALYSIS FOR OHIO

In total, the 356 stakeholders who attended the nine community forums listed a myriad of strengths, weaknesses, opportunities and threats related to the health and well-being of adolescent girls. The table on page 7 (**Table 2**) summarizes the top strengths, weaknesses, opportunities, and threats. Please note the table reflects the number of counties who reported each strength, weakness, opportunity and threat in their community forum. Additionally, only themes that emerged in at least 2 of the nine counties are presented here.

### What do the data tell us?

Results of the focus groups with adolescent girls and their parents/guardians align favorably with the state-wide SWOT analysis. For example, parents/guardians listed numerous afterschool and PYD activities in each of their communities, but also noted gaps in the availability of affordable sport-based programs and opportunities to attend family events on the weekends. Further, parents/guardians reported threats including social media, racism/discrimination, drug misuse, and increased violence.

The adolescent girls also reported enjoying playing sports and participating in community, school, or faith-based PYD activities (Girl Scouts, clubs, mentoring, summer camps at local churches, etc.). However, youth reported their education about sex, drug misuse, and healthy relationships was either too late or lacked the information the youth wanted and needed. Notably, the adolescent girls reported one additional weakness, one that did not emerge at the community forums. This outlier was the influence of bullying and sexual harassment on adolescent girls ages 10 to 14. More specifically, the adolescent girls who participated in the focus groups reported feeling increasingly scrutinized, pressured, and often objectified sexually not only by their peers, but also via social media. Considered together, the focus groups support the data gathered from the community forums, while also shedding light on the factors and influence impacting adolescent girls in Ohio.

During the last part of each forum, stakeholders used the results of their SWOT analysis to brainstorm policies and programming priorities and needs. Strategies discussed at the forums were consolidated to inform state-level recommendations. The next section summarizes the state-level next steps.

**Table 2. Synthesis of SWOT Analysis Results**

SWOT	NUMBER OF COUNTIES
<b>STRENGTHS</b> 	<ul style="list-style-type: none"> <li>• All nine counties reported resources, services, and supports for adolescent girls exist in their communities</li> <li>• All nine counties reported programs, organizations, and schools offer PYD opportunities to adolescents</li> <li>• Six out of nine counties reported afterschool programming</li> <li>• Five out of nine counties reported healthcare via school- or community-based programs</li> <li>• Five out of nine counties reported school-based mental health services</li> <li>• Four out of nine reported mentoring programs</li> <li>• Four out of nine reported STEM, vocational, and/or college and career readiness programs</li> <li>• Three out of nine reported sports or sport-based programs</li> <li>• Three out of nine reported the faith-based community</li> <li>• Two out of nine reported local libraries</li> </ul>
<b>WEAKNESSES</b> 	<ul style="list-style-type: none"> <li>• All nine counties reported lack of awareness and knowledge about community agencies, organizations, programs, services, and supports for youth</li> <li>• All nine counties reported lack of communication and coordination of youth programs and resources</li> <li>• Eight out of nine counties reported gaps in teaching/education about health, nutrition, and physical activity whether via a lack of curriculums, programs, or community supports</li> <li>• Six out of nine counties reported barriers in relation to transportation</li> <li>• Six out of nine counties reported lack of focus on engaging the whole family/ challenges associated with engaging and involving parents/guardians</li> <li>• Four out of nine counties reported no inclusion of youth voice in decision-making at the local and county level</li> <li>• Four out of nine counties reported lack of funding</li> <li>• Four out of nine counties reported lack of cultural competence in healthcare, schools, and youth programs</li> <li>• Two out of nine counties reported lack of events for youth and families to do on the weekends</li> </ul>
<b>OPPORTUNITIES</b> 	<ul style="list-style-type: none"> <li>• All nine counties reported greater collaboration, coordination, and communication among youth agencies, organizations, and programs</li> <li>• Six out of nine counties reported greater access to mental health services and supports for youth</li> <li>• Five out of nine counties reported greater inclusion of the youth voice and youth-led activities</li> <li>• Four out of nine counties reported expanding mentoring programs</li> <li>• Three out of nine counties reported offering more programs during the early childhood years</li> <li>• Three out of nine counties reported greater utilization of the faith-based community</li> </ul>
<b>THREATS</b> 	<ul style="list-style-type: none"> <li>• Seven out of nine counties reported challenges associated with technology and social media</li> <li>• Six out of nine counties reported challenges associated with increased trauma and violence</li> <li>• Five out of nine counties reported challenges associated with racism, classism, sexism, and discrimination</li> <li>• Five out of nine counties reported challenges associated with politics/the political climate</li> <li>• Five out of nine counties reported challenges associated with the opioid crisis</li> <li>• Four out of nine counties reported challenges associated with intergenerational poverty</li> </ul>



## RECOMMENDATIONS

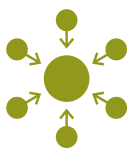
The following ideas were identified as direct, actionable next steps designed to improve PYD opportunities for adolescent girls in Ohio. All strategies presented below are intended to positively and holistically impact adolescent girls.

■ Identify leadership and create mechanisms to continue the conversation state-wide and in each county in relation to addressing infant mortality through promoting PYD opportunities for young people, especially adolescent girls. County leadership teams should focus on increasing collaboration, networking, and communication among youth agencies, organizations, and programs, as well as prioritize resource development, targeting strategies, and sustainability.



■ Implement PYD programs and activities across the state that focus on promoting healthy lifestyles and developing soft skills (i.e., social and life skills, communication, leadership, teamwork, etc.). PYD programs and activities should be implemented that are youth-centered, and grounded in evidence-based strategies involving skill building, peer-leadership, mentoring, and fun/enjoyment.

■ Build capacity of the organizations and entities providing PYD programming. Priorities remain related to the professional development and training of PYD staff and youth workers, especially in relation to the facilitating youth-led programming, serving specific groups most vulnerable, recruiting and retaining



youth and staff, and providing cultural competent programming. Other needs include addressing barriers to participation such as safety, transportation, lack of facilities, and cost.

■ Generate mechanisms for counties to better communicate and increase awareness of the resources available for youth and families. Greater awareness and knowledge about supports available can promote increased service utilization, referrals, and inter-agency collaboration.

■ Utilize and leverage schools to deliver evidence-based preventative sex, health, and substance use prevention education to youth. Evidence-based school climate and social-emotional learning programs are needed at schools as a universal approach to supporting adolescent girl development, as well as reducing bullying and harassment. School-linked and -based services and PYD programs provided by community-based agencies are of increasing importance.



■ Provide opportunities for parents/guardians to gain knowledge, awareness, and skills. There are needs for programs to build parenting skills, promote parent/guardian knowledge of the resources and programs in the communities, foster increased value among parents/guardians in relation



to their child's involvement in PYD activities, and link parents/guardians to other resources to support basic needs.

■ Evaluate the quality and quantity of PYD programs in each of the nine respective counties. Seek to build capacity of programs to evaluate outcomes and their influence on underserved youth living in poverty to contribute to the improvement of conditions in the community more broadly.



■ Develop a further understanding of the needs of youth in Ohio. Additional interviews and focus groups with adolescent girls are needed to better tailor and support their needs in their respective communities. There is a need to better understand the PYD needs for boys, who also are a contributing factor in the infant mortality space. Improving state-wide data collection systems to allow for broader youth population data to be collected over time on risk and protective factors, healthy lifestyle behaviors, academic progress, and other needs will help inform investments and monitor trends over-time.





## OVERALL SUMMARY

Findings from the SWOT analysis support a continued focus and priority on improving access, services, and supports for adolescent girls in Ohio. There are numerous strengths and opportunities that can be leveraged, as well as weaknesses and threats that warrant further attention across the state. Local leaders and OEL's can use these data and the recommendations to address infant mortality through PYD opportunities for adolescent girls. The overall findings informed and guided next steps at the state level. In result, an intentional priority for supporting adolescent girls emerged and will inform ODH's future investments and strategic action plan.

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### **References:**

Anderson-Butcher, D., Bates, S., Ramsey, C., Wade-Mdivanian, R., Pierce, T., Timmons, M., & Moore, T. (2018). Addressing infant mortality through positive youth development opportunities for adolescent girls: State Report. Columbus, OH: Community and Youth Collaborative Institute, College of Social Work, The Ohio State University.