

# MONTGOMERY COUNTY

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



## INTRODUCTION

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. Supporting adolescent girls through positive youth programming is a long-term strategy for infant mortality prevention.

Guided by research and state-level data, The Ohio Department of Health (ODH) partnered with local Ohio Equity Institute (OEI) entities to host and facilitate forums aimed at addressing and reducing risks for infant mortality and improved access to positive youth development (PYD) activities for adolescent girls. A diverse group of Montgomery County stakeholders participated in a community forum, where they assessed local capacity, examined local data, and designed interventions to reduce infant mortality and related inequities for adolescent girls. Stakeholders examined the strengths, weaknesses, opportunities, and threats (SWOT) of their community related to adolescent girls ages 10 to 14. The community forum began with stakeholders examining state-level data to guide, inform, and understand the position of the state in relation to risks for infant mortality. The summary also educated and informed stakeholders about the link between maternal risk factors and opportunities for PYD. Highlights from the data are presented below and on page 3.

## 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>

## 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

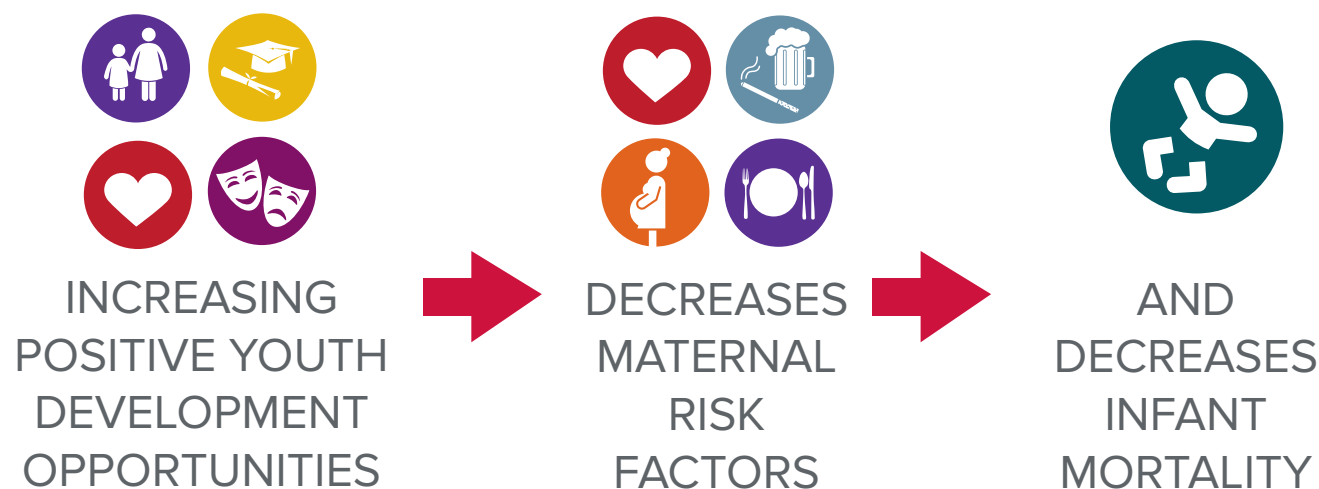


Provide girls with positive youth development (PYD) opportunities:

- 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.*



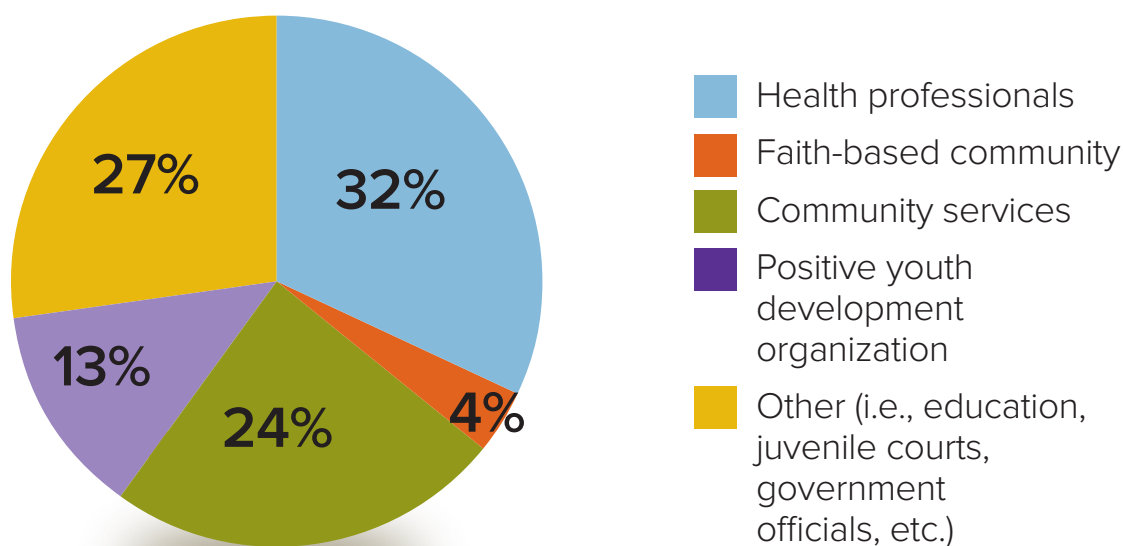
1. Ohio Department of Health. (2016). Bureau of Vital Statistics.  
 2. Ohio Department of Health. (2016). Centers for Disease Control and Prevention Sexually Transmitted Disease (STD) Surveillance. Columbus, OH.  
 3. Ohio Department of Health. (2016). Ohio Healthy Youth Environments Survey Data.  
 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).

## METHODS

The method used in Montgomery County to explore strengths, weaknesses, opportunities and threats was a SWOT analysis. Please note a SWOT analysis is an analytical framework that assesses what a community can and cannot do for factors both internal and external within their immediate control and influence. Internal factors are strengths and weaknesses and external factors are opportunities and threats.

On May 8, 2018, partners from OSU College of Social Work, Envision EdPlus, and the Working through Obstacles Reaching True Height (WORTH) Foundation hosted a half-day Adolescent Girls Community Forum in Montgomery County. Forty-five stakeholders gathered to discuss local policies and programming that impact the holistic well-being of adolescent girls. Stakeholders attended from various organizations and agencies in the community. See the graph below in relation to the percent of participation among different stakeholder groups.







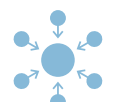
The SWOT analysis was guided by the Association for Supervision and Curriculum Development's (ASCD) Whole Child Tenants. The ASCD's Whole Child Tenants are an effort to transition from a focus on narrowly defined academic achievement to one that promotes the long-term development and success of all children. As such, each group of stakeholders who attended the forum identified the top strengths, weaknesses, opportunities and threats related to adolescent girls being "safe, supported, challenged, healthy, and engaged." These are the five tenants.

Finally, stakeholders used the results of their SWOT analysis to brainstorm policies and programming needed to positively impact the health of adolescent girls in Montgomery County. Strategies discussed at the forum were consolidated into state and local calls to action and can be used by local and state level stakeholders to guide future priorities, programming and funding. Findings from the SWOT analysis in Montgomery County are presented on page 5 and 6.

## RESULTS

### Results from the SWOT Analysis in Montgomery County

In total, the 45 stakeholders who attended the community forum listed 76 strengths, 47 weaknesses, 37 opportunities and 41 threats related to the health and well-being of adolescent girls in Montgomery County. The following table summarizes the top strengths, weaknesses, opportunities, and threats for each ASCD Whole Child Tenant, as identified by forum participants.

 Safe	<b>STRENGTHS</b> <ul style="list-style-type: none"> <li>■ Some school-based mentoring offered</li> <li>■ Afterschool programs available</li> </ul>	<b>WEAKNESSES</b> <ul style="list-style-type: none"> <li>■ Gaps in mental health services</li> <li>■ Lack of awareness of community services</li> <li>■ Lack of “whole family” supports</li> </ul>	<b>OPPORTUNITIES</b> <ul style="list-style-type: none"> <li>■ Offer more mentors/positive role models</li> <li>■ Implement school safety reform</li> <li>■ Need for more mental health supports for adolescent girls</li> </ul>	<b>THREATS</b> <ul style="list-style-type: none"> <li>■ Challenges associated with engaging some parents/guardians</li> <li>■ Lack of funding</li> <li>■ Increased violence</li> </ul>
 Supported	<ul style="list-style-type: none"> <li>■ Many resources</li> <li>■ Active faith-based community</li> </ul>	<ul style="list-style-type: none"> <li>■ Lack of life skill programs</li> <li>■ Minimal knowledge about community resources across agencies</li> </ul>	<ul style="list-style-type: none"> <li>■ Need for collaboration among agencies</li> <li>■ Streamline funding opportunities across agencies</li> </ul>	<ul style="list-style-type: none"> <li>■ Conflict due to bi-partisan politics</li> <li>■ Increased trauma</li> <li>■ Issues related to mental health and access to supports</li> </ul>
 Challenged	<ul style="list-style-type: none"> <li>■ Large number of businesses, organizations, and agencies doing good work</li> <li>■ “GRIT” – i.e., the ability to keep working toward a goal, overcoming challenges and sticking with it even when it’s hard</li> </ul>	<ul style="list-style-type: none"> <li>■ Gaps in teaching about health and nutrition</li> <li>■ Barriers related to transportation</li> </ul>	<ul style="list-style-type: none"> <li>■ Need to coordinate youth services</li> <li>■ Need to work with girls at younger age</li> </ul>	<ul style="list-style-type: none"> <li>■ Families broken/stressed due to the opioid crisis</li> <li>■ Less family stability</li> <li>■ Youth in foster care</li> </ul>
 Healthy	<ul style="list-style-type: none"> <li>■ Youth prevention programs exist</li> <li>■ Infant Mortality Taskforce exists</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation barriers among agencies to help youth access services</li> <li>■ Difficulty promoting and retaining youth in available programs</li> </ul>	<ul style="list-style-type: none"> <li>■ Develop nutrition education and cooking demonstrations</li> <li>■ Include males/fathers in youth programs</li> </ul>	<ul style="list-style-type: none"> <li>■ Greater access to technology</li> </ul>
 Engaged	<ul style="list-style-type: none"> <li>■ Youth programs exist for girls at the library</li> <li>■ One central agency provides youth with resources</li> </ul>	<ul style="list-style-type: none"> <li>■ No big businesses to fund partnerships that support youth</li> <li>■ Lack of leadership for adolescent girls</li> </ul>	<ul style="list-style-type: none"> <li>■ Use schools as the “hub” to provide services</li> <li>■ Have social services partner</li> </ul>	<ul style="list-style-type: none"> <li>■ Families experiencing intergenerational poverty</li> </ul>

### What do the data tell us?

Youth organizations and agencies to support adolescents exist in Montgomery County; however, gaps in knowledge and awareness about options for youth and about what programs and services exist. Afterschool programs, the faith-based network, and the library have strong reputations in this community, yet there seems to be a gap in programs targeting the inclusion of the “whole family.” Opportunities for collaboration and coordination of community resources were suggested. Stakeholders also explored the idea of expanding mentoring programs in school, faith-based, and community-based settings to target girls ages 10 to 14. Stakeholders also identified relatively few programs or services that provide adolescent girls with opportunities to learn about healthy eating, living, cooking, and physical activity. There is an opportunity to further emphasize health, nutrition, and physical activity to improve and support the health, development, and well-being of adolescent girls. Results from the SWOT analysis were used by stakeholders at the forum to create the following strategies and ideas to improve outcomes for adolescent girls in Montgomery County.

## STRATEGIES AND IDEAS

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

- Make healthy relationship education curriculums available to entities working with youth in the community



- *Help schools offer required trainings for teacher and school staff to intentionally support and promote positive self-esteem, engagement, and empowerment for adolescent girls*

- Offer mentorship programs in partnership with University of Dayton, Sinclair, and Westly Centers (senior living facilities) at local counseling centers, faith-based organizations, and housing units



- Host community forums, town talks, or online forums to promote community engagement and

inform community about available resources

- *Offer incentives, family activities available, increase exposure to resources*

- Offer lessons to youth to find/develop strong communication, system navigation, conflict resolution, GRIT, self-esteem, self-advocacy, life skills, wellness/health literacy

- *Offer in schools, community centers, or via component in social media*

- *Engage partners from churches, local non-profits, businesses, healthcare, political officials, and social service agencies*



- Develop a mobile unit for healthy eating and that offers physical activity opportunities to serve high-risk areas in the community

- Conduct community needs assessment to guide a strategic plan to engage youth in activities and needed supports. Then, based on results of needs assessment, provide wrap-around services and family outreach activities in every school



- Ask local businesses, social service agencies, youth organizations, and parents/guardians to fund and buy-in to support schools in this community.



## OVERALL SUMMARY

The data collected via the SWOT analysis support a continued focus and priority to improve access, services, and supports for adolescent girls. There are numerous strengths and opportunities that can be leveraged, as well as weaknesses and threats that warrant further attention in Montgomery County. It is critical to assure programming and resources be made available to adolescents and communities at higher risk for factors that contribute to infant mortality. The strategies and actions noted in this report can be used by local and state agencies, community organizations, schools, hospitals, recreation centers, etc. to engage, support and challenge youth and foster healthy and safe behaviors through the implementation of effective programs and policies. As leaders begin to develop plans, it is imperative to ask adolescents about their interests and needs and thoughtfully engage them in the planning and implementation process.