



Original article

Strategies to Build Readiness in Community Mobilization Efforts for Implementation in a Multi-Year Teen Pregnancy Prevention Initiative



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Article history: Received March 24, 2016; Accepted November 3, 2016

Keywords: Community readiness; Community mobilization; Adolescent pregnancy

A B S T R A C T

Purpose: This paper describes an assessment of community readiness to implement a community-wide teen pregnancy prevention initiative, Youth First, and presents strategies used to enhance this readiness as informed by the assessment.

Methods: Twenty-five community stakeholder interviews were conducted to assess four domains of readiness: (1) attitudes, perception, and knowledge of teen pregnancy; (2) perceived level of readiness; (3) resources, existing and current efforts; and (4) leadership. Interview transcripts were coded and analyzed to identify key themes.

Results: Stakeholders acknowledged teen pregnancy as an issue but lacked contextual information. They also perceived the community as ready to address the issue and recognized some organizations already championing efforts. However, many key players were not involved, and ongoing data collection to assess teen pregnancy and prevention efforts was limited. Though many stakeholders were ready to engage in teen pregnancy prevention efforts, they required additional information and training to appropriately address the issue.

Conclusions: In response to the assessment findings, several strategies were applied to address readiness and build Youth First partners' capacity to implement the community-wide initiative. Thus, to successfully implement community-wide prevention efforts, it is valuable to assess the level of community readiness to address health issues.

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IMPLICATIONS AND CONTRIBUTION

The paper describes the use of a community readiness assessment to understand the level of readiness of a Massachusetts community to implement a teen pregnancy prevention community-wide initiative. It describes how this assessment informed subsequent strategies related to community mobilization to champion a large-scale teen pregnancy prevention initiative.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

Disclaimer: Publication of this article was supported by the Office of Adolescent Health. The opinions or views expressed in this supplement are those of the authors and do not necessarily represent the official position of the funder. The article's contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or HHS.

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In 2006, the Massachusetts Alliance on Teen Pregnancy (the Alliance), a statewide teen pregnancy prevention (TPP) advocacy organization, collaborated with a Hampden County-based coalition, the Youth Empowerment Adolescent Health! (YEAH!) Network to address TPP. In 2010, the Alliance received a grant from the Centers for Disease Control and Prevention in

partnership with the Office of Adolescent Health to develop and implement a 5-year community-wide TPP initiative called Youth First in Holyoke and Springfield, Massachusetts. These two communities came together to jointly address the overarching goal of Youth First to reduce teen birth rates among youth aged 15–19 years by 10% by 2015.

Holyoke and Springfield have had some of the highest teen birth rates among 15- to 19-year-old females in Massachusetts, with Holyoke rates ranking first (83.6 per 1,000 females aged 15–19 years) and Springfield rates ranking third (54.3 per 1,000 females aged 15–19 years) among all municipalities in Massachusetts in 2010. These birth rates were much higher than the state teen birth rate (17.1 per 1,000 females aged 15–19 years). Moreover, racial/ethnic disparities in birth rates have persisted in Holyoke and Springfield. In 2010, the non-Hispanic white teen birth rate was 16 and 36 per 1,000 females aged 15–19 years in Springfield and Holyoke, respectively, while the Hispanic teen birth rate was 84 and 99 per 1,000 females aged 15–19 years in Springfield and Holyoke, respectively [1].

Prevention activities such as task forces focusing on teen pregnancy and implementation of evidence-based sexuality education were underway in Holyoke and Springfield prior to the initiation of Youth First (Figure 1); however, program efforts were limited primarily to some schools and selected organizations. With support from the Centers for Disease Control and Prevention/Office of Adolescent Health grant, Youth First expanded upon existing efforts by implementing a five-component, community-wide approach. This approach included delivery of

evidence-based TPP programming, increased access to youth-friendly contraceptive and reproductive health services, engagement of various public and private sectors to sustain the work through mobilizing the community, education of stakeholders about Youth First’s efforts, and incorporation of strategies across all efforts to ensure TPP efforts were effective and culturally appropriate.

To inform community mobilization efforts, it was important to understand the community’s level of readiness to address teen pregnancy [2] as an initial step in the adoption and implementation of successful prevention efforts [3,4]. Understanding readiness is critical from several perspectives. Effective community-wide programming can be impacted by the community’s readiness to implement said programming [2]. Community acceptance of or norms related to the issue (i.e., community’s perceptions of the gravity of a health issue) [5,6] or the community political climate or resources may influence program implementation [4]. To increase the potential of successful implementation, intervention efforts should align with community’s awareness of problem and their readiness to change [4].

Community readiness has been conceptualized in the literature as a multidimensional construct [3,4,7] that incorporates (1) community attitudes, perceptions, and knowledge of an issue; (2) perceived level of readiness; (3) resources, including existing efforts around a particular issue; and (4) leadership. One widely used model to assess community readiness is the community readiness model (CRM). CRM is a validated approach to measure

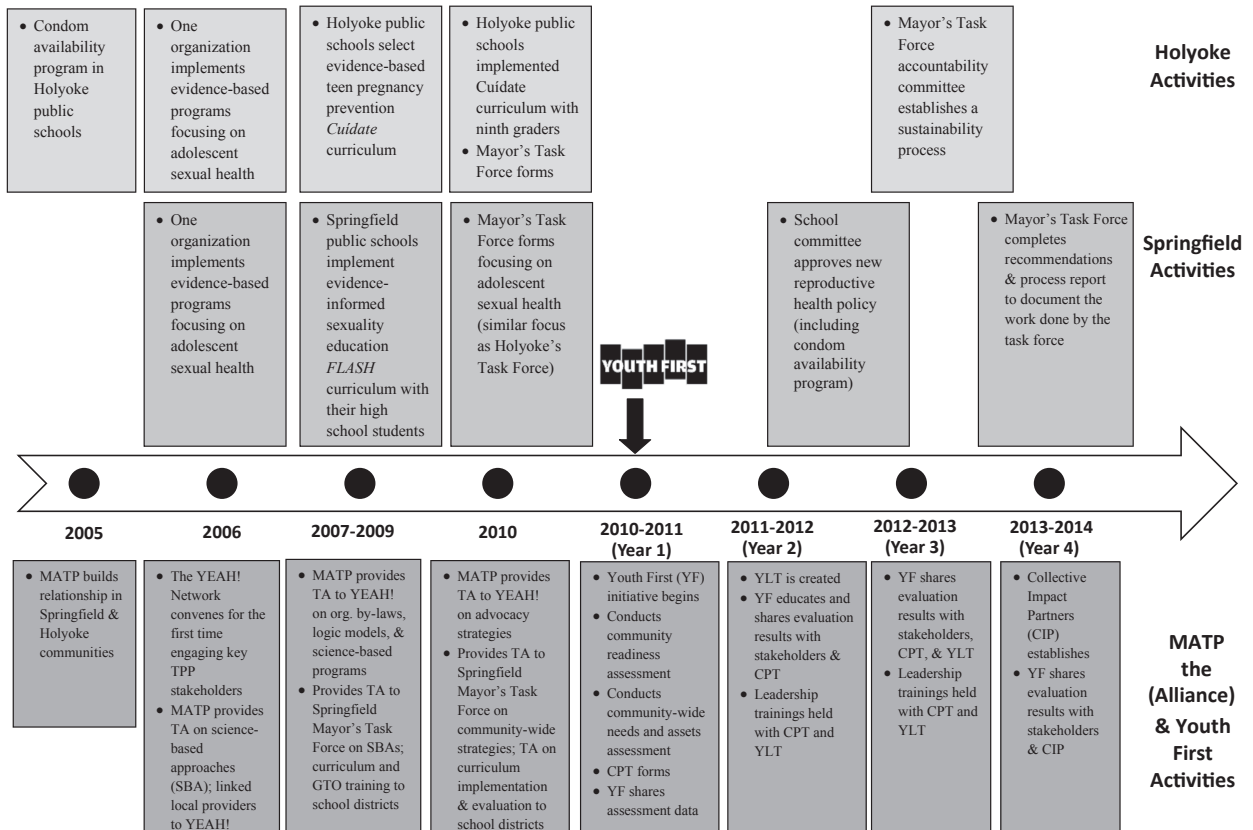


Figure 1. Timeline of activities prior to and during Youth First. CIP = collective impact partners; GTO = Getting To Outcomes; MATP = Massachusetts Alliance on Teen Pregnancy; TA = technical assistance; YF = Youth First.

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