

2014-2023 ADOLESCENT HEALTH PROJECT

PROGRESS REPORT

Shifts Toward a Youth-Centered Ecosystem Promoting Equity, Autonomy and Access



Overview

Ensuring that young people have the information and resources they need to make healthy choices related to their sexual health is an integral part of supporting healthy development. **As the Adolescent Health Project (AHP), an initiative of the Women's Fund of Omaha (WFO), celebrates nearly a decade of existence, this report synthesizes accomplishments and challenges from the inception of the project through early 2023, and explores progress made toward our primary goal: to enhance equity, autonomy and access within the local sexual health ecosystem so that youth and young adults have the information, resources and services they need to lead sexually healthy lives on their own terms** (see subsequent section for additional explanation of the ecosystem).

Originally created to address concerns about rates of STIs and unintended pregnancies among young people in Douglas County as well as a lack of coordination among health care providers, AHP has made considerable progress in building a network of accessible and affirming sexual and reproductive health services and education. Since initial investments in 2014, AHP has contributed over \$15 million*, provided more than 101,000 STI tests with corresponding treatment as well as distributed nearly 4.9 million condoms at no cost to young people. Much of this work is done through community-based education and outreach, with approximately a dozen organizations working within the community to reach more than 212,000 individuals through about 5,500 events and opportunities.¹

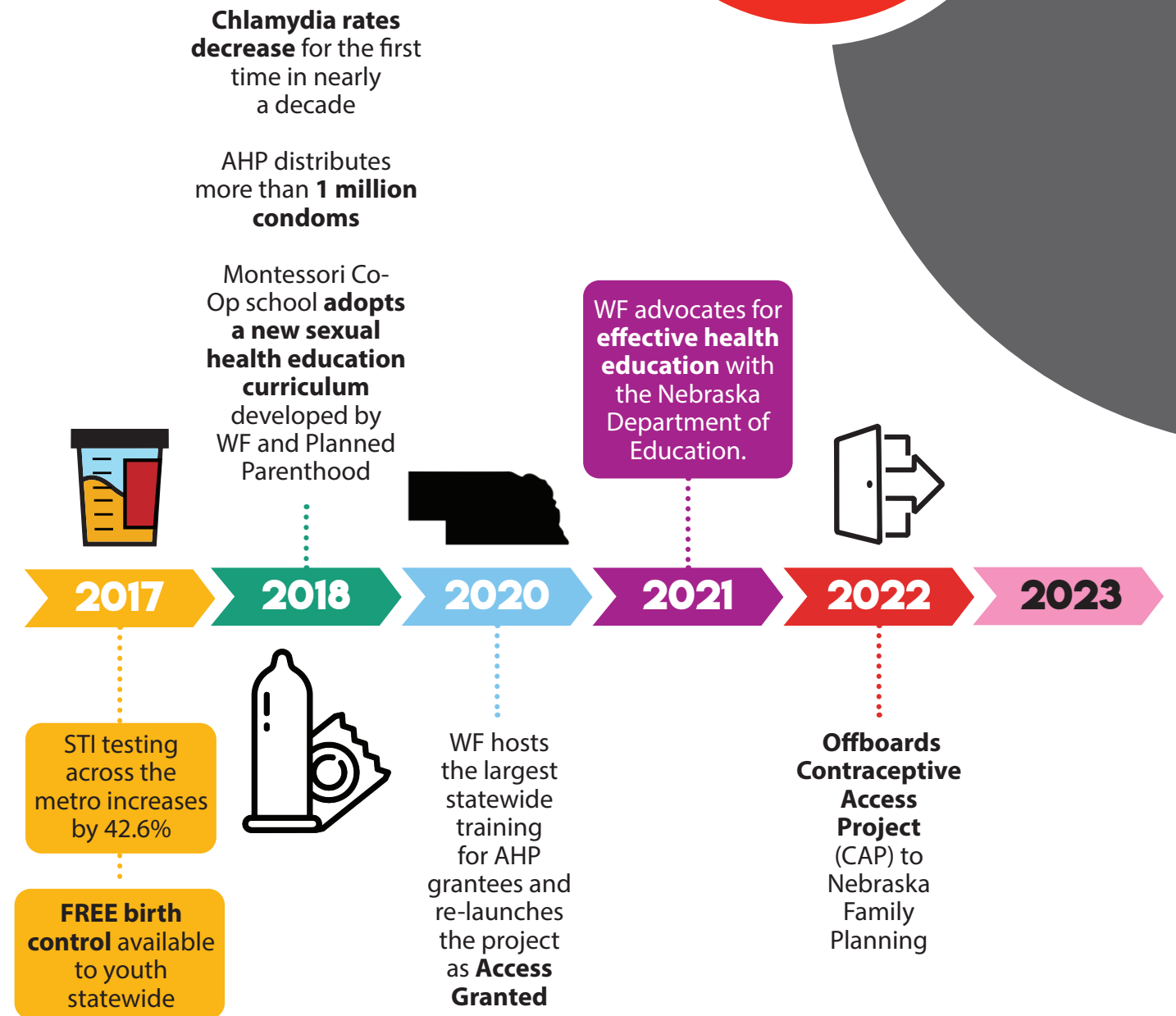
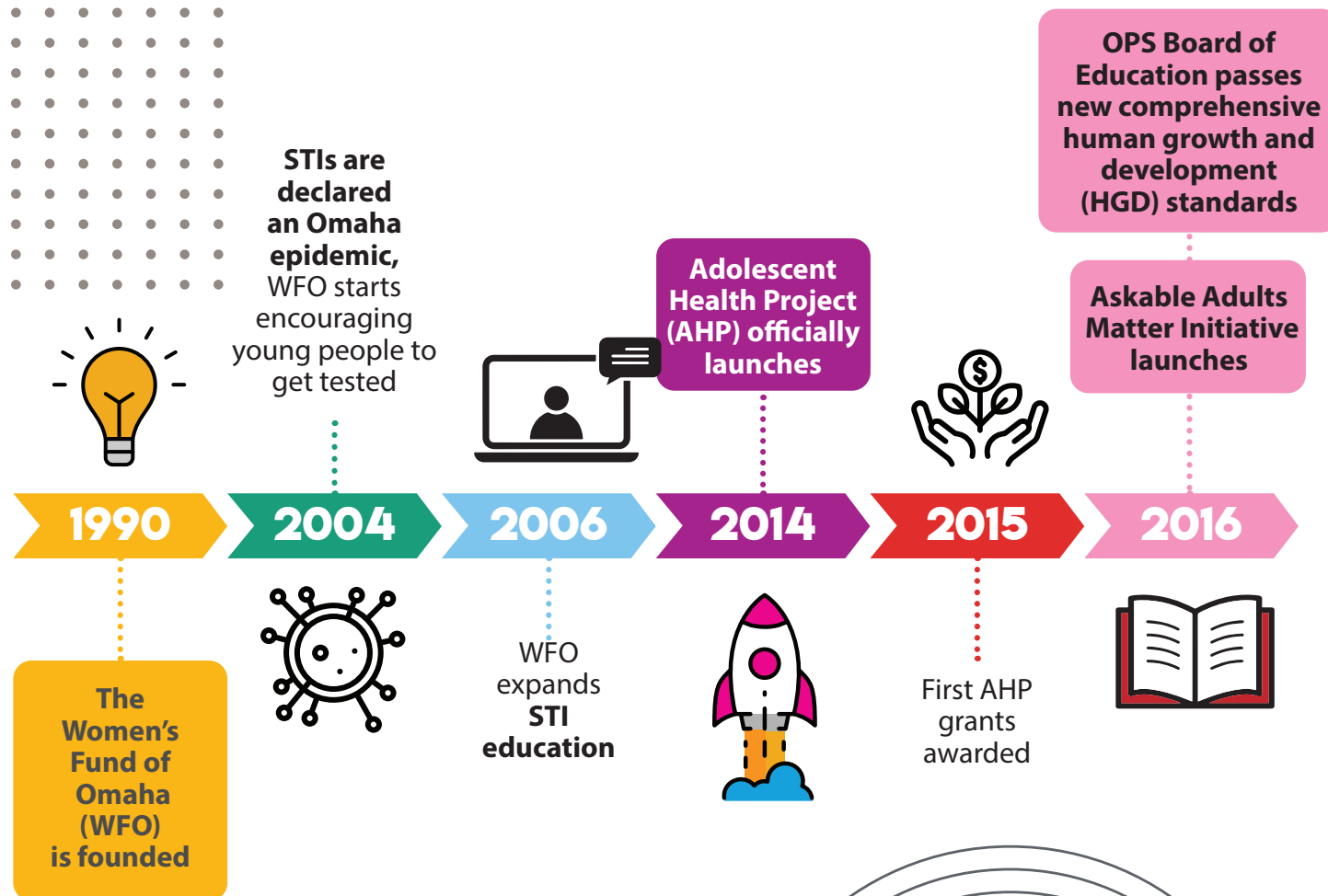
Most importantly, **AHP has evolved to a system-wide change initiative that centers youth and applies dynamic, adaptive strategies rather than fixed programmatic interventions.** With this framing, how the work is done and who is doing it are as critical as what work is done. The original AHP outcomes of reducing STIs and unintended pregnancies are important, and yet a key learning of AHP has been the need to reorient the project towards youth-centered goals and continue to actively dismantle oppressive approaches of controlling youth sexual health and behavior. In summary, **AHP is about authentically listening to and engaging young people to collectively restructure institutions, systems and norms so young people are supported in making informed and individualized decisions about their sexual health.** Rather than focusing on changing individual behaviors of young people, AHP is focused on changing the ecosystem, which is comprised of interdependent organizations and actors such as young people, community-based organizations, public institutions, philanthropy, and policymakers. Specifically, AHP focuses on enhancing equity, autonomy and access within the ecosystem.

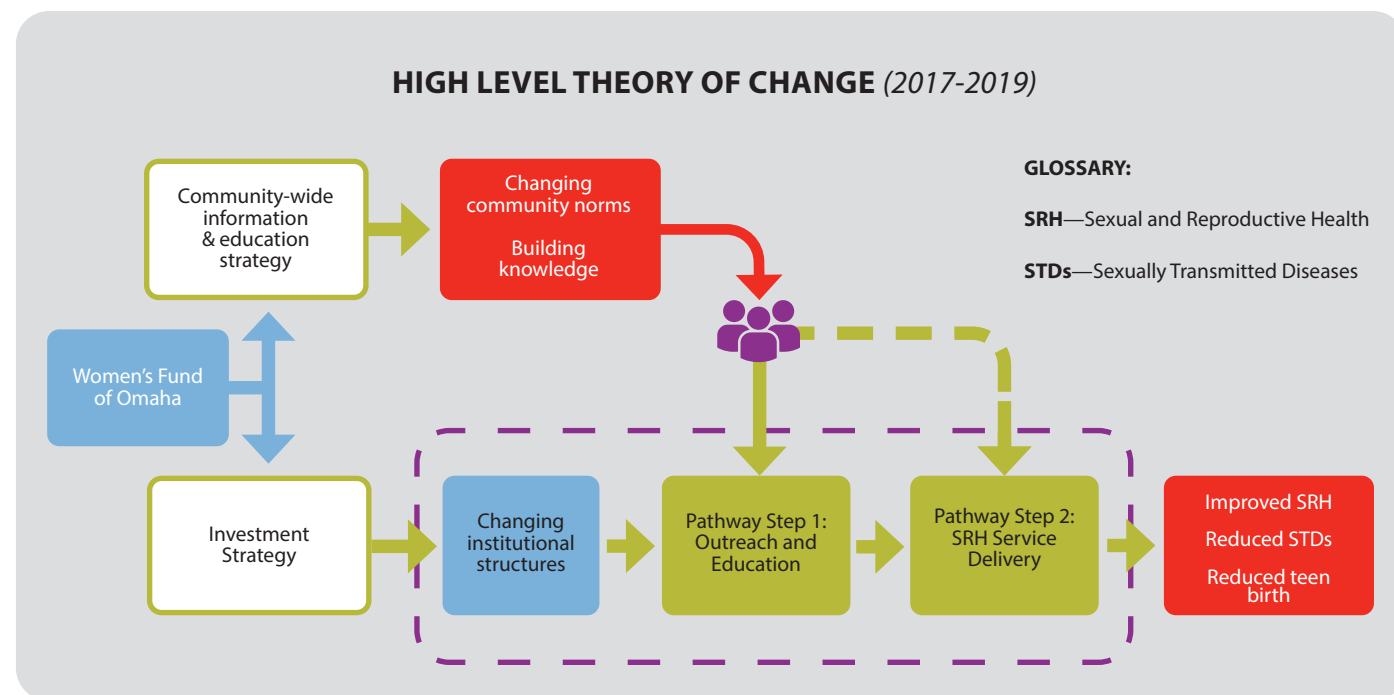
The work of the AHP has contributed to increased access to testing, treatment and sexual health information. Moreover, **AHP has strengthened the local ecosystem of services contributing to increased communication, collaboration and training opportunities.** Finally, AHP has brought to the forefront the need to adapt services in ways that prioritize youth autonomy and access. In the current external environment in Nebraska where access to accurate and affirming sexual health information has become increasingly politicized, the AHP network is uniquely positioned to serve as a protective factor.

* Investment amount does not include dollars distributed as part of the Contraceptive Access Project.

ADOLESCENT HEALTH PROJECT

Timeline





EVOLUTION OF AHP AND THE SEXUAL HEALTH ECOSYSTEM

The original AHP outcomes of reducing STIs and unintended pregnancies are important, and yet **a key learning of AHP has been the need to reorient the project toward youth-centered goals that more accurately reflect the nature of the work and what it is designed to achieve, as well as actively dismantling oppressive approaches of controlling youth sexual health and behavior.** Progress toward these goals is by no means linear and requires consistent and honest interrogation around the extent to which we implement these ideals in reality, especially as emerging and innovative strategies to advance the work are identified.

AHP continues to deepen our understanding of the boundaries of our work across several dimensions—the type of work being implemented and how, the outcomes orienting the work, and who is involved. Comparing the two most recent versions of the AHP theory of change illustrates these learnings. First, understanding of the work has shifted from specific investment strategies intended to linearly produce certain outcomes to a more relational, dynamic approach to the work supported by strategies that center youth experience supported with an adaptive funding model. Furthermore, the exact nature of the strategies and the strategies themselves are expected to continuously change.

Most importantly, **the updated theory of change reflects a redirection to a different type of outcome.** Rather than long-term outcomes that focus on changing individual behaviors of young people, there is a shift in the onus for change to the ecosystem, and to interim outcomes over which AHP has some influence. In short, instead of asking, “how can we reduce STIs and unintended pregnancies among young people?”; we are asking, “what changes need to happen in the sexual health ecosystem to better center young people in order to comprehensively support their sexual and reproductive health?”



“Young people need and deserve sex education that is affirming, positive, safe and inclusive because it’s simply the ethical thing to teach. **Comprehensive sex ed decreases the transmission of STIs and reduces unwanted pregnancies.** It also contributes so very positively to the self-worth, self-image and self-understanding of young folk who are often left with deep, challenging questions about their identities.”

—Kamrin Baker (she/her)

“I deserve sex ed that goes more in depth on the many difficulties **Black women have with their overall sexual health.**”

—Maya Solarano (she/her)

What Are *Young People* Saying About Sex Education?

“**Comprehensive sex ed matters to me because educating individuals leads to confidence which leads to making responsible decisions.** If people do not have the information needed to make choices, they will fill in the gaps. Providing fact-based youth-oriented content prepares young people to be safe and responsible sexually active individuals.”

—Cleo Zagurski (she/her)

“**Affirming sex education has helped me make confident decisions for myself when facing pressure in intimate relationships.**”

—Journey Trimble (she/her)

“Sex education matters to me because in order to be an autonomous person I need to be able to make conscious, knowledgeable choices. **Knowledge is power, so giving our youth knowledge empowers them to make better, smarter and safer decisions for themselves and those around them!**”

—Brooke Wilczewski (she/her)

“Inclusive and affirming sex ed is important to me because I deserve to be in control of my own body and future. **As a queer, trans nonbinary person of color, I am often told that my body isn’t mine to do with what I want. Affirmative and inclusive sex ed is a form of liberation from that oppression.**”

—Mars Nevada (they/them)

Revised Theory of Change

(2019-Present)



The revised Theory of Change is operationalized in more detail with these interrelated interim outcomes are defined as:

► **EQUITY** (*Equitable Youth-Centered System*):

Actors within the ecosystem address adultism and other biases so that young adults experience all aspects of the ecosystem in an affirming way that respects and accounts for their differing identities; young people get the care and resources they need.

► **ACCESS** (*Improved Sexual Reproductive Health Care*):

Barriers within the ecosystem are reduced so that young people can access education, resources and services confidentially and with flexibility, which includes creating well-functioning referral networks between STI testing and birth control. More than access to services, reducing barriers also includes destigmatizing sexual and reproductive health across the community, inviting youth to co-create solutions in intentional ways, and recognizing and responding to environmental factors that may exacerbate barriers (e.g., COVID-19 pandemic).

► **AUTONOMY** (*Youth Autonomy*):

Open, honest and non-judgmental conversations about sexual health with providers and other trusted adults occur in ways that center young adult safety and wellbeing, so that young people are not pressured and can weigh all their options to self-determine what is best for their emotional and physical health with informed decision-making including: providing and receiving consent; establishing and maintaining healthy, non-exploitative relationships; and making informed decisions about STI prevention and birth control.

Not explicitly covered in either theory of change, **another important part of AHP is the organizations and actors involved in the broader sexual health ecosystem.** The term “ecosystem” as opposed to “system” is used intentionally, recognizing the interdependence between more traditional institutional systems (e.g., health care, education) and the ways in which all aspects of the ecosystem influence and are influenced by the general environment (e.g., societal mental models around sexual health). The primary actors within the sexual health ecosystem are young people, community-based organizations (e.g., various health care providers, other youth-serving organizations, businesses, faith-based organizations), public institutions (e.g., health departments, K-12 education, postsecondary education), philanthropy (e.g., WFO, private foundations), policymakers (e.g., state legislature, OPS school board, state board of education), evaluators (e.g., Youth Participatory Action Researchers), and national technical assistance providers. **One important shift implied when comparing the two different theories of change is WFO’s role beyond that of “investor.” While WFO provides funding directly to provider organizations and directly invests in public awareness efforts, we also convene and build relationships across actors, identify and implement values-aligned educational opportunities, engage and support youth-led research efforts, and coordinate and advance public policy efforts, among other roles.**

Key Accomplishments

CURRENT AHP GRANTEE PARTNERS

Charles Drew Health Center, Inc.

Children's Hospital & Medical Center

Douglas County Health Department

Nebraska AIDS Project (NAP)

Nebraska Medicine at Girls Inc.

Nebraska Medicine—University Health Center at UNL

Nebraska Medicine—UNO Health Center

Nebraska Urban Indian Health Coalition, Inc. (NUIHC)

OneWorld Community Health Centers

Planned Parenthood North Central States

University of Nebraska at Omaha

BUILDING A NETWORK

AHP has built a network of community-based health care providers that collaborate with one another and provide sexual and reproductive health services in youth-appropriate ways. While organizations formerly competed with one another to access the same limited sources of funding, AHP changed funding mechanisms so that organizations regularly gather through the AHP learning collaborative to build relationships and best practices. These interactions ensure that young adults can access high-quality services across the Omaha metro from a variety of organizations according to their needs and preferences. Expanding AHP's reach and positive young adult experiences, AHP added free birth control services through the Contraceptive Access Project in 2016, which, in 2017, grew to have a statewide reach. In 2022, WFO transitioned this part of the work to another partner organization.

Additionally, past evaluation reports suggest **grantee organizations have worked together to reach young people, engage community partners, develop a network of warm referrals and seek solutions to challenges.**² These efforts have also contributed to increased availability of services and resources. Previous evaluations have found that confidential family planning services have been readily available during evening and weekend hours, STI testing has been available off-site, and resources are often available in "less traditional" venues such as bars, hair salons, libraries and non-profit organizations.

Furthermore, the **quality of services—especially their alignment with youth-serving principles—is continuously supported with training that addresses needs identified by the network and/or as recommended by youth.** These training opportunities can also expand beyond the direct AHP provider network. For example, AHP began training youth-serving professionals with the Askable Adults Matter (AAM) curriculum in 2016, equipping trusted adults with the knowledge and skills to normalize conversations with youth around their sexual health, which addressed a gap identified by research with youth. It is estimated that approximately 750 youth-serving professionals have been trained in AAM across Nebraska, with key partners such as Mentor Nebraska, The Grace Abbott School of Social Work and Nebraska Coalition to End Sexual and Domestic Violence—all of which incorporated AAM into their regular programming. During the pandemic, AAM was adapted to a virtual environment and in 2021, WFO trained 35 new trainers and updated all materials. **WFO now runs the nation's most prominent and comprehensive AAM initiative.**

More recently, **AHP began training health care providers on a deeper understanding of person-centered care** with a November 2021 training in partnership with University of California at San Francisco (UCSF) and SisterReach (a reproductive justice organization)

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entitled "Strategies to Promote Sexual and Reproductive Health Equity While Providing Person Centered Care for Young People," which reached 135 people. In February and March 2023, the WFO sponsored the [PATH Framework](#) Trainer of Trainers, a person-centered way to engage in non-judgmental conversations with clients around reproductive and contraceptive choices and addresses both a training need identified by the network and recommended best practices by the American College of Obstetricians and Gynecologists (ACOG). To date, 38 providers have been trained in the PATH framework Train the Trainer, with those providers creating an implementation plan to institutionalize the framework at their health center locations.

There are early indications that **PATH trainings have contributed to longer-term structural and behavior changes.** For example, one AHP grantee has included PATH prompts as part of its electronic health record, ensuring consistent application. The majority of the grantees have added it to their onboarding of health care staff, ensuring richer, more meaningful conversations within the exam room centering patient autonomy.

One AHP grantee has included PATH prompts as part of its electronic health record to easily include questions and responses/results into the provider notes for more equitable and inclusive patient care.



Key Accomplishments

CENTERING YOUNG PEOPLE

The work of AHP has expanded and become more systemic in large part because of the increased influence of young people throughout the project. Essentially, as young people moved from being informed and/or consulted in the work to engaged in shared decision-making and even leading elements of the work, they are given more power to influence AHP and hold positions where their voices are more directly heard, which enhances progress toward the outcomes of equity, autonomy and access. Throughout the course of AHP, WFO has learned—in partnership with others—how to use our ecosystem position as a resource distributor and orchestrator to support these shifts, which are explicitly apparent in three areas: research, marketing and communications, and advocacy. Young people are also engaged meaningfully in other ways, such as youth councils supported by grantee partners.

AHP started the Youth Participatory Action Research (YPAR) portion of its work in 2016, and young people were increasingly tasked with deeper assessments of AHP. YPAR initially assessed barriers and enablers for youth in accessing sexual and reproductive health (SRH) services, and eventually operationalized and assessed AHP core values and guiding principles through mystery shopping efforts, and perhaps most notably, defined broader elements of the full sexual health ecosystem from 2019 onward via photovoice, focus groups and other projects. This work further detailed what it really means for the sexual health ecosystem to center young people and brought AHP guiding principles further in alignment with youth perspectives. **Ultimately, engaging young people in a process where they have more agency to set definitions for AHP contributed to the more robust conceptualization of AHP as detailed in the updated theory of change, which provided additional emphasis in areas of work beyond the direct provision of select SRH services.** There are no doubts that the COVID-19 pandemic impacted the ability to fully develop strategies based on this shift. WFO nonetheless facilitated additional efforts to influence the system based on this input while supporting grantee partners through unprecedented times.

Throughout the course of AHP, marketing and communications efforts have progressed from being youth-informed to being increasingly youth-led. Once WFO brought marketing and communications in-house in 2018, we further integrated youth voice into messaging by hiring young people as creative interns to develop campaign concepts and social media content as well as engage with their peers during outreach events. Input from young people was used by the internal team to create public awareness campaigns, engage in more peer-to-peer conversations, determine giveaways and shift our social media focus toward Instagram with an emphasis on more video content. From 2019 onward, WFO has made changes to their internship structure

to more directly amplify the voices the young people. Due to the pandemic, we shifted from in-person summer internships to a quarterly social media influencer program. We also shifted spending from mass marketing campaigns to directly investing in youth and attending more youth-focused events as well as targeting youth audiences online. Ultimately, WFO changed our own behavior to increase the engagement of young people in the creation and promotion of public awareness efforts, which has added a critical perspective in local, community-wide messaging around sexual and reproductive health that puts young people in the position to engage with their peers to promote positive sexual health as well as educate their peers and the general public on what a positive sexual health ecosystem looks like.

While WFO and other AHP system actors have worked to influence public institutions and policy since the early phases of the project, a notable shift in involving young people occurred when advocating for comprehensive sex education standards with the Nebraska Department of Education (NDE).

As of July 2020, WFO had not yet engaged directly with young people in policy advocacy work aligned with AHP, though we had supported other initiatives that were doing so. This changed by the following year, after YPAR researchers shared their findings around what students aged 15-19 were learning in their school-based sex education classes. Recognizing previous requests to be more directly involved in advocacy and that there was a meaningful opportunity, WFO hired YPAR researchers as consultants after their research internship ended to join in more directly leading advocacy work around comprehensive sex education standards with NDE. A young person

was hired as a youth mobilizer to lead YPAR, young people organized a sex ed rally to engage support for the statewide health education standards, they hosted a town hall for state board of education members in partnership with Girls Inc, and many young people individually provided testimony during board of education meetings. NDE ultimately decided to delay the development of health education standards indefinitely. Regardless, important progress was made in terms of amplifying the voices of young people, providing advocacy education and support for them to advocate for the sexual health ecosystem they deserve according to their wants and needs.



CHALLENGES AND LESSONS LEARNED

Engaging in dynamic, systems-level work means that progress is not always linear. While AHP gained considerable momentum in the earlier years of the project, recent lessons learned and challenges have brought to the forefront the need to keep adapting this work to meet the changing dynamics of the external environment. An important lesson learned occurred over the past few years as AHP developed, launched and ultimately discontinued the Access Granted technology platform due to implementation issues. Some YPAR evaluation results and other information emphasized the important role of technology in supporting various aspects of AHP work. We also discovered the need to engage in co-creation efforts with young people and provider partners earlier in the ideation and development phases when new strategies are being considered to ensure local relevance and applicability.

Additionally, **AHP continues to adapt and respond to challenges within the broader environment, including the COVID-19 public health pandemic.** This unprecedented, universal challenge undeniably affected AHP, with previous evaluation reporting from late 2020 indicating disproportionate impacts especially on Hispanic/Latinx people within AHP due to the pandemic, mirroring broader COVID-19 trends. This pandemic decreased the availability

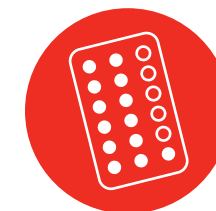
of STI testing supplies and contributed to staffing shortages from having to repurpose staff for COVID-related needs. Furthermore, there were additional staff changes across AHP partners and within WFO which were both related and unrelated to the pandemic. Combining these elements with disruptions in the ability to gather in person as well as the overall trauma of the pandemic, the relational and dynamic nature of AHP work was temporarily inhibited. **Despite these challenges, WFO continued to facilitate and support core functions of the work alongside partners and still found ways to meaningfully engage youth, such as the advocacy work with NDE and pivoting to a social media influencer approach with public awareness efforts.** WFO also pivoted to provide all trainings virtually to our statewide network, making professional development more accessible across the network. These efforts demonstrate the adaptive and resilient nature of AHP.

As the pandemic continues to wane, there are other long-standing, ever-evolving environmental challenges that persist. **Misinformation, shame and stigma around sexual and reproductive health represent mental models within the community that inhibit a positive and vibrant sexual health ecosystem.** These mental models are likely related to the highly contested political environment surrounding legislative policy related to sexual and reproductive health. Nebraska recently passed laws that restrict access to abortion care at approximately 12 weeks gestation and bans gender affirming surgical care for youth ages 19 and under.

Despite intensive advocacy efforts, evidence-based, comprehensive sexual health education standards have not been adopted statewide. However, early successes of AHP resulted in Omaha Public Schools adopting comprehensive human growth and development education standards and a curriculum that aligned with these improved standards. Without full support from public institutions and school systems to provide high-quality, affirming sexual and reproductive health education, a critical gap within the sexual health ecosystem remains, given that youth ages 15-19 surveyed by YPAR indicated they desired additional sex education from school. When education institutions are fully invested in this type of education, AHP has been able to respond. For example, a comprehensive sex education pre-K (ages 3-6) and K-6 curriculum was developed in 2019 for the Montessori Co-op school in Omaha and is still being implemented with ongoing trainings provided for teachers and parents/caregivers.

What's Next

AHP successes are laudable, and our initiative continues to exist within a volatile and challenging environment. This environment is characterized by politicizing evidence-based, comprehensive sex education policies as well as reproductive health care and bodily autonomy more broadly in addition to a local adolescent health care system where comprehensive health services—including services that link to mental and behavioral health care as well as social services—are uncommon.³ Remaining grounded in our conceptualization of AHP as a dynamic, systems-change initiative designed to enhance equity, autonomy and access within the local sexual health ecosystem via adaptive, youth-centered strategies, we have identified the following areas for future development. Most importantly, AHP remains committed to authentically engaging young people and partners to co-create solutions.



Consider what additional sexual and reproductive health services and support may be needed in light of the current post-Roe era and additional state-level legislative restrictions around sexual, reproductive and gender-affirming health care.



Develop innovative avenues for comprehensive sex education to thrive and expand within community-based organizations and outreach as we continue to advocate for mental model shifts for education institutions.



Revisit recommendations from Youth Participatory Action Research (YPAR) to **better understand and support the connection between mental health and sexual and reproductive health.**



Continue to facilitate collaborations, referrals and specialized training for services across health care providers and other organizations in ways that prioritize youth with WFO serving as a connector, thought partner, and hub for resources and information.

¹ Source: unpublished raw data from AHP grantees from the inception of the project through 12/31/2022 as compiled by the University of Nebraska Medical Center. STI testing data includes young people up to ages 25, and outreach data includes estimates of young people ages 15-24 who were reached. Testing and outreach numbers can include duplicate counts of young people.

² Reach out to WFO for details around previous evaluations referenced in this report, as desired, at info@OmahaWomensFund.org.

³ Tibbits, M., Nguyen, T., Wheelhouse, C., Grimm, B., & Palm, D. (2022). (rep.). Adolescent Health Care Access in Nebraska: Strengths and Opportunities. Omaha, NE: University of Nebraska Medical Center.



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