

Young Parents Logic Model



Healthy Teen Network

Young Families Logic Model

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Acknowledgments

This resource is an updated version of the *Logic Model for Young Families Resource Kit*,¹ developed in 2008 and based on the BDI, or Behavior-Determinant-Intervention Logic model developed by Douglas B. Kirby.² We would like to thank those who helped to develop the original version: Marilyn Colby-Rivkin (Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting); Sue Cupito (YWCA of Greensboro, North Carolina); Kathy Putnam (Adolescent Pregnancy Prevention Coalition of North Carolina; now, SHIFT NC); and Wanda (Spann Roddy) Thruston (Health and Hospital Corporation of Marion County, Future Promises Program for Pregnant and Parenting Teens).

In the 2020 revision of the *Young Parents Logic Model*, we are again grateful to our members for sharing their expertise and support to provide feedback and review of the materials. We also want to thank former Healthy Teen Network Board Members, Judith Herrman, RN, ANEF, FAAN (Professor, School of Nursing, University of Delaware) and Wanda (Spann Roddy) Thruston, DNP, PNP, RN (Clinical Assistant Professor, Indiana University School of Nursing), as well as former member, Sue Cupito (retired, YWCA of Greensboro, North Carolina) for their substantive feedback and support developing the case studies. Finally, we are most appreciative of [The Annie E. Casey Foundation](#) for supporting our efforts to update this resource.



We believe every young person has the right to live their authentic sexuality.

That means making decisions about their own body and relationships—and feeling good doing it. Decisions about if, when, and how to parent—or not. And the freedom to become who they want to be.

From our start in 1979, we focused on an often-overlooked group of young people: those who were pregnant and parenting. Back then, we were known as the National Organization on Adolescent Pregnancy and Parenting, or NOAPP. Over time, we added a third “P” to our name to bring in prevention, while never losing sight of supports and services for young people who are pregnant or parenting.

Inclusive and affirming is just who we are. For all young people.

Our mission is to promote better outcomes for adolescents and young adults by advancing social change, cultivating innovation, and strengthening youth-supporting professionals and organizations.

We are Healthy Teen Network.

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Introduction to the *Young Parents* *Logic Model*

Welcome

Young parents have a wide range of needs, and youth-supporting professionals can be more effective when addressing those needs in a holistic manner and relying on evidence-based approaches to do so.³ In addition to the common needs that all pregnant individuals and parents have, young parents have a wide range of unique needs. Given the complexity of meeting these unique needs holistically, Healthy Teen Network created the *Young Parents Logic Model* as a guiding tool to aid youth-supporting professionals in the design and development of programs, services, and interventions, as well as in the continued improvement and evaluation of these activities.

We identified the goals, behaviors, and determinants included in the *Young Parents Logic Model* based on the social-ecological model;⁴ the extensive literature review Healthy Teen Network conducted of existing research, programs, and services

(see the Annotated Bibliography⁵ and Full Bibliography⁶); recommendations by the Center for Assessment and Policy Development;⁷ feedback from Healthy Teen Network members; and the wealth of expertise provided by contributing authors.

Youth 360°: How & Where Youth Live, Learn, & Play Matters

A holistic approach (what Healthy Teen Network calls *Youth 360°*) is the best way to achieve positive health and well-being outcomes for all youth.⁸ We organized the *Young Parents Logic Model* around the social determinants of health, including systemic factors (e.g., availability of affordable housing, racism, stigmatization of young parents), that play a major role in health outcomes.

How and where youth live, learn, and play

matters: we know social determinants of health are mostly responsible for health disparities and inequities.

The *Young Parents Logic Model* demonstrates how to change behaviors, at the individual level of young parents, to achieve goals. However, this model considers the range of factors at the societal, community, and relationship levels that can influence individual behaviors, based on the social-ecological model.

We provide several examples where we illustrate how one determinant can be given further detail when considered from the societal, community, relationship, and individual levels (pp. 48-53). By considering the full range of determinants across these levels, an agency may also choose to address factors beyond an individual's control (such as access to safe, reliable, and affordable transportation).

For Young People Who are Pregnant or Parenting

This model is a resource for youth-supporting professionals who provide programs, services, and other interventions for young people who are pregnant or parenting. The goals are intended for young mothers and young fathers: “young parents” is meant to be inclusive of parents of all genders.

This logic model focuses primarily on the behaviors and determinants of young people who are pregnant and/or parenting. While the needs of children of young parents are reflected in this logic model, the ultimate focus is on outcomes for their parent(s). Positive outcomes for young parents lead to positive outcomes for their children and subsequently, positive outcomes for young families.

Make It Your Own

It is important that a specific agency or project logic model's goals, behaviors, and determinants reflect the needs of the program, services, community, and youth. **Adaptations of the Young Parents Logic Model are not only encouraged, but expected.** No one agency could realistically address all the goals, behaviors, and determinants identified here.

The *Young Parents Logic Model* is the foundation, and agencies should adapt it based on the needs of their project(s), priority population, capacities, community, and environmental context.

Modifying this logic model to fit a specific project will also then help to set up the evaluation plan for that project.

Measurable indicators or SMART (i.e., specific, measurable, achievable, realistic, and time-oriented) objectives can be added, as well as the inputs and outputs funders often expect in project logic models.

We provide two examples (pp. 12-13) that demonstrate how different organizations adapted the original *Young Parents Logic Model* to fit their project, funding, capacities, community, and youth.

What Is a Logic Model?

A logic model is a systematic and concise way of visually presenting the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.⁹

The 4 Steps of the BDI Logic Model



In other words, a logic model is a road map of your program that funders, program developers, project managers, stakeholders, and evaluators can use to understand how your program works.

Logic models serve many purposes:

- Provide a tool to plan, design, or select intervention activities, services, or programs;
- Identify key goals, behaviors, determinants, and intervention activities;
- Link intervention components and activities to determinants, also known as risk and protective factors, which affect the health of individuals and communities (e.g., social, economic, and environmental factors);
- Encourage evidence-based programming and services;
- Determine what additional information or research is needed in order to design or improve programs/services;
- Provide guidance to evaluators to determine which specific activities and outcomes to measure;
- Build cooperation between designers, implementers, and researchers;
- Provide the foundation for understanding what works and why it works;

- Help stakeholders and others involved understand how investing time and resources can contribute to achieving the intended goals and outcomes;
- More effectively and efficiently use limited resources to achieve health goals; and
- Strengthen the case for investment in the programs/services.

Different Types of Logic Models

There are many examples of logic models. Sometimes, funders require programs to use a specific kind of logic model. Although the *Young Parents Logic Model* may not follow the exact format or model a funder or stakeholder requires, you can adapt it to meet your needs and audience.

The *Young Parents Logic Model* is loosely based on the BDI, or Behavior-Determinant-Intervention Logic model, that Douglas B. Kirby developed specifically for the adolescent sexual health field.¹⁰ There are four steps to complete a BDI Logic Model. While the *Young Parents Logic Model* is not an exact BDI Logic Model, it is useful to understand the steps to create a BDI Logic Model, as these steps informed our process.

The BDI Logic Model focuses first on the **goal**, or intended outcome, to help purposefully design services and activities to reach the goal or outcomes. Second, the BDI Logic Model identifies **behaviors** that can affect health outcomes for the individual—something practitioners can reasonably expect to influence within the context of programs. The third focus is on **determinants**, or risk and protective factors, that influence behaviors. Fourth, and finally, the BDI Logic Model identifies the specific **intervention** strategy (or, set of services and activities) to impact selected determinants, to then influence behaviors and subsequently, reach the intended goal.

While well suited to the design and evaluation of programs and services, the BDI Logic Model focuses primarily on the individual's behaviors and determinants—their knowledge, attitudes, skills, and actions. Agencies often focus on the individual because it can seem to be most feasible and realistic. However, in order to address the wide range of unique needs for young parents, and consider social determinants of health and disparities that play a major role in health outcomes, we deviated from the traditional BDI Logic Model form to create the *Young Parents Logic Model*.

Additional Considerations

Healthy Teen Network created the *Young Parents Logic Model* to serve as a resource and tool for professionals providing services for young parents. This model is not a program map or a curriculum; rather, it is a resource, a tool, for designing and informing holistic programs and services for young families. Professionals may use this model to guide program planning, design, and/or selection of services.

The *Annotated Bibliography* and *Full Bibliography* provide extensive documentation of the research we used to create the *Young Parents Logic Model*.

The *Young Parents Logic Model* does not provide an exhaustive list of goals, behaviors, or determinants; rather, this logic model reflects, based on the research, what we identified as the most relevant goals, determinants, and behaviors.

While no one agency can realistically address all the goals, it is essential to understand the intersectional nature of the goals. We encourage agencies to partner

with and support linkages and referrals to other services and programs that may support other related goals

The *Young Parents Logic Model* does not identify specific, measurable, achievable, realistic, or time-oriented (i.e., SMART) goals and objectives. We encourage you to develop SMART goals and objectives for your adapted logic model.

The *Young Parents Logic Model* does not indicate a one-to-one connection or causal relationship between each determinant and behavior; rather, a list of determinants is provided alongside the behaviors associated with each goal to indicate that the determinants collectively could affect the behavior. A single determinant may apply to multiple behaviors.

The *Young Parents Logic Model* does not identify intervention strategies or activities. All projects are different, and a specific agency's mission, priorities, priority population, community, funding, and capacities will drive the design or selection of a particular intervention, curriculum, program, or set of activities and services.

Examples

We share two examples of how organizations used the original *Young Parents Logic Model* as a guide to design services and programs for young families.

Example #1

The county health department of an urban U.S. midwestern city provides services to high school students who are pregnant and parenting (mothers and fathers) through a school-based program utilizing a comprehensive and holistic positive youth development approach. The program serves this population at multiple public high schools in the city.

The program utilizes year-round in- and out-of-school individual social and academic support services and case management services that are provided by an experienced professional case manager. Additionally, the program offers group health, prenatal, parenting, and life skills education, as well as college and career readiness skills through soft-skills training, summer internships, and college and career on-site tours. Program staff serve as liaisons between the program

participants and community resources to ensure all needed services are received. Since its inception in 1996, this program has impacted the lives of more than 2,500 high school students who are pregnant and parenting, and today serves approximately 100 young parents a year.

As founder and former director of this program, Wanda Thruston, DNP, PNP, RN (Clinical Assistant Professor, Indiana University School of Nursing) was first motivated to use a logic model because it was required by various federal, state, and local funding agencies. Funders required applicants to explain how their funding of program interventions would make a difference in the desired outcomes.

As a contributing member to the original *Young Parents Logic Model*, Dr. Thruston was personally invested in this resource. Although the program's model and evidence-based approaches had existed long before she began using logic models, she found the original tool to be the ideal foundational resource to organize the interventions of the comprehensive multi-school-based program.

Adapted to fit this program, the *Young*

Parents Logic Model provided a nationally recognized and credible graphic representation of the relationship between program goals, objectives, activities, and measurable activities.

Nearly ten years have passed since Dr. Thruston initially adapted the *Young Parents Logic Model* for that school-based program. After learning how to develop logic models for funders, Dr. Thruston later began utilizing an adapted BDI logic model for all aspects of the program and prior to the implementation of any new evidence-based program. These logic models became the road map that would describe the evidence-based program components and their outcomes to stakeholders, including staff, administrators, funders, and evaluators.

Example #2

A community-based organization in the U.S. mid-Atlantic region offers a variety of services and activities for the community, including several focused on young mothers. Service components include mentoring services to support young mothers to finish school, grow as parents, and make plans for the future; childbirth

education with prenatal health and fitness services; a reading program to promote positive parent-child interaction; and services for adolescent and young adults mothers, including doula support, case management, and peer group education during pregnancy and beyond.

As director of the programs for adolescent and young mothers, Sue Cupito was instrumental in developing the original *Young Parents Logic Model*. Cupito notes that the tool is valuable because it brings national attention to applying evidence to support and empower young parents holistically.

This organization's approach to meeting the needs of young mothers in a holistic way is always evolving. The immediate, more basic needs of the young people they serve are apparent—such as clothing, housing, education, food, and safety. But these aren't necessarily what the adolescents see as their first and immediate needs—often it's the need for a warm caring connection to a significant other person in their life, whether it's a partner, a parent, a peer, or someone else. The need to fit in with their peer group is critical for adolescents, and

this organization prioritizes creating an accepting environment.

But to meet these various needs, the organization understands the importance of partnering with the community and using a holistic approach, focusing on the positive strengths of adolescents to help them develop and thrive.

Cupito explains, the most challenging aspect of using a holistic approach is the daunting number of factors that must be addressed. Yet this organization approaches its services with the understanding that supporting young mothers is not something that a single organization or agency can address—it must be done as a partnership with the community. Therefore, the organization looks at these needs from a comprehensive standpoint and then works with the community to meet these needs.

In one example, this organization realized childbirth education classes were not meeting the needs of the young mothers. Based on their assessment, the organization modified its services to address challenges such as transportation, cost of classes, or feeling a sense of belonging by offering a mentor to attend

classes with, meals with every session, baby showers, and age-appropriate resources. Later, the organization added doula services because they realized that many of their young mothers did not have someone to be with them through labor and delivery.

By designing services and activities relevant to the determinants and behaviors of their priority population, the organization saw a profound impact on their goal of improving childbirth outcomes. About 50% of the young mothers who attend the childbirth education classes choose to have a doula, and among those who choose to have a doula, birth outcomes are four times better than those who did not choose to have a doula.¹¹

For Cupito, the original *Young Parents Logic Model* provided a guide for designing activities and services tied directly to the skills and motivations (or, determinants) of their youth, which in turn affected behavior and outcomes. The logic model does not necessarily surface new determinants, behaviors, or goals, but rather, it presents the rationale, grounded in research, for their program design and development, as well as a tool to use for continuous quality improvement.

02.

**Your Guide to
the *Young Parents*
*Logic Model***

The Logic Model

A **logic model** is a systematic and concise way of visually presenting the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve.¹²

The *Annotated Bibliography* and *Full Bibliography* provide extensive documentation of the research that guided the identification of the goals, behaviors, and determinants in the *Young Parents Logic Model*.

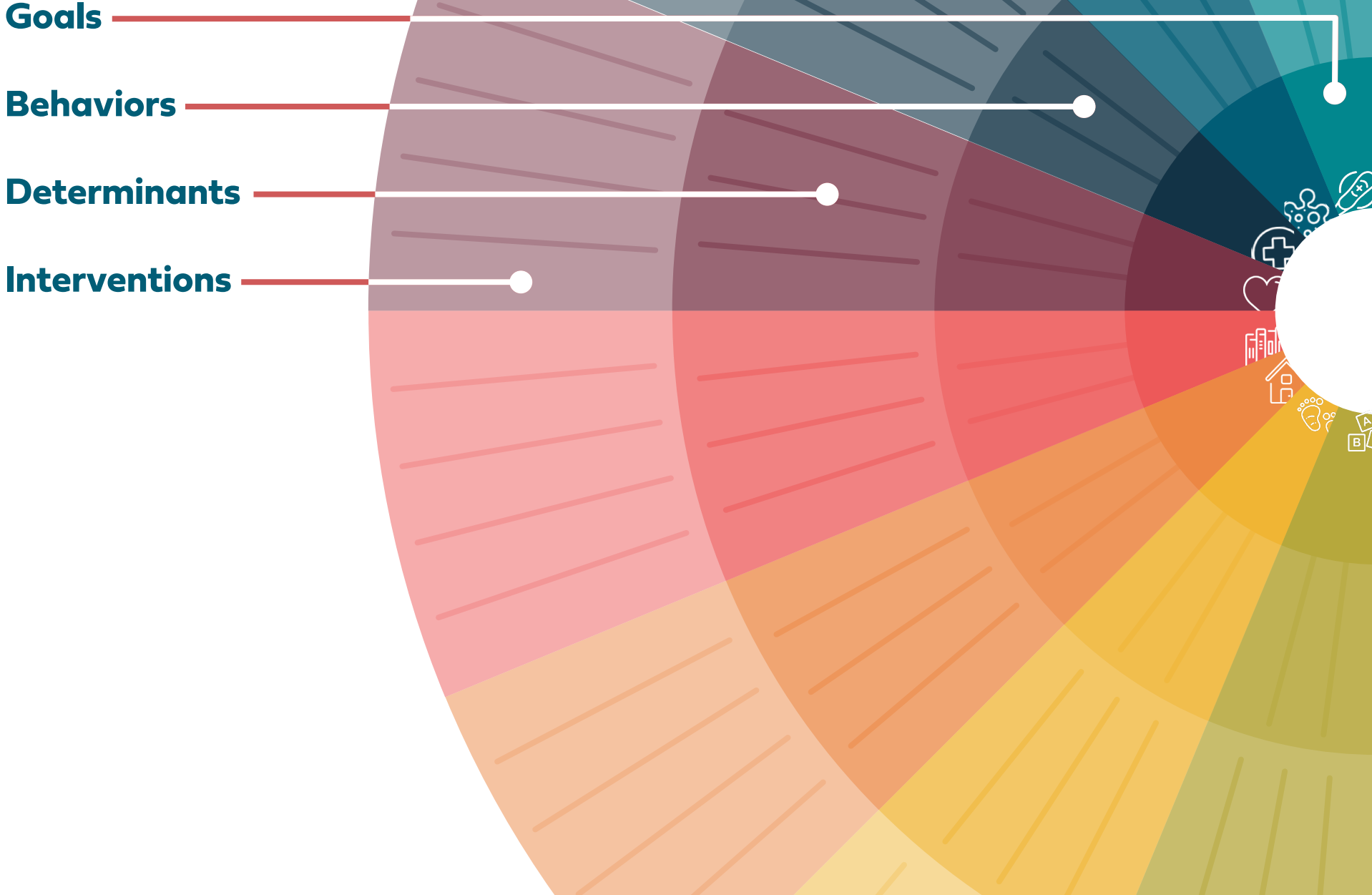


Make It Your Own
Adaptations of the *Young Parents Logic Model* are not only encouraged, but expected.

The *Young Parents Logic Model* is intended serve as a resource and tool for professionals providing services for young people who are pregnant and/or parenting.

This model is not intended to serve as a map for a specific program or set of services. We encourage you to use this model to guide program planning, design, and/or selection of services.

It is important that you “make it your own”: your own logic model and its goals, behaviors, and determinants should reflect the needs and priorities of your project, community, and young people.



The Goals

Goals refer to broad, long-term, intended outcomes of a program, service, or intervention.

A holistic approach to supporting and empowering young families to thrive addresses each of the eight goals identified in the *Young Parents Logic Model*.

The *Young Parents Logic Model* includes eight goals unique to young people who are pregnant and/or parenting. The Goals figure (p. 19) provides a list of these goals, color-coded for ease of reading, alongside an icon that represents each goal.

It is important to keep in mind that each of these goals are interconnected. While

no one agency can realistically address all the goals, it is essential to understand how the goals intersect. For example, it will be difficult to work toward the educational attainment goal if a young person does not have safe and stable housing.

Make It Your Own



When you are ready to adapt the *Young Parents Logic Model* for your use, we have also created tools to help (pp. 56-59).

Select one or more relevant and appropriate goals, then make your goal(s) SMART by adding specific population(s), demographics, geographic locations, indicators, and timing.

Select goal(s) based on your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve.

INCREASE TIME GAP BETWEEN PREGNANCIES AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



REDUCE THE INCIDENCE OF STIS, HIV, & AIDS AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



INCREASE PHYSICAL & MENTAL HEALTH & WELL-BEING AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



INCREASE SAFE & HEALTHY RELATIONSHIPS AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING, WITH THEIR PARTNER(S), FAMILY, & PEERS



INCREASE EDUCATIONAL ATTAINMENT (I.E., HIGH SCHOOL, POST-SECONDARY EDUCATION, VOCATIONAL TRAINING) AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



INCREASE HOUSING & FINANCIAL STABILITY FOR YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



INCREASE HEALTHY, LIVE BIRTHS AMONG YOUNG PEOPLE WHO CHOOSE TO CONTINUE THEIR PREGNANCIES



INCREASE THE CAPACITY OF YOUNG PARENTS TO NURTURE THE POSITIVE DEVELOPMENT OF THEIR CHILD



The Behaviors

Behaviors are organized within each goal and refer to specific actions that practitioners can influence within the context of a program, service, or intervention.

The *Young Parents Logic Model* includes 36 behaviors practitioners can influence for young people who are pregnant and/or parenting. Determinants, along with behaviors, can be found for each goal (pp. 30-43).



Make It Your Own

When you are ready to adapt the *Young Parents Logic Model* for your use, we have also created tools to help (pp. 56-59). You will select relevant and appropriate behaviors. To create objectives, you may opt to make your behaviors SMART by adding indicators, in alignment with your SMART goal(s).

Select behaviors based on your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve.

Behaviors

- Increase use of quality healthcare services, screenings, & supports
- Increase use of full-options counseling support & services
- Increase consistent & appropriate healthy eating, physical activity and exercise, & sleeping



Goal

INCREASE PHYSICAL & MENTAL HEALTH AND WELL-BEING AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING

The Determinants

Determinants are risk and protective factors that influence behavior.

The *Young Parents Logic Model* includes many determinants that influence behavior. Determinants, along with behaviors, can be found for each goal (pp. 30-43).

The model does not indicate a one-to-one direct connection between each determinant and each behavior; rather, a list of determinants is provided alongside the behaviors associated with each goal to indicate that the determinants can affect the behavior. It is possible that a single determinant may apply to multiple behaviors.

To eliminate repetition across goals, we identified “overarching” determinants (p.

38) that influence all behaviors and goals in the *Young Parents Logic Model*.

Furthermore, because of the intersectional nature of the goals, one could argue that a goal, such as having access to safe and stable housing, is a determinant for another goal, such as educational attainment. However, to again eliminate repetition, we do not identify goals as determinants for other goals.

While no one agency can address all goals or all determinants identified, it is essential to understand the “big picture” this logic model presents and that all goals are related.



Make It Your Own

When you are ready to adapt the *Young Parents Logic Model* for your use, we have also created tools to help (pp. 56-59).

Select the relevant and appropriate determinants, including overarching determinants, for your identified goals.

Select determinants based on your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve.

Determinants

- Access to quality food sources (e.g., grocery stores, restaurants, convenience stores, farmer’s markets, etc.)
- Pattern of adequate sleep & rest
- Supportive, sympathetic relationships with community members, family, partners, & peers
- Access to & usage of prompt diagnosis of & treatment for pre- & postpartum depression
- Access to & usage of substance use, misuse, & abuse prevention & treatment

Behaviors

Goal

INCREASE PHYSICAL & MENTAL HEALTH & WELL-BEING AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



The Interventions

An **intervention** is a strategy or a set of program services and activities that impact selected determinants that influence behaviors.

The *Young Parents Logic Model* does not identify intervention strategies or activities. All projects are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, program, or set of activities and services.



Make It Your Own

When you are ready to adapt the *Young Parents Logic Model* for your use, we have also created tools to help (pp. 56-59).

Based on your selection of goals, behaviors, and determinants, you will identify an intervention.

You may choose to design a new set of intervention strategies and activities, or you may select or revise an existing set of intervention strategies and activities.

Use your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve to inform your intervention(s).

Intervention

- Facilitate visits to local grocery stores, food co-ops, farmers' markets, & food banks to assess which healthy products are available & the best value for healthy food & an affordable weekly budget.
- Provide classes to inform about relaxation techniques & strategies to create a consistent pre-bed routine to fall asleep fast.
- Partner with civic organizations to create youth-friendly, inclusive, & safe, permanent mechanisms & spaces where young families can engage meaningfully with community members.
- Structure opportunities (e.g., game nights, field trips to local farms, Karaoke night, etc.) for positive social interactions with family, partners, & peers.
- Host group discussion sessions about the importance of prenatal care & brainstorm solutions to barriers.
- Offer routine screening for past & current history of substance use, misuse, & abuse.

Determinants

Behaviors

Goal

INCREASE PHYSICAL & MENTAL HEALTH & WELL-BEING AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING




03.

***Young Parents
Logic Model***

Overarching Determinants

Overarching determinants are determinants that influence all behaviors and goals in the *Young Parents Logic Model*. In addition to the determinants that are unique to a particular behavior and goal, professionals working with young families should consult the list of overarching determinants (p. 29) when adapting this model to create a logic model to design or improve their programs and services.

 When you see the magnifying glass, this symbol indicates that we share an example of how that determinant can be expanded with determinant details, from a social-ecological perspective. (Go to the page identified in the parentheses following the determinant to see the example determinant details.) For example, we expand an overarching determinant—childcare—with determinant details on pp. 48-49.

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Overarching Determinants

- Systems of oppression/discrimination (e.g., racism, ethnocentrism, homophobia, heteronormativity, transphobia, cisnormativity, sexism, misogyny, ableism)
- Current or past physical, sexual, psychological, or economic abuse, violence, or neglect
- Historical trauma & toxic stressors
- Living in a safe environment free of violence
- Poverty (housing, food, &/or economic insecurity)
- Existence & expansion of scientific research focused on young people who are pregnant/parenting
- Evidence (versus ideology, lobbying, or campaign contributions) drives policies, programs, services
- Consistent, equitable enforcement of federal, state, tribal, & local laws
- Awareness of & skills & self-efficacy to advocate for accommodations & protections under federal, state, tribal, & local laws
- Respect for adolescents, including those who are pregnant/parenting, as people & members of society
- Non-stigmatizing values about adolescent pregnancy/parenting, co-parenting, & supporting, including, & engaging young fathers
- Unique challenges of parenting while going through adolescent development
- Social obligation to support & empower all young people to lead healthy & fulfilling lives
- Bodily autonomy for all people, including adolescents
- Access to & usage of supportive & well-functioning systems & services (e.g., schools, health care, insurance)
- Access to & usage of coordinated care (e.g., case management, social services) to facilitate navigation of diverse systems & services
- Access to & usage of a comprehensive network of integrated services within the community
- Access to & usage of accessible & meaningful financial aid, income support (e.g., student loans, rental assistance, subsidized housing, energy assistance, Temporary Assistance for Needy Families (TANF), Women, Infants, & Children (WIC))
- Access to & usage of affordable, safe, reliable transportation
- Access to & usage of affordable, comprehensive, affirming, evidence-based, youth-friendly health care & insurance, including physical & mental health care, dental care, vision care, & sexual/reproductive health care
- Access to & receipt of equitable, free, appropriate public education
-  Access to & usage of affordable, safe, reliable, quality childcare & educational support services (e.g., preschool) (p. 48)
- Cultivation of secure emotional attachment
- Positive role models & adult mentors
- Development of positive & realistic long-term educational & professional goals & aspirations
- Development of strong social networks & positive connections with pro-social (i.e., beneficial) peers, including other young parents
- Development of positive connection to school-, community-, & faith-based organizations
- Supportive, sympathetic relationships with community members, family, partners, & peers (e.g., provide a safety net, "fail" safely)
- Resiliency & a growth mindset (i.e., ability to withstand adversity, manage stress, change outlook on life)
- Awareness of & skills & self-efficacy to demonstrate social-emotional competence (i.e., interact in positive ways with others, communicate feelings positively, regulate behavior)
- Awareness of & belief in the many factors that influence people's behaviors, beyond individual genetics, beliefs, knowledge, or actions
- Access to & usage of quality, reliable, affordable legal services/aid (e.g., expunge juvenile records; arrange child support, custody, visitation; deal with identity theft; resolve landlord-tenant disputes; apply for emancipation)
- History of misuse & abuse of alcohol, tobacco, &/or other drugs
- Access to & usage of substance misuse & abuse prevention, screening, & treatment

Overarching determinants apply to all goals & behaviors listed in the *Young Parents Logic Model*.

ALL BEHAVIORS

ALL GOALS



Pregnancy & STI Prevention


We chose to keep these two goals together because many behaviors and determinants apply directly to both of these goals. Also, we wanted to highlight the importance of sexual health programming that addresses pregnancies and STIs simultaneously.

🔍 When you see the magnifying glass, this symbol indicates that we share an example of how that determinant can be expanded with determinant details, from a social-ecological perspective. (Go to the page identified in the parentheses following the determinant to see the example determinant details.) For example, we expand the determinant, access to and usage of condoms and contraception, with determinant details on pp. 50-51.

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Sex-positive & non-stigmatizing values about adolescent sexuality & sexual behavior
- Sex-positive & non-stigmatizing values about STIs & HIV
- Sex-positive & non-stigmatizing values about the use of sexual & reproductive health care services (e.g., routine gynecologic care, testing for & treatment of infections, pregnancy testing, contraceptive counseling & services, vaccination, full-options counseling, abortion services)
- Accessible, affordable, comprehensive insurance coverage for medically necessary health care services, including but not limited to abortion, contraception, fertility preservation, affirming treatment & transition-related care, HPV vaccine, PEP & PrEP, & STI/HIV screening, testing, & treatment
- Access to & receipt of comprehensive, youth-friendly, age-appropriate, medically accurate, sex-positive, inclusive, & affirming sexual & reproductive health education
- 🔍 Access to & usage of condoms & contraception (p. 50-51)
 - Access to & usage of full-options counseling
 - Access to & usage of safe & legal abortion
 - Access to & usage of STI/HIV testing & treatment
 - Access to & usage of PrEP, PEP
- 🔍 Receipt of HPV vaccine (p. 52-53)
 - Access to & usage of prompt diagnosis of & treatment for pre- & postpartum depression
 - Cultivation of parent-child connectedness
 - Awareness of & skills & self-efficacy to practice effective communication about STI/HIV status, number of partners, & sexual history
 - Awareness of & skills & self-efficacy to practice effective communication about values & skills related to consent, boundaries, & negotiation of condom & contraceptive use

Behaviors

- Increase correct & consistent use of condoms & contraception
- Increase use of safe & legal abortion for young people who choose not to continue their pregnancies

Behaviors

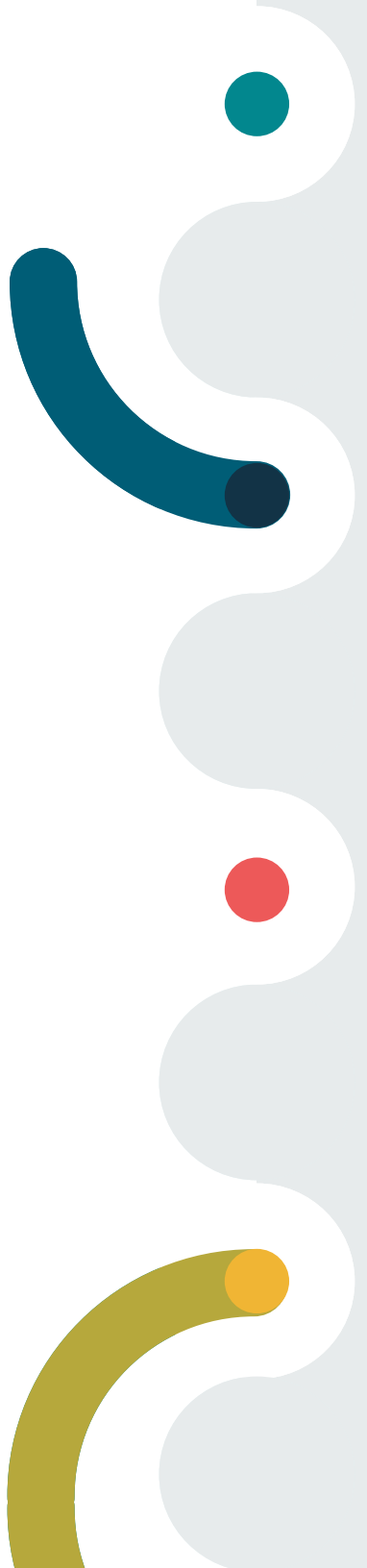
- Increase correct & consistent use of condoms
- Increase completion of the HPV vaccine series
- Increase correct & consistent use of PrEP among young people who choose to use it
- Increase disclosure of STI & HIV status among sexual partners
- Increase testing & treatment of STIs & HIV
- Decrease number of concurrent partners (i.e., having 2 or more sexual partnerships that overlap in time) &/or partners who have concurrent partners

INCREASE TIME GAP BETWEEN PREGNANCIES
AMONG YOUNG PEOPLE WHO ARE PREGNANT
&/OR PARENTING

REDUCE THE INCIDENCE OF STIS, HIV, & AIDS
AMONG YOUNG PEOPLE WHO ARE PREGNANT
&/OR PARENTING




Physical & Mental Health & Well-Being



Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Access to & receipt of comprehensive, medically accurate, age-appropriate, inclusive, affirming health education
- Family & community health history (e.g., history of depression, high rates of maternal mortality in community)
- Non-stigmatizing values about mental health care & treatment
- Access to & usage of accessible, affordable, quality, comprehensive, affirming, youth-friendly mental health care & treatment
- Access to & usage of counseling, crisis intervention, &/or related support services
- Access to & usage of quality food sources (e.g., grocery stores, restaurants, convenience stores, farmer's markets, etc.)
- Nutritional intake
- Pattern of adequate sleep & rest
- Access to & usage of safe recreational & green spaces
- Physical activity & exercise
- Awareness of & skill & self-efficacy to practice effective communication & negotiation values & skills
- Awareness of & skills & self-efficacy to practice effective recovery & coping strategies (e.g., from depression, abuse &/or neglect, multiple stressors)
- Access to & usage of prompt diagnosis of & treatment for pre- & postpartum depression
- Access to & usage of prompt & quality screening & treatment for suicidal thoughts & ideation
- Conflicting thoughts or doubts surrounding deep religious & spiritual beliefs
- Civic engagement

Behaviors

- Increase use of quality healthcare services, screenings, & supports
- Increase use of full-options counseling support & services
- Increase consistent & appropriate healthy eating, physical activity & exercise, & sleeping
- Increase maintenance & balance of healthy general stress & anxiety levels
- Increase consistent & appropriate participation in school, community, civic, & recreational (including non-parenting) activities
- Decrease misuse & abuse of alcohol, tobacco, & other drugs

INCREASE TIME GAP BETWEEN PREGNANCIES AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING




Safe & Healthy Relationships

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Consistent, equitable enforcement of laws & policies that recognize & protect against physical, sexual, &/or psychological abuse, violence, or neglect
- Non-stigmatizing values about survivors of all genders who may have experienced physical, sexual, &/or psychological abuse, violence, or neglect
- Living with supportive family members
- Presence of healthy & supportive relationships among community, family, & peers
- Access to & receipt of screening & services for physical, sexual, &/or psychological abuse, violence, or neglect
- Access to & usage of screening, treatment, counseling, crisis intervention, relationship education, couples counseling, &/or related support services
- Social constructs & values that reinforce toxic masculinity
- Values & practices that recognize that violence/abuse/neglect are not only criminal issues & understand & address public health implications
- Health & well-being of parents &/or adult caregivers
- History of witnessing instances of family violence & abuse
- Past &/or current experience with reciprocal violence (i.e., both partners are perpetrators & victims)
- History of toxic stressors (e.g., extreme poverty, abuse, family violence, maternal depression)
- History of involvement with judicial/criminal system
- Having an older partner, or a partner with a larger age gap
- Access to & usage of prompt diagnosis of & treatment for pre- & postpartum depression
- Access to & usage of emergency or temporary safe housing
- Access to & receipt of comprehensive, youth-friendly, age-appropriate, medically accurate, sex-positive, inclusive, & affirming sexual & reproductive health education
- Awareness of & skills & self-efficacy to recognize & name sexual harassment, sexual abuse, sexual assault, & rape
- Awareness of & skills & self-efficacy to practice recovery & coping strategies (e.g., from depression, abuse, neglect)
- Awareness of & skills & self-efficacy to practice effective communication about consent & boundaries
- Awareness of & skills & self-efficacy to practice positive parent-child attachment & co-parenting

Behaviors

- Increase development & nurturing of healthy relationships with adults & family members, including their children
- Increase development & nurturing of healthy relationships with adults & pro-social peers in schools & communities
- Increase development & nurturing of healthy co-parenting relationships
- Increase development & nurturing of healthy relationships with past, current, & potential partners (who may be casual, intimate, romantic, &/or sexual)
- Decrease incidence & prevalence of interpersonal & intimate violence, abuse, & exploitation

Goal
 INCREASE SAFE & HEALTHY RELATIONSHIPS AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING, WITH THEIR PARTNER(S), FAMILY, & PEERS




Educational Attainment

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Access to & usage of supportive school-based services (e.g., counseling, re-enrollment counseling, tutoring, health clinics)
- Access to & receipt of life skills education & support services (e.g., co-parenting & parenting, job readiness, finances, etc.)
- Positive values & messages about the benefits of a high school diploma (rather than a GED) & post-secondary education
- Motivation & resilience to pursue educational & professional goals
- Development of positive & realistic long-term educational & professional goals & aspirations
- Access to & receipt of flexible, affordable, accessible, appropriate, affirming educational opportunities
- Access to & attendance in an educational institution that complies with & protects Title IX law, to help students maintain on-track school status, including policies & accommodations to...
 - Protect students from harassment based on sex & gender, including harassment due to pregnancy/parenting status
 - Ensure students can continue participating (& return to the same status) in classes & extracurricular activities, & have the right to choose to participate in special programs or classes for students who are pregnant, expectant, or parenting
 - Ensure students are excused for absences for medical leave, as well as healthcare appointments, & have opportunity to make up work missed while absent
 - Ensure students are provided with the same special services (e.g., home instruction, at-home tutoring, independent study) provided to students with other temporary medical conditions
 - Provide students with reasonable adjustments necessary due to pregnancy (e.g., larger desks, frequent bathroom passes, elevator access, etc.)
- Consistent, equitable enforcement of policies & accommodations to provide & protect reasonable break times for students to express breast milk
- Adoption & publication of appropriate, equitable grievance procedures for students to file complaints of sex discrimination, including discrimination related to pregnancy or parental status
- Awareness of & skills & self-efficacy to advocate for protection & appropriate accommodations under federal, state, tribal, local laws (e.g., Title IX)
- Access to & usage of reliable, consistent, appropriate technology to support educational & post-secondary achievement
- Development of positive connection to & engagement with educational institutions
- Involvement in extracurricular activities
- Access to & usage of professional employment training

Behaviors

- Increase enrollment & attendance in educational programs (e.g., high school, post-secondary, education, &/or vocational training)
- Increase progression toward graduation requirements
- Increase graduation from high school, post-secondary education, &/or vocational training

Goal

INCREASE EDUCATIONAL ATTAINMENT (I.E., HIGH SCHOOL, POST-SECONDARY EDUCATION, VOCATIONAL TRAINING) AMONG YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING



Housing & Financial Stability

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Access to & usage of community & social services to promote successful transition to financial stability
- Decreased reliance, over time, on community & social services (e.g., financial aid/assistance & income support)
- Consistent, equitable enforcement of laws & policies to ensure & protect young person's ownership & possession of government-issued documents (e.g., birth certificate, social security card, SNAP card)
- Access to variety of flexible employment opportunities that provide a liveable wage
- Presence of healthy & supportive relationships among community, family, peers
- Consistent, equitable enforcement of policies & accommodations to provide & protect reasonable break times for employees to express breast milk
- Positive values & messages about the benefits of long-term employment & financial & housing stability
- Motivation & resilience to pursue long-term employment & financial & housing stability
- Development of positive & realistic long-term employment & financial & housing stability goals & aspirations
- Access to & usage of mainstream financial institutions (i.e., commercial banks, savings & loan associations, credit unions, etc., versus fringe banks, such as payday lenders & check cashers)
- Access to & usage of financial socialization (e.g., knowledge & skills related to budgeting, spending, saving, investing, borrowing)
- Access to & usage of identity theft management & consumer fraud protection
- Family & community history of housing & financial stability
- Awareness of & skills & self-efficacy to practice positive, sustained financial & risk management practices (e.g., saving/investment, managing wages, spending/budgeting, borrowing & use of loans and credit, securing/maintaining insurance & protections, etc.)
- Access to & usage of appropriate & affordable insurances & protections (e.g., health, housing, car insurance, identity)
- Non-stigmatizing values about public housing, rental assistance, transitional living services, & energy assistance
- Access to & usage of safe & stable public housing, rental assistance, subsidized housing, supportive housing, & transitional living services
- Consistent, equitable enforcement of laws & policies to protect tenants, cohabitants, & roommates (e.g., eviction, disputes, tenant safety, landlord liability)

Behaviors

- Increase sustained employment, at least, a liveable wage
- Increase responsible & effective budgeting, spending, saving, investing, & borrowing of financial resources (i.e., acquisition & management of financial resources)
- Increase responsible & effective acquisition & maintenance of appropriate insurances & protections, such as health, housing, car insurance, identity (i.e., risk management practices)
- Increase use of supportive resources (e.g., family, community, professional) as a "safety net"
- Increase application for & sustained living in safe & stable housing

Goal
INCREASE HOUSING & FINANCIAL STABILITY FOR YOUNG PEOPLE WHO ARE PREGNANT &/OR PARENTING




Healthy, Live Births

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Unique challenges of being pregnant while going through adolescent development
- Access to & usage of accessible, affordable, quality, comprehensive, affirming, youth-friendly prenatal health care services, screenings, & supports
- Non-stigmatizing values about mental health care & treatment
- Access to & usage of accessible, affordable, quality, comprehensive, affirming, youth-friendly mental health care & treatment, including counseling, crisis intervention, &/or related support services
- Awareness of & skills & self-efficacy to practice effective recovery & coping strategies (e.g., from depression, abuse &/or neglect, multiple stressors)
- Access to & usage of prompt diagnosis of & treatment for prepartum depression, including suicidal thoughts & ideation
- History of chronic &/or immunocompromised health issues
- Family & community health history (e.g., history of depression, high rates of maternal mortality in community)
- Nutritional intake, including intake of prenatal vitamins during prenatal period
- Pattern of adequate sleep & rest
- Physical activity & exercise
- Presence of safe, healthy, & supportive relationships with co-parent(s) & partner(s)
- Supportive, sympathetic relationships with community members, family, partners, & peers
- Access to & usage of safe recreational & green spaces
- Access to quality food sources (e.g., grocery stores, restaurants, convenience stores, farmer's markets, etc.)

Behaviors

- Increase completion of early & regular prenatal care visits
- Increase intake of a well-balanced diet & prenatal vitamins
- Increase consistent & appropriate physical activity, exercise, & sleeping
- Increase maintenance of appropriate general stress & anxiety levels
- Decrease use of alcohol, tobacco, caffeine, & other drugs

Goal
INCREASE HEALTHY, LIVE BIRTHS AMONG YOUNG PEOPLE
WHO CHOOSE TO CONTINUE THEIR PREGNANCIES



Positive Child Development

Intervention

The Young Parents Logic Model does not identify intervention strategies or activities. All programs are different, and a specific agency's mission, priorities, funding, and capacities will drive the design or selection of a particular intervention, curriculum, or set of activities and services.

Determinants

-  All overarching determinants (p. 29)
- Access to & usage of accessible, affordable, quality, comprehensive, affirming, youth-friendly healthcare (including development & breastfeeding) services, screenings, & supports for their children
- Experiences of parents/caregivers, close relatives, & peers regarding breastfeeding, co-parenting, child-rearing, & childcare & educational & emotional support services
- Positive values about breastfeeding, co-parenting, child-rearing, & childcare & educational & emotional support services
- Access to & usage of prompt diagnosis of & treatment for pre- & postpartum depression
- Access to & usage of safe recreational & green spaces
- Presence of safe, healthy, & supportive relationships with co-parent(s) & partner(s)
- Pattern of adequate sleep & rest
- Access to quality food sources & nutritional intake
- Listening, communication, & negotiation values & skills
- Awareness of & skills & self-efficacy to practice positive parent-child attachment & positive co-parenting
- Engaging in parent-child activities (e.g., reading, play) to promote physical, emotional, cognitive, & social development
- Provision of structure (e.g., limits, boundaries, expectations)
- Consistent, equitable enforcement of laws & policies that protect adolescent parental rights
- Awareness of & skills & self-efficacy to advocate for protection of adolescent parental rights

Behaviors

- Increase breastfeeding initiation & duration, as appropriate
- Increase use of quality health care & development services, screenings, & supports
- Increase use of quality childcare, educational, & emotional support services (e.g., preschool)
- Increase appropriate & consistent use of parenting approaches & practices to nurture healthy intellectual, social, & emotional development

Goal
INCREASE THE CAPACITY OF YOUNG PARENTS TO NURTURE
THE POSITIVE DEVELOPMENT OF THEIR CHILDREN



04.

**Detailing
Determinants in
the *Young Parents
Logic Model***

Determinant Details

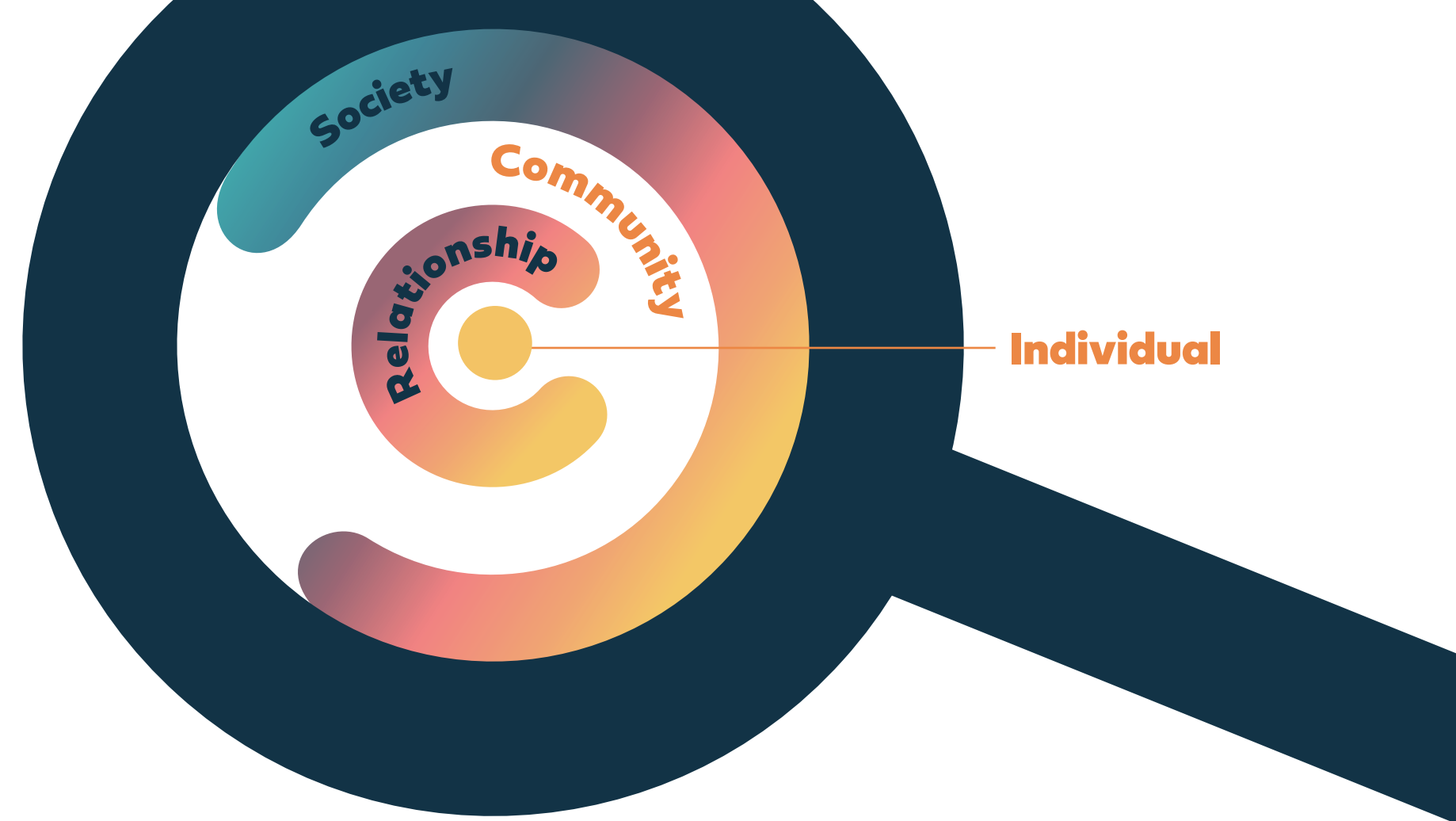
Determinant details consider determinants from a social-ecological perspective, adding layers of detail for each determinant, at the individual, relationship, community, and society levels¹³.

We selected three determinants to use as examples: the determinant on page 48 is from the Overarching Determinants section, and the determinants on pages 50-53 are from the determinant list provided in page 31, corresponding to the pregnancy and STI goal.

Within each of these determinant details figures, we mapped factors that support the determinant on four levels:

1. **Individual** (e.g., one's own beliefs and skills),
2. **Relationship** (with parents, caregivers, peers, partners, etc.),
3. **Community** (including physical space and social community), and
4. **Society** (e.g., policies, cultural beliefs, availability of scientific knowledge).

By using a social-ecological perspective, we can examine each determinant more closely and consider a broader range of factors that ultimately influence each behavior and goal.





Access to and usage of affordable, safe, reliable, quality childcare and emotional support services (e.g., preschool)



Determinant expanded from page 29.





Access to and usage of condoms and contraception, including contraceptive counseling and services



Determinant expanded from page 31

Society

- Cultural belief in the importance of affordable, non-stigmatizing, youth-friendly access to condoms & contraception
- Scientific research about condom & contraceptive use among young people—and funding to support it—exists & expands
- Scientific research about condom & contraceptive use is explained, disseminated, & put into practice (i.e., translation of research to practice)
- Well-informed policy- & decision-makers support policies about the affordability & accessibility of condoms & contraception

- Policies & regulations ensure affordable over-the-counter access to condoms & emergency contraception, as well as all contraceptive methods
- Availability of insurance coverage for contraception, including methods available over-the-counter
- Policies & regulations incentivize health centers & clinics to provide free or low-cost condoms & contraceptive methods
- Policies & regulations ensure young people's right to seek & obtain condoms & contraception without parental consent

Community

- Community prioritizes affordable, non-stigmatizing, youth-friendly access to condoms & contraception
- Health promotion campaigns promote effective use of condoms & contraception, in a non-stigmatizing, medically accurate, & user-centered manner
- Condoms & emergency contraception are available for free or at an affordable cost, over-the-counter, in an accessible, non-stigmatizing, youth-friendly manner
- Contraceptive methods are available for free or at an affordable cost, in an accessible, non-stigmatizing, youth-friendly manner

- Confidential STI/HIV testing & partner notification programs are available for free, in an accessible, non-stigmatizing, youth-friendly manner
- Ongoing evidence-based training & education for healthcare providers is available
- Healthcare providers are well-trained & capable of educating about/on, & willing to provide, a wide variety of contraceptive methods

Relationship

- Parents, caregivers, peers, partners, & healthcare providers believe in & openly communicate about the importance of increasing the time gap between pregnancies & preventing STI/HIV
- Parents, caregivers, peers, partners, & healthcare providers believe in & openly communicate about the importance of using condoms & contraception
- Parents, caregivers, peers, & partners have positive experiences with the use of condoms & contraception
- Peers & partners believe in, openly support, & practice 1) obtaining & using condoms & contraception; 2) knowing & sharing STI/HIV status

- Partners are willing to & have the skills & self-efficacy to negotiate condom use & resolve potential conflicts
- Healthcare providers establish rapport with adolescent & young adult patients
- Healthcare providers communicate effectively with adolescent & young adult patients, during & after pregnancies, about contraceptive methods & STI/HIV risks, testing, & treatment
- Healthcare providers are receptive to advocacy by adolescent & young adult patients about contraceptive methods

Individual

- Sense of sexual autonomy
- Sense of safety in negotiating condom use with partners
- Awareness of STI/HIV/pregnancy status & risks
- Awareness of contraceptive methods available
- Belief in benefits of using & ability to obtain condoms & contraception
- Belief in benefits of increasing the time gap between pregnancies
- Skills & self-efficacy to:
 - Communicate effectively with partners & healthcare providers about desire to prevent subsequent pregnancies

- Communicate effectively with healthcare providers about contraception
- Advocate to get an appropriate contraceptive method
- Negotiate condom use & resolve conflict with partners
- Obtain & use condoms correctly & consistently
- Obtain and use contraception correctly & consistently
- Share STI/HIV status with partners
- Communicate effectively about STI/HIV risks (e.g., having concurrent partners) with potential partners



Receipt of HPV Vaccine



Determinant expanded from page 31.

Society

- Cultural belief in the importance of providing the HPV vaccine
- Scientific research about the use of the HPV vaccine among young people—and the funding to support it—exists & expands
- Scientific research about the use of the HPV vaccine among young people is explained, disseminated, & put into practice (i.e., translation of research to practice)

- Well-informed policy- & decision-makers support policies about affordable and accessible HPV administration
- Policies & regulations ensure affordable & accessible HPV vaccine administration
- Policies & regulations ensure young people can obtain the HPV vaccine without parental consent

Community

- Community promotes & encourages uptake of HPV vaccine
- Healthcare providers are well-trained & capable of educating about/on, & willing to provide the HPV vaccine
- Healthcare providers are trained to respond to patient & parent questions & concerns about the HPV vaccine

- Health promotion campaigns raise awareness of & dispel myths about the HPV vaccine
- Ongoing evidence-based training & education for healthcare providers is available

Relationship

- Parents & caregivers...
 - are aware of the HPV vaccine & recognize its benefits
 - recognize that the HPV vaccine reduces the risk of getting many types of related cancers (e.g., anal, cervical, penile, throat, vaginal, vulvar) for people of all genders
 - believe that the benefits of the HPV vaccine outweigh any infinitesimal risk associated with receiving the vaccine
 - advocate for & request the HPV vaccine for their children

- Peers support getting the HPV vaccine & get it themselves
- Healthcare providers recommend & administer the HPV vaccine

Individual

- History of getting vaccines & immunizations
- Awareness of the HPV vaccine & recognition of its benefits
- Recognition that the HPV vaccine reduces the risk of getting many types of related cancers (e.g., anal, cervical, penile, throat, vaginal, vulvar) for people of all genders

- Belief that benefits of the HPV vaccine outweigh any infinitesimal risk associated with receiving the vaccine
- Skills & self-efficacy to advocate for, request, & get the HPV vaccine

05.

Make It Your Own

Make It Your Own: Logic Model Tool

Use your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve to create your own logic model.

1. Identify your goal(s).
Keep it simple and start with one goal (or two, if you are focusing on pregnancy and STIs) that most closely aligns with your program or agency's mission and interests. Start your logic model by modifying your selected goal to make it SMART: add in specifics about your priority population (e.g., demographics, geographic location), indicators, and timing.

2. Identify and select important behaviors to be changed.
Refer back to the figure that outlines behaviors relevant to your selected goal. You will use this figure as you create your own logic model. Identify the relevant and appropriate behaviors for your desired goal, and copy these behaviors to your logic model. If desired, make these behaviors SMART to serve as program objectives.

3. Identify and select relevant determinants of each of the behaviors selected.
Again, refer back to the figure that outlines determinants relevant to your selected goal. Remember to also refer back to the overarching determinants. Use what you know about the priority population, environment, and context in addition to determinants list to identify other important determinants to address for each of the behaviors selected.

4. Select, design, or revise an intervention, services, and/or activities to address each of the selected determinants.
Collaborate with your stakeholders to select an intervention or design/improve your program, strategies, services, and/or activities. Consider partnerships and how you can create linkages to care for services your agency cannot or does not provide. (Given the intersectional nature of the goals, this is especially important.)

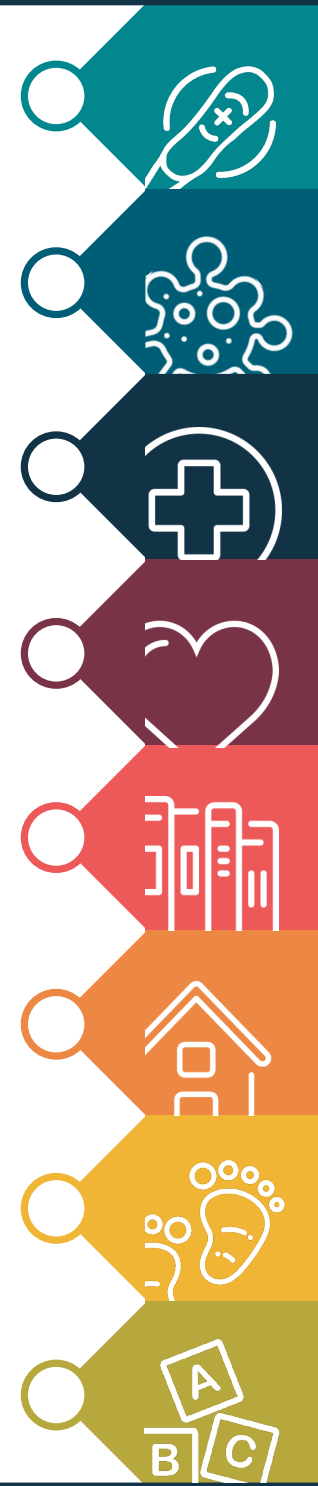
Intervention

Determinant Details

Determinants

Behaviors

Goal:





Make It Your Own: Determinant Detail Tool





The next page provides a blank **Determinant Detail Tool** to help you to consider which determinants are most relevant to your programs and explore these factors using a social-ecological perspective.

We have included prompts for each sphere of influence, or social-ecological level, which may help you consider the breadth of each determinant.

Add your own details in the lines provided. Change or modify the prompts as needed. You may choose to focus on one or more levels, depending on your needs and capacities.

Use your needs assessment, funding requirements, capacities, experience and expertise, community, and the young people you serve to build out the determinant details relevant and appropriate for you.

Determinant: _____

 <p>Society</p>	<ul style="list-style-type: none"> • Laws/policy/funding/regulations _____ _____ • Well-educated policy-makers _____ _____ • Cultural belief in _____ _____ 	<ul style="list-style-type: none"> • Cultural promotion of _____ _____ • _____ _____ • _____ _____
 <p>Community</p>	<ul style="list-style-type: none"> • Healthcare providers _____ _____ • Community promotes _____ _____ • Community supports _____ _____ 	<ul style="list-style-type: none"> • Community values _____ _____ • _____ _____ • _____ _____
 <p>Relationship</p>	<ul style="list-style-type: none"> • Parents/caregivers/peers/partners promote _____ _____ • Parents/caregivers/peers/partners believe _____ _____ • Parents/caregivers/peers/partners support _____ _____ 	<ul style="list-style-type: none"> • Parents/caregivers/peers/partners practice _____ _____ • _____ _____ • _____ _____
 <p>Individual</p>	<ul style="list-style-type: none"> • Awareness of _____ _____ • Belief in the importance/usefulness of _____ _____ • Skills & self efficacy to _____ _____ 	<ul style="list-style-type: none"> • _____ _____ • _____ _____ • _____ _____



**More Information on
the *Young Parents*
*Logic Model***

Additional Healthy Teen Network Resources

Logic Models

[Making Your Logic Model Work for You](#)¹⁴

[Tip Sheet: Logic Model](#)¹⁵

Youth 360°, Social-Ecological Model, & Social Determinants of Health

[Tip Sheet: Youth 360°: How & Where Youth Live, Learn, & Play Matters](#)¹⁶

[Position Statement: Health Promotion & the Social Determinants of Health](#)¹⁷

[Tip Sheet: Increasing Our Impact by Using a Social-Ecological Approach](#)¹⁸

[Youth 360°: How & Where We Live, Learn, & Play Matters: Presentation Slides & Audio Recording](#)¹⁹

[Youth 360° In Action: Recorded Hangout](#)²⁰

Youth Who Are Pregnant or Parenting

[Public Policy Recommendation: Assist Youth Who Are Pregnant & Parenting](#)²¹

[Position Statement: Ensuring Equity for Youth by Affirming Young People Who Are](#)

[Pregnant & Parenting](#)²²

[Position Statement: Educational Equity for Young People Who Are Pregnant and Parenting](#)²³

[Position Statement: Title X Family Planning Program](#)²⁴

[Position Statement: Violence Prevention & Response Services for Youth Who Are Pregnant or Parenting](#)²⁵

[Webinar Recording: Celebrating Young Parents: How New Mexico & California Established a Day of Recognition](#)²⁶

[Tip Sheet: Best Practices for Working with Pregnant & Parenting Teens](#)²⁷

[Helping Pregnant & Parenting Teens Find Adequate Housing](#)²⁸

[The Importance of an Inclusive Youth 360° Message for Adolescent Health & Well-Being](#)²⁹

[Keeping Pregnant & Parenting Students from Dropping Out: A Guide for Policymakers & Schools](#)³⁰

[Picture Perfect: A Snapshot of What Helps Teen Families Grow & Thrive](#)³¹

[Bricks, Mortar, & Community: The Core Components of Supportive Housing for Pregnant & Parenting Teens](#)³²

[Bricks, Mortar, & Community: The Foundations of Supportive Housing for Pregnant & Parenting Teens: Findings from the Field](#)³³

[An American Frame: Teen Pregnancy & Parenting](#)³⁴

[Gaining Support for Teen Families: Mapping the Perceptual Hurdles](#)³⁵

[Helping Teens Help Themselves: A National Blueprint for Expanding Access to Supportive Housing among Pregnant & Parenting Teens Exiting Foster Care](#)³⁶

[Promoting Successful Transition from Foster/Group Home Settings to Independent Living among Pregnant and Parenting Teens](#)³⁷

[Another Chance: Preventing Additional Births to Teen Mothers](#)³⁸

[Protect Your Rights: For Youth Who Are Pregnant & Parenting](#)³⁹

Glossary

Ableism (a.k.a. able-bodyism): [conscious or unconscious] prejudice and/or discrimination against people with disabilities.⁴⁰

Accessible/accessibility⁴¹

Physical: the availability of quality healthcare services within reasonable reach of those who need them, including hours, appointment systems, and other aspects of service organization and delivery that allow people to obtain the services when they need them.

Economic: the ability to pay for services without financial hardship, including the price of services as well as indirect and opportunity costs.

Information: the ability to seek, receive, and impart information.

Acquisition and management of financial resources: budgeting, spending, saving, investing, and borrowing of financial resources

Behaviors: organized within each goal of this logic model; refers to specific actions that practitioners can influence within the context of a program or intervention.

Bodily autonomy: the right to self-governance over one's own body without external influence or coercion.⁴²

Case management: providing referrals and supporting access to a comprehensive network of integrated services within the community (e.g., financial, housing, employment).⁴³

Cisnormativity (a.k.a. cisgenderism): a socially constructed assumption that everyone's gender matches their biological sex, and that this is the norm from which all other gender identities deviate.⁴⁴

Comprehensive sexual and reproductive health education: sexual and reproductive health education programs (i.e., "sex ed")

that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention; at each developmental stage, education programs teach age-appropriate, medically accurate, and culturally responsive information that builds on the knowledge and skills that were taught in the previous stage.⁴⁵

Concurrent partners: overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner.⁴⁶

Determinants: risk and protective factors that can affect behavior.

Determinant details: determinants with added layers of detail, from a social-ecological perspective at the individual-, relationship-, community-, and society-

level factors (the four ecological levels or influential spheres).⁴⁷

Ethnocentrism: consciously or unconsciously privileging one's own ethnic or racial group over others'.⁴⁸

Evidence-based: proven effective on the basis of rigorous scientific research and evaluation.⁴⁹ Evidence-based (or, science-based, research-based, or proven effective) approaches are effective and efficient ways to achieve positive outcomes. Elements of an evidence-based approach include:

- using a needs and resource assessment to identify relevant outcomes, behaviors, and determinants, as well as existing services and resources, unique to the priority population and community;
- using a logic model to identify data-driven goals, behaviors, and determinants;
- using health behavior change theory to develop intervention strategies and activities;
- using components, or characteristics, of effective programs; and
- conducting process and outcome evaluation to inform continuous quality improvement of programs and services.⁵⁰

Financial stability: the absence of system-wide episodes in which the financial system fails to function; resilience of financial systems to stress.⁵¹ Financial stability is a continuum and can change over time.

Food desert: an area that lacks access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up the full range of a healthy diet.⁵²

Full-options counseling: complete, accurate, and unbiased information on all pregnancy options—including parenting, adoption, and abortion—and referrals for additional services as needed.⁵³

Gender-affirming treatment and transition-related care: services that support an individual's gender identity regardless of the sex they were assigned at birth; may include medical care, behavioral health care, surgical referrals, assistance with name and gender change, insurance navigation, and other supportive services.⁵⁴

Gender-transformative approach: an approach that promotes gender equality—the shared control of resources and decision-making—and women's empowerment.⁵⁵

Goals: broad, long-term, intended outcomes of a program or intervention.

Healthy relationships: a relationship between individuals that consists of mutual respect, trust, honesty, support, fairness/equity, separate identities, physical and emotional safety, and effective communication.⁵⁶

Heteronormativity: a socially constructed assumption that heterosexuality is the natural norm from which all other sexual preferences deviate; the assumption that everyone identifies as heterosexual until shown or proven otherwise.⁵⁷

Historical trauma: multigenerational trauma experienced by a specific cultural, racial, or ethnic group; related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, or the violent colonization of Native Americans.⁵⁸

Holistic: addresses the whole person—body, mind, and spirit; integrates conventional and alternative therapies to prevent and treat disease, and most importantly, to promote optimal health.⁵⁹

Homophobia (a.k.a. homoantagonism): the fear and hatred of, or discomfort with, people who are attracted to members of the same sex.⁶⁰

Linkages and referrals: a variety of activities that assist youth in obtaining services; includes, but is not limited to, connecting young people to youth-friendly providers and support services.⁶¹

Livable wage: amount of earned income allows young people who are pregnant and parenting to meet their own and their child(ren)'s basic needs.

Logic model: a systematic, clear, and concise way of visually presenting the process or mechanism through which specific interventions can affect behavior change and achieve a health goal⁶²; a way to display the relationships among the resources one has to operate the program, the activities planned, and the changes or results to achieve.⁶³

Medically accurate: information relevant to informed decision-making that is based on the weight of scientific evidence; consistent with generally recognized scientific theory; conducted under accepted scientific methods; published in mainstream peer-reviewed journals; or recognized as accurate, objective, and complete by mainstream professional organizations and scientific advisory groups.⁶⁴

Mental health: a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.⁶⁵

Misogyny: hatred, dislike, fear, or mistrust of women, girls, or femininity; the denigration of women and characteristics deemed feminine;⁶⁶ stems from the binary social construct of gender.

Parent-child connectedness: the degree of closeness or warmth experienced in the relationship that children have with their parents.⁶⁷

Fostering a connected parent-child relationship includes:

- providing for basic physiological needs;
- building and maintaining trust;
- demonstrating love, care, and affection;
- engaging in shared activities with children;
- preventing, negotiating, and resolving family conflict; and
- providing structure (e.g., limits, boundaries, expectations).

Positive child development: there are four categories of child development:

1. basic needs (food, shelter, love);
2. physical (health care, milestones);
3. social-emotional and intellectual (school readiness, socialization, attachment); and
4. behavioral (discipline, nurturing).⁶⁸

Poverty: lack of income and productive resources to ensure sustainable livelihoods; manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion, and the lack of participation in decision-making.⁶⁹

Pro-social peers: peers that demonstrate a broad range of actions intended to benefit one or more people other than oneself—behaviors such as helping, comforting, sharing, and cooperation.⁷⁰

Racism: prejudice and/or discrimination against people based on the social construction of race; differences in physical characteristics (e.g., skin color, hair texture, eye shape) are used to support a system of inequities.⁷¹

Risk management practices: acquisition

and maintenance of appropriate insurances and protections, such as health, housing, car insurance, identity, etc.

Safe and stable housing: a secure, habitable, and affordable home with freedom from forced eviction; a right that must be provided to all persons irrespective of income or access to economic resources, and which helps to prevent a wide range of diseases and injuries.⁷²

Self-sufficiency: access to and use of the necessary supports and resources so that young people who are pregnant and/or parenting may be successful and engaged parents and productive members of society.⁷³

Sex positive: teaching that recognizes that sexuality and sexual development is a natural, typical, and healthy part of peoples' lives and refrains from using shame and fear to motivate people to be abstinent.⁷⁴

Sexism: prejudice and/or discrimination against people based on their real or perceived sex; the belief (conscious or unconscious) that there is a natural order based on sex.⁷⁵

Social determinants of health: the elements in the environment in which youth live, learn, and play that shape their long-term physical, mental, emotional, and social health and well-being (e.g., access to quality education and health services, socioeconomic status, having life goals and aspirations).⁷⁶

Stigma: a mark of shame, disgrace, or disapproval, which results in an individual being rejected, discriminated against, and excluded from participating in different areas of society.⁷⁷ Attributes that are stigmatized are not inherently pathological, immoral, or deviant, but derive from cultural meanings that are reproduced through social interactions and boundaries. Stigmatization is a social process.

Supportive housing: a highly integrated system of living arrangements and professional case management services that provides pregnant and/or parenting teens a safe place to live, 24-hour access to caring adults, and connections to community resources.⁷⁸

Transphobia: the fear, hatred, disbelief, or mistrust of people who are transgender, thought to be transgender, or whose

gender expression doesn't conform to traditional gender roles.⁷⁹

Trauma-informed: an approach that recognizes the influence of individual and systemic trauma on students and assesses the implications on instruction and cognition to ensure a safe and supportive learning environment.⁸⁰

Young family: young people who are pregnant or parenting, under age 25, and their children.⁸¹

Young parent: adolescents and young adults (under age 25) who are parenting.

Youth 360°: an approach that allows communities to recognize, explore, and address the social determinants of health according to the influential spheres—individual, relationship, community, and societal—moving beyond a focus on individual behavior, toward an understanding of the wide range of factors on health outcomes.⁸²

Youth-friendly services: services that are delivered to youth in a manner that makes it easy and comfortable for them to seek out and receive the services they need; healthcare services for youth that are confidential, equitable, and accessible.⁸³

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