

Meeting the Needs of Pregnant and Parenting Teens:

Local Health Department
Programs and Services



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Introduction

Pregnant and parenting teens have needs that are unique to the developmental stages of adolescence, in addition to the needs common to all pregnant women, mothers, and fathers. While teen pregnancy prevention advocates continue to place much needed attention on reducing teen pregnancy and teen birth rates, programs and information about teenage pregnancy often focus solely on prevention, with little emphasis placed on providing services for teens that are already pregnant and/or have become parents. In an effort to address this gap in practice and knowledge, this report discusses the importance of addressing the special needs of pregnant and parenting teens in order to improve their health and life outcomes and those of their children. The four local health departments (LHDs) highlighted in this report are among a number of LHDs that are implementing promising approaches to providing services for pregnant and parenting teens and working to prevent the negative consequences often associated with teenage childbearing and parenting.



Background

THE IMPACT OF TEEN CHILDBEARING

Teenage pregnancy and birth rates in the U.S. have seen significant declines since their most recent peak in 1991¹, but this trend reversed in 2006. The teenage pregnancy rate declined from 117 per 1,000 in 1991 to 72 per 1,000 in 2004. Similarly, the birth rate decreased by 30.5 percent from 61.8 births per 1,000 females ages 15-19 in 1991 to 40.4 births per 1,000 in 2005, the lowest rate in six decades. However, preliminary data from the Centers for Disease Control and Prevention (CDC) on births in 2006 indicate that the overall birth rate for teenage girls rose 3 percent to 41.9 births per 1,000 females ages 15-19, the first increase in the teenage birth rate since 1991, suggesting that effective efforts to reduce the occurrence of teen pregnancy continue to be needed.²

Teenage childbearing carries large public costs, due to the medical and social complications that often accompany teenage parenthood. Recent research shows that teen childbearing costs local, state, and federal taxpayers over 9 billion dollars annually. This estimate includes various public sector costs such as healthcare, child welfare, incarceration, and lost revenue because children of teen mothers pay lower taxes over their adult lifetimes.³ In 2004, taxpayers saved an estimated 6.7 billion dollars from the decline in the U.S. teen birth rate, discussed above. Although many pregnancy prevention programs have not conducted formal cost-benefits analyses, these estimates are suggestive of the potential to generate tangible cost-savings through comprehensive, effective teenage pregnancy prevention programs.

However, while there is a definite need for effective efforts that focus on preventing teen pregnancy in order to halt the recent increase in the teen birth rate, we can not ignore the fact that teens are still becoming parents and that these teen parents need supportive programs and services in order to reduce the risks for teen parents and their children.

Research shows that teenage pregnancy is associated with medical-related risks for the teen mother and infant and developmental risks for the growing infant. When compared to their older counterparts and their children, teen mothers and their infants are more likely to experience poor clinical outcomes such as pre-term delivery, anemia, low-birth weight, and infant mortality.^{6,7} Multiple studies also demonstrate that children born to teenage mothers perform more poorly on various developmental assessments and academic achievement measures in areas of reading comprehension, mathematics, and vocabulary tests compared to children of adult mothers.^{8,9} While some members of the general public have the misconception that pregnancy-related complications and outcomes

experienced by teen mothers and their children are caused by age-related biological factors, research suggests otherwise. Clinical medical research presents strong evidence to suggest that factors such as the delayed confirmation of pregnancy, delayed commencement of and inadequate prenatal care, lower compliance with medical advice, and maternal history of adverse childhood experiences are stronger predictors of poor pregnancy outcomes in teenagers.^{3,4} Additionally, the differences observed in developmental measures between children of teen mothers and children of non-teen mothers in many research studies are often confounded by maternal family background. This suggests that maternal family and socioeconomic background, which are risk factors for early childbearing, are also risk factors for poor childhood developmental outcomes.^{5,6} This evidence supports the case of proponents for approaches aimed at pregnant and parenting teens by implying that the social and medical consequences of teen pregnancy can be significantly reduced or eliminated with appropriate resources and programs.

In addition to the aforementioned medical risks, teen parents face a wide range of challenges on their way to becoming successful, contributing adults and parents. Some of these obstacles are related to interruptions in their education that may lead to challenges in obtaining a high school diploma and decreasing their chances of attending college.^{4,10} Lack of higher education limits a teen parent's career options and increases their risk for living in poverty.⁴ Furthermore, teenage fathers are more likely to face economic and employment challenges than adult fathers, which negatively affects their ability to financially support their children. In a number of cases, many teen fathers are absent and unable to financially support their children, increasing the difficulties that teenage mothers face with parenting.¹¹

Lastly, an important issue in need of attention is the high occurrence of repeat pregnancies among teen parents. Despite the fact that 22 to 30 percent of teen mothers under 18 have a second birth within 24 months of their first birth, there is little attention and investment in programs and services to help pregnant and parenting teens avoid a subsequent pregnancy.⁷ This highlights the need for greater pregnancy prevention interventions targeting teenage mothers, such as education about and provision of contraception and comprehensive health and social support.

CURRENT SERVICES AND PROGRAMS FOR PREGNANT AND PARENTING TEENS

Programs and services aimed at pregnant and parenting teen mothers typically include a case management component. Generally provided to the teen by school staff or through a community program and/or regular home visits during and

"...what we're trying to do now is capture the teen fathers. They're a lost group. They're the ones that have kind of fallen off and we'd like to get them back into it."

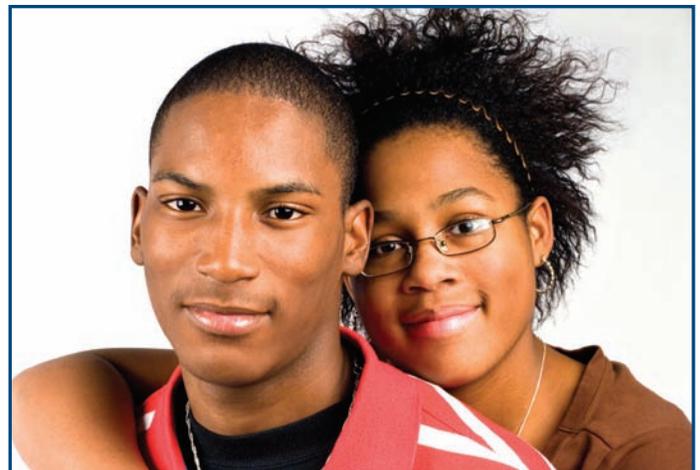
— Montgomery County Department of Health and Human Services

after pregnancy, case management serves to connect teens to medical and social services present in the community.¹⁰ Other case management programs are hospital-based, with hospital clinicians and social staff working with teens to ensure they receive routine prenatal and maternal healthcare.¹¹ Case management and home visitation aspects of teen parenting programs also typically focus on improving personal development, strengthening parenting education, increasing school attendance, and increasing access and usage of medical care services for mother and baby.

SPECIAL FOCUS: *Young Fathers*

While many existing programs aimed at pregnant and parenting teens are tailored to teen mothers, public health professionals interested in information about programs and best practices aimed at teen fathers often face difficulty finding this information. Although years of research focusing on teen fathers indicates that teen fatherhood is associated with many of the same social consequences associated with teen motherhood, the overwhelming majority of programs that address teen parenting focus solely on teen mothers.¹² This occurs for a variety of reasons, such as the following:

- A majority of fathers involved in teen pregnancies are older



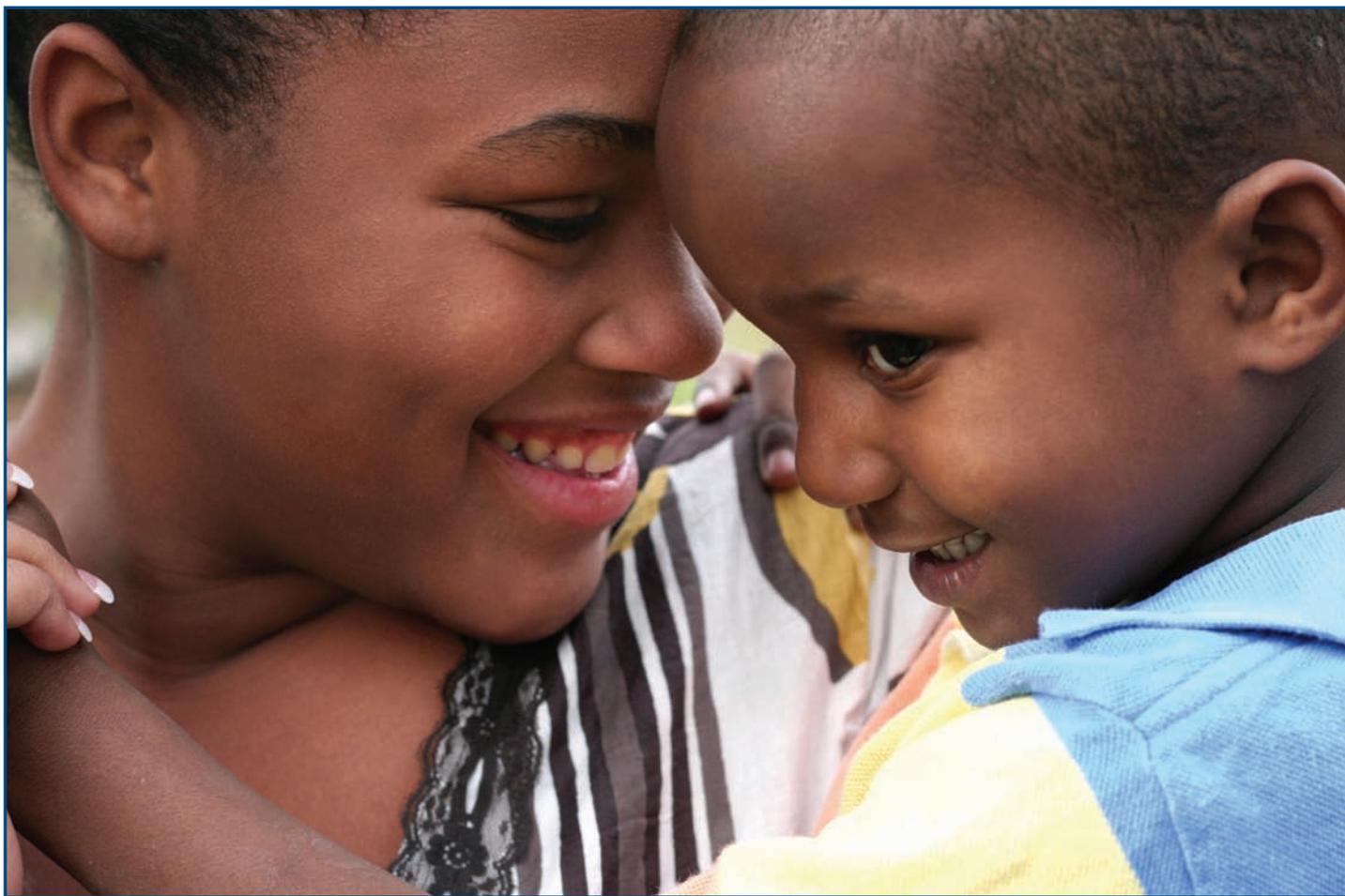
than 20, resulting in fewer teen fathers than teen mothers

- Paternity is more difficult to determine than maternity, making teen fathers more difficult to reach
- Teen fathers may be reluctant to seek help or be identified as fathers for fear of reprisal¹⁶

Although programs for teen fathers may be more difficult to find as well as to conduct, examples of these programs do exist. There are a number of teen father programs across the country that focus on increasing male involvement in the family unit, transitioning teen fathers into adulthood, providing parenting education, developing life and employment skills, and developing strategies to help improve communication with the mother's family.^{9, 13, 16} Some programs use male program staff to recruit participants and serve as positive adult role models for teenage fathers.¹⁹ Consequently, programs aimed at both young fathers and mothers improve the health and life outcomes of their children, who benefit from high quality involvement of both parents in their lives.⁹

LOCAL HEALTH DEPARTMENT ROLE

The issues revolving around teenage pregnancy and parenting make it an important public health concern and a priority for LHDs, especially with the national teenage birth rate increasing for the first time in more than a decade. Local health departments play an integral role in connecting teenage mothers and fathers to the medical and social services that they need, as well as addressing the potential negative consequences that giving birth and becoming a parent while still a teenager presents. Local health departments across the country have successfully addressed teenage pregnancy and parenting in their communities, demonstrating that teen parents can lead successful lives with the help of suitable programs and services. To provide examples of successful local level programs aimed at pregnant and parenting teens, the approaches of four LHDs to teen pregnancy and parenting are described as follows.



Adolescent Family Life Program: San Mateo County Health System and Santa Cruz County Health Department

PROGRAM BACKGROUND

Santa Cruz and San Mateo Counties, both located along California's Pacific coast, are among the most affluent areas of the country. However, staff from both LHDs note that areas of significant poverty are present, many of them reflecting racial and ethnic disparities in income that exist locally. In addition to income disparities, both LHDs state that racial disparities between white and Hispanic/Latino birth rates exist.

Currently, both the San Mateo County Health System (SMCHS) and the Santa Cruz County Health Department (SCCHD) implement the "California Adolescent Family Life Program" (AFLP), which grew out of a demonstration program providing services to pregnant and parenting teens in the 1980s. The program's main goals are to do the following:

- Provide support for teen clients through case management
- Encourage the development of high quality relationships with and between teens and their families
- Encourage healthy lifestyle decisions
- Increase the utilization of healthcare resources
- Increase the delivery of healthy babies
- Encourage and increase school attendance
- Prevent unintentional pregnancies among teens

"I think the strength of California's Adolescent Family Life Program is that they've kept the goals broad. That has enabled those of us on the local level to identify who are we really serving and tailor our program accordingly."

—Santa Cruz County Health Department

The broad nature of the state's goals has enabled SCCHD and SMCHS to tailor the AFLP program in a way deemed appropriate to serve the specific needs of pregnant and parenting teens in their respective jurisdictions. In addition, many innovative components of the SMCHS AFLP have been developed and implemented as demonstration projects through a long-term federal grant. Although home visitation is the major component of the AFLP in San Mateo and Santa Cruz, SMCHS and SCCHD have both incorporated additional components into the program.

TEEN PARENT PROGRAM: SANTA CRUZ COUNTY HEALTH DEPARTMENT

PROGRAM PARTICIPANTS

In Santa Cruz, the AFLP is locally known as the "Teen Parent Program." The program primarily receives referrals from schools, hospitals, and clinics, and is open to pregnant and parenting females 18 years old and younger and teen fathers younger than 21. The program's clients are primarily females. However, teen fathers can enroll in the program if they have daily responsibilities for the child and are able to meet with the nurse according to AFLP standards.

KEY PROGRAM COMPONENTS

After acceptance into the program, teens are each assigned to public health nurses employed by SCCHD. Targeted interventions are developed for teen clients based on structured assessments conducted by the public health nurses. These interventions focus on promoting the health of mother and child. Home visits are enhanced by the addition of educational modules (developed by the program's public health nurses) on topics such as fire safety, vitamin use, dental hygiene, and nutrition. During times of great program demand, for instance at the start of a new school year, referrals to the program are prioritized by age (with younger teens taken into the program first) and risk factors, including a history of domestic violence and lack of school attendance. Because most of the teen parents remain in the program for 12-15 months, some even staying for up to five years, the program has been able to provide pregnant and parenting teens with caring, healthy, and substantial relationships with adults. SCCHD believes these relationships are essential in improving life outcomes for teens and their children.

SCCHD staff members working on the project have learned the importance of building quality measures into the program and

“We believe they will succeed. We also know that a caring relationship with an adult is a key factor to that success, and for many of them we can become that caring adult.”

—Santa Cruz County Health Department

maintaining a framework that encourages continual learning and improvement. For state-level evaluation purposes, data for each client is collected at intake, after pregnancy, and every six months thereafter. For SCCHD’s evaluation purposes, public health nurses collect specific outcome data (such as infant immunizations, graduation rates, family planning choice, breastfeeding, repeat births, and seat belt and car seat use) when a client’s case is closed, using the aggregate data to identify areas of improvement to focus on for the following year. For instance, educational modules on fire and home safety were developed and smoke alarms were distributed to selected families after the program’s nurses realized that the outcome data concerning hazards in the child’s environment was poor throughout the year. By being directly involved in the evaluation of the program, nurses view quality improvement as an integral component of their work and a way to achieve personal and programmatic goals.

COMMUNITY PARTNERSHIPS AND COLLABORATIONS

The Teen Parent Program receives referrals from schools, hospitals, clinics, and family resource centers, but the relationship with these partners goes beyond a referral network. As primary case managers for program participants, public health nurses collaborate with these partners to ensure that services and care received by the teen are not duplicated but instead effectively coordinated. Together, SCHHD and its partners work together to provide services to pregnant teens.

PROGRAM’S IMPACT

SCCHD emphasizes the cultivation of a caring relationship between each teen client and an adult. Through the Teen Parent Program, staff members have realized the importance of helping each teen believe in their personal ability to be successful. By promoting youth development and resiliency, staff members believe that pregnancy can serve as a catalyst for improvement.

ADOLESCENT FAMILY LIFE PROGRAM: SAN MATEO COUNTY HEALTH SYSTEM

PROGRAM PARTICIPANTS

In terms of positively impacting the lives of pregnant and parenting teens, SMCHS’s AFLP places emphasis on not only decreasing the rate of repeat teenage pregnancies but also on strengthening the education and mental health of program participants. The SMCHS’s AFLP targets female pregnant or parenting teens, ages 13 to 18, as well as their male partners or young fathers up to the age of 27. A large portion of the program’s clients are females who are referred to the program during their first trimester. However, parenting males and females can enroll in the program as long as they are within the target age range and can remain in the program until the mother is 20 and the father is 27.

KEY PROGRAM COMPONENTS

Through the implementation of their version of the AFLP, SMCHS staff members have witnessed firsthand the successful outcomes of using public health nurses and community health workers (both employed by SMCHS) to conduct home visits, as their different strengths complement each other and address the range of health and social needs that are specific to pregnant and parenting teens. In addition to seeing clients in the home, nurses and community health workers also meet clients in local schools and clinics. Visits primarily focus on health education, mental health screenings, and linking clients to health, education, housing, and other necessary resources in the community. Public health nurses also provide prenatal, postpartum, and infant assessments in the home. While each of the program’s clients receives the home visitation case management component of the program, some clients are



referred to outside mental health services or social support groups, depending on need.

In addition to including the core AFLP component of home visitation, SMCHS's AFLP also incorporates mental health services, social support and youth development groups, and occasional family-centered social activities into its work with pregnant and parenting teens. The program's mental health component includes a variety of unique mental health services which are primarily offered in the home by a Marriage and Family Therapist, such as individual and/or dyad therapy and art therapy. Additionally, the program has three social support and youth development groups that are conducted within the community, including a "Young Dads" group that provides social support and parenting classes for young fathers. Mental health services and support groups are aimed at decreasing depression, eliminating social isolation, and improving functioning and stability over time.

SMCHS's AFLP has had significant success in engaging young fathers and involving them in the family unit. This success has been attributed to the case manager assigned to young fathers, who has been able to use his own experiences as a young father to conduct outreach and assist young fathers in identifying their needs. Through case management and support groups, SMCHS addresses the needs of young fathers in the program, including the need for parenting education, educational/training resources, and legal information (e.g., child custody, child support, paternal rights information).

COMMUNITY PARTNERSHIPS AND COLLABORATIONS

Not only has SMCHS's AFLP been successful in engaging young fathers, but it has also succeeded in building collaborations with community partners. Through advocacy and collaborations with other organizations, San Mateo has been able to impact participants' needs for education, mental health services, childcare, and legal advice. SMCHS often works with county youth health centers, a collaborative group of youth services providers, prenatal providers, school districts, and local legal aid societies, who are instrumental in providing teen-specific legal information to participants. The AFLP often serves as a referral source for these partners.

PROGRAM'S IMPACT

By removing barriers to positive health and health services, an issue faced by many pregnant and parenting teens, both SCCHD and SMCHS have seen high childhood immunization

rates of children in the program (97 and 90 percent, respectively), low numbers of preterm and low birth weight infants born to program participants, and significant percentages of program clients who are enrolled in school.

LESSONS LEARNED

SCCHD and SMCHS have both learned various lessons from implementing the AFLP in their respective counties. The following are of utmost importance to SCCHD:

- Actively monitoring the funding and billing of services, while remaining flexible and open to many funding sources
- Building quality measures into the program and maintaining a mindset of continual learning and improvement
- Nurturing relationships with community partners

SMCHS has learned the following:

- Home visitation models are successful in reducing barriers to accessing health and other services for pregnant and parenting teens
- Mental health screenings and other services are vital components of its program
- Developing and maintaining relationships with as many community partners as possible is integral in attaining program goals

"They always have various needs, including issues with childcare, finances, jobs, mental health, education, legal concerns, health, support, custody, and restraining orders. The way that we've been able to make an impact with those needs is primarily through the case managers, their public health nurses and community workers, and creating linkages to community resources. Really advocating for the clients and helping them navigate the system is essential."

— San Mateo County Health System

The School and Community Health Services Teen Pregnancy and Teen Parenting Case Management Program: Montgomery County Department of Health and Human Services

PROGRAM BACKGROUND

The Montgomery County Department of Health and Human Services (MCDHHS) serves the large, ethnically and socioeconomically diverse population of Maryland's Montgomery County, located just outside of Washington, DC. To address the specific needs of teen parents in the county, MCDHHS developed the "Teen Pregnancy and Teen Parenting Case Management Program," a multifaceted intervention that grew out of the department's existing School Health Services Division in the early 1980s. Since then, a partnership has developed between school and Community Health Center (CHC) nurses to provide a wide range of services and support for pregnant and parenting teens, both inside and outside of the school setting. MCDHHS's Teen Pregnancy and Teen Parenting Case Management Program is supported by a combination of private, local, and state funding.



PROGRAM PARTICIPANTS

The Teen Pregnancy and Teen Parenting Case Management Program is open to all pregnant and parenting teens, although most teens enter the program during pregnancy. MCDHHS does not target any specific population; however, the department has begun to address the steady increase in Latino teen birth rates. Program staff are trained in conducting outreach to the county's

Latino families and teens to ensure that the program's message is sensitive to the culture and values of this growing population.

KEY PROGRAM COMPONENTS

The Teen Pregnancy and Teen Parenting Case Management Program's main goals are to do the following:

- Ensure a birth weight of at least 5.5 pounds among children born to teen clients
- Keep program participants in school
- Prevent repeat teen pregnancies among program participants

To accomplish these goals, the program consists of two main components which are home visitations conducted by CHC nurses employed by MCDHHS and school-based health education carried out by MCDHHS's school nurses. Together, school and CHC nurses located throughout the county work seamlessly within a case management framework.

School nurses are often the program's first point of contact with students entering the program, and remain in close contact with teen clients throughout the duration of their involvement in the program. In addition to providing support and educational services on an individual basis, school nurses also facilitate parenting groups in high schools with at least four pregnant or parenting students, on an at least bi-monthly (but often once a week) basis during the school day. Although the groups do not follow a set curriculum, they do have specific goals such as improving self esteem, teaching students how to identify and express feelings, and providing education, information, and opportunities for discussion. By participating in these support groups, pregnant and parenting students gain information on topics such as positive parenting, proper prenatal care, contraceptives, graduation, and county resources. These groups also give participants the opportunity to meet and engage with other teen parents. Even though the parenting groups are primarily composed of females, teen fathers who are attending high school are always invited to participate in the group when identified by school nurses. Teen fathers are also referred to the county's "Responsible Father's Program," which uses mentoring and support services to encourage young fathers to be positive role models in their children's lives.

In addition to support received within the school setting, teen mothers also receive support from an assigned CHC nurse, who may also case manage parenting students who did not return to school. CHC nurses conduct home visits and connect students

to necessary resources, such as medical assistance and maternity programs. Home visits take place a minimum of three times while the client is pregnant and every other month while the client is parenting. Together, school and CHC nurses provide the necessary support to ensure healthy births while keeping teens in school and moving them closer to their primary goal of high school graduation.

Because the program's school nurses come from different educational and professional backgrounds, MCDHHS has recently placed emphasis on professional development and standardization of the case management process. School nurses are not only trained on general case management but also on teaching methods that take into account the unique neurological and social development characteristics of adolescents. This enhanced training has significantly strengthened the skills of the nurses in regards to educating students and facilitating support groups.

COMMUNITY PARTNERSHIPS AND COLLABORATIONS

MCDHHS supports the county's Interagency Coalition on Adolescent Pregnancy (ICAP) by providing financial and personnel support and other resources for the coalition. The community coalition, with representation from public and private programs and community organizations, has been instrumental in advocating on behalf of the county for increased funding for programs aimed at pregnant and parenting teens. ICAP also works to educate the county's political leaders about the issues concerning teenage pregnancy and parenting. MCDHHS collaborates with ICAP to sponsor an annual teen parent conference that provides educational information and other resources to pregnant and parenting teenage mothers and fathers in Montgomery County.

PROGRAM'S IMPACT

The program has been successful in keeping repeat pregnancies among their clients down to 1.2 percent over the past four years. Furthermore, program staff note that the case management component of the Teen Pregnancy Teen Parenting Case Management Program continues to have a substantial impact on addressing the need for social support and advocacy expressed by teen clients. MCDHHS believes that pregnant and parenting teens are often stigmatized and left without a voice. School nurses within the program serve as advocates for the teens and the program provides teens with multifaceted support that is necessary to attain healthy life outcomes.

"We want to see them graduate. We know that education is the key to not only their future, but their child's future. Our primary focus is to keep them in school."

— Montgomery County Department of Health and Human Services

LESSONS LEARNED

After implementing the program for a number of years, MCDHHS has learned many lessons, including the following:

- Education is of utmost importance, not only for the students but also for the students' families and the community at large
- Encouraging parenting teens to stay in school is just as essential as building a community awareness of the significance of education for the entire community
- An emphasis on data collection and data analysis is necessary in understanding shifting demographics and changes in the needs of the population served, as well as how this impacts service delivery models



The Teen Parent Program: St. Paul-Ramsey County Department of Public Health

PROGRAM BACKGROUND

The St. Paul-Ramsey County Department of Public Health's (SPRCDPH) "Teen Parent Program" is an innovative intervention aimed at pregnant and parenting teens in Minnesota's geographically smallest county, containing the state's second most populated city of St. Paul. Focusing on ensuring that pregnant and parenting teens successfully complete high school, the current Teen Parent Program began out of a strong interest in teenage pregnancy and parenting on the part of the Ramsey County's Board of Commissioners, SPRCDPH, the County's Employment Services, and the Human Services Department.

This interest eventually led to the development of a new collaborative program that integrated the existing nurse home visitation program for pregnant and parenting teens with the "Minnesota Family Investment Program" (MFIP), the state's economic support program for low income families with children, implemented by the County's Workforce and Human Services Departments. This new program recognizes that linking the relationship-based public health nursing component of the Teen Parent Program with school attendance monitoring would improve health outcomes for young parents. It also ensures that all teens in school receiving MFIP would benefit from coordinated, streamlined public health nursing and MFIP services. The Teen Parent Program is funded by third party payments for home visits, tax levy dollars, Title V MCH Block Grant funds and other state and county funding streams.

PROGRAM PARTICIPANTS

The majority of prenatal referrals to the Teen Parent Program come from area schools. Although the program strives to provide services to teens as early in their pregnancy as possible, a number of teens under 18 are referred by hospitals following delivery. Additionally, a significant portion of young parents in the program are referred by MFIP. In order to receive MFIP assistance in Ramsey County, teens who attend school (versus work) are required to have nurse or social worker home visits through the Teen Parent Program.

KEY PROGRAM COMPONENTS

The Teen Parent Program's main objectives for pregnant and parenting teens are to do the following:

- Promote healthy teen and infant outcomes
- Promote secure maternal-child attachment and healthy interaction between parent and child
- Prevent subsequent teenage pregnancies
- Promote high school graduation or GED completion
- Increase long term self sufficiency potential

For children born to teen parents, the program's objectives are to do the following:

- Promote positive growth and development of the child
- Ensure adequate immunizations and prevent injuries
- Ensure school readiness

In order to achieve these objectives, the health department utilizes three components—nurse home visitation services, social work services, and educational support.

In this relationship-based program, each teen enrolled in the program receives home visits from a public health nurse, employed by SPRCDPH. Health education parenting assistants often assist the public health nurses in implementing the teen's



public health case plan. Teens often request that other family members and young fathers participate in the visits. Home visits occur weekly, biweekly, or monthly depending on the needs of the teen and child. These visits focus on addressing the teen's and child's health, positive parent-child interaction, increasing the teen's self sufficiency (through high school graduation or GED completion), and promoting family spacing. Teens continue to receive home visits until the nurse and teen mutually agree that the teen no longer has a public health nursing need, displays that she has a support system, has an adequate connection to health and community services, positively interacts with her child, and the infant/child is developing within normal limits. Home visits are supplemented with social worker visits, based on client need. The social workers provide educational MFIP services to enrolled teens. In 2008, SPRCDPH launched its "Nurse Family Partnership" program that serves pregnant teens referred to the Teen Parent Program prior to 28 weeks gestation.

transportation cards when school bus service is unavailable. These nurses and social workers also monitor participants' school attendance and progress and coordinate with the county's Human Services Financial Workers to implement the state's MFIP requirements.

COMMUNITY PARTNERSHIPS AND COLLABORATIONS

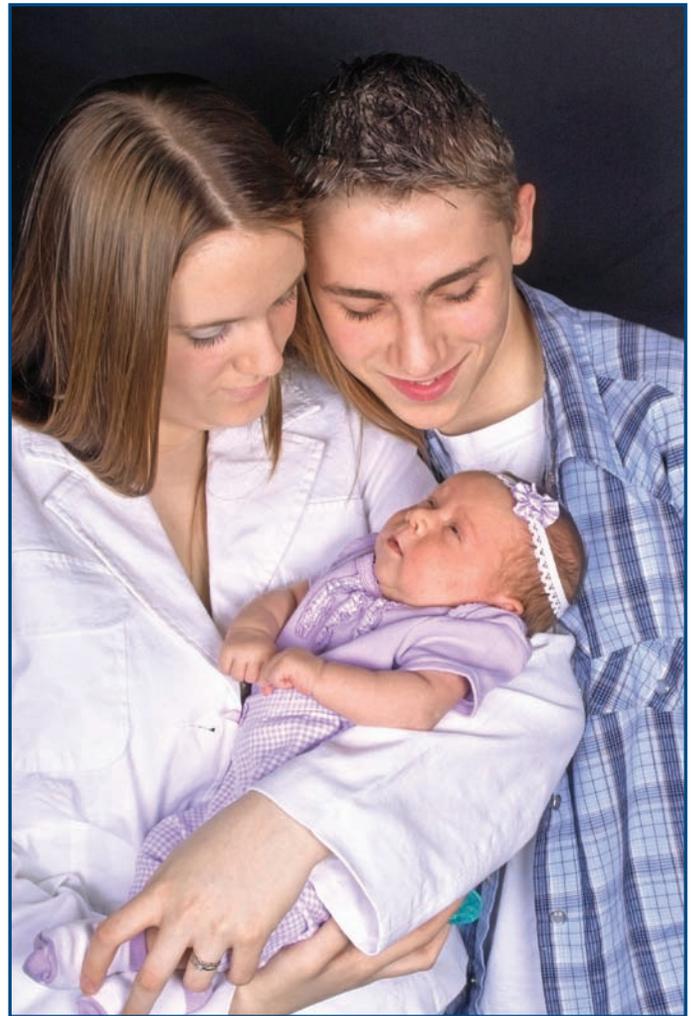
The Teen Parent Program collaborates closely with area schools. The SPRCDPH's strong collaboration with St. Paul's public schools and location within the Public Health Department facilitates the monitoring of school attendance and progress. Additionally, the department is able to secure attendance and progress records for teens attending charter schools, alternative schools, and GED programs. For students receiving MFIP, the health department's nurses and social workers can monitor their compliance with MFIP's 80 percent school attendance and progress requirement. Noncompliance can result in the

"...as staff have worked with this program, they have had the benefit of seeing a teen graduate or receive an award. Students have credited their public health nurses with encouraging change. Staff now see their value and the importance of these teens graduating from high school and breaking the pattern."

—St Paul- Ramsey County Department of Public Health

Social workers also facilitate monthly meetings for teens receiving MFIP who are enrolled in school and no longer receiving public health nursing home visits. This specific support group focuses on working with teens to develop and support the accomplishment of their personal goals, moving participants toward high school graduation or GED completion, continuing to connect them with community support and services, and developing effective problem solving skills. These groups are held in a community building that houses many other resources available for teens.

To address their education related goals, the Teen Parent Program's public health nurses and social workers work with teens to enroll in school, reduce personal or family barriers to school attendance, secure affordable childcare, and obtain bus



reduction of financial assistance. Although the Teen Parent Program is limited in its ability to enforce school attendance for students not receiving MFIP, the strong relationship between the teen and his/her public health nurse and social worker encourages school attendance.

The SPRCDPH's long-term role in teen advocacy has also encouraged the program's collaboration with new partners to promote system change. Examples of such efforts include a pilot project to reduce childcare barriers to school attendance; a program with the Workforce Department to pay, when other funding sources are not available, for teen vocational, cognitive, and psychological assessment; and a community-based program that provides funding for Certified Nursing Assistant training and testing, driver's education, and furniture vouchers. As MFIP summer educational requirements changed, the Teen Parent Program collaborated with the County's Workforce Department and Goodwill Easter Seals to develop a paid internship and career exploration program for young parents. The program also partnered with the public libraries to develop special summer teen parent-child reading programs and provide computer access and assistance to complete Free Application for Federal Student Aid (FAFSA) forms for enrollment in post secondary programs.

PROGRAM'S IMPACT

The increasing graduation rates of teens receiving MFIP has been attributed to the model's integration of relationship-based public health nursing and social work services with MFIP's requirement of school attendance and progress. Between 2003, when SPRCDPH first partnered with the county's Workforce Program and Human Services Financial Workers to implement the teen MFIP program, and 2008, the graduation rate of teens receiving MFIP increased from 33 percent to 64.2 percent.

LESSONS LEARNED

Some of the many lessons learned by SPRCDPH after implementing the Teen Parent Program include the following:

- Relationship-based support services that promote parenting, health, and family well-being and holding teens



accountable for their school performance are important ways to help them achieve their educational goals and increase their self-sufficiency

- To provide teens with a truly beneficial experience, the program must focus on the variables that are essential for teens to be successful both as parents and adults, such as education and self-sufficiency
- A focus on impacting systems and developing novel community partnerships has helped the program better serve its teen population

Challenges Faced by Programs Targeting Pregnant and Parenting Teens

Local health departments face a variety of challenges as they implement programs for pregnant and parenting teens. Some of the most pressing challenges faced by the four local health departments highlighted in this report are described below.

DECREASING RESOURCES

As many local and state governments are faced with budget crises, LHDs and their programs are experiencing decreased funding. Less funding results in staffing reductions and increased workloads. Reductions in the number of staff reduce availability for direct client services, which leads to longer waiting lists for teens seeking the services of these programs. In addition to the effects that decreasing resources have on LHDs, budget constraints are also negatively affecting community partners, many of whom provide critical services to pregnant and parenting teens. Various methods that LHDs can use to prepare for and cope with budget cuts include utilizing a variety of funding streams to finance programs and exploring non-conventional funding sources.

“...we need to hold a certain percentage of our positions vacant, which has meant staff wearing several hats, doing several jobs. It’s also meant that we have fewer staff available for direct client services. Right now we have a wait list of about 30 clients...”

— San Mateo County Health System

CHANGING DEMOGRAPHICS

One health department noted the increasing diversity in the community, which has challenged providers to develop culturally sensitive services that all individuals in the community will feel comfortable using. An increase in the number of non-English speaking teenage clients poses challenges to effective communication between nurses and teens. As a result, service providers (including the health department) need staff members who can speak the languages of their clients. Training staff in being sensitive to other cultures and communicating with non-native English speakers can be effective in addressing changing community demographics. If possible, local health departments can also hire multilingual staff.



COMMUNITY SENTIMENT ABOUT PROGRAMS FOR PREGNANT AND PARENTING TEENS

Although it might be expected that LHDs would experience pushback from the teenage population, greater challenges are posed by others in the community. For one health department, these challenges arise from the overall sentiment that teenage pregnancy prevention, especially for pregnant and parenting teens, is unnecessary. The individuals in the community with this outlook believe that pregnant and parenting teens should fend for themselves because of their prior behavior. This attitude makes it difficult to institute certain prevention activities in the school environment, such as the provision of contraceptives, which would benefit both pregnant and non-pregnant teens. To address negative community sentiment, LHDs can seek to educate the community on the benefits that the whole community receives when pregnant and parenting teens receive adequate services and complete their education.

“We need to educate people that the philosophy of you made your bed now lie in it is not the answer. Teenage parents will not be successful if you say that. We have to do something to help them.”

— Montgomery County Department of Health and Human Services

Recommendations

Despite the challenges that LHDs face when implementing programs for pregnant and parenting teens, it is a worthy and necessary cause. There are a variety of steps LHDs can take to establish new pregnant and parenting teen programs or strengthen existing ones.

BUILDING COMMUNITY COLLABORATIONS

Collaborating with community partners that have a background or interest in working with teens and families is a great way to pull together the expertise and resources of different organizations to reach common goals. Community coalitions can provide structure to partnerships and facilitate the collaborative process.

“We’re constantly reconnecting and finding other programs in the area, so we can form new partnerships.”

— Santa Cruz County Health Department

TAPPING INTO CREATIVE FUNDING STREAMS

Budget constraints are a challenge that LHDs face more often than not, especially during times of national economic crises. However, identifying and focusing on multiple funding sources can decrease the negative impact that programs experience when one source of funding is reduced or eliminated. Additionally, seeking funding and partnerships from non-traditional programs and sources, such as welfare and social service programs, can be an option for increasing resources available and even broadening the scope of services that the program offers.

UTILIZING CULTURALLY AND LINGUISTICALLY SENSITIVE SERVICES/PROGRAMS

Changing demographics and increasing diversity in areas all across the country demands the creation of culturally sensitive services. In order to meet this demand, LHDs can focus part of their efforts on training staff in cultural competence, which may include recognizing the different value systems in other cultures and effective communication with non-native English speakers.

“The federal funding, in particular, has really augmented what we can do with the state and local funding. Some of the really creative pieces came out of the federal grants.”

— San Mateo County Health System

GAINING COMMUNITY BUY-IN

Increasing support in the community for teen pregnancy and parenting programs can help to increase visibility of the issue at the policy level, and thus increase funding. LHDs can educate teens, parents, policymakers, and other community members about the benefits the whole community receives when parenting teens complete their high school education and are able to access the medical and social services they need to ensure healthy outcomes for themselves and their children.

CONTINUED STAFF TRAINING AND DEVELOPMENT

A focus on staff training and development is a necessary component of strong programs for pregnant and parenting teens. Training on working with adolescents and recognizing their developmental needs can serve to increase staff comfort level with working with the adolescent population. Case management training for nurses that focus on teens’ clinical and social needs can enhance their ability in dealing with non-medical issues, such as school attendance.

“At a time where you have decreasing funds, we need to make sure that everybody knows how those funds are being used and how it supports the whole community to invest in our teens...”

— Montgomery County Department of Health and Human Services

Conclusion

Over the last decade, strong public health programs have been successful in significantly reducing rates of teenage pregnancy and teen birth. As those rates are slowly beginning to climb for the first time in close to 20 years, LHDs must continue their critical prevention efforts while also providing programs and services for teens that are already pregnant and parenting. Because current data shows that teens who give birth are at a higher risk for harmful medical complications and are more likely than their peers to have social difficulties in life, programs like the ones included in this report are crucial in decreasing those chances.

The programs highlighted in this report exhibit the components of highly successful programs for pregnant and parenting teens. The home visitation component of these programs aids in reducing barriers to accessing pre and postnatal care and support, such as a lack of transportation or knowledge about available services. Home visitation nurses are able to connect young parents to resources in the community, conduct screenings, and provide health education, all within the home. Home visiting is also instrumental in facilitating the development of supportive relationships between teens and knowledgeable adults. Health education is another component of successful programs. Health education provides parents with instruction on a variety of topics that will increase their ability to care for their children and promote their own personal health and wellness, such as prenatal care, positive parenting, home safety, and sexual health. Many successful programs also include social support groups that allow young parents to meet each other and discuss pertinent issues in a supportive environment. Lastly, school completion and academic success is emphasized in all components of successful programs.

Although challenges and barriers abound, the development and maintenance of comprehensive and effective programs is possible. A multifaceted approach that addresses all of the key areas of need for pregnant and parenting teens may not be feasible for one local health department to accomplish alone. However, a coordinated approach that involves community partners can be successful in meeting medical and social needs.



End Notes

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