

La Clínica de La Raza Pregnant and Parenting Teen Care Program: Preliminary Evaluation Results

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Introduction

Clínica Alta Vista (CAV), La Clínica de La Raza's teen clinic in Oakland, California, offers a comprehensive teen parenting program, which includes: prenatal, primary, and well child care; parenting education classes; voluntary couples counseling; increased contraceptive counseling during clinic visits; and scholarships and increased educational referrals to improve clients' educational attainment. CAV's program has served approximately 130 clients annually. Upon enrollment, clients are randomly assigned to receive one of two models of care: traditional care with a single Primary Care Provider or CenteringPregnancy, a group-based service delivery model focusing on empowering clients to participate more actively in their own care and developing strong social support networks among cohorts of pregnant and parenting women. The program evaluation will examine whether there are statistically significant differences between clients who receive the traditional model of care and those who receive the Centering model on the outcome variables of: (1) teen clients' reports of social supports from their partners, providers and peers; (2) occurrences of repeat pregnancy; (3) satisfaction with care; (4) attitudes toward parenting; (5) age-appropriate child immunization rates; and (6) educational attainment.

Methods

The program evaluation utilizes a randomized control group design, which will allow the evaluators and program staff to examine the changes in the target population's social and health outcomes that result from exposure to the *Centering* model (intervention group) as compared to those receiving traditional care (comparison group). Participants are assigned to each group based on the month they enter services. Data collection methods include:

- AFL Core and Supplemental Surveys (in Spanish and English) to collect demographic, health status and outcome data at four points: Baseline Pregnancy (program entry); Baseline Parenting (two weeks post-partum); and 12-month and 24-month follow-up.
- Tracking of program exposure and infant immunization data fields in La Clínica's Merritt Information System (MIS) and the BARR Immunization Registry.
- Focus groups with clients and Interviews with CAV staff to assess program implementation successes, challenges and suggestions for improvement.

Based on the program goals and objectives, the evaluation will examine the following hypotheses: 1) Provision of primary care and case management services through the *Centering* model will lead to greater improved health and pregnancy outcomes for clients and their infants as compared to those receiving services through a traditional model; 2) Increased culturally relevant contraceptive counseling will result in decreased repeat pregnancies for all participants; and 3) Renewed focus on education and referrals to educational programs will lead to sustained and/or improved educational outcomes for all participants. Annually, descriptive and comparative statistics will be used to examine potential baseline differences between the intervention and comparison groups. Multivariate statistical methods will be used to analyze outcomes, including multiple linear regression for continuous outcome variables and logistic regression for categorical outcome variables. The University of California, San Francisco's Institutional Review Board has approved all of the evaluation protocols.

Results

At this time, the evaluation team is analyzing Core and Supplemental Survey data on the 122 participants that have been enrolled in this study (89 comparison and 33 intervention) from October 2007 - August 2008. Preliminary analysis of this data demonstrates:

- 89% of the comparison and 100% of the intervention participants identified as Hispanic/Latino. The average age of participants was 17.3 years for both groups.
- Comparison clients received fewer hours of service on average (11.8 hours vs. 12.9 hours).
- Of the 89 comparison participants, 33 (37%) had delivered by August 31, 2008; over half of their children were male (58%) and the average birth weight was 7.1 pounds. Of the 33 intervention participants, 12 (36%) had delivered by August 31, 2008; two-thirds of their children were male (67%) and the average birth weight was 6.9 pounds.

This data will be further analyzed to examine differences in outcome variables over time. The evaluation team will also examine the dosage and frequency of services received by each participant and how these factors might affect health outcomes.

Discussion

These preliminary results show that both groups were the same age on average, but the comparison clients were less likely to be Hispanic/Latino and received fewer service hours than the intervention clients. The percent that delivered during this time period was nearly identical and the weight of the intervention clients' infants was only slightly lower. However, we were not able to test for significance of this baseline data given the small sample size. The *Centering* program was implemented in January 2008 and had only been offered for a few cycles at the time of this submission. It will be important to examine differences in outcome variables over time, such as perceived social supports and attitudes toward parenting. It is also important to note limitations to the design. First, active parental consent is required for participation in the evaluation activities, which may limit the sample size. Second, the evaluation relies heavily on self-report survey data, which might lead to respondent bias and/or literacy issues, given the age of the target population. Although retention issues are another anticipated limitation, measures have been put in place to increase retention, including incentives for survey completion. Despite these limitations, the randomized control design of the evaluation and the data monitoring activities that will be implemented will provide a valuable study of the program.

Implications

It is anticipated that the evaluation results will help La Clínica to identify which service delivery model results in more improved outcomes for their client population and to modify services provided through their clinic accordingly. This study will also potentially benefit other teen parenting programs to help determine best practices.

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