

# Prepared Teens - OAPP Care Grantee Abstract

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## Introduction

The Prepared Teens Care Demonstration Project was funded in January 2007 as a collaborative effort with Our Family Services (OFS), Teen Outreach Pregnancy Services (TOPS), and the evaluation team from Pima Prevention Partnership (PPP). Prepared Teens serves an area in Tucson characterized by high teen pregnancy rates, high poverty rates, and lack or underutilization of services to the target population. During the five year funding period, Prepared Teens will serve 400 pregnant and parenting teens ages 13 to 18, their extended family members and male partners. Prepared Teens combines six interrelated research-supported strategies (case management, registered nurse education, mentoring, education, father/family involvement, and peer support) to assist teen mothers in decreasing their risk for repeat pregnancy, increase physical/emotional well-being for clients and babies, and improve educational attainment. The highlighted program objectives include the following:

1. By September 30, 2011, 80% of teens who complete educational workshops will demonstrate at least 80% mastery of knowledge taught during specific workshops as evidenced by performance on a post-curriculum test.
2. 100% of enrolled pregnant/parenting teen mothers will have stated health goals integrated into their case plan for themselves and their child within three weeks of enrollment.
3. 100% of enrolled pregnant/parenting teens and 100% of enrolled male partners will have stated educational and/ or career goals integrated into their case plan within three weeks of enrollments based on their strengths and needs.
4. Enrolled pregnant teens enrolled in Prepared Teens program services will demonstrate healthy delivery outcomes (greater than 37 weeks gestation and birth weight greater than 5.5 pounds).

## Methods

The Prepared Teens intervention strategy consists of key program pieces provided by each agency. OFS and TOPS receive pregnant and parenting teens ages 13-18 from various referral sources such as schools, doctors, community partners, Child Protective Services, etc. Program staff then receives program consents and conduct initial program evaluation surveys, assess the teen's needs, assist with goal setting, encourage them to remain in school, and provide enrollment into health and life skills educational opportunities. Pregnant teens are provided a registered nurse and health educator assistant at TOPS and health referrals are provided as needed. All clients may identify a natural mentor or be assigned to a trained community volunteer mentor to assist them through the program. Pregnant teens receive a total of 16 hours of healthy pregnancy and childbirth education classes, a hospital visit, and two home health visits conducted by her assigned RN post delivery. Parenting teens, as well as pregnant teens, also benefit from 8 hours of life skills and 16 hours of parenting classes from OFS. During this time, teens also receive case management services, and can attend weekly support groups, and monthly parenting events. All Prepared Teens participants receive services for a minimum of one year, or through the child's first year of life.

The research design is quasi-experimental, with an intervention and control group. The intervention group is recruited from the 85705 zip code, while the comparison group is recruited from demographically comparable zip codes (85712 and 85716). To further ensure the samples are comparable, as the sample grows, the experimental sample will be matched to the control group sample on demographic variables that correlate with our dependent variables.

Data is collected at baseline and two follow-ups. For pregnant teens follow-up surveys are administered at the infant's half birthday and first birthday. For parenting teens follow-up-surveys are also administered on their child's birthday and half birthday (whichever comes first). A series of instruments are used for data collection, including a federally-provided core outcome instrument, post-curriculum tests which measure actual retained knowledge from the workshops, and other project records. Results from post-curriculum tests are used to determine whether PT clients have shown mastery of the material, defined as correctly

answering 80% of the questions. For the other objectives presented here, program records were reviewed. As data collection implementation progresses and more follow-up surveys are collected, survey data will be analyzed to answer program objective 4.

As Prepared Teens is in the early stages of data collection, frequencies are the primary statistical method reported at this point in time. As data collection progresses appropriate statistical methods will be utilized (i.e. matched-sample t-tests, Chi-square analyses, regression, etc.). Both program and the evaluation have received local IRB approval. Additionally, to further protect client records a Certificate of Confidentiality has been acquired from the National Institute of Health.

## **Results**

This abstract focuses on program participants with baseline survey data. At this point in the second year of the project, a total of 54 participants have provided baseline data. Of these participants, there are 22 pregnant teens, 20 female parenting teens, and 2 fathers in the intervention group. Ten control participants have completed baseline survey data (9 pregnant & 1 father).

Clients are primarily Hispanic (75.0% of intervention & 60.0% of control), and do not identify themselves in a racial category (56.8% vs. 50.0%). Participants range in age from 14 to 19 (intervention mean=17.2, control mean=17.0). Due to the small number of control participants, at this time it is too early to test whether demographic differences between intervention and control clients are significant.

The following results pertain to the above stated objectives. Due to the small number of control clients, data from all enrolled clients is presented below. To date, 15 participants have completed at least one series of workshops (some participants have completed more than one series). Two participants have completed parenting classes, three participants have completed life skills classes, and 11 participants have completed both child birth education and healthy pregnancy classes. Of participants completing a series, 93.3% have demonstrated at least 80% mastery of the material as evidenced in a post-curriculum test of the material. To date, 41 (64.1%) of pregnant/parenting program teens have stated health goals integrated into their case plans, and 23 do not. A total of 58 (81.7%) of pregnant/parenting and male partners have stated education and/or career goals integrated into their case plans, and 13 do not. Of the 8 pregnant teens who have delivered all (100%) have demonstrated healthy delivery outcomes. All 8 deliveries occurred at or after 37 weeks gestation and all of the infants had a birth weight greater than 5.5 pounds.

## **Discussion**

The Prepared Teens project has encountered both successes and challenges. First, program recruitment and retention (attending and completing classes) has been a greater challenge than anticipated. To address this issue program staff are using rollover funds to increase program incentives. Program staff is also currently discussing ways to strengthen their ability to coordinate records to more accurately document which participants have stated health and educational goals. An additional challenge has been identifying a natural mentor for teens in our program. Without many natural mentors, we have been faced with the challenge of recruiting enough volunteer mentors from our community to be able to provide this program component to all program participants. These challenges indicate the need for flexibility in implementation and recruitment approaches, while maintaining program fidelity. Despite these challenges, the Prepared Teens program does have considerable successes to celebrate. Preliminary results indicate that clients are learning from the classes offered, and deliveries to date have demonstrated healthy outcomes. First, 93.3% of participants completing the educational workshops have demonstrated at least 80% mastery of the material. Furthermore, as evidenced by program records, all pregnant participants who have delivered have demonstrated healthy delivery outcomes. As the program progresses and more intervention and control clients are enrolled, analysis will further elucidate the findings discussed above.

## **Contact Person**

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