

A Community Collaboration Model for Working with Pregnant and Parenting Teens

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Introduction

Through the Circle of Care (COC) project, Roca, a community based youth development organization, and the Massachusetts General Hospital (MGH) provide comprehensive, holistic and seamless care for pregnant and parenting adolescents in Revere and Chelsea – two urban, underserved communities located outside of Boston. COC works to reduce repeat pregnancies, potential child abuse and neglect, promote optimum health for babies and parents, and reduce stress associated with pregnant and parenting youth. Services provided include: home visiting, classes and coaching in parenting skills, communication circles, education and employment training, job placement, and referrals to other services. These “wrap around” services also include medical services offered through two health centers and four non-traditional sites that are easily accessible to youth. The COC project also emphasizes intensive outreach to young fathers and/or partners of the pregnant and parenting mother as well as their families. The COC targets young mothers aged 13 to 19, and fathers up to 24 years of age for up to 2 years. Based on a youth development model, pregnant and parenting youth receive intensive, specialized services to support them to become healthy, productive, and valued members of a community. The evaluation aims to show statistically significant differences between the COC participants and non-COC participants on the outcome variables of: rapid repeat pregnancies, educational attainment, employment, self-esteem and self-efficacy scores, and parenting scores.

Methods

The overall evaluation plan employs a quasi-experimental design with a comparison group recruited through their youth worker from Roca who do not receive the same services as COC. Participants are referred to the COC through MGH clinicians and other area organizations. Three questionnaires are administered at baseline (once the participant is assigned to a home visitor) and then at 6-, 12-, and 24-months after the baseline. The comparison participants are on the same schedule. The questionnaires are the AFL Core/Follow-Up instrument, the Adult-Adolescent Parenting Inventory (AAPI), and a supplemental questionnaire that includes scales around self-esteem and self-efficacy, mental health, substance use, and relationships. ACASI (audio computer-assisted self-interviewing) is used to administer the questionnaires to ensure confidentiality and literacy. Chi-square analysis and Mann-Whitney Tests will be used to determine differences among the intervention and comparison groups.

In addition to these questionnaires, the intervention group is monitored medically through their medical record with MGH. This ensures adequate family planning, routine medical visits, and appropriate medical screening tests are performed. These data are used as descriptors of the participants.

Results

(Results based on 2007 and early 2008 data. This will be updated for the poster, with data from the EOY report)

At the end of year 3, 40 COC participants completed the AFL Core instrument, with 41 completing the supplement questions, and 32 the AAPI. The comparison group has been

hard to recruit and follow, with only 31 completing the AFL Core. At 6-months, 14 participants completed the questionnaires and 8 completed questionnaires at 12-months. No comparison group members have been found to complete any follow-up questionnaires.

Analysis of the demographics of the intervention and comparison groups at baseline show no statistically significant differences for age, % in school, % working, % Latino, and % pregnant at baseline. Additionally, there is no significant difference between the groups on the K-6 score (depression) for males ($p=.527$) or females ($p=.504$). AAPI scores among females only showed a significant difference in "Inappropriate Expectations of Child" ($p=.017$). Males had a statistically significant difference for "Oppressing Child's Power and Independence" ($p=.017$).

It appears the medical monitoring on the intervention group has been effective. All of the males and the majority of the females (89%) are up-to-date on their physicals and STD screenings. Eighty-nine percent of females were up-to-date with their Pap tests and 77% of females who were not pregnant were using reliable birth control.

Thus far, 18% of COC participants have reported repeat pregnancies.

Through the process evaluation, participants in COC express satisfaction with services and a real bond with their home visitor. They report enjoying the various groups that are offered as a way to meet other young parents.

Discussion

The repeat pregnancy rate is alarming. As a result, the nurse practitioner on the project is reaching out to the labor and delivery department of MGH to create a protocol to offer teen mothers birth control before leaving the hospital with their new baby.

Recruiting a comparison group has been hard, and the project has tried to partner with several area agencies to gain access to other pregnant and parenting teens. The latest solution is to recruit from the population of young parents who are obtaining different services at Roca. This population will be easier to recruit and track, since they are already known to Roca.

Implications

The coordination of services offered through Circle of Care is a viable model for delivery of care and supports for pregnant/parenting teens, and appears to have good preliminary effects on some key outcomes around self-esteem, depression, and parenting attitudes. More work needs to be done to understand the repeat pregnancy rate and what the COC can do to decrease it. One key lesson learned through this partnership is how important communication is and how staff turnover can effect operations.

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