

Massachusetts Pregnant and Parenting Teen Initiative

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Introduction

The Massachusetts Pregnant and Parenting Teen Initiative (MPPTI) uses a multi-disciplinary, strengths-based case management model to serve young families in 5 high-need Massachusetts communities.

Funding category/focus area:

Teens in high schools and community service centers

Program Setting & Geography:

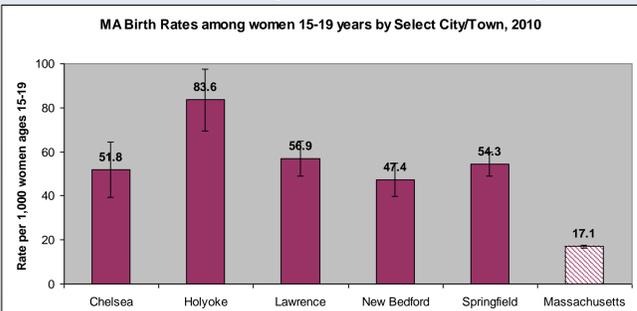
MPPTI is implemented in community centers in the cities of Chelsea, Holyoke, Lawrence, New Bedford, and Springfield.

Target Population:

Expectant and parenting male and female adolescents, aged 14-24, in and out of school.

Teen Pregnancy in Massachusetts

The communities MPPTI serves have teen birth rates between 3 and 5 times higher than the state average.



Source: MA Dept of Public Health (2010). Births (Vital Records). MA Community Health Information Profile version 3.00 1327.

MPPTI Program Goals

- Achievement of educational and vocational goals
- Delay subsequent pregnancy
- Improve infant health and development

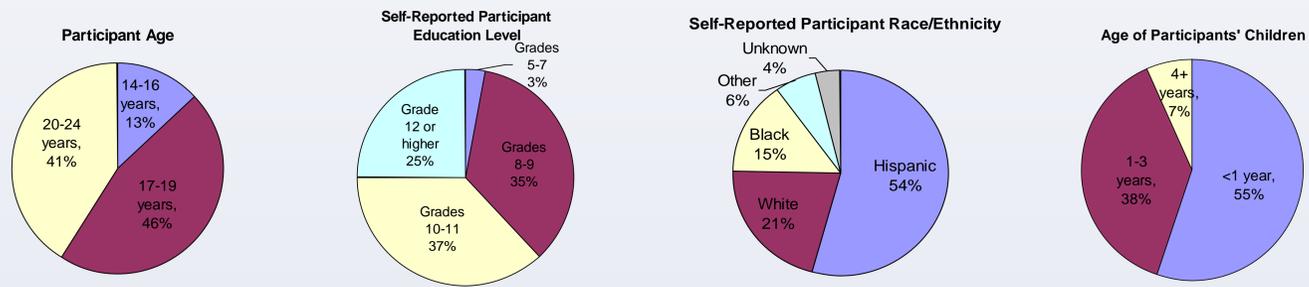
MPPTI Program Model

- Strengths-based and trauma-informed model offering wraparound services:
 - Health education and parenting support
 - Counseling for depression and mental health needs
 - Home visits
 - Social service case management
 - Partnership with domestic violence organizations
- Multidisciplinary staffing approach includes youth worker, nurse, education counselor, mental health counselor

Findings

Program Reach:

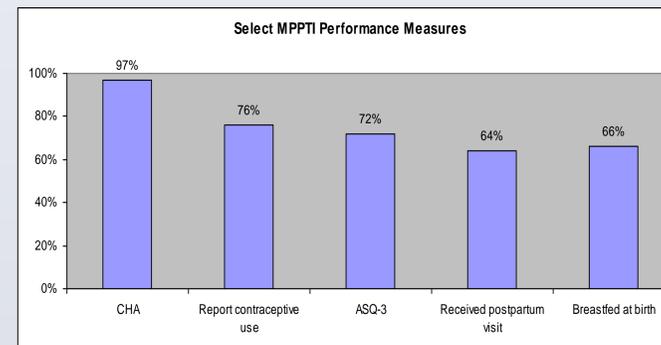
Since 2010, MPPTI has served 1,074 participants – 583 adolescents and 491 children – in 5 sites. Among adolescents served, 91% were female and 9% were male. Sixty-eight percent (68%) were parenting and 32% were expectant at the time of enrollment.



Performance Measures

Performance Measures Definitions:

- **CHA:** The percentage of participants who received a comprehensive health assessment (CHA) to identify health and social service needs
- **Contraceptive use:** The percentage of participants who report using any type of contraception
- **ASQ-3:** The percentage of participants' children who received at least one ASQ-3 developmental screening
- **Postpartum Visit:** The percentage of participants who had a postpartum visit with a healthcare provider between 21 and 56 days postpartum
- **Breastfed at Birth:** The percentage of infants who were breastfed at birth among participants who gave birth while in the program



Lessons Learned

During the first grant cycle, direct service providers offered feedback via monthly service delivery reports and focus groups to identify program strengths and challenges. Lessons learned included the following:

Program Model strengths:

- Team-based model
- Nurse plays a key role
- Strengths-based model that includes youth development
- Hard reduction approach – “meeting young people where they are at”

Community weaknesses play out in the program:

- Program sites report overwhelming needs for housing, mental health services, and quality schools.
- Anything that is missing in the community ends up lacking in the program.

Unique “Lifecourse” approach:

- Services target the needs of participants as parents, as adolescents, and the needs of infants/toddlers.
- Increased support for providers would benefit the program.

Data Management:

- Providers require clear performance and outcome measures to understand the impact of their programs.
- Data management system needs to be easy to use and results should be regularly reported back to providers.

Discussion

Key lessons learned led to further refinement of the program model. Additional program components that directly respond to lessons learned include:

- **Digital Storytelling**
 - Participants document how becoming a parent has affected their lives through voice and video media.
- **Lifeplans**
 - “Lifeplanning” booklets and accompanying provider guides will help program participants identify life goals and break goals down into manageable action steps.
- **Community Advisory Group (CAG)**
 - The CAG engages key stakeholders to work toward improving the lives of young families. The CAG is developing an MPPTI sustainability plan and exploring citywide models to address the needs of teen parents.
- **Youth Worker Curriculum**
 - A curriculum specific to the unique “lifecourse” needs of MPPTI participants is under development.

Next Steps

- Dissemination of digital stories to raise awareness about the challenges of being a young parent
- Implementation of the life plans as strengths-based goal-setting and case management tools
- The CAG will continue to conduct sustainability planning
- All MPPTI youth workers will receive training in the new Youth Worker Curriculum
- Development of a new data system that meets the needs of program sites, including the creation of a reporting calendar to help sites track progress against program goals

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