



OAH PREGNANCY ASSISTANCE FUND PROGRAM: SUCCESSFUL STRATEGIES

Supporting Minority Young Families

Connecticut State Department of Education

In August 2013, the HHS Office of Adolescent Health awarded the Connecticut State Department of Education a four-year Pregnancy Assistance Fund Program grant to support expectant and parenting teens, women, fathers, and families.

Sixty-five percent of the students served by the Connecticut Supports for Pregnant and Parenting Teens (SPPT) Program are Hispanic and 25 percent are African-American. Through SPPT, the Connecticut State Department of Education seeks to improve educational, health, and social outcomes for expectant and parenting teens, promote healthy child development for the children of teen parents, and build the capacity of communities to sustain supports for expectant and parenting teens.

Focusing on districts with the highest teen pregnancy and school dropout rates, SPPT provides supportive services to high school students aged 14-21 in six school districts across the state (Bridgeport, Hartford, New Britain, New Haven, Waterbury, and Windham).

The program offers eight core services: 1) flexible, quality schooling and academic supports, 2) case management and family support, 3) prenatal and reproductive health services, 4) quality child care with links to basic preventative health care, 5) parenting and life skills education and support services, 6) father involvement services and supports, 7) transitioning to post-secondary education and workforce development, and 8) intergenerational supports and family engagement. SPPT staff (a Master's level social worker and a registered nurse) interact with participants through individual counseling sessions, group activities, home visits, and brief contacts.

During the 2014-15 school year, the program served a total of 213 expectant or parenting teen mothers and 68 teen fathers. Both teens and their children are served by parent-child learning groups, family outings, and holiday celebrations. Because the majority of participants report experiencing three or more traumatic events in their lifetime, SPPT uses a trauma-informed approach by providing individual counseling sessions as well as group activities, which include support groups on healthy relationships and communication skills.

Why It Matters:

- Despite reductions in teen birth rates, in 2014, birth rates among Hispanic and African-American females ages 15-19 were at least double that of their white counterparts.
- African-American and Hispanic youth continue to have lower high school graduation rates than the national average, though the gap is gradually narrowing.¹
- Hispanic and African-American youth are at greater risk of experiencing poverty and poor health outcomes, as adults, than their white counterparts.²
- Supporting expectant and parenting young families helps increase educational attainment and reduce the rate of repeat pregnancies.^{3,4}

Many youth entering the SPPT program have a history of poor school attendance, so SPPT also provides academic support to foster grade advancement and graduation. Referring to one of the social workers employed by SPPT, one student participant noted,

“With the help of the social worker I have a process to get my assignments when my child is sick and I am absent. I have been able to catch up on my work. I have never had such good grades!”



SPPT participant graduating from high school. Credit: Lindsay Vigue

Current data demonstrates the positive impact SPPT has on their largely minority participants. The recently reported 2015 graduation rate for the state’s ten neediest districts (which includes the six districts offering the SPPT program) is 71.6 percent, up from 63.6 percent in 2010. Additionally, 100 percent of children of participating teen parents are up-to-date on well-child visits, and 97 percent of children are meeting developmental milestones or receiving services to address developmental delays. Finally, the rate of subsequent pregnancies among those who are mothers and fathers at time of enrollment is only 5 percent,⁵ approximately half of the state rate (12 percent for females under 20 in Connecticut).⁶

Currently, the Connecticut State Department of Education’s ([CSDE](#)) SPPT program is focusing on positive school climate and cultural competency training, which includes professional development for both SPPT staff and all school staff in general. The training goal is to establish the foundation of knowledge, attitudes, and skills needed for staff to interact effectively with those from diverse backgrounds,

including supporting pregnant and parenting teens in developing the skills necessary to effectively communicate with teachers, medical staff, and other service providers. CSDE has been working with both a Title IX consultant and the National Women’s Law Center to develop these trainings. The goal in time is to provide this professional development in all high schools across the state.

Grantee Contact Information

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<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=334262>

About the Office of Adolescent Health Pregnancy Assistance Fund Program

The Office of Adolescent Health Pregnancy Assistance Fund (PAF) Program awards grants to states and tribal entities to provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services. PAF Program funds are used to help these populations complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.

¹ Stetser, M.C. & Stillwell, R. (2014). Public high school four-year on-time graduation rates and event dropout rates: School years 2010-11 and 2011-12. National Center for Health Statistics. Retrieved August 20, 2016, from <http://nces.ed.gov/pubs2014/2014391.pdf>

² Centers for Disease Control and Prevention. (2005). Health disparities experienced by Black or African Americans-United States. Morbidity and Mortality Weekly Reports, 54(01), 1-3. Retrieved August 20, 2016, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm>

³ Philliber, S., Brooks, L.P., Oakley, M. & Waggoner, S. (2003). Outcomes for teen parenting programs in New Mexico. *Adolescence*, 38(151), 535-53.

⁴ Sadler, L.S., Swartz, M.K., Ryan-Krause, P., Seltz, V., Meadows-OPliver, M., Grey, M. & Clemmens, D.A. (2007). Promising outcomes in teen mothers enrolled in a school-based parent support program and child care center. *Journal of School Health*, 77(3), 121-30.

⁵ Cross Sector Consulting (2015). Support for Pregnant and Parenting Teens (SPPT): 2014-15 Evaluation Report. Hamden, CT.

⁶ Centers for Disease Control and Prevention. (2015). National Vital Statistics System. Hyattsville, MD: National Center for Health Statistics.