

# EVIDENCE BASED PROGRAMS AND APPROACHES THAT SUPPORT PREGNANT AND PARENTING TEENS: WHAT WE KNOW

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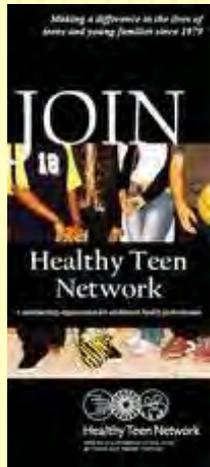
Plenary Session



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# Healthy Teen Network

- **MISSION:** Healthy Teen Network builds capacity among professionals and organizations through education, advocacy, and networking so that they can assist all adolescents and young adults, including teen parents, to have access to the services and education that allow them to make responsible choices about childbearing and family formation, and are supported and empowered to lead healthy sexual, reproductive, and family lives.



- [www.healthyteennetwork.org](http://www.healthyteennetwork.org)



# Objectives

- Participants will learn about available evidence for pregnant and parenting teen programs from 1996-present
- Participants will understand what evidence says works
- Participants will learn about using evidence based principles to develop programs
- Participants will learn about a comprehensive logic model for supporting pregnant and parenting teens
- Participants will learn about effective adaptation

# Three areas for today's presentation

- **Review of what we know:**
  - CAPD Recommendations for Pregnant and Parenting Teen Outcomes
  - Future of Children: Home Visiting Model Evaluations
  - Another Chance, Reducing Subsequent Births to Teens (Klerman)
  - HTN's Literature Review
  - AFY Science and Success
- **What Matters**
- **Where This Leads Us**
  - Logic Model
  - Evidence-Based Approaches
  - Adaptation

# Three Categories of Outcomes for Programs Working With Pregnant and Parenting Teens and Their Children (Center for Assessment and Policy Development, CAPD-1996)

- **Self-Sufficiency Outcomes for Pregnant and Parenting Teens:**
  - Increased school attendance
  - Increased progression toward school completion
  - Increased graduation from high school with diploma
  - More successful movement from school to further education and training or employment
  - Increased length of time between first birth and second pregnancy

[www.capd.org](http://www.capd.org)

# Developmental Outcomes for Children of Adolescent Parents (CAPD, 1996)

- Increased healthy births
- Increased age-appropriate physical, emotional, cognitive and social development
- Increased readiness for school success
- Increased on-time receipt of appropriate health and child development services

# Outcomes for Families (CAPD, 1996)

- Increased practice of good parenting skills, including ability to obtain needed services for one's children and to provide developmentally appropriate nurturing and stimulation
- Reduced use of inappropriate discipline
- Reduced incidence of child neglect or abuse and domestic violence

# Assessed and promoted school-based approaches (CAPD, 1996)

- ❑ School-based programs provide a potential for early intervention, before a teen parent drops out;
- ❑ Interventions after receipt of welfare are less effective;
- ❑ Providing services on-site may achieve more positive outcomes than programs that do not provide services in schools;
- ❑ Research on Ohio's Learning, Earning and Parenting Program (LEAP) Program suggests that efforts in the state aimed at increasing the attendance and retention of teen parents were most effective when child care and case management services were provided on site (Bloom, et al., 1993; Chira, 1994). (October, 1996)

# SCHOOL-BASED PROGRAMS FOR ADOLESCENT PARENTS AND THEIR YOUNG CHILDREN: *Guidelines for Quality and Best Practice (CAPD, 1996)*

- child care;
- prenatal care and reproductive health services;
- preventive health care for children;
- parenting education;
- case management/family support;
- flexible, quality educational programming; and
- father involvement.

[www.capd.org](http://www.capd.org)

# *Home Visiting Programs: Recent Evaluations (Future of Children, FOC, 1999)*

- **Hawaii's Healthy Start**, served families identified through screening at birth as highly stressed and/or at risk for child abuse
- **Healthy Families America (HFA)**, a child abuse prevention program that evolved from Hawaii's Healthy Start and which is now the subject of a pioneering, multisite research network;
- **The Nurse Home Visitation Program (NHVP)**, a university-based demonstration program developed in Elmira, New York, studied again in Memphis, Tennessee, and Denver, Colorado, and now being replicated nationally;

# *Home Visiting Programs: Recent Evaluations (Future of Children, FOC, 1999)*

- **Parents as Teachers (PAT)**, a program that promotes the development of children from birth to age three that began in Missouri and now operates at more than 2,000 sites across the country;
- **The Home Instruction Program for Preschool Youngsters (HIPPY)**, which seeks to prepare 3- to 5-year-olds for kindergarten and first grade; and
- **The Comprehensive Child Development Program (CCDP)**, a five year federal demonstration program that worked with poor families in 24 sites to promote children's development, parents' ability to parent, and family self-sufficiency.

# *Home Visiting Programs: Recent Evaluations (FOC, 1999)*

- Results varied widely across program models, across program sites implementing the same models, and across families at a single program site.
- Several home visiting models produced some benefits in parenting or in the prevention of child abuse and neglect on at least some measures. No model produced large or consistent benefits in child development or in the rates of health-related behaviors such as acquiring immunizations or well-baby check-ups.

# *Home Visiting Programs: Recent Evaluations (FOC, 1999)*

- Only two program models included in this journal issue explicitly sought to alter maternal life course, and, of those, one produced significant effects at more than one site when assessed with rigorous studies.
- In most cases, research has not identified the key elements that would predict which families will benefit from a home visiting model or which program sites will succeed.

# *Home Visiting Programs: Recent Evaluations (FOC, 1999)*

- Most programs struggled both to implement services as intended by their program models and to engage families. Families received about half the number of visits intended, and between 20% and 67% of enrolled families left the evaluated programs before services were scheduled to end.
- Staff skills, training, and turnover and the extent to which curricula are delivered to families as intended by the program model may all affect program outcomes.

# Recent Activity related to Home Visiting Evaluations and Funding-December 2010

- ACF funded 17 cooperative agreements under Patient Protection and Affordable Act of 2010
  - Healthy Families America
  - Nurse Family Partnership
  - Parents as Teachers
  - Positive Parenting Program
  - SafeCare
  
- Mathematica created guidance for effective replication to scale including data collection and adaptation

[www.supportingebhv.org](http://www.supportingebhv.org)

# An Aside

- Mathematica piece is very helpful in thinking through how to effectively, and using an evidence base, bring a proven effective project to scale.

# *Another Chance: Preventing Additional Births to Teen Parents (Klerman, 2004)*

- Inclusion Criteria (N=14)
  - Program targeted pregnant or parenting teen mothers exclusively or primarily, or conducted separate analyses for teens;
  - Program was in operation in 1980 or later;
  - Study was conducted in the United States;
  - Study used an experimental or quasi-experimental design;
  - Analyses were based on a sample size of at least 50 in both the intervention and comparison groups, and
  - Teenage mothers were followed for at least 12 months after the initial birth.

[www.teenpregnancy.org](http://www.teenpregnancy.org)

# *Another Chance: Preventing Additional Births to Teen Parents (Klerman, 2004)*

- Programs with mixed results:
  - ▣ Project Redirection--community based
  - ▣ Parents Too Soon--multi-site
  - ▣ Teenage Parent Welfare Demonstration--multi-site

[www.teenpregnancy.org](http://www.teenpregnancy.org)

# *Another Chance: Preventing Additional Births to Teen Parents (Klerman, 2004)*

- Programs with significant results at 12 or 24 months:
  - Comprehensive Adolescent Program--hospital based
  - Teen Baby Clinic--hospital based
  - Polly T. McCabe Center—school based
  - Second Chance Club—school based
  - Nurse Visitation Programs (Olds/NFP)--home visiting

[www.teenpregnancy.org](http://www.teenpregnancy.org)

# Some caveats

- ❑ Most programs offered in 1980's before availability of more effective birth control;
- ❑ Most programs had other goals and met many of them;
- ❑ Some programs measured repeat pregnancy/birth at 36 and 48 months, probably unrealistic for teens;
- ❑ Small sample sizes so statistically significant results hard to achieve, and
- ❑ Many programs based on participation in AFDC so no longer applicable.

***What makes a difference: Hopeful practices for teenage parents.*** (Literature review conducted for Healthy Teen Network, December 2007)

- Looked at reports of effective means of reducing subsequent births post Klerman report and also looked at literature for broader set of outcomes.
- Using essentially same criteria as Klerman, we found no new peer reviewed reports on reducing subsequent births.
- Some programs had positive effects on outcomes other than preventing/delaying subsequent births.

# Where we found overlap

- Comparing Klerman's results for reduced repeat pregnancy to HTN's literature review that included other outcomes and the Future of Children report

# Medical and Community Settings

- **Comprehensive Adolescent Program at Queens Hospital**
  - Prenatal and postpartum care using a comprehensive team approach with social worker, clinicians, and health educator; classes on contraception and family life; participants supported through age 20—Quasi-experimental design showed decreased teen births (K); increased education and employment (LR)
  
- **Teen Baby Clinic**
  - Enhanced post partum care; team approach with social workers; emphasis on family planning—RCT with decreased births at 18 months (K)

# Medical and Community Settings

## □ Project Redirection

- DOL and Ford Fdn. funded; welfare recipients under 18 years; service coordination, employment training, IEP's, role models—Quasi-experimental design with decrease in repeat births at 12 mos. only (K); but changes at 60 months included increased employment among targeted group (LR)

## □ Teen Tot Program

- Primary care services to infants of teen mothers for first 18 mos.; parenting and decision making support for moms; ages 16 and younger—Quasi-experimental design showed better school attendance at 6 mos. (LR)

# School-Based

## ▣ **Polly T. McCabe Center (CN)**

- Alternative public school; additional pregnancy related education and social and medical services—Quasi-experimental design comparing within groups of those spending less or more than 7 weeks in program postpartum with significantly lower percentage of births at 24 and 60 months (K)

## ▣ **The Second Chance Club (SC)**

- Within an urban high school; weekly meetings focused on parenting, career planning, school participation; included case management and home visits—Quasi-experimental design with significant difference in repeat births at 36 months (K)

# Home Visiting

- **Parents Too Soon** was a multi-site home visiting based model—Quasi-experimental design showed mixed results in delaying subsequent births (K) and improved education and employment outcomes (LR)
- **Healthy Families America** primary focus area is reducing child abuse—have a multi-site evaluation that has shown good results across several domains including mothers' education and employment gains (FOC)
- **Nurse-Family Partnership**—the gold standard with many repeated successes using RCTs—showing delays in subsequent births and increased education/employment (K and FOC)

# Home Visiting

- **Family Growth Center** employed an ecological model to teen parenting with very comprehensive services, case management and home visiting- Quasi-experimental design showed improved education at 3 years (LR)
- Field et al (1982) compared three models (home visiting, parent training, **nursery-parent training**) with the nursery model faring better than the rest for education outcomes (LR)

# Science and Success: Programs that work to prevent subsequent pregnancy among adolescent mothers (Advocates for Youth, 2009)

- Inclusion Criteria
  - Published in a peer reviewed journal
  - Experimental or quasi-experimental design
  - Minimum N of 100 in case and control groups
  - Collected baseline and intervention data on both groups
  - Collected data at 18 months post intervention or later
  - Showed program effectiveness in reducing teen pregnancies among cases

## Science and Success: Programs that work to prevent subsequent pregnancy among adolescent mothers (Advocates for Youth, 2009)

- All programs promoted contraceptive use; education completion, and future visioning.
- All reduced repeat pregnancies/births among cases
- Some also improved:
  - ▣ educational and/or employment outcomes;
  - ▣ maternal morbidity, and
  - ▣ health outcomes for babies including reduced infant abuse/neglect.

# Science and Success: Programs that work to prevent subsequent pregnancy among adolescent mothers (Advocates for Youth, 2009)

Programs	↓ repeat preg/birth	↑ contra use	↑ maternal health	↑ baby health/ reduce abuse	Improve education	Improve employment
<b>Queens Hospital</b>	*	*	*	*	*	*
Health Care for 1 <sup>st</sup> time moms	*					
<b>NFP</b>	*			*		*
<b>Polly T. McCabe</b>	*					
Women's Jamaica	*	*			*	*
Home-based mentoring	*					
Intensive School-based	*					

# In addition: School-Based with a Goal of Staying in School (LR)

- Educational Services for School Age Parents Program (ESSP) established Family Learning Centers
- Schools Combating Abuse and Neglect (SCAN) combined education and counseling
- Warrick et al (1993) compared several models of school-based education-focused programs for pregnant and parenting teens (program located within the school grounds fared best)
- Plainfield Teen Parenting Program offered a comprehensive set of services, education and support

# School-Based with a Goal of Staying in School (LR)

- Barnett et al (2004) compared SBHC to non-school based health centers with SBHC having more success in keeping parenting teens in school
- All of these programs had a comprehensive set of support and educational services; all had a positive impact on school retention/graduation
- There are some issues with scientific rigor of the studies

# What seems to matter

- Staff adequately trained and stable;
- Staff relationships with participants;
- Fidelity to program;
- Home settings may encourage better relationships;
- School-based settings seem to improve school retention;
- There may be positive results for education and employment longer term and may be independent of positive effects in reducing subsequent births, and
- Comprehensive services with easy access and a lot of support are key.

# Teen Aged Fathers: What we know

- Most teenage fathers are close to their partner's age;
- Most teenage males would be upset if they got their partner pregnant; although there are differences within racial/ethnic groups;
- Most babies born to male teenagers do not live with their fathers.

National Survey Family Growth, 2002

# Engaging Fathers

- Prenatal engagement; emphasis on co-parenting and relationship building;
- Ensure males are welcome in programs;
- Creative approaches to child support;
- Support education and employment of teen fathers, and
- What about equal emphasis on prevention?

# Where does this lead us?

- Still a fairly small body of literature with many methodological issues
- AFL grant results are being assessed to help inform future direction
- Using science-based principles in designing programs essential
- TAC analysis helpful for strengthening programs regarding risky sexual behaviors
- Adaptation must be done very carefully

# Seven Evidence-Based Approaches

- Use social science research to assess needs and resources of youth/community
- Use health education and behavior theory to select relevant behaviors and determinants
- Use logic models to design intervention
- Implement with fidelity
- Make informed adaptations
- Use 17 characteristics of effective programs (teen pregnancy and HIV only)
- Conduct process and outcome evaluation

# Young Family BDI Logic Model

- A logic model is a useful tool for designing, strengthening and evaluating programs to affect an outcome.
- BDI = Behaviors, Determinants, Interventions is a specific type of logic model developed from right to left

[www.healthyteennetwork.org](http://www.healthyteennetwork.org)

# Goals for Young Families: Three Domains

- I. Self-Sufficiency Goals for Young Mothers and Fathers
- II. Developmental Goals for Children of Young Mothers and Fathers
- III. Goals for Young Families

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# I. Self-Sufficiency Goals for Young Mothers and Fathers

1. Increase high school graduation/GED completion
2. Increase completion of post-secondary education, vocational training, and/or employment at a livable wage
3. Increase self reliance and transition to safe and stable housing
4. Reduce/delay subsequent pregnancies
5. Reduce STIs/HIV

[www.healthyteennetwork.org](http://www.healthyteennetwork.org)

## II. Developmental Goals for Children of Young Mothers and Fathers

1. Increase healthy births
2. Increase age-appropriate physical, emotional, cognitive, and social development (and readiness for school success)

[www.healthyteennetwork.org](http://www.healthyteennetwork.org)

# III. Goals for Young Families

1. Increase appropriate discipline, nurturing behavior, and children who are well cared for
2. Increase healthy relationships between partner(s), peers, and family

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## Intervention Activities

- Classes or group or individual sessions that inform about correct contraceptive use
- Group discussions and brainstorming sessions about the negative consequences of subsequent and sequential births
- Group discussions, brainstorming sessions, and one-on-one sessions about peer use of condoms and contraception, as well as individual motivation to use condoms and contraction each and every time s/he has sex
- Program trips to family planning services/clinics
- Structured opportunities for positive social interaction with peers

## Determinants

- Improve belief that peers support the use of contraception**
- Increase perception that peers are using contraception
- Improve skills and self-efficacy to obtain and use contraception
- Improve skills and self-efficacy to insist on using contraception
- Increase perceived risk and consequences of becoming pregnant again before completion
- Improve quality relationships with adult mentors
- Improve young parent's support**, including belief that support is beneficial; ability to recognize when support is needed; and knowledge and skills to find, access, and use support services

## Individual Behaviors

- Delay initiation of sexual activity (with future partners)
- Increase correct and consistent use of contraception**
- Increase testing and treatment of STIs
- Increase vaccination against STIs
- Decrease number of sexual partners
- Decrease frequency of sex
- Decrease frequency of sex with concurrent partners or with partners who have concurrent partners
- Increase the time gap between sexual partners

## Goal

**Increase length of time between first and second pregnancy; reduce number of subsequent pregnancies; reduce the incidence of STIs and HIV/AIDS**

# Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC Analysis) (ETR/HTN 2007)

- Useful tool for assessing evidence base of teen pregnancy and HIV prevention programs based on 17 effective characteristics delineated by Doug Kirby
- Don't have same evidence for pregnant and parenting teens but same principles apply
- Available from HTN; contact [Allison@healthyteennetwork.org](mailto:Allison@healthyteennetwork.org)

# Effective Adaptation

- Generally depends on preserving core components (green, yellow and red light) and working closely with developer
- Without core components, work closely with developer and follow seven evidence-based principles
- Pilot test critical for assessing effective implementation under real life conditions



*Bridging the Gender Divide:  
Toward a Balanced Approach  
to Promoting Healthy Youth and Young Families  
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