Strong Families Today and Tomorrow (SFTT)

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Introduction

Strong Families Today and Tomorrow (SFTT) provides a continuum of services to 180 pregnant and parenting teens including 50 biological/social fathers to empower them and their families in building relationships and developing a strong network that supports the positive family life they want for themselves and their children both today and in the future. SFTT offers the following services: 1) school-based prenatal and parenting education at local Lake County schools and community locations; 2) intensive, home-based services during the third trimester through twelve weeks postpartum to support health and promote successful parent child bonding: 3) skill-building training for teen parents that will support positive, long-term relationships and family connections; 4) individualized assessment and planning for academic support, job training, and post-secondary educational guidance; and 5) service coordinators to assure and enhance the efficiency and efficacy of resources for each pregnant and parenting teen, partner/father, and extended family, maximizing the potential for the best mix of services. In addition to direct services, SFTT seeks to serve as a catalyst for community-wide networking to bring greater knowledge and linkage for all programs supporting and serving pregnant and parenting teens and families. The SFTT evaluation documents the extent to which a mix of intervention strategies for pregnant and parenting teens positively affects: 1) health outcomes for mother and child; 2) the rate of subsequent pregnancies among participants; 3) the rate of high school graduation or GED completion and enrollment in postsecondary education/training; 4) development of a strong set of parenting skills; 5) rate of immunizations; and 6) increases in family and relationshipbuilding knowledge and skills.

SFTT builds on several "legacy" programs that have served pregnant and parenting teens in Lake County for over 25 years. The most significant is the PAGES Program (Pregnant Adolescents Groups for Education and Support), which provides twice weekly, school-based prenatal education led by a nurse and support groups led by a social worker in area middle and high schools with the highest incidence of teen pregnancy. Started in 1981, PAGES serves an average of 150 teens each year.

Methods

SFTT seeks to provide an objective, well-constructed evaluation that will contribute to knowledge about service provision for pregnant and parenting teens and their families and offer information useful for program development and/or replication. The SFTT evaluation will utilize a quasi-experimental design. SFTT will compare the birth outcomes of SFTT participants to concurrent birth certificates of Lake County teens who gave birth but did not participate in SFTT. In addition, a representative sample of in-school pregnant or parenting teens who are not participating in SFTT services will be recruited from area high schools to participate in an annual survey designed to test knowledge and attitudes about their own health; parenting; child health and development; and quality of/satisfaction with family relationships. These students will be offered small incentives for their participation. These teens also will be tracked for attendance, return to school after delivery, and graduation from high school.

SFTT participants will complete the Baseline Core Questionnaire on entrance into program services. This survey, mandated by OAPP, contains questions that related to all six outcome objectives described above. Follow-up Core Questionnaires will be administered per OAPP protocols: at the birth of the baby and every six months thereafter for at least 18 months or until the teen leaves SFTT services, whichever is longer. In addition to the Core Questionnaires, evaluation data on individual outcomes will come from other sources including: prenatal education intake and followup surveys; preand post-tests measuring changes in knowledge, attitude and intention as a result of participation in parenting education and relationship skill-building training; home visit reports; school records of grades, attendance and graduation; and objective health data on birth outcomes, well-child and immunization status, and medical visits. As part of the LCHD/CHC, SFTT has access to a wide array of information related to participants' health. Qualitative information will be collected annually using the

"Report Card" format in which teens and family members are asked to provide feedback on satisfaction and perceived value of program participation. Focus groups are planned for Year 05 to glean more indepth qualitative information about the impact of SFTT. Evaluation of the impact SFTT has on the service system for pregnant and parenting teens will rely on key informant surveys, focus groups with service providers and analysis of how patterns of referrals change over the course of the program.

Results

The requirement for IRB approval of the SFTT research protocol prior to provision of grant-related services delayed implementation of new services associated with SFTT. The reliance of local schools on PAGES and expectation that the LCHD/CHC provide those services made suspension of PAGES educational groups untenable. IRB approval for SFTT was received in April 2008, at which point initiation of the home visitor component and relationship skillbuilding training began. Birth outcome data was collected for all PAGES participants after receiving IRB approval.

From August 15, 2007 to date, 211 teens entered the PAGES component of SFTT and participated in school-based prenatal education and support groups at six area high schools and four middle schools. Eleven pregnant teens were still in middle school at entry into services. PAGES participants are low-income with 75% of teens receiving Medicaid. Latinas comprise 62% of participants and African-Americans 23%. Of the initial 211 teens, 12 (6%) withdrew from school and 37 (18%) graduated. Teens averaged attendance at 11 PAGES groups with the range from 1 to 29 sessions. At the start of the 08-09 school year, 162 teens (77%) remain connected to SFTT with 80 having delivered and continuing in school and 83 continuing in PAGES. During this time period, 105 participants gave birth. The average birth weight was 112.24 ounces with an average gestational age of 39.23 weeks. Two (2) infant were stillborn. Of the remaining 103 births, nine (9) (9%) were low birth weight, but only one (1) was very low birth weight and three (3) were pre-term. School-based parenting groups will be implemented in most high schools during the fall 2008. Some schools will give participants academic credit for attendance.

During the summer, eight (8) field trips and education sessions were offered providing 91 service contacts with teen mothers and their babies and contact with 22 fathers/partners and other family members. During the winter and spring, SFTT selected the "Love U 2: Relationship Smarts Plus" as the relationship skill-building curriculum to be used. It was piloted over the summer with a small group of teens and will be implemented at one high school as a weekly school-based class for which attendees will earn academic credit. Informal feedback from participants indicates that they found it beneficial and had used what they learned with boyfriends and family members. SFTT staff and evaluators are working with the curriculum author to design appropriate pre- and post-testing tools.

Discussion

SFTT is still implementing key direct services due to delay required to obtain IRB review and approval. Among the teens receiving prenatal education and support in the PAGES component, those that gave birth had excellent results in terms of healthy pregnancies and babies. PAGES participants completed or returned to school at rates higher than seen among the general population of teens who have given birth, with only six percent (6%) withdrawing from school. The pilot of the relationship skill-building curriculum met with approval from the small number of young women who participated and early indications are that it will provide substantial benefits. Training activities strengthened the knowledge of staff and community partners about working successfully with regnant and parenting teens, and created a more cohesive approach internally and across community programs. The need to create a forum where service providers can come together to discuss service needs and frustrations, identify existing and new resources, and share information is evident in the high level of attendance at these early sessions. As one attendee at the last meeting said, "...I've never been to a meeting like this before, but I definitely want to attend this one."

Implications

The PAGES component of SFTT continues to have a very positive impact on pregnancy and birth outcomes of teen participants. It also seems to have a positive impact on participating teens' decision to continue their education. The addition of fully implemented home visiting, parenting education and relationship skill-building components can only strengthen these effects further. The next year will be

critical to the full implementation of programming and enhancement of the data collection, storage and analysis systems necessary to assure that the depth of program evaluation contained in the original design. The earlier outcome evaluation of the PAGES Program between 1996 and 2004 compared birth certificates of PAGES participants with teens who gave birth, but did not participate PAGES. The results were consistent over many years showed that PAGES participants had healthy pregnancies and babies. Very importantly, PAGES participants had statistically significantly lower subsequent pregnancy rates (between 2% and 5%) than non-PAGES teen. This raises a significant question that the current evaluation should attempt to answer. It is clear that this intervention offers some protective factors for participants. Determining what aspects of the intervention contribute to this will contribute to the field.

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