



Community Health Program Planning 2009: Field Action Report

Finding Space in the Neighborhood: Future Directions for the Young Parents Program

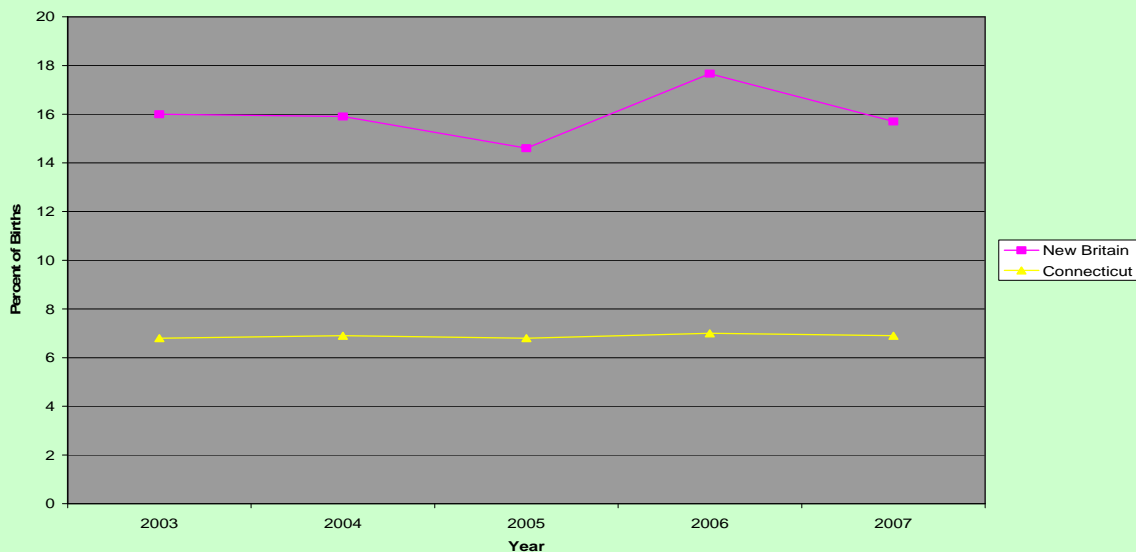
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Age at pregnancy is an independent risk factor that must be addressed in order to decrease adverse birth outcomes (1). Teen pregnancy is associated with decreased rates of high school completion and poor biological outcomes for mother and child; both are correlated with lower overall earnings and increased lifetime public assistance. Community Mental Health Affiliate's Young Parents Program, in New Britain, Connecticut, working with pregnant and parenting teens, sought assistance to identify the most effective direction for the future growth of its program. An assessment of the current services provided to young current and future mothers was conducted to prevent duplication of services in New Britain, and to work to bridge gaps between provided services and community need. Key informant interviews were held with representatives from other social service organizations operating within the predetermined catchment area, and additional qualitative data was collected through focus group in hopes of detailing which types of services are perceived as necessary by pregnant teens.

Background: The National Vital Statistics Report recently announced that teenage pregnancy rates are up 3% from 2005 to 2006, the first increase in 15 years (3). In the state of Connecticut the *Healthy People 2010* objectives for low birth-weight and infant mortality have not been met; significant health disparities exist between local ethnic and cultural groups (4). In 2006, 14.4% of Connecticut resident births among African Americans and 15.7% of Hispanics were to teenagers (<20 years), far higher than for non-Hispanic Whites (3.3%). Even more striking, the rates of low birth-weight babies among non-Hispanic Black (12.3%) and Hispanic (10.8%) teenagers are twice as high than for non-Hispanic White (5.7%) teenagers (4). New Britain, Connecticut continues to have a teenage pregnancy rate approximately double that of the state average (5). New Britain has an elevated percentage of children of low birth weight or weighing under 5.5 lbs (6). Additionally, New Britain and Hartford are shown to provide less prenatal care than the state of Connecticut as a whole (6).

Births to Teens



Understanding New Britain's Teen Pregnancy Service Network: Future Directions for YPP

It is the perspective of school-based key informants that the current programmatic functioning at New Britain High School is adequate, although there is less success in reinforcing contraception management, providing transportation and day care. Moreover, it is apparent that there is still a subset of pregnant teens who fall under the radar of service providers, only becoming engaged in social services via court order or DCF referral.

"If they don't respond in a month then the case is dropped. Those kids don't come to school. I have a lot of kids that withdraw from school and I don't follow them. I have to keep track of those kids that stay in school."

--School Based Social Worker Responding to Gaps in Services

These hard to reach youth are transitory and typically exhibit low compliance in presenting for scheduled appointments. Thus, it is suggested that new programs focus on this subset of youth to work more aggressively and persistently to engage this cohort in currently available services that may be invisible to them. There is affirmation within the New Britain clinical perspective concerning the adequate number of services available to pregnant youth, but a perceived lack of primary prevention and services available in early parenting.

One evaluation study found that the Care-Call program, a home-based care program, improved birth outcomes for high-risk teen pregnancies (7). Cooperation and coordination with New Britain providers was linked to the success of the Care-Call program (7). In a report by the Children's Trust Fund, they find that home visiting can break the cycle of abuse and neglect that functions as a main tenant in targeting high risk mothers (8). One perspective from a home-based care provider in New Britain suggested that the services that are needed are those that provide life-skills such as mentoring programs. The idea of "Charm School" was introduced as a way to give girls the skills to articulate their needs, get jobs, and stand tall. It is suggested that emphasis be placed on improving independence for pregnant and parenting teens by increasing their mobility through increased access to transportation and day care services, and by working to prevent additional pregnancies through enforcing contraception management post-pregnancy.

"You need to be referred to these programs by DCF, so they should be available without having to go through DCF."
--Teen Focus Group Participant on Future Programs for Pregnant Teens

Teenagers expressed a continued desire for independence in their parenting and in their life functioning. This serves two major purposes: 1) feelings of independence help to promote higher healthcare self-efficacy and positive life-outlook and 2) autonomy from potentially detrimental interpersonal relationships improve mental health outcomes.
--Results from Teen Focus Group

Coordination of YPP with other defined services in New Britain is essential to maximize efficiency and sustainability of the program, and to ensure care for pregnant teenagers and mothers. Home-based services should be the focus of future YPP programming with an emphasis on providing transportation to promote independent living and self-efficacy. Types of home-based services that could be appropriately expanded may include curriculum-based programs such as those established in the local programs Ages and Stages and Parents as Teachers. Moreover, YPP should retain the home-based model by focusing on providing teens with the tools to advocate for themselves such as transportation to medical appointments, employment, school, etc.

There is an identifiable, tangible need for new and innovative programs built for pregnant and parenting teens in New Britain. It is our hope that the information culled in this report will function as foundational support for future programming with the aim of curbing adverse health outcomes for young mothers and their children.

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