

FY11 United Way Year End Report

Program: Teen Pregnancy and Parenting

Agency: Jefferson Area CHIP

Date: August 1, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and /or financial information. Limit your answer to one page.

The Teen Grant continues to focus on the following areas:

- 1) Case Management through enrollment in CHIP
- 2) Group Activities
- 3) Outreach through community Collaboration

1: Case Management: Pregnant and Parenting Teens enrolled in CHIP receive the services of both a Family Support Worker and a nurse. Teens are most often visited in their home, but may also be visited at school, at their workplace, at a friend's home, or at clinic appointments. The visits involve education regarding appropriate health care, education on preventing future pregnancies, and education on how to raise a healthy child. Visits frequently include time for the teen to "vent" about circumstances they feel they can't control – usually involving their parents. The father of the baby is encouraged to participate. We continue to use the Parenteen Passport Book as a guide for teens and they receive gifts such as strollers, high chairs and other gifts for successful completion of a section. The passport includes topics on the following: Prenatal care, Postpartum care, Caring for baby, Parenting, Education, Employment, Community Resources and Financial issues. We have found that teens are frequently overwhelmed with school and the need to work, making it difficult to schedule home visits and to complete the necessary requirements of CHIP. If a teen is interested but time is an issue, they are still case managed by the Teen Outreach Coordinator who uses the CHIP nurse as necessary.

2: Groups: Groups are held at Teen Health Center, Charlottesville High School, Monticello High School, Albemarle High School and the city library. Child care and transportation are provided as necessary. Groups include speakers on different subjects, facilitated conversation with the group and specific activities. They may use the topics identified above in the Parenteen Passport Book. Not all teens who attend are enrolled in CHIP but participate regularly in group activities. During the year 10 groups were held at AHS, 14 at CHS, 10 at MHS, Summer groups at the Teen Health Center, 23 groups at the Library. We have been partnering with Focus Teensight with groups at CHS.

3: Outreach: We continue to reach out to school and other agencies in the community who have a connection with teens. We send out a monthly newsletter to agencies that mention all the teen activities in the community, identify group activity opportunities, and highlights successes of teens.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaboration or referrals with other community agencies.

SS was a teen mom who delivered her first child at age 17. She continued homebound services while recovering from postpartum with her first child, however, she thought she needed to be home with her son and dropped out of school. SS later became pregnant with her second child, but after discussing with her fiancé decided she needed to go back to school. Last fall, while pregnant, SS stated she wanted to go back to school and made the necessary phone calls to advocate and re-enroll in school. SS and her fiancé and 2 children live with SS's mother and extended family in a small rental house. This house is often dark, cluttered smells strongly of cigarette smoke. Roaches have been seen in the home. SS is often criticized frequently about her parenting skills by extended family. SS is very attentive during home visits and eager to learn about parenting skills and the development of her children. SS and her mother both are morbidly obese and have a blood clotting disorder that puts them at risk for life threatening clots and requires daily medication and frequent monitoring. When SS found out she was pregnant the second time she immediately stopped the medication she knew she should not take during pregnancy and CHIP worked to get her in to an OB appointment ASAP to start a different medication. The OB prescribed a very expensive medication and SS did not have any health insurance. CHIP worked with the physician who agreed to prescribe a less expensive medication and worked with SS to apply for financial screening at UVA. On more than one occasion in the pregnancy SS ran out of the medication and there was a delay before the family was able to afford more. CHIP worked with the family to anticipate when the medication would run out and plan accordingly. SS and her fiancé have attended several groups hosted by CHIP. The TOC referred SS and her fiancée to a relationship class which they both attended. SS still references this class and they continue to use tools they learned in the class in their relationship. SS delivered a healthy baby girl in November and continued with her schooling. SS graduated in June and walked across the stage.

V.W. had dreams of getting accepted into Georgetown University to study Political Science when she found out she was pregnant during her junior year of high school. VW was undecided if she wanted to keep the baby, but felt her mother did not support her decision for adoption. Although, VW decided to keep the baby, she and her mother have struggled to reach a common ground to have her mother listen and understand her feelings. VW breastfeed the baby for 4 months, pumping while she was at school and the baby is enrolled in WIC. VW admitted struggling with depression and felt CHIP was able to offer her support she needed to coordinate resources. CHIP was able to offer VW resources such as Young Lives which coordinated mentoring services and allowed VW a chance to meet other teen mothers. Young Lives was able to coordinate child care for VW when she was doing homebound for school so she could focus on school work. She entered her senior year with 4 AP classes. VW was captain of Track team, member of Key club, member of Upward Bound. VW received acceptance letters from

Christopher Newport University, University of Richmond, Georgetown University, Howard, and Florida State University. She was offered Track scholarships by University of Richmond and Christopher Newport University. VW has chosen to attend Christopher Newport University to major in Political Science.

3. Complete the following outcome measurement update (based on your application for funding) for the fiscal year to date.

Projected Number of Intended
FY Primary Beneficiaries 40

Actual Number of 26 pregnant teens
Primary Beneficiaries: and 36 parenting teens

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Year End Outcome Results (provide specific numbers and percentages)
Teens will have healthy pregnancy outcomes	<p>90% or 23 of 40 will keep OB appointments</p> <p>85% or 34 of 40 will take prescribed medications</p> <p>90% or 36 of 40 will attend WIC clinics</p>	<p>88% or 23 of 26 kept 100% of prenatal appointments.</p> <p>3 of the 26 moved frequently and we were unable to get data.</p> <p>85% or 22 of 26 took prescribed medications.</p> <p>85% or 22 of 26 were enrolled in WIC</p>
Teen Mothers will delay subsequent pregnancies	<p>90% or 36 of 40 will keep post partum follow-up appointments</p> <p>85% or 55 of 65 will use a reliable source of birth control</p>	<p>100% (15 of 15) kept postpartum appointments. 8 still pregnant and 3 unable to find.</p> <p>88% or 45 of 51 are using a reliable source of BC</p>
Pregnant or parenting teens will complete high school, receive a GED or attend vocational school	<p>85% or 34 of 40 will continue school during pregnancy</p> <p>75% or 30 of 40 will receive home bound if unable to stay in school</p> <p>85% or 34 of 40 will return to school.</p>	<p>85% or 22 of 26 continued in school. 3 were refugees not enrolled.</p> <p>No one required homebound.</p> <p>94% or 33 of 35 returned to school or received GED</p>
Enrolled children of teen parents will keep well child appointments.	<p>90% or 58 of 65 will keep well child appointments</p> <p>90% or 58 of 65 will be typically developing on the ASQ</p> <p>90% or 55 of 65 will participate in PAT with their home visitor.</p>	<p>88% or 30 of 34 have kept well child checkups</p> <p>90% or 22 of 26 are typically developing on the ASQ's e.</p> <p>88% or 15 of 17 are participating in PAT</p>

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the Framework for local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses – please include at least 3 local issues/statistics and cite your cite.

Community Needs:

1. The discrepancy in birth outcomes between Black and Caucasian as noted from data from the MAPP report of the Health Department is an ongoing issue in our community.

2. Teens do not always continue their education and many, with good intentions, quit while trying to work and provide for their child. Demographics from CHIP enrolled families indicate only 42% of enrolled parents have finished high school or received a GED. While the community is concerned about teens being able to provide for themselves, there is not a lot in place to make finishing school easy. Not finishing school makes it hard for teens to provide for their family or to have a sense of confidence in their ability to be good parents.

3. Parenting teens have a much harder time bonding and nurturing their child especially if they come from families where there is little support or if they have been the recipient of poor parenting. Many are unable to provide emotional support to their child because of fatigue and stress. The Community should look more closely at all opportunities to support teens – through more support for schools, more job opportunities, classes at school about Child development.

Program's Solutions that United Way Community Impact Funds Support

1. **In order to reach more AA teens we have offered many of our services through group and other non-home visiting activities and have offered activities in predominantly African American communities. We are members of the Improved Pregnancy Outcome group working to identify ways to better reach the AA community.**
2. **Staying in school and attending regularly continues to be difficult for teens. This year we have had 6 refugee teens who had not been in school and therefore enrolling them in school was difficult – and impossible for some. We believe financial stress of the families played a role. It appears that many parenting teens are still living**

with parents who are out of work and who need the teens to work to help support themselves. However, we know that teens frequently need someone to act as a go between them and their school and their families. They most often will not seek out the information they need to continue their education nor do they always realize their options. Many of the teens served have parents who have not finished high school and therefore may not know themselves how to help their child. We assist teens to continue their education by working closely with the schools and the teen to understand their options, and to either establish Home Bound Instruction or return to school. If returning to school is not an option we talk about getting a GED and help them with the process. We also work to identify child care services and help them look for childcare.

3. Our individualized services, our different venues for connecting with teens, and our understanding of the developmental stages of the teen allows us to offer services that are appropriate. We do not have a one size fits all solution. The age of the teen, the developmental stage of development, family stress, including financial stress or the lack of family support, is a strong indicator as to how well the teen may be able to parent. Most teens lack the knowledge of how to raise a healthy child. We provide education using printed material, DVDs, classes, one on one conversation, or using a peer to help the teen understand the role they play in raising a healthy child. We individualize our services to each teen.

5. **Actual Results**

88% or 23 of 26 kept all prenatal appointments

85% or 22 of 26 took prescribed medications

85% or 22 of 26 were enrolled in WIC

100% or 15 of 15 kept postpartum appointments

88% or 45 of 51 are using a reliable source of BC

85% or 22 of 26 children have kept well child check-ups

90% or 22 of 26 children are typically developing on the ASQ

88% or 15 of 17 were participating in PAT

6. **Financial Impact of Donation**

A \$10.00 donation can purchase a Mothers Guide to a Successful Pregnancy Baby Care Book for a Teen.

A \$20.00 donation can purchased a DVD on parenting issues.

A \$25 will purchase an hour of nursing time.

A \$50.00 donation can provide five hours of child care.

A \$100.00 donation can provide 6 ½ hours of PAT education with a family

