Center for Advanced Studies in Child Welfare

MINN LINK BRIEF

No. 4, Fall 2007

Some Outcomes for Teen Parents in Ramsey County are better if they receive both MFIP and Public Health Home Nursing Services

Teen Parents and Welfare Reform

Researchers evaluating the impacts of Welfare Reform have expressed concerns over whether program use time limits and policies that emphasize work requirements are beneficial to teen parents. With their limited work histories and incomplete educations, teen parents are doubly challenged to meet traditional TANF work requirements. States have struggled with ways to best serve this vulnerable population (Duffy & Levin-Epstein, 2002).

In 2003, teen parents on the Minnesota Family Investment Program (MFIP) in Ramsey County began to receive mandatory case management services from the Public Health department. Public Health visiting nurses took on new roles monitoring school attendance and graduation and issuing MFIP sanctions when teens did not comply. Prior to this change, teens could participate in Public Health services on a voluntary basis, receive services from a school-district administered program (called CET; Center for Employment and Training), and receive traditional employment service providers.

Study Purpose

The intent of this study was to understand whether Public Health nurses were able to successfully integrate MFIP tasks into their existing public health service model and whether there were resulting impacts to select outcomes for teens. This study examined outcomes in three broad areas: education, subsequent births, and child protection involvement. Because teen parenthood is consistently associated with poor educational outcomes (Rouse, 2005; Baker et al., 2001; GAO, 1995), the educational achievement of teens was a critical outcome. Another important goal for teens who are already parents is to reduce the likelihood that they will have additional children. For teens who do become pregnant, a healthy birth is the most immediate goal, since low-birth weight babies have numerous health problems that continue into adulthood and is a common birth outcome for teens. Teen parents also face challenges with parenting. Child maltreatment is a common occurrence for their own children as well as the teens themselves, depending upon their living situation (Jaffee et al., 2002; Stevenson & Barrat, 1991; Nagin, 1997, and others). These outcomes were examined using administrative data from the Minnesota Departments of Education, Health, and Human Services.

Study Data

Ramsey County provided the University of Minnesota Minn-LInK Project with MFIP, CET, and Public Health program participation data for teens who were served during 2001-2002, 2003-2004, and 2004-2005 totaling, 428 families. These teens were broken out into three groups according to whether they received any Public Health nursing services (at least four visits) in combination with other services such as MFIP: MFIP only, Public Health only, and MFIP and Public Health. Years of program participation were also noted in order to identify whether there were detectable outcome differences that related to changes in the service delivery system.

Findings

Graduation

Teens who received public health services during 2003-2004 and 2004-2005 generally had higher cumulative graduation rates than those who did not. The group receiving both MFIP and public health had the highest proportion of graduates. Differences between groups during 2001-2002 were mixed, likely due to the voluntary nature of participation at that time. The increases in graduation observed for 2004-2005 participation likely reflect the stabilization of nursing practices with the full incorporation of MFIP monitoring into public health practices.

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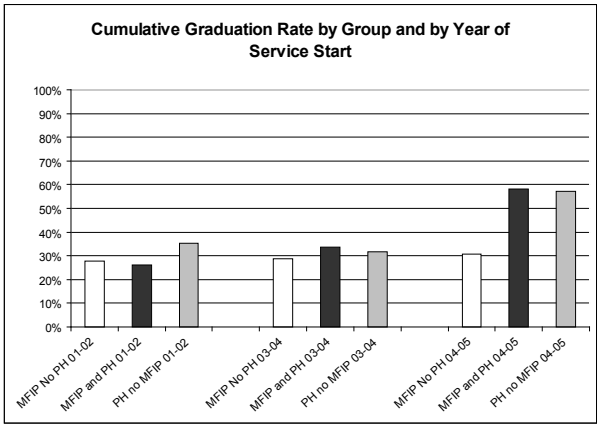
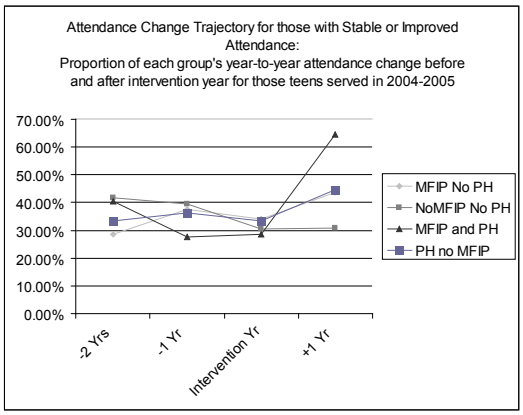
Attendance



Within one year of intervention in 2003-2004, more than 50% of the groups who participated in any public health showed stable or improved school attendance. Similarly, 64.5% of those who participated in both MFIP and Public Health services (2004-2005) demonstrated stable or improved attendance.



Subsequent Births

Due to limitations of the available data, subsequent birth rates could not be examined for all groups. However, one year after intervention (2003-2004), the subsequent birth rates for those participating in both Public Health and MFIP were significantly lower than those who received either only MFIP or only Public Health.

Mean Number of Subsequent Births, by Group, 2003-2004 (one year, post-intervention)

	2003-2004
	Mean number of subsequent births
MFIP, no Public Health	.055*
MFIP and Public Health	.001*
Public Health, no MFIP	.040*
Total	.031

*$F_{(1)} = 2.92$, $p<.05$

Healthy Babies

Overall, the subsequent babies born to these young mothers were quite healthy with 44 of 54 subject's newborns (81%) having five minute APGAR scores of nine or higher. Thirty-two (59%) mothers were free from medical risk factors (such as anemia or lung disease). Only three babies (6%) were born with low birth weight. This is lower than low birth weight rates for teens under age 20 in Ramsey County in 2005 (9.0%) and in line with statewide averages for all births which are calculated for mothers of all ages.

Child Protection Contact

Teen parents served by Public Health had slightly higher (though not statistically different) numbers of reports to child protection than those who did not receive Public Health. This is somewhat expected, given the surveillance effects of Public Health nursing and the increased likelihood that they will note concerns with families given their frequent and intensive contacts. Slight differences in report rates disappear when rates of investigation and substantiation are reviewed.

Limitations

Limitations of this study include,

- Limited available birth data (not all groups could be examined),
- Inability to determine whether teen parents were child protection victims,
- Lack of child care data for young children of teens, and
- Inability to account for the influence of all programs that teens could have received during the period (e.g. WIC, mental health counseling, parenting services, etc.).

Discussion Points

The findings of this descriptive analysis show that Public Health nursing services can successfully incorporate MFIP monitoring tasks into their case management services and that teen parents appear to be a population that responds well to sanctions and monitoring when delivered in this manner. In addition, outcomes were significantly better for teens who received both Public Health and MFIP implying that a dual-program approach, served by a single provider in a relationship-based model may be an important consideration for future MFIP policy and practice in Minnesota.

For references and the original full report, visit the CASCW web site at http://ssw.che.umn.edu/cascw.html and follow the link to Publications or Minn-LInK.

The Center for Advanced Studies in Child Welfare (CASCW) Minn-LInK is a resource for students, faculty, and policy-makers concerned about child welfare in Minnesota. Minn-LInK uses state administrative data from multiple agencies to answer questions about the impacts of policies, programs, and practice on the well being of children in Minnesota. For more information, contact Anita Larson at 612-625-8169 or email her at amlarson@umn.edu