

American Public Health Association

A School-Community Collaborative Approach
to Reducing Teen Pregnancy in an Urban High School

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Ilana Reisz, PhD
&



Co-Authors and Program Leaders

Steven Amstutz, Principal, Lee High School, Houston Independent School District.

Tina Carter, Director, YMCA Child Care Center at Lee High School

Meryl Cohen M.Ed., CLSW, Vice President for Education, Planned Parenthood

Julie Crowe, LCSW, Manager of Prevention and Early Intervention, DePelchin Children's Center

Monica G. Clancy, BS, Director of Training and Development, Healthy Family Initiatives

Kelly Dunn, CLSW, School Social Worker, Lee High School

Debbie Lee, Teacher, Health and Human Services Community, Lee High School, Houston,

Linda Lykos, Vice President, YMCA of Greater Houston

Susan Silvus, Executive Director of Outreach Ministries, St. Luke's United Methodist Church,

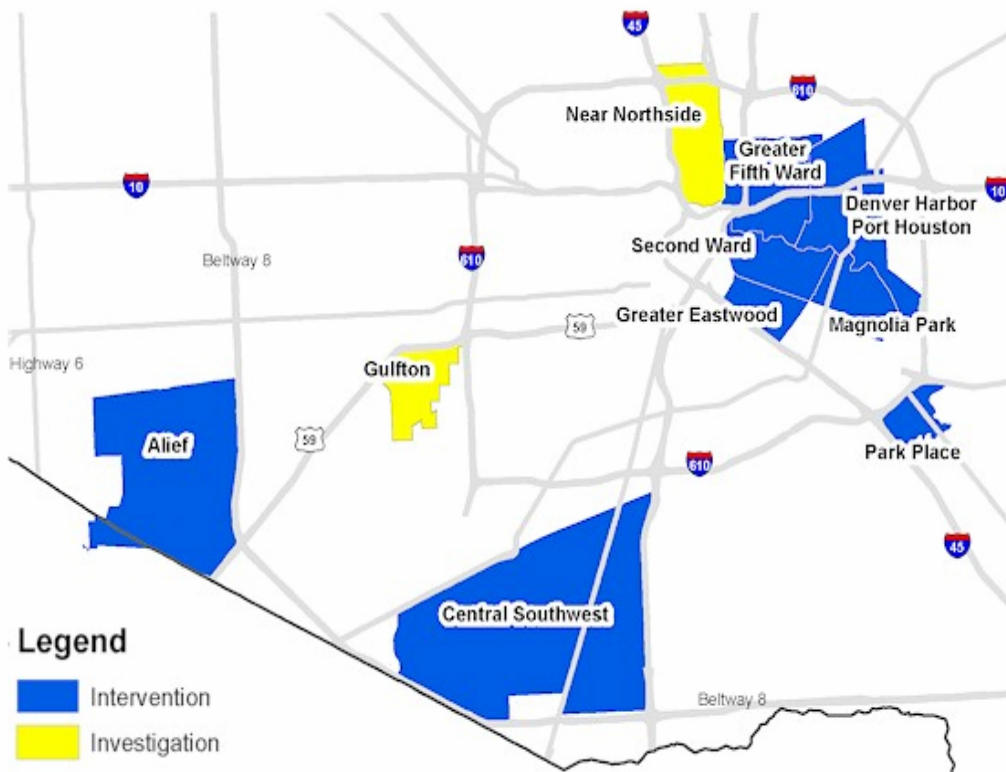
Peggy, B. Smith, Ph.D., Professor and Director, Baylor College of Medicine, Teen Health Clinic



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Presentation Outline

St. Luke's Episcopal Health Charities
Healthy Neighborhood Initiatives
The City of Houston and Harris County



- SLEHC Community Health Initiatives
- The Background
- The Issues
- The Approach
- What We Learned
- Next Steps
- Q & A



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St. Luke's Episcopal Health Charities (SLEHC) www.slehc.org

As an expression of the healing ministry of the St. Luke's Episcopal Health System and in partnership with the community, SLEHC increases opportunities for health promotion and disease prevention, especially among the underserved, making possible systemic change and measurable improvement in overall community health status and individual well-being.

WHOLE
PERSON
WELLNESS
COLLABORATION
WHOLE COMMUNITY
INFORMED
ACTION
EMPOWERMENT

ADVANCING
COMMUNITY
HEALTH:
BODY, MIND
& SPIRIT



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Background



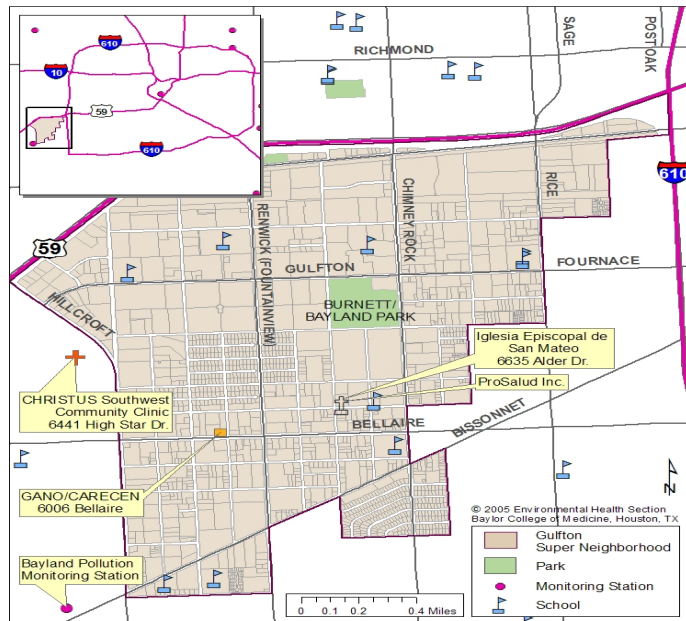


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The Neighborhood



The Gulfton Area HNI focused on Houston's most dense immigrant neighborhood with the State's highest population of uninsured





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The Neighborhood

Neighborhood Critical Indicators

Birth to mothers without HS Diploma = 63%
(Houston 35%)

Adults with 9th grade or less = 37% (Houston 15%)

Students in area schools with free and reduced lunch = 93% to 100%





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Lee High School – Key Indicators

- Nearly 2000 students
- 74% Hispanic; most are first generation immigrants
- 71 countries; 40 languages
- Over 93% qualify for free and reduced lunch
- Mobility nearly 1/3 of population in a year





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Construction of the Issues





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The Larger Problem:

Houston Chronicle July 2005

Between 1996 and 2003, the teen pregnancy rate declined 37% in Harris County and 32% statewide. Although the declines reflect a national trend, the **rates remain higher than in many other areas** of the United States...

In 2003, black teens in Texas were more than twice as likely as white teens to give birth and **Latina teens were more than 3.5 times as likely** as their white peers to give birth (Markley, *Houston Chronicle*, 7/12).



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More Bad News

Source: The Bryan-College Station Eagle

HOUSTON - Texas had the nation's highest birth rate among teens age 15 to 19 in 2004, according to a newly released study of children's health. The Kids Count study, which is updated annually by the Annie E. Casey Foundation in Baltimore, said the Texas rate of 63 births per 1,000 teens remained the same from 2003 to 2004.

Don McLeroy, president of the State Board of Education noted.... "The idea that just giving them a lot of information is going to solve it, I think, is kind of naive," he said. "Certainly, it's more of a societal problem than it is a school problem."

Thursday, 26 July 2007



Community Based Participatory Research (CBPR)

Community-based participatory research is a *“collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. ...*

CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”



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Nine CBPR Principles

- Recognizes community as an unit of identity
- Builds on strengths and resources within the community
- Facilitates collaborative, equitable involvement of all partners in all phases of the research
- Integrates knowledge and intervention for mutual benefit of all partners
- Promotes a co-learning and empowering process that attends to social inequalities
- Involves a cyclical and iterative process
- Addresses health from both positive and ecological perspectives
- Disseminates findings and knowledge gained to all partners
- Involves long-term commitment by all partners.

[Israel B, Schulz A, Parker E and Becker A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. Annual Review of Public Health, 19, pp. 173-202]



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CBPR used by SLEHC

Specifically designed to involve community residents

a process that helps them explore what they know, think and feel about critical issues concerning the health of their community.

Participation is voluntary, highly interactive, low risk and enjoyable.

Participants are treated as local experts. The process promotes use of authentic voice and empowers residents to take part.

Activities were initially created by [Dr. Denise Caudill](#) at University of Texas School of Public Health and later modified by SLEHC researchers.

CBPR Lee High School

88 male and female students participated
They identified key issues and their consequences



Problems they identified:

Pregnancy

Guys only want sex

Peer pressure (*drugs, popularity, gangs, sex*)

Drinking

These Problems lead to:

Drop outs ; Death ; People trying to be something they are not ; STI's ;
Guys who are sexually active are respected as 'players'. while girls seen as
'whores' ; pregnancy ; depression ; suicide.



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Pregnant & Parenting Teen Girls Focus Group Outcomes

Facilitate a support group

Develop activities for mom's, dad's
and their children

Involve dad's in similar workshop

Identify people to talk to regarding
the girls concerns

Provide pregnancy related services

Share information with all kids (not
those who are already parenting)

Develop informal mother-to-mother
help

Provide information on child support

Provide a way to answer medical
questions

Have a speaker's program at lunch or
after school

Share this program with Middle
Schools

Put the focus of health classes
on emotions related to pregnancy

Daycare at school

Start a parenting corner
in the library



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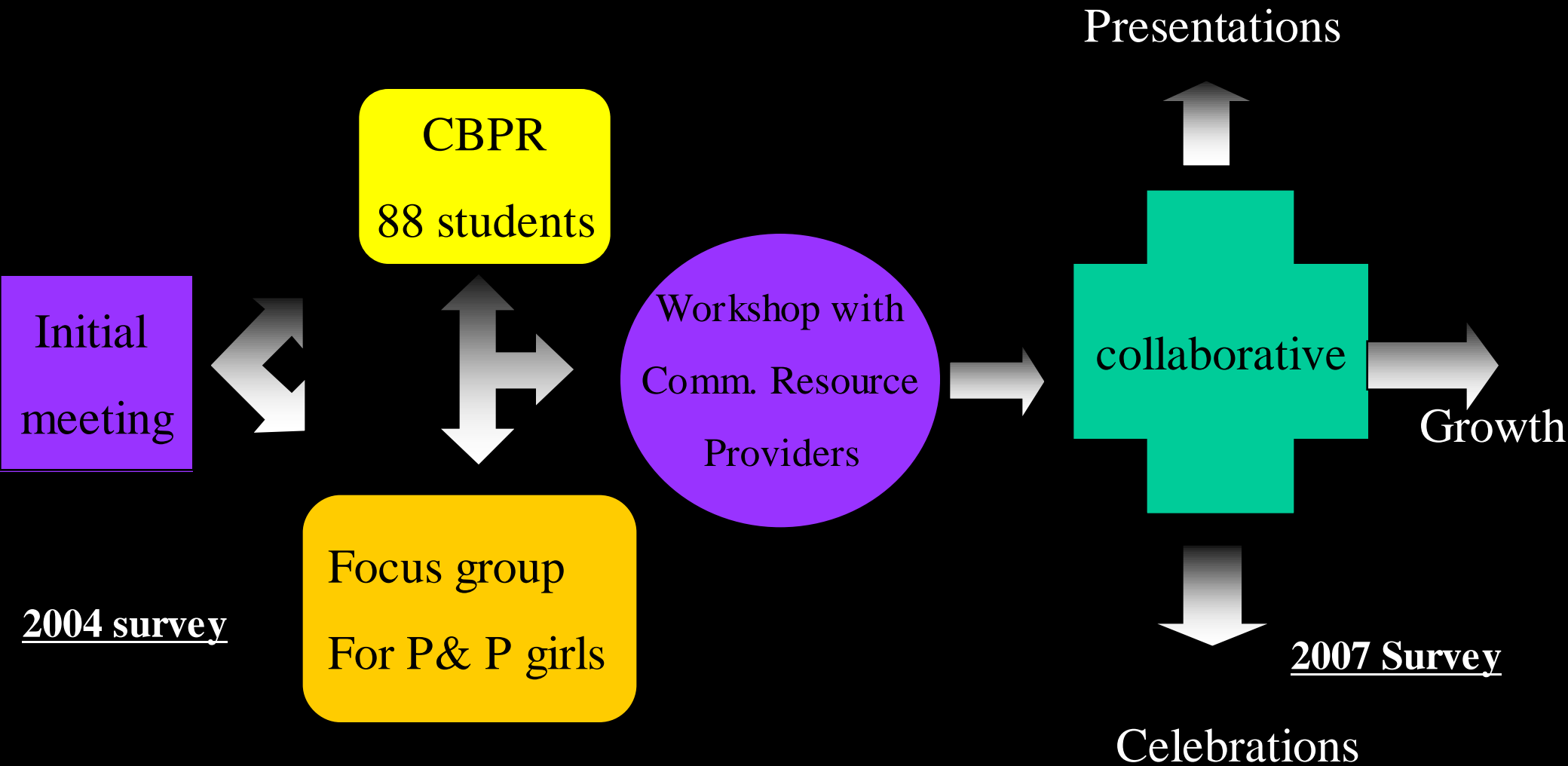
The Approach





Development of the Collaborative

February 2004 to Date





Student Success is a Common Goal



“Nearly 30 years of research and program experience indicate that, to be effective, strategies to reduce teen pregnancy must be comprehensive in their approach”

The Center of Health Improvement,
March 2003



Development of On-Site Programs

- Prevention and education
- Health and wellbeing
- Relationship Support
- Infants and Toddlers
- Young Men's Support
- Doula/Pregnancy Care



Teen Pregnancy at School and Challenges

- Teen pregnancy and marginalized populations are defying the national trends leading to:
 - Increased risk for dropping out of school
 - Multigenerational poverty
 - Dropping ages of young mothers
 - Greater risk of poor health outcome

Challenges to success are:

Poverty , Trauma, Culture and Values (Immigration), Transitions in student population





Outcomes to date (February 2004 – September 2007)

- YMCA and Collaborative for Children Infants and Toddlers care program with 21 babies and volunteer support of students.
- St. Luke's United Methodist Church and St. Luke's Episcopal Health Charities provides initial grants, built walls and furniture.
- The first young fathers group focus on interests and needs of young men and is broadened to include all male students with interest.



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Outcomes to date (February 2004 – September 2007)

- Planned Parenthood educator works with teachers to implement 'Safer Choices' program (about 1000 students underwent program)
- DePelchin Social Worker works with individuals and groups of parents
- Doula counselor supports young mothers throughout pregnancy and delivery.
- Primary health care services for all students



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Success in Small Numbers

2004-5 65 Pregnant and Parenting Teens were identified at the start of the school program –they were all girls

2007- 102 Pregnant and Parenting Teens were identified at the start of the school program

Among them:

17 boys

64 returning students

52 new pregnancies





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Successes to Date

3+ year old Collaborative

1. More students are staying in school to graduation while pregnant or return after the child's birth
2. About 50% of students use the clinic. Most pregnant students identified and referred to services. Immunization rate going up.
3. More programs have joined the collaborative (Arts, Strong Family Program)
4. Teens Helping All Teens (THAT) club is engaged in peer education



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WHAT WE LEARNED





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Comparing survey outcomes

Status in 2007:

- Younger mothers
- More identified pregnant
- Fewer have medical home
- More identify poorer health
- More live with parents
- All plan to graduate

	Spring 2004	Fall 2007
Total	44	30
Ages		
14	0	3
15-16	13	10
17-18	30	13
20	1	3
missing	0	1
Status		
Pregnant	25%	46%
Parenting	75%	46%
Uncertain	0	6.6% (2)
Mothers without regular medical care	11%	43%
Missing data	39%	7%
Self Rated Health		
Very Healthy	43%	37%
Healthy	0	30%
Somewhat Healthy	47%	10%
Fair to Poor Health	3%	13%
Missing data	6%	10%
Living Arrangements		
Living Alone	0	0
With parent (s)	48%	66%
With husband/boy friend	36%	43%
With others	6%	0%
Plan to graduate	75%	100%
	2 did not plan to graduate	
	3 were uncertain	



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CHALLENGES

1. Prevention program seen as additional demand on teachers time
2. Gaining trust of students for identification of pregnancy and referral to appropriate services takes time (especially for boys)
3. Evaluation that depends on program partners or school staff is difficult to execute. Formal evaluation requires additional funding
4. Sustaining the collaborative requires funding and institutionalization



Key Ingredients for Successful School Community Collaboratives Lessons Learned

- A school principal who values the programs
- An array of comprehensive programs
- Student voice to guide the intervention
- Funding partners who support the over time
- Leaders within the collaborative
- Organizations driven by the value of their objective
- Mission match for all the organizations and the school
- A commitment to the ideal of collaboration
- Progress toward integration of the new programs
- Subsequent ownership of the collaborative facilitation by the school



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NEXT STEPS





The Collaborative Constellation provides Comprehensive Care

Home Visits
to new
mothers

Small
Communities

Comprehensive
Teen Clinic

Prevention
curriculum

Peer Group
Interaction

Pregnant & Parenting
students

Responsible
Menhood
program

Individual &
Group
counseling

Doula/
pregnancy
education

Infants &
Toddler care

Spoken Words
performing group

School
Nurse



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NEXT STEPS

1. Evaluation of the Collaborative and its programs
2. Greater involvement of students in peer teaching especially for middle school age children
3. Improved medical follow up with parenting teens
4. Involve a pediatrician and pediatric nutritionist in the programs
5. Assure the flow of information to all aspects of school life
6. Ownership of leadership of the Collaborative by the



Members of the Lee-Community Collaborative 2006-2007

Program leaders

Baylor College of Medicine

DePelchin Children's Center

Healthy Family Initiatives (Community Doula & Men)

HISD Health and Medical Services

Lee High School – Administration and staff

YMCA of Greater Houston

Voices Breaking Boundaries

Las Americas ES / Kaleidoscope MS

Non-program members

CHRISTUS SW Community Health Center

Family Services of Houston

Neighborhood Centers Inc.

Planned Parenthood

TCH Pediatric Associates – Gulfton

St. Luke's Episcopal Health Charities

St. Luke's United Methodist Church



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Thank You. Questions?





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Children of Single Teen Mothers Selected Data

- Poverty rates for children born to teen mothers without HS graduation -78% (Annie E, Casey Foundation)
- The daughters of teen mothers are 22% more likely to become teen mothers compared to those of older mothers (The National Campaign to Prevent Teen Pregnancy)
- The children of teen parents are more likely to be in poor health, experience less stimulating and supportive home environment, be abused or neglected, have difficulty in school, become teen parents themselves and be incarcerated during young adulthood when compared with children of older parents (Robin Hood Foundation)
- Every \$1 spent on early childhood development saves \$7 in later costs for remedial education, welfare and prison (RAND Corporation)



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INITIAL SURVEY 2004

44 Pregnant and Parenting girls

Number of participants 44

11 were pregnant= 25%

33 were parenting= 75%

Ages 4 - 15 y/o ; 9 - 16 y/o ; 17 - 17 y/o ; 13 - 18 y/o & 19 y/o ; 1- 20 y/o

Ages of children in months: (0-6 months) – 9; (7-12 mo) -9 ; (13-18 mo) -4 ; (19-24) -8 ; 3 were older than 25 months.

2 stated they did not plan to graduate; 3 were uncertain;

33 Planed to go to college or continue education toward technical skills

Reasons for not continuing education: (overlaps)

9 cited no support ; 1 Planed to go to Mexico; 6 were unsure or had variety of reasons

None lived alone; 16 lived with husband/boyfriend ; 21 lived with family ; 3 lived with non-family

22 Mothers had regular health care

32 mothers had Pediatricians

5 mothers did not have regular health care

17 did not answer that question.

Health Rating: 19 (43%)=*Very Healthy*; 21(47%) = *Somewhat Healthy* ; 1 = *Poor Health*; and 2 = Did not respond



2007 Survey

30 pregnant and parenting girls

Ages: 14 -3	14 were pregnant = 46%	13 had no regular physician = 43%
15-4	2 were unsure	only 6 listed a Pediatrician
16-6	<u>Living Arrangements:</u>	
17-11	20 of 30 lived with parents	<u>Health status:</u>
18-19-2	13 lived with boyfriend/husband	Very Healthy 11 37%
20-3		Healthy 9 30%
n/a-1	100% plan to graduate	Somewhat Healthy 3 10 %
<u>Childcare options:</u>		Fair Health 4 13%
YMCA -7	Mother – 7 Other family 2	Poor Health 0
Babysitter 1	Private Childcare Center 1	No response 3