

# Minnesota Expectant and Parenting Student Program

ANNUAL REPORT FOR JULY 1, 2018 THROUGH JUNE 30, 2019

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## Report Introduction and Background

The Minnesota Department of Health (MDH) received a Notice of Award from the U.S. Department of Health and Human Services, the Office of Population Affairs, Pregnancy Assistance Fund (PAF) in June 2017. The Minnesota Expectant and Parenting Student Program (MEPSP) was borne and services for expectant and parenting teens, young adults and their children began. This summary highlights the programmatic and evaluation activities for Year Two, the period July 1, 2018 through June 30, 2019.

The Minnesota Expectant and Parenting Student Program (MEPSP) is a collaborative public health program serving three communities: the City of Minneapolis/Hennepin Healthcare (including Hennepin County), Kandiyohi-Renville Community Health Board and the Northwest Indian Community Development Center (serving White Earth Nation and Leech Lake Band of Ojibwe.) These communities experience disproportionate inequities in health, education, social and economic indicators of well-being. The Minnesota Department of Health is the administrator of the grant awards and provides public health leadership and technical assistance to the grantees.

## Minnesota Expectant and Parenting Student Program Goals and Evaluation Methodologies

The MEPSP incorporates the best practices from education, public health and social services in order to *find* individuals at greatest risk, *treat* each identified risk and need through resources and *measure* the interventions' impact in achieving these three goals:

1. Expectant and parenting teens, women and fathers (*i.e.*, program participants) will accomplish or successfully work towards their high school diploma or GED, higher education or vocational goals in order to be prepared for future employment.
2. Expectant and parenting teens, women and fathers (*i.e.*, program participants) will improve the health and well-being for themselves and their children.
3. Three community partners (*e.g.*, grantees) will improve their capacity to serve expectant and parenting teens, women and fathers by forming partnerships, and by participating in professional development trainings and program sustainability activities.

MDH chose a non-experimental evaluation design for this program because individuals were not randomly assigned to receive the intervention. Participants *chose to enroll* in the MEPSP. Quantitative and qualitative data collection methods were used. Intervention strategies by all three MEPSP sites include, but are not limited to, case management, home visiting and community supports. Intervention measurements were obtained through web-based surveys and a secure database.

## Program Observations

During Year One of the PAF (2017-2018), the MDH and the three grantees, the Kandiyohi-Renville Community Health Board, the City of Minneapolis/Hennepin Healthcare (including Hennepin County) and Northwest Indian Community Development Center created and launched the Minnesota Expectant and Parenting Student Program (MEPSP). They laid the foundation for a public health and education-focused program for expectant and parenting students ages 13 through 24. Eight-hundred and ninety-two people, including student parents, their children and family members were served.

Year Two (2018-2019) was a crucial year of growth for MEPSP in multiple ways. MDH worked very carefully with MEPSP local staff on data tracking and collection, and more local agencies were recruited as partners to assist with program implementation and program sustainability. During this second year, the grantees' foundational work and activities blossomed and many accomplishments were achieved. For example, the number of student parents served increased, and consequently, the number of family members who were served increased as well. The number of high school participants who received their diploma or GED increased by 12%.

MDH reports the following key findings for Year Two. In addition, MDH compared some indicators from Year Two (2018-2019) to Year One (2017-2018).

### MEPSP Year Two Data Findings:

- The majority of participants were parenting, 14% were pregnant with their first child and 4% were expectant and parenting.
- Referrals to reproductive health care (*e.g.*, family planning, STI screening, etc.) continued to be the number one type of referral or direct service received by the program participants.
- MEPSP participants were racially and ethnically diverse. The majority of participants' ethnicity was non-Hispanic (80%), 19% were Hispanic/Latino and less than 1% were unknown.
- African Americans represented the largest minority group of participants (49%), American Indians represented 11% and the Asian community represented 2% of the total number of participants. White program participants comprised approximately 16% of the program population. Approximately 10% indicated they were more than one race, 12% said they were members of another race and less than 1% indicated they were Native Hawaiian/Pacific Islander.
- Out of 158 eligible program participants, 105 graduated from high school or received a GED resulting in completion percentage of 66.46.

## **MEPSP Year Two Statistics (2018-2019) compared to Year One (2017-2018):**

### **Sub-Topics: Student Parent Program Enrollment, Student Participant Satisfaction and Site Expansion**

- Participant participation (*e.g.*, expectant and parenting students, ages 13-24) increased by 24%.
- Total number of people (*e.g.*, student parents, family members) served increased by 52%.
- A substantial increase of 91% (N=20) occurred in the number of American Indians served by the NWICDC due to their enhanced recruitment efforts.
- Seventy percent of the 2017-2018 program participants re-enrolled to the 2018-2019 year. As noted by the Student Satisfaction Survey, approximately 80% of the participants indicated they would recommend MEPSP to others because of the strong community and cultural connections.
- The Kandiyohi-Renville Community Health Board's caseload increased by 43% because they added a high school setting in Renville County and they improved their recruitment efforts.

## **MEPSP Year Two (2018-2019) comparison to Year One (2017-2018):**

### **Sub-Topic: Partnerships, Concrete support and referrals to Health Insurance**

- The number of informal and formal partnerships soared from 70 organizations to 90, thus broadening and deepening the number of organizations familiar with the PAF, and increasing program sustainability strategies.
- Concrete support such as legal aid and health insurance (enrollments and other supports) presented MEPSP participants resources to be utilized, of which they may have not been afforded similar opportunities prior to this grant. Referring program participants to Legal Aid as a resource has been consistently reported high-ranking for both Year One (41%) and Year Two (40.64%).
- Health insurance (enrollments and other supports) have decreased from 2017-2018 from about 26% of participants to 9.93% for 2018-2019. This decrease can be dependent upon the participant population and the needs requested for support.

## **Participant Demographics**

During MEPSP's second year of implementation, 1,359 total participants were served. Specifically, five hundred and thirty four adults<sup>1</sup> participated in program services, and 650 children and 175 extended family members (*e.g.*, partners, spouses, etc.) received services.

Of the 534 program participants, 9% (n=50) were served by Kandiyohi-Renville Community Health Board, almost 8% (n=42) were served by the Northwest Indian Community Development Center and the City of Minneapolis/Hennepin Healthcare delivered care to over 82% (n=442). Having program services offered in both the urban and rural areas brings unique challenges in

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meeting the program goals. For example, lack of affordable transportation options and child care providers consistently are reported as barriers by program participants who are pursuing their high school diplomas/GEDs or post-secondary degrees in greater Minnesota.

The *intended* recipients of the Pregnancy Assistance Fund grant were served in Minnesota. As previously mentioned, over 81% of program participants were parenting, 14% were pregnant, 4% were expectant and parenting, and less than 1% of the participants' status was unknown. Ninety percent of the participants were female, 9% were male and less than 1% self-identified their gender as other. As in the previous year, the majority of program participants received services at high schools. The community service centers were the second most popular setting for program implementation, including the NWICDC. The NWICDC is a trusted and respected locale for educational and social services, as well as traditional cultural events such as community feasts and dances for the American Indian community ([www.nwicdc.org](http://www.nwicdc.org)).

The MEPSP program participants were racially and ethnically diverse. The majority of participants' ethnicity is non-Hispanic (80%) and nineteen percent are Hispanic/Latino and less than 1% unknown. With an understanding of its diverse program population, MDH stressed the significance of staff respecting cultural backgrounds and identifying any biases in its recent webinar (June 2019) *Community Networking: Lessons Learned and Ideas to Make Health and Education Referrals for Families*.

## Graduation

The total number of expected graduates (N=158) includes those students reported by MEPSP staff who were expected to graduate by the end of the federal year, who were pursuing their high school diploma or GED. In practical terms, this cohort of 158 students truly represents people who have accumulated enough credits to be a senior in high school or their final semester of GED-preparation. Of the 158 who were expected to graduate, 105 did. Seventy-one graduates from an eligibility "pool" of 85 people graduated with a high school degree, this is an 83.53% commendable completion percentage which is slightly higher than the State of Minnesota's high school graduation. Furthermore, an additional 34 people graduated with their GED from community service centers, representing 46.58% of program participants.

While the majority of program participants were in high school/GED program, there was a small cohort (N=15) who graduated with a certificate, diploma, associate degree or other credential from institutions of higher education. All three grantees have been working on building stronger communication linkages with nearby two and four-year colleges to help expectant and parenting students. In total, 120 program participants (of 534) graduated from high school, the GED program or an institution of higher education.

## Core Services and Referrals

As mentioned previously, MEPSP’s priorities are to *find* individuals at greatest risk, *treat* each identified risk and need through resources and *measure* the interventions’ impact. The community health workers, care coordinators and public health nurses working at the 3 sites (and 11 settings such as high schools, community locations, etc.) provided direct health care services *or* referred program participants to personal health services. In the 2018-2019 program year, the top three sub-categories for direct services or referrals were reproductive health (*e.g.*, family planning, STI screening, 70%), obstetric care (*e.g.*, prenatal care, childbirth classes, delivery care, 69%) and primary health care (51%). Table 1 ranks the most popular health referrals and services for PAF Years One and Two.

<b>Table 1. Ranking of Personal Health Referrals and Direct Services for Program Participants* 2017-2018 and 2018-2019 (*Expectant and/or Parenting Students)</b>					
2018-2019 PAF Program Year 2			2017-2018 PAF Program Year 1		
1.	Reproductive Health ( <i>e.g.</i> , family planning, STI screening, etc.)	70%		Reproductive Health ( <i>e.g.</i> , family planning, STI screening, etc.)	41%
2.	Obstetric Care ( <i>e.g.</i> , prenatal care, delivery care, etc.)	69%		Health Insurance	26%
3.	Primary Health Care	51%		Violence Prevention and Intervention ( <i>e.g.</i> , domestic violence, dating violence, etc.)	25%

In both PAF program years, reproductive health (*e.g.*, family planning, STI screening) ranked as the number one type of referral given or type of direct service provided. This indicates that we are serving the intended audience designated by the PAF grant criteria. These results are also important to highlight because we know that pregnant teens are less likely to receive timely and consistent prenatal care, as reported by the U.S. Department of Health & Human Services.

## Significant barriers and challenges

Program participants face many barriers as they manage their day-to-day needs (*e.g.*, safe housing, access to food, and medical care for adults and child/ren) while persevering in completing their GED/high school degree, post-secondary education certificate or degree, or vocational goals.

MEPSP staff in all three communities continue to look for innovative communication and coaching methods to support MEPSP participants so they can manage their immediate needs with their long-term health and education goals. Parenting, working part-time and attending school is a very complex and delicate balance.

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MDH will continue to provide technical assistance to the MEPSP grantees and their local partners as they work on addressing systems' level issues related to safe housing, and access to food and medical care.

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<sup>i</sup> Unduplicated count of numbers. *Minnesota Expectant and Parenting Student Program 2018-2019 Evaluation*. Minnesota Department of Health, Pregnancy Assistance Fund Grant, funded by the U.S. Department of Health and Human Services, Grant Number 1 SP1AH000073-01-00.