

Adolescent Family Life Program Evaluation

Program Outcomes July 1, 2017 – June 30, 2020



The Adolescent Family Life Program (AFLP) is a strengths-based case management program for expectant and parenting youth. Following the AFLP Positive Youth Development (PYD) Model, case managers work with youth one-on-one towards four program goals: increasing access and utilization of needed services; increasing social and emotional support and resiliency; empowering youth to cultivate personal autonomy to make informed decisions about their sexual and reproductive health; and strengthening youth knowledge and self-efficacy for career and educational attainment. Between July 1, 2017 and June 30, 2020, AFLP was implemented across 21 sites in 17 counties throughout California.

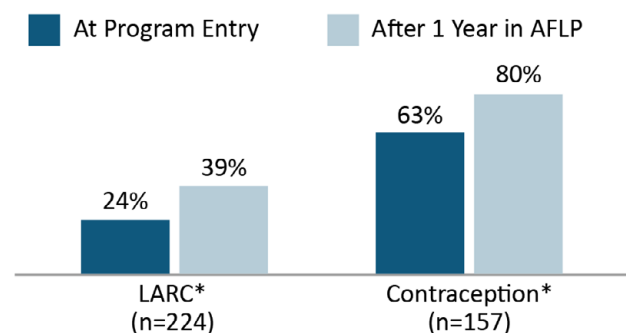
This brief examines program outcomes related to family planning, education, basic needs, social support and emotional resiliency, and health. To examine whether there was improvement in program outcomes, change over time was evaluated for the 575 youth who had entered the program between July 1, 2017 and June 30, 2020, and who had a baseline and one-year follow-up assessment. When available, comparable population-level data for 2017-2020 were obtained from California’s Maternal and Infant Health Assessment (MIHA) survey¹ and the National Survey of Children’s Health².

Family Planning

AFLP utilizes a reproductive justice approach, which aims to empower youth to cultivate personal autonomy to make informed decisions about their sexual and reproductive health. In conversations about life goals honoring each youth’s unique journey, case managers offer youth education, referrals, and skill-building activities to support their family planning goals. Among youth who were not pregnant at program entry, the use of long-acting, reversible contraceptives (LARC) increased by 62% and, among all youth, any form of

contraception at last sexual intercourse increased by 27% at program follow-up (Figure 1).

Figure 1. Higher use of LARC and contraception after 1 year in AFLP



Data Source: LARC use was examined among 238 non-pregnant birthing persons at baseline; 14 youth were missing data at one or both assessments. Contraception use was examined among 196 youth who were not pregnant or expecting at baseline and completed an assessment after July 15, 2018 when this item was added; 39 youth declined, were unsure, or were missing data at one or both assessments. *Indicates significant difference between baseline and follow-up assessment, $p < .05$. Extracted from AFLP Management Information System Penelope on 9/15/2021.

Youth reflection on experience in AFLP:

“You start to have more trust in this person because they come to visit you many times. So...you’re not as much like ‘I’m embarrassed to talk to them,’ and they help you a lot too because there are a lot of things that you don’t know about sexual health. So, if you have a question, she can answer it.”

—AFLP Focus Group Participant, August 2020

Education and Employment

AFLP aims to help expectant and parenting youth in setting and achieving educational and work goals. During visits case managers guide youth in discussions about topics such as the kinds of jobs they are interested in, what education or training they need, why education and/or work is important to them, and what personal strengths, people, and resources could support them in achieving their educational and/or work goals. To examine improvements in education and work outcomes, we grouped youth into three categories based on their status at program entry: those who had already graduated high school or the equivalent; those who had not graduated high school, but were enrolled in school; and those who had yet to graduate high school and were not enrolled in school. Among the first group (youth who had completed high school or the equivalent at entry), we found a 38% increase in the percentage who were enrolled in post-secondary education or working 1 year into AFLP, compared to their status at program entry (Figure 2). Figure 3 shows the educational status among the second and third groups. Among the second group (youth who had not graduated, but were in school), 91% were still enrolled or had graduated after 1 year in AFLP. Among the third group (youth who had not graduated and were not in school), more than half had returned to school or had graduated after 1 year in AFLP. Nationally, approximately 66% of adolescent parents earn a high school diploma or equivalent by age 22¹.

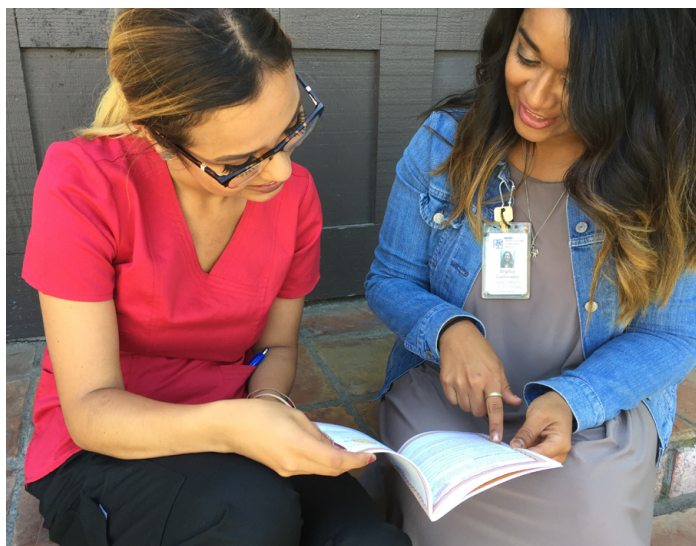
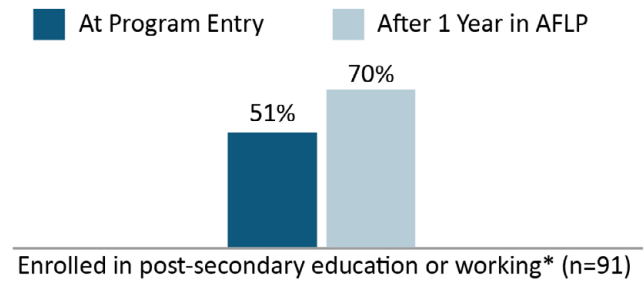
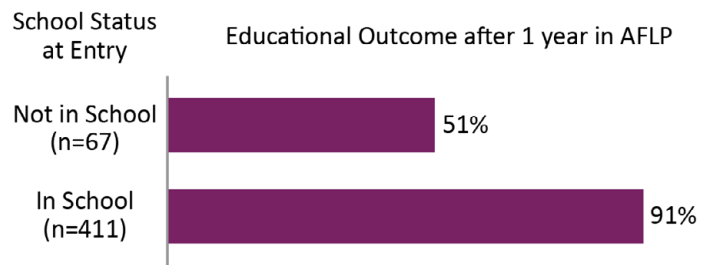


Figure 2. More youth enrolled in post-secondary education or working after 1 year in AFLP



Notes: Youth were considered high school graduates if they earned their high school diploma, completed GED or California High School Proficiency Exam (CHSPE) prior to entering the program. * Indicates significant difference between baseline and follow-up assessment, $p < .05$. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.

Figure 3. Percentage of youth who were either enrolled in school or graduated 1 year after enrollment in AFLP, based on school enrollment status at program entry



Notes: Graduation status was examined among 484 youth who did not report graduating high school at entry; 6 youth were missing school enrollment status at one or both assessments. Youth were considered high school graduates if they earned their high school diploma, completed GED or California CHSPE. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.

Youth reflection on experience in AFLP:

“They give you the tools to essentially keep on maneuvering life like even though I had my baby like, it’s something that doesn’t stop me. Yeah, they help you find alternatives. So that’s why I love this program.”

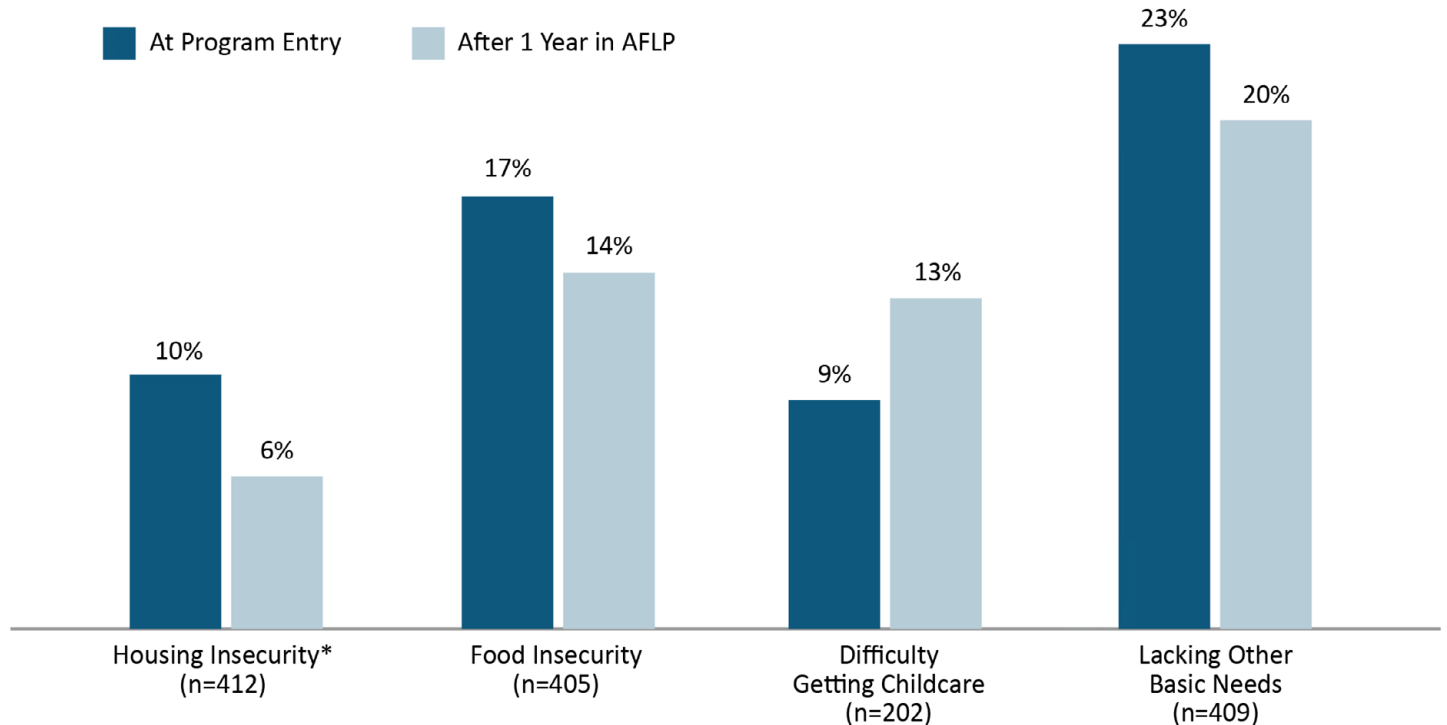
—AFLP Focus Group Participant, August 2020

Basic Needs

AFLP connects young people to supports, services, and information that can help mitigate the impact of structural racism and poverty on their physical and mental/emotional health. Figure 4 presents results comparing youth’s needs at program entry and after 1 year in AFLP. After 1 year in AFLP, there was a 40% decrease in reported housing insecurity. Smaller, statistically non-significant declines were seen in food insecurity and lack of basic needs such as transportation and ability to afford utilities, clothes, and health care. Among youth who were parenting at enrollment, there was a statistically non-significant increase in youth’s report of difficulty working or studying due to problems getting childcare.



Figure 4. Unmet basic needs after 1 year in AFLP



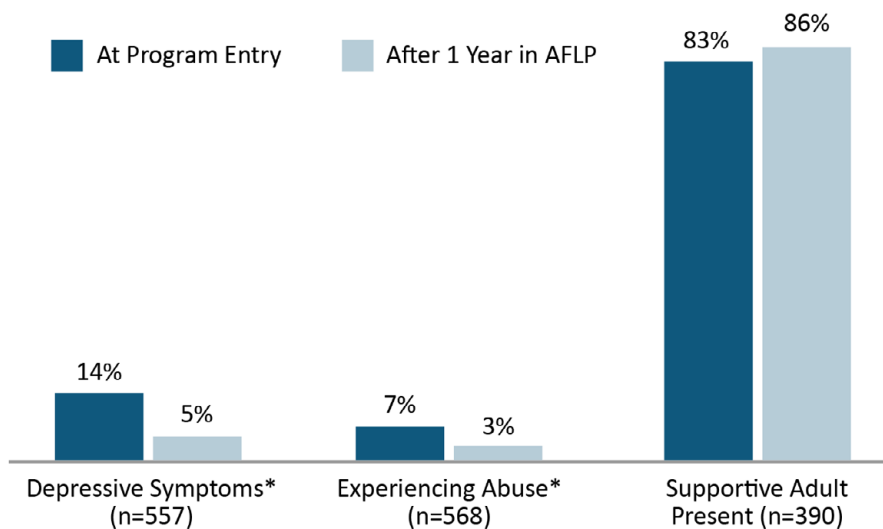
Notes: Outcomes examined among 419 youth who had a baseline and follow-up assessment after July 15, 2018 when these items were added. 7 youth were missing data for housing insecurity, 14 were missing data for food insecurity, and 10 youth were missing data for other basic needs at one or both assessments. Difficulty getting childcare limited to 209 youth who were parenting at entry; 7 youth were missing data at one or both assessments. *Indicates significant difference between baseline and follow-up assessment, $p < .05$. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.

Social and Emotional Support and Building Resiliency

Case managers work with youth to help them develop resilience strengths, such as: building connections with a supportive adult; developing a positive identity, a sense of purpose and bright future; strengthening their ability to handle emotions and respond proactively; and building skills to support problem solving and obtaining services and resources they need. Figure 5 presents results comparing youth’s behavioral health outcomes at program entry and after 1 year in AFLP.

After 1 year in AFLP, there was a 64% decrease in the percentage of youth reporting experience of depressive symptoms (i.e., being sad/hopeless for 2 or more weeks in a row during the last 6 months) and a 57% decrease in the percentage of youth reporting current experiences of emotional, physical, or sexual abuse. There was a statistically non-significant increase in youth’s reports of a supportive adult presence.

Figure 5. Fewer youth reported experiencing depressive symptoms or abuse 1 year into AFLP



Notes: Depressive symptoms, current experience of physical, emotional or sexual abuse were examined among 575 youth who had a baseline and follow-up assessment; 18 youth were missing data on depressive symptoms, 7 youth were missing data on abuse. Presence of a supportive adult was examined among 419 youth who had a baseline and follow-up assessment after July 15, 2018 when this item was added; 29 youth were missing data at one or both assessments. * Indicates significant difference between baseline and follow-up assessment, $p < .05$. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.

Table 1. Comparing child thriving index among children of youth in AFLP to population-level estimates

	Children of Youth in AFLP	Population-level Estimate
Child thriving index (n=518)	75%	78%

Notes: Child thriving index was examined for children who were between age 6 months to 5 years and had data for all four items used to calculate the child thriving index. The parenting youth who fit these criteria ranged from 11 to 21 years of age at entry into the program, with 71% being under the age of 18. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.

¹Population-level estimate for child thriving index was gathered from the National Survey of Children’s Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2018-2020, for children aged 6 months to 5 years, nationally, whose birthing parent was 18 to 21 years of age at the time of the survey. Differences between AFLP participants and the eligible population were noted when 95% confidence intervals for the measures did not overlap.

We also compared the percentage of children of AFLP youth who met the criteria for child thriving (i.e., child is affectionate and tender with parent, bounces back quickly when things do not go their way, shows interest and curiosity in learning new things, and smiles and laughs a lot) at the 1-year follow-up assessment.

We found that youth in AFLP had children who were thriving as well as those in a national sample¹ (Table 1). The two samples were not directly comparable, as the AFLP sample included younger parents. However, there was no significant difference in child thriving between AFLP youth and those in the national sample.

Youth reflection on experience in AFLP:

“ I like how there’s always someone who could guide me through this path since I had a baby recently. And I like how she always listens to me, everything I have to tell her she takes this time to listen to me and also give me the resources I need to, like, keep up with my baby.”

—AFLP Focus Group Participant, August 2020

Postpartum Health

AFLP aims to increase linkages and supports related to health and health care. More than half of youth entering AFLP are expecting. We compared a series of health indicators for AFLP youth who were expecting at entry and gave birth prior to the follow-up assessment with a sample of adolescents who recently gave birth and completed the Maternal and Infant Health Assessment (MIHA; Table 2)¹.

A higher percentage of youth in AFLP reported having health insurance for themselves and their child, using postpartum contraception, and receiving a postpartum checkup. A similar percentage reported breastfeeding, but a lower percentage reported breastfeeding for 3 or more months when compared with the population-level estimate.

Table 2. Comparing postpartum health indicators for youth in AFLP to population-level estimates

	Youth in AFLP	Population-level Estimate
Have health insurance (n = 548)*	96%	92%
Child has health insurance (n = 396)*	97%	94%
Contraception Use (n = 245) *	80%	71%
Youth had a postpartum checkup (n = 545)*	91%	81%
Ever breastfed (n = 416)	92%	93%
Breastfed for 3+ months (n = 352)*	42%	55%

Notes: Insurance status for the youth was examined among 557 youth who had a 6-month and 1-year follow-up assessment; 9 youth were missing data for youth insurance status at either or both assessments. Insurance status for the children was examined among 410 index children with a 6-month and 1-year follow-up assessment; 14 children were missing data for youth insurance status at either or both assessments. Postpartum contraception was examined for 277 birthing youth who were pregnant at entry and completed a 1-year follow-up assessment; 32 youth declined, were unsure, or were missing data. Postpartum checkup was examined for 338 female youth who had either a 6-month or 1-year follow-up assessment; 56 youth were missing data for postpartum checkup. Ever breastfeeding was examined among 460 birthing youth, expectant at entry, who had either a 6-month or 1-year follow-up assessment; 44 youth were missing data on breastfeeding. Breastfeeding timing was examined among 383 birthing youth who reported ever breastfeeding; 8 youth were missing data on breastfeeding timing and 24 youth were still breastfeeding at last follow-up. ¹Maternal and Infant Health Assessment, 2017-2020. *Indicates 95% confidence intervals do not overlap between AFLP youth sample and population-level estimate. Data Source: Extracted from AFLP Management Information System Penelope on 9/15/2021.



Summary

- ▶ Overall, the results show positive improvements among pregnant, expectant, and parenting youth after 1 year of participation in AFLP in the following areas: use of LARC, all forms of birth control, education and work, depressive symptoms, experiences of abuse, and housing insecurity.
- ▶ Relative to similar youth in counties served by AFLP, youth who participated in AFLP were more likely to have health insurance for themselves and their children, complete a postpartum checkup, and use postpartum contraception.
- ▶ Youth participating in AFLP had lower rates of breastfeeding beyond 3 months than comparable youth in the 14 counties served by AFLP, although the groups' initial rates of breastfeeding were similar. Breastfeeding support is a potential area of opportunity for the program.
- ▶ Among AFLP youth, as many as 20% continued to display gaps in basic needs a year after program entry. This highlights specific areas in which the program, communities, and systems can better support youth in meeting their basic needs.

References

1. Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010.
2. Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from [www.childhealthdata.org].