



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES



WHAT WORKS FOR PREGNANT AND PARENTING TEENS

EXPERT PANEL WORKGROUP 2012

Promising Strategies and Existing Gaps in Supporting Pregnant and Parenting Teens

*Summary of Expert Panel Workgroup Meetings
January and July 2012
Washington, D.C.*

Table of Contents

Executive Summary.....	3
Promising Practices for Those Serving Pregnant and Parenting Teens	4
Reaching pregnant and parenting teens.....	4
Engaging pregnant and parenting teens.....	5
Retaining pregnant and parenting teens	6
Implementing Core Components of Successful Programs	7
Education.....	7
Integrated services and referrals	8
Strong participant-provider relationships.....	8
Well defined program goals and processes	9
Family relationships	10
Developmental influences.....	10
Highly skilled staff and welcoming program environments	11
Conclusion.....	12
Appendix A: PAF Resources	13
Appendix B: Expert Panel Biographies.....	14
Appendix C: Additional Resources	25
Appendix D: References.....	27

Executive Summary

In January and July 2012, the Office of Adolescent Health (OAH) convened a panel of experts in Washington, D.C. to discuss strategies and gaps in the field of support for pregnant and parenting teens. The discussion focused on *What Works for Pregnant and Parenting Teens*. The experts were tasked with summarizing the state of the field, prioritizing gaps and challenges, and identifying opportunities to support pregnant and parenting teens. Included among the experts were physicians, university faculty, medical directors, psychologists, researchers, federal staff, and directors of programs and organizations serving pregnant and parenting teens. The biographies of this diverse group of experts are provided in the appendix of this report.

In recent years, the federal government has made investments toward building a scientific evidence base of effective programs and models addressing teen pregnancy prevention. Additionally, funding was made available to provide services to pregnant and parenting teens. One such initiative, the Pregnancy Assistance Fund (PAF) program, funds states and tribes to provide pregnant and parenting adolescents and women with a network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. However, there continues to remain a lack of knowledge of the core components of successful programs for pregnant and parenting teens and, moreover, programs specifically designed to support pregnant and parenting teens are scarce. Pregnant and parenting are often poor, need strong support networks and a comprehensive array of resources to help them parent effectively while working toward becoming self-sufficient adults¹. A few of their unique needs may include locating supportive housing, assistance in reaching educational goals, and accessing adequate health care for themselves and their babies.

The purpose of the expert panel was to enhance the knowledge of promising practices, when working with pregnant and parenting teens. During the first meeting, the experts were posed the question “what works?” More specifically, they were asked about the lack of an existing evidence base, criteria that should be used in determining what works, existing program models and the risk and protective factors on which programs focus, and the gaps and challenges that exist in this field. The second workgroup meeting sought to expand the core components of emerging successful programs, suggest promising practices for reaching, retaining and engaging pregnant and parenting teens, help inform the practice, policy and program needs in the field, and inform OAH’s future planning for the PAF program.

This summary presents findings from the workgroup meetings, including 1) promising practices in reaching, engaging and retaining pregnant and parenting teens 2) effective program components when working with pregnant and parenting teens, and 3) concrete examples for implementing those core components.

Promising Practices for Those Serving Pregnant and Parenting Teens

To reach pregnant and parenting teens, programming efforts need to occur in school and out of school. Not all pregnant and parenting teens are served through traditional approaches, like a classroom curriculum, or in conventional settings, such as schools or community centers. For pregnant and parenting teens who may be disengaged from mainstream society, traditional youth programs may not be effective or meet their needs. Teen parents may not find the activities relevant, interesting, or useful and may feel disconnected from participants in traditional youth programs. Supporting pregnant and parenting teens can prove challenging, particularly if they are facing added vulnerabilities, including being out of school or at risk of dropping out of school, involved in the juvenile justice or foster care system, immigrant youth, disabled youth, or runaway and/or homeless youth. These particularly marginalized youth generally have less access to the education, services, and supports they need to develop into fully productive, healthy, and engaged adults. This is not to say that all youth are not equally capable, but rather that all youth are not equally able to access the information, guidance and support they need to act on their full capabilitiesⁱⁱ.

The expert panel was tasked with identifying strategies to reach, engage, and retain pregnant and parenting teens in programs. While several studies have examined the effects of programs on outcomes for teen parents, the evidence-base varies widely as does the quality and rigor of research methods. Since few rigorous studies have been completed analyzing results on pregnant and parenting teens, the following descriptions are “promising practices”, or practices that have expert consensus or other support but which have not been as rigorously evaluated scientifically.

Reaching pregnant and parenting teens

In the first meeting, the experts considered issues and challenges related to reaching pregnant and parenting teens. There has yet to be developed a deep bench of research and best practices when it comes to serving highly vulnerable and at-risk youth, such as homeless youth, very young adolescents, youth who have experienced domestic or intimate partner violence, youth who are in the foster care system, and other marginalized youth. The experts acknowledged reaching pregnant and parenting teens, particularly these marginalized groups, as a critical gap, as these youth are most often at greater risk for the negative outcomes associated with teen pregnancy.

To address this gap, the experts cited the following as promising practices for reaching pregnant and parenting teens:

- Develop partnerships with pediatrician offices -- pediatric waiting rooms offer an opportunity for reaching out to teen parents either to provide resources or to introduce subsequent pregnancy prevention materials. The information could be presented on the screen in the waiting room or in the form of flyers and brochures. Additionally, the information should be culturally and developmentally appropriate as well as friendly and enriching.

- Visit hospital emergency rooms -- for those teen mothers without health insurance, babies are often seen in emergency rooms; therefore hospital emergency departments could provide opportunities for reaching out to pregnant and parenting teens.
- Offer services at Women, Infants, and Children (WIC) programs -- teens use this federal program for food and health assistance, education about nutrition, and obtain help with finding health care and other community services. Offering programs or services at WIC sites may be an avenue for reaching pregnant and parenting teens.
- Work with the criminal justice system -- children of incarcerated parents are at higher risk of teen pregnancy. Targeting this group could be a good avenue for reaching youth and offering services to pregnant teens and their families.
- Go where teens congregate -- youth gathering places, which will vary widely, offer a direct way to reach youth where they congregate. Examples could include shopping malls, nail salons or Native American youth powwows.
- Use social media -- utilizing social media sites that youth frequent to advertise programs could be helpful. Given today's technology driven youth, social media could be used to reach out to youth virtually. (Popular sites will vary regionally but may include sites such as Foursquare, Facebook, Craigslist, Twitter, Meetup, LinkedIn, Friendster, etc.).
- Develop partnerships with the faith-based community -- religious communities and programs to prevent teen pregnancy can work together productively. Programs to reduce teen pregnancy and the faith community have a shared interest in strong families and in the healthy development of young people. This partnership provides an excellent foundation for mutually beneficial activities.

Engaging pregnant and parenting teens

During the first meeting, the experts discussed gaps and challenges related to engaging pregnant and parenting teens. In addition to noting that promising program approaches should be documented, evaluated, and replicated. The group also emphasized that existing programs may not be appropriate for certain groups of vulnerable teens. Programs are not necessarily one-size-fits-all, and it should not be assumed that a program developed for adults will work for adolescents, or a program developed for older teens will work for younger teens, or a program developed for general population teens will work for at-risk youth. Lastly, the experts also addressed the lack of teen involvement in the planning of programs and identifying services that are delivered to pregnant and parenting teens.

To address these gaps and challenges, the experts identified the following promising practices for engaging pregnant and parenting teens:

- Build relationships -- relationships are important for engaging youth. Youth are more likely to actively engage when they feel connected to project staff or program leaders.
- Implement engaging activities -- participants engage more in a program if the content is not only provided in didactic modes, but uses interactive approaches and skill building activities. When teens observe scenarios or participate in activities that build skills, they become more engaged.

- Model positive behavior -- program staff should model healthy relationships by treating each other with respect and courtesy. Staff should model positive behaviors when interacting with teens and adults, with the intent of teens mirroring this behavior.
- Conduct motivational interviewing -- the technique of motivational interviewing seeks to help teens think differently about their behavior and ultimately to consider what might be gained through change. The strategy is to help teens envision a better future and become increasingly motivated to achieve it.
- Encourage creativity -- it helps to think outside the box when trying to engage pregnant and parenting teens. Creative examples that have been tried include: using art projects to engage LGBTQ youth at homeless shelters, Zumba or belly dancing classes offered to teens, teaching English in ESL classes using pregnancy prevention content, Twitter chats with teen parents, and hosting various social events.
- Engage program alumni -- programs should use their alumni to build relationships with current participants. These relationships can be formal or informal.
- Empower current participants -- program leaders can empower current participants to serve as program ambassadors to share their stories with other youth and encourage participation.
- Allow for flexibility -- programs can engage participants more effectively if they are flexible in the times they offer services, provide food during meeting times, and are bi-lingual and/or bi-cultural. Programs should strive to be gender diverse to engage male and female youth – such that both are able to participate in activities.
- Allow for adaptability -- participants need to connect to the material conveyed. Ensuring that the programs are culturally sensitive may mean making cultural adaptations such as modifying role plays in existing curricula to fit the population.

Retaining pregnant and parenting teens

Developing effective strategies to retain pregnant and parenting teens is vital for the success of programs and encourages long-term program participation by the youth. The experts brought up the issue of numerous successful strategies that have been sparsely documented, including: gender-focused or gender transformative programs; family-systems approaches; residential programs and maternal group homes, such as Second Chance Homes; phone-check-in programs; mediation; education coaches or school continuation programs; parenting skill-building programs; mentoring programs and peer-to-peer programs; reunification programs; motivational interviewing; and social media or social networking approaches.

The following retention promising practices were identified by the expert workgroup:

- Build relationships- - if teens feel connected to program staff or have established an ongoing positive adult relationship, the teen is more likely to continue in the program.

Encourage staff to practice healthy behaviors –program staff need to be physically and emotionally healthy and learn positive ways to manage stress and conflicts. Staff serve as role

models for healthy lifestyle choices and these choices will help build credibility and stronger relationships with teens.

- Reach out to community partners -- teens will remain in programs if their needs are being met. Programs need to develop capacity/partnerships in the community to respond to the concrete needs of pregnant and parenting teens (e.g. food, health care, paying apprenticeship opportunities).
- Maintain a safe environment -- similar to adults, youth want to feel respected. This is especially important with marginalized pregnant and parenting teens. Programs should seek to provide a non-threatening environment where teens feel safe and welcomed.
- Use technology -- programs should maximize phone and web-based strategies to retain youth. Some programs have provided virtual counseling as a way to keep connected to their teens.
- Offer incentives -- use incentives to encourage teen participation in program activities. Some examples of incentive programs include: food, gas cards, diapers, location guides, or condoms.
- Celebrate milestones -- programs can have periodic celebrations for completion of an activity or completion of a pre-determined number of program sessions. These mini-celebrations give teens a sense of accomplishment.
- Involve teens -- programs should involve teens in activities and provide opportunities where youth serve in leadership roles.

Implementing Core Components of Successful Programs

The experts were asked to discuss ways in which their own research or practice has been successful in working with pregnant and parenting teens. Experts focused on core components, or those most essential and indispensable components of an intervention, practice or program that are integral to success. In addition to identifying core components of success, the experts also described specific ways to implement these components.

Education

Pregnant and parenting teens often fail to complete or continue their education. A high priority for programs should be to promote the completion of their education and develop literacy – both health literacy and literacy, in general. There is a need for comprehensive education (including college and workforce preparation) in conjunction with services (such as health education and health care).

Concrete suggestions for advancing education:

- Holding students to higher expectations -- programs that work with pregnant and parenting teens need to create an environment of high expectations and rich opportunities. High school diploma attainment should not be the end goal; rather more emphasis should be placed on post secondary education.
- Using an intergenerational approach -- programs can involve multiple generations of the teen's family in roles of academic support – involving grandparents, for example.

- Modeling success -- programs can showcase success by highlighting successful college students who were once teen parents or current teen parents who are successfully pursuing their education.
- Working together -- school districts and higher education leaders can work collaboratively to make sure that the needs of pregnant and parenting teens are prioritized.
- Providing support -- wrap around services, such as child care and housing, will help keep teen parents in school.

Integrated services and referrals

Integrated services and referrals are needed to fully meet the needs of pregnant and parenting teens. Many pregnant and parenting teens are confronted with a host of simultaneous risk factors that need to be addressed in tandem with the services that they receive related to health care. There is a need for parenting and co-parenting skill-building programs and services. Additionally, there is a need to provide access or referrals to legal services, housing, child care, transportation, and mental and physical health services.

Concrete suggestions for integrating services and referrals:

- Supporting teen parents' use of referrals -- programs can recruit advocates or volunteers to help support and accompany young parents to referral agencies. The end goal is to move beyond offering basic referrals to truly connecting teens with services.
- Using technology -- programs can collaborate more efficiently through database and web technology. Multiple service referrals and continuous follow-up can be streamlined.
 - For example, software can be customized to track feedback on the quality of the referral, the referral outcome, and recommendations for future services.
- Addressing mental health -- in providing basic needs for teen parents such as housing, parenting, and childcare, mental health services are often overlooked. Mental health assessments should be integrated into the basic health screenings for teen mothers.
- Making it worthwhile -- agencies may be more willing to work together if financial compensation or in-kind donations are given as incentives.
- Co-funding initiatives -- at federal, state, and county levels and across departments (e.g., education, justice, health, social services), efforts can be made to build and support collaborative efforts, and where possible, shared funding.

Strong participant-provider relationships

One of the most important aspects of working with pregnant and parenting teens is to develop positive and supportive relationships between teens and providers. Therefore, there is a great need to develop strong communication channels between both the teens and providers. In this way, a program can create a community environment for pregnant and parenting teens.

Concrete suggestions for strengthening participant-provider relationships:

- Staff retention -- maintaining a consistent staff and minimizing turnover provides continuity and makes it possible for participants and providers to develop strong relationships.
- Training on best practices -- providers could benefit from technical assistance and training that provides examples and case studies and success stories on successful strategies and best practices for communicating and building relationships with youth.
- Transparency and consistency -- participant-provider relationships will thrive when trust is present. With openness, consistency and honesty, teens and adults can develop trust within their relationship, which will facilitate strong working relationships.
- Use what you learn -- there needs to be deliberate inclusion of teen feedback in program planning. Programs should have a specific plan on how to include and foster the input teen parents provide. A stronger relationship is forged when teens feel their voice is heard and respected.

Well defined program goals and processes

A key component to successful work with pregnant and parenting teens is a clear and common understanding and articulation of program goals and processes. Those goals should be made operational through program procedures, standards, guidelines, and program logic models. It is critical that these goals and guidelines direct program implementation and evaluate program performance. Namely, the use of theoretical frameworks, a set of guiding best practices, and strong performance management tools are strongly encouraged.

Concrete suggestions to clearly articulate program goals and processes:

- Creating a common understanding -- programs benefit from strong technical assistance on building logic models, connecting activities to goals, connecting administrative data to activities and goals, and using data for program improvement to ensure goals are being achieved.
- Sharing a framework -- once developed, programs need to share this framework by clearly articulating their logic model and demonstrating specific goals, objectives, and roles. As one expert commented, "If you don't know where you are going – you don't know how to get there."
- Monitoring staff -- programs should assess staffing periodically to track hiring and training needs and support staff with leadership, training, and mentoring.
- Being realistic -- place emphasis on realistic measurement of program process, dosage, and links to outcomes.
- Continuing to improve -- programs can use their own data strategically for continuous quality improvement. Programs should consider implications if they do not meet the goals and objectives as intended and strive for ongoing program improvement.
- Planning for sustainability -- programs should examine how to build capacity at the program level when establishing their sustainability plan.

- Articulating goals -- it is not enough to have a common understanding within a program; clearly articulating goals via outreach and public materials in terms that are realistic and culturally appropriate is also necessary.
- Recognizing failure -- acknowledge that failure is part of the process and adopt a “relentless engagement” model that plans for disruption and setbacks and chances to “fail”.

Family relationships

Family relationships play a key role in the lives of pregnant and parenting teens. Family relationships may include multiple generations and should place emphasis on the role of grandparents and extended family as being essential in both understanding the context of these individuals’ lives, and also recognizing their role in successful outcomes for the teen and the child. In particular, extended family, including grandparents can be included in services and educational programs, especially in the case of intergenerational teen pregnancy and families with negative or harmful home environments, including those homes that have been affected by domestic violence and/or substance use. Further, engaging fathers is critical when possible and when the inclusion of the fathers would not put the parenting teens or their children at risk (such as in the case of intimate partner violence).

Concrete suggestions for emphasizing family relationships:

- Changing perspective -- programs may need to broaden the client definition– from the individual teen, to seeing the whole family as a unit of service. For example, programs can include grandparent support groups, offer intergenerational parenting education, and target younger siblings who are at increased risk for pregnancy.
- Establishing healthy relationships -- teens may need to learn ways to maintain and, in some cases, re-establish healthy family relationships. Stable family relationships with the family of origin and the father of the baby may benefit maternal-child well-being.
- Involving dads -- teen fathers can be involved in programming and receive training on co-parenting. This means father-friendly programs or policies that are supportive and creative. For example,
 - Providing incentives for father involvement, using job training as an entry point, assessing unique needs for men, etc.
- Being flexible -- programs can accommodate complex family schedules by offering flexible hours of service or by making home visits.

Developmental influences

Teens do not develop in isolation, but rather are influenced by a variety of environmental systems including family, school, neighborhood, community, and culture. These ecological systems matter when working with pregnant and parenting teens. Specifically, keeping in mind the importance of using contextual approaches that acknowledge and value the diversity of the youth they serve with respect to age and life course stage, race/ethnicity, immigration status, geographic region, neighborhood context, and socioeconomic status, to name a few, is important. These diverse groups are faced with stigma, oppression, and marginalization.

Providers need to be aware of issues, such as current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, war, and human trafficking, and how they may impact the youth being served.

Concrete suggestions for considering developmental influences:

- Using an ecological model -- when working with pregnant and parenting teens, consider the influence of their context - family, peers, school, and community.
- Applying a holistic approach -- programs can ensure that the services provided integrate a holistic approach that accounts for pregnant and parenting teens' circumstances, including trauma-informed care, dating/intimate partner violence issues, cultural/racial/ethnic considerations, etc.
- Incorporating diversity -- this can include ensuring that all program materials reflect the diversity of the population being served.
- Tailoring messages -- many diverse groups need information specific to their needs. For example, substance abusing teens, who are homeless and Spanish speakers. Using examples of resilience within those groupings can be helpful.
- Recognizing triggers -- anticipate challenges when the context changes. Changes in a teen's family (loss of a parent) or peer group (a friend becomes pregnant) influences the teen and the risk for a repeat pregnancy.

Highly skilled staff and welcoming program environments

For both program staff and the pregnant and parenting teens being served, maintaining a culture of high expectations is essential. Specifically, the need to implement strengths-based approaches in working with pregnant and parenting teens is important. Other important considerations include: the need to develop and espouse cultural awareness; incorporate developmentally appropriate practices; recruit, retain, and compensate highly skilled staff; train program staff in systems and theory; identify ways to successfully recruit and retain pregnant and parenting teens; and set up a process to deal with and overcome challenges.

Concrete suggestions for developing high skilled staff and a welcoming program environment:

- Training staff -- a high functioning staff is well trained in topics relevant to their work – such as adolescent development, reproductive health, positive youth development and trauma-informed approaches.
- Valuing recruitment -- a staff that uses targeted and culturally appropriate recruitment strategies and focuses on friendly follow-up to interested participants, sets the stage for a welcoming program environment.
- Hiring selectively -- by implementing appropriate criteria and a thorough interview process, programs are more likely to hire the “right” people.
- Holding staff accountable -- programs should develop guidelines for accountability, monitor and track services provided, and evaluate staff performance.

- Maintaining staff morale -- direct service staff have articulated the following as desirable qualities for long term employment: relevant skills training, technical assistance, appropriate infrastructure supports, and comparable benefits and salary.
- Training staff -- staff may need to be trained and mentored to:
 - Understand and address the complex influences of family of origin - including risk factors that led to teen pregnancy.
 - Help teen recognize the positive and supportive resources that should be maximized and acknowledge where supplemental support is needed.
 - Espouse culturally sensitive practices and celebrate diversity.

Conclusion

The experts were convened to explore the knowledge of the supports and resources needed to best serve pregnant and parenting teens and begin to identify core components from successful programs. Specifically, experts described gaps and challenges for reaching, engaging and retaining pregnant and parenting teens and then identified several promising approaches to address those issues. Adding to the rich discussion, experts identified what they felt had emerged as the core components of successful programs serving pregnant and parenting teens. These core components include: emphasizing education – including financial literacy and post secondary schools, integrating services and referrals to fully meet the needs of teens, establishing strong participant-provider relationships, articulating well-defined program goals and processes, strengthening family relationships, giving consideration to influence of developmental factors, recruiting, training and retaining highly skilled staff and providing welcoming program environments. For each of these core components, suggestions were put forth to move them from an abstract idea to concrete examples to implement the component. The information contained within the report makes a great contribution to the field and provides practical approaches for providers and stakeholders.

The Expert Panel Workgroup and summary was made possible through support from contract # HHSP23320095631WC to Child Trends, through funds from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Adolescent Health. The views expressed in the written in the summary do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Appendix A: PAF Resources

PAF Legislation

<http://www.healthcare.gov/law/resources/authorities/title/x-strengthening-quality.pdf>

(PAF starts on page 2162)

Summary of PAF Grantees

<http://www.hhs.gov/ash/oah/oah-initiatives/paf/paf-grantees.pdf>

PAF Funding Announcement

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=55579>

OAH website

<http://www.hhs.gov/ash/oah/>

PAF Resource Center

<http://www.hhs.gov/ash/oah/oah-initiatives/paf>

Linked In

<http://www.linkedin.com/groups/Supporting-Pregnant-Parenting-Teens-4282395?home=&gid=4282395&trk=anet ug hm&goback=.anp 4282395 1339281877452 1>

Appendix B: Expert Panel Biographies

Trina Menden Anglin, MD, PhD

Trina Menden Anglin, M.D., Ph.D. is Chief of the Adolescent Health Branch, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA). The mission of HRSA/MCHB's adolescent health program is to promote the health and healthy development, safety, and social and emotional well-being of school-aged children, adolescents and young adults. Its portfolio currently addresses the following issues relevant to adolescent and school health: Capacity building among State Maternal and Child Health Title V Programs; mental health in schools; school-based health care; analysis of programs, policies and research trends as well as collection, synthesis and dissemination of information relevant to adolescent and young adult health and safety. Dr. Anglin facilitates the National Initiative to Improve Adolescent and Young Adult Health, which is founded on Healthy People, and co-chairs the Adolescent Health Workgroup for Healthy People 2020. She is administratively responsible for the National Coordinating Committee on School Health and Safety.

Prior to her position in the Federal government, Dr. Anglin was a member of the faculties of Case Western Reserve University School of Medicine and University of Colorado School of Medicine. She has had direct experience in developing and providing adolescent health care services, including reproductive health services and teen parent and child services, in a variety of hospital and community-based settings as well as in developing teaching and training programs for health professionals from multiple disciplines and with varying levels of expertise and experience. Her publications have focused on the following areas relevant to adolescent and school health: Mental health, substance abuse, sexually transmitted infections, perceptions of HIV infection, interpersonal violence, sexual abuse, school-based health care, and health services utilization. Sub-specialty board certified in adolescent medicine, Dr. Anglin is an alumna of the Robert Wood Johnson Foundation's Clinical Scholars Program and holds a doctorate in sociology. She is a past president of the Society for Adolescent Health and Medicine and a Senior Fellow of the Council on Excellence in Government.

Olivia Silber Ashley, DrPH

Olivia Silber Ashley is a senior public health scientist and deputy director of RTI International's Risk Behavior and Family Research Program. Dr. Ashley has 23 years of professional experience providing technical assistance and direct services and conducting program evaluation and etiology research related to child and family issues. She leads a project to provide technical assistance and training to teen pregnancy prevention grantees for the Administration for Children and Families. As part of multiple projects supporting the Office of Population Affairs,

she has led a cross-site evaluation of teen pregnancy prevention grantees and provided evaluation technical assistance and training to grantees. Dr. Ashley also has a strong knowledge of theory, research evidence, scientific experts, and evidence-based programs, all of which inform training and technical assistance efforts. She has expertise in training program delivery staff and has written more than 30 technical reports, monographs, and briefings for a wide range of audiences.

Gwendolyn Bailey

Gwendolyn Bailey, Executive Director of Youth Service Inc. Ms. Bailey holds a Masters in Social Work from the University of Pittsburgh and received her Bachelor of Arts in Sociology from Hampton University. In 2004, Ms. Bailey became the Executive Director of Youth Service, Inc. (YSI) culminating 20 years of service in positions of progressive responsibility at YSI providing dedicated clinical service to families and youth. As the Executive Director, Ms. Bailey is administratively responsible for a multi-faceted, non-profit child welfare agency with 120 employees, a \$7.5 million budget, and a 30-member voluntary board serving almost 4,000 clients per year.

Ms. Bailey's extensive direct service to at-risk youth and families began prior to joining YSI; in Pittsburgh Pennsylvania she worked for Three Rivers Youth as a Therapist and Case Manager and for Northern Communities Mental Health as a Psychiatric Social Worker.

Ms. Bailey is a Licensed Social Worker and a member of the National Association of Social Workers as well as the Academy of Certified Social Workers. She is also a Field Instructor for the Master of Social Work program at the University of Pennsylvania.

Beth Barnet, MD

Dr. Beth Barnet is Professor of Family Medicine and Director of the Division of Research and Community Programs in the University of Maryland Department of Family and Community Medicine. She completed Family Medicine residency training at Thomas Jefferson University and an Adolescent Medicine Fellowship at Johns Hopkins. For over 20 years she has provided primary care to infants, children, adolescents, and adults in urban Baltimore and she is recognized as a researcher, educator, and program builder. During the past 15 years she has designed, conducted, and evaluated federally funded interventions and studies in clinic and community settings aimed at characterizing psychosocial risk factors and improving outcomes for socio-economically disadvantaged groups, in particular pregnant and parenting adolescents. Her rigorously evaluated programs have contributed to the evidence for what works to successfully decrease risk for rapid repeat adolescent birth. She has received over 11 million dollars in extramural research funding including a Robert Wood Johnson Generalist Physician faculty scholar award. Her work has had influence in several areas of family medicine: 1) the

impact of home visiting on the health and mental health of adolescent parents; 2) development of community-based programs for vulnerable adolescents and the rigorous evaluation of such programs; and 3) health behavior change strategies such as motivational interviewing and promotion of patient self-care to help reduce risky health behaviors. She is leading efforts in Family Medicine to promote health care systems redesign - called the Patient Centered Medical Home - that promote patient-centered, evidence-based care and population focused health promotion, disease prevention, and care of chronic conditions.

Lee Savio Beers, MD

Dr. Lee Savio Beers has been an Assistant Professor of Pediatrics at Children's National Medical Center since 2003, where she is the Director of the Healthy Generations Program (a "teen-tot" program providing comprehensive medical care, social work and mental health services to adolescent parents and their children) in the Goldberg Center for Community Pediatric Health and the Medical Director for Municipal and Regional Affairs in the Child Health Advocacy Institute. Dr. Beers received a Bachelor's of Science from The College of William and Mary and her Medical Degree from Emory University School of Medicine. She completed a pediatric residency at Naval Medical Center Portsmouth. Before coming to Children's Hospital, she worked as a general pediatrician at Naval Hospital Guantanamo Bay in Cuba and National Naval Medical Center in Bethesda, MD. She is a graduate of the George Washington University Graduate School of Education and Human Development Master Teacher Certificate in Medical Education Program. She has held numerous leadership positions in the American Academy of Pediatrics (AAP), and is currently a member of the national Committee on Residency Scholarships and is the President Elect of the District of Columbia Chapter of the AAP. She is on the Editorial Board and writes a regular column entitled "Practical Parenting" for Pediatric News, and serves on numerous other advisory boards and committees.

Claire Brindis, DrPH

Dr. Brindis' research focuses on adolescent and child health policy, adolescent pregnancy and pregnancy prevention, adolescent health and risk-taking behaviors, reproductive health services for men and women, school-based and integrated health and social services. She has experience examining these topics among racially and ethnically diverse populations, particularly among Latinos. She has previously conducted program evaluation of the Teenage Pregnancy program, whose results contributed to the establishment of a state-wide program entitled, the Adolescent Family Life Program, providing case management services throughout the state. In several studies she has conducted community participatory research with youth resulting in the adoption of new condom distribution and mental health counseling policies throughout high schools in Alameda County. As a policy advisor to federal, state and local policymakers and private foundations, her research has been utilized extensively in the

planning of state and federal initiatives, including the implementation of the first school-based health center in California, the development of a statewide adolescent pregnancy prevention initiative, and the development of the first California strategic plan for adolescent health. Her research has examined health and economic disparities among multi-ethnic/racial groups nationally, including in health insurance coverage, risk taking behaviors, including teenage pregnancy, as well as issues such as suicide, substance use, and other health outcomes. In addition, she brings particular expertise in the translation of research findings into policy and its dissemination to a wider variety of stakeholders, using both academic and non-academic channels, including films, briefs, webinars, training curriculum and materials.

Linda Lausell Bryant, MSW

Linda Lausell Bryant has served as Executive Director of Inwood House since December of 2005. A Ph.D. candidate and published author of a number of scholarly works, Ms. Lausell Bryant is well versed on the pressures of poverty, especially the impact of violence on young people. Ms. Lausell Bryant is strongly aligned with Inwood House's values as advocates for adolescents. As a member of local, state and national advocacy group boards and task forces, Ms. Bryant is raising awareness of the link between teenage pregnancy and intergenerational poverty and foster care placement, and is promoting best practices for both prevention and teen family support. In August, 2009, she was appointed by Mayor Bloomberg to the NYC Panel for Education Policy, the oversight group that replaced the Board of Education when the New York State legislature granted New York City's Mayor control over the school system and which approves all policies put forth by the Dept. of Education. Ms. Lausell Bryant serves on the Child Welfare Watch Advisory Panel which is monitoring the state of youth in the New York City Child Welfare System, the Board of the Council of Family and Child Care Agencies, the New York State Coalition on Adolescent Pregnancy, and the National Association of Social Workers. Ms. Lausell Bryant has dedicated her PhD dissertation to identifying factors that can propel foster care youth to succeed in higher education.

Paul Florsheim, PhD

Dr. Florsheim is associate professor and chair in the Joseph Zilber School of Public Health at the University of Wisconsin Milwaukee (UWM). His primary clinical and research interests include: (1) developing preventive-intervention programs for pregnant/parenting adolescents and young fathers; (2) risk and protective factors associated with couples' communications; (3) treatment of adolescents with substance abuse disorders; and 4) mental health prevention programs for adolescents in public school systems. Dr. Florsheim is a scientist at the Center for Addiction and Behavioral Health Research and the Center for Urban Population Health at UWM. He is also adjunct associate professor in the Department of Psychology at the University of Utah. He has received grant funding from the NIMH, the Fogarty International Center (National

Institutes of Health), the Office the Population Affairs, and the Robert Wood Johnson Foundation. Dr. Florsheim obtained his masters in social sciences from the University of Chicago and his doctorate in clinical psychology from Northwestern University.

Kathleen Guinan

Kathleen Guinan has been on the leading edge of efforts to ameliorate poverty for over thirty years. She has lived, quite literally, on the front line of the work – as the co-founder of both Zacchaeus Soup Kitchen and Rachael’s Women Center in Washington, D.C., and now as the founder and chief executive officer of Crossway Community. Every project she touches benefits from her on-the-ground experience and her profound commitment to the work of improving the life chances of women and families. Founded over twenty years ago, Crossway Community provides family-centered social transformation through an integrated, residential program for single mothers and their children. Crossway's model of intergenerational learning is connected to a comprehensive set of wrap around services, enabling residents, both young and old, to acquire the skills and tools necessary to succeed in American social and economic life.

Renée R. Jenkins, MD, FAAP

Renée R. Jenkins, MD, FAAP is a professor and chair emerita in the Department of Pediatrics and Child Health at Howard University, and an adjunct professor of Pediatrics at George Washington University, both in Washington, D.C. Dr. Jenkins graduated from Wayne State University School of Medicine and completed her residency at Albert Einstein College of Medicine, Jacobi Hospital in New York City. After completing her fellowship in Adolescent Medicine at Montefiore Hospital, Dr. Jenkins started an adolescent medicine program at Howard University. In 1994, Dr. Jenkins was appointed department chair of Pediatrics, serving in this capacity until March 2007. Dr. Jenkins served as national president of the American Academy of Pediatrics from 2007 -2008. As a member of the American Academy of Pediatrics, she has served on national and local committees, including chairing the national Committee on Community Health Services and membership on the Committee on Federal Government Affairs (COFGA). She is a past Chair of the Pediatric Section of the National Medical Association and a national past-president of the Society for Adolescent Health and Medicine (SAHM). Dr. Jenkins is also a member of the Institute of Medicine and served on the Board on Children, Youth and Families of the National Academy of Sciences. She is currently the principal investigator at Howard for the DC-Baltimore Research Center on Child Health Disparities, in collaboration with Children’s National Medical Center and Johns Hopkins University Pediatrics Department, Primary Care Division.

Dr. Jenkins' research focuses on adolescent pregnancy prevention. Her publications and presentations range from adolescent health and sexuality to violence prevention and health issues of minority children. She lectures throughout the United States and abroad.

Vanessa Johnson, EdD

Dr. Johnson is Associate Professor and Director of the College Student Development and Counseling Program at Northeastern University in Boston, Massachusetts. Her primary research and practice interests are in teen mother's access to higher education. Dr. Johnson's scholastic activities include examining the impact of welfare reform on single mothers' access to higher education, the college and career aspirations of pregnant and parenting teen mothers, and exploring single mother's experiences in higher education. She has presented at national and regional conferences on such titles as *"Baby Mama Trauma in Academia: Factors that Contribute to African American Single Mothers' Persistence in Higher Education"*, *"Welfare Reform, Race and African American Single Mothers' College Access"*, *"Teen Mothers' College and Career Aspirations"*. At the invitation of Clarion University, Dr. Johnson addressed their campus on the topic *"Baby Mamas and Baby Daddies: The Juggle and Struggle to Raise Kids While in College"* in 2009.

Deborah Koniak-Griffin, EdD, RNC, FAAN

Deborah Koniak-Griffin, EdD, RNC, FAAN is a Professor and Audrienne H. Moseley Endowed Chair in Women's Health Research at the UCLA School of Nursing. She also is Chair of the Health Promotions Science Section and Director of the Center for Vulnerable Populations Research which is dedicated to eliminating health disparities. Spanning nearly two decades, Dr. Koniak-Griffin's program of federally- and state-funded research supports development and evaluation of interventions to improve health outcomes of young parents and their children. She and her colleagues developed three evidence-based models for care of adolescent mothers and their families. Her numerous publications appear in nursing and interdisciplinary journals. Dr. Koniak-Griffin is a nationally certified women's health care nurse-practitioner.

Andrew Levack

Andrew Levack is a leading expert on prevention efforts that address men and boys. Andrew is the former director of EngenderHealth's global Men As Partners (MAP) Program, and continues to serve as a senior technical advisor for EngenderHealth projects within the United States. Andrew's work focuses on implementing ecological interventions that seek to redefine harmful social constructions of masculinity in order to promote constructive fatherhood and prevent pregnancy, STIs, HIV, and gender-based violence. Andrew has lived and worked in over 20 countries in Africa, Asia, and Latin America. He developed the first Men As Partners

intervention in South Africa in 1998, which was later selected as a winner of the prestigious United Nations Red Ribbon Award.

Andrew is a founding member of MenEngage - a global alliance of over 300 organizations that seek to engage boys and men to achieve gender equality. He sits on the United Nations Secretary General's Network of Men Leaders. Mr. Levack holds a clinical faculty appointment at the University of Washington's School of Public Health. Andrew lives in Austin, TX, where he is serving as the director of Gender Matters - an HHS/OAH-funded Tier 2 demonstration project to prevent teenage pregnancy.

Diana McCallum, PhD

Diana McCallum is a social science research analyst in the Division of Children and Youth Policy (CYP), within the Office of the Assistant Secretary for Planning and Evaluation, in the U.S. Department of Health and Human Services (HHS). She joined HHS in 2008 as a Society for Research in Child Development (SRCD) Policy Fellow. Her current activities include policy analysis and research on evidence-based programs for youth populations. Specifically, she is a project officer on the youth risk prevention portfolio, examining programs and policies that aim to reduce the risk for teen pregnancy, sexually transmitted infections, and risky sexual behavior. Prior to joining the federal government, Diana completed her graduate studies focusing on the transition into adolescence and middle school with an emphasis on topics such as the role of parent involvement, motivation for academic success, emotion regulation in test taking environments, and components of effective after school programs. She holds a B.A. in Psychology from Columbia University, and a Ph.D. in Developmental Psychology/Certificate in Education Policy from Duke University.

Elizabeth Miller, MD, PhD

Dr. Elizabeth Miller is Chief of Adolescent Medicine at Children's Hospital of Pittsburgh, the University of Pittsburgh Medical Center. Trained in medical anthropology as well as Internal Medicine and Pediatrics, Dr. Miller's research has included examination of sex trafficking among adolescents in Asia, teen dating abuse, and reproductive health, with a focus on underserved youth populations including pregnant and parenting teens, foster, homeless, and gang-affiliated youth. She is Chair of the Evaluation and Quality Panel of the National Assembly of School Based Health Care, on the board of the California School Health Centers Association, Co-chair of the Violence Prevention Group of the Society for Adolescent Health and Medicine, and Co-chair of Advocacy Training for the Academic Pediatric Association. Her current research focuses on the impact of gender-based violence on young women's reproductive health. She has conducted research in partnership with Planned Parenthood in Northern California (funded by the National Institute of Health), pilot testing a brief clinical intervention to address partner

violence and reproductive coercion in reproductive health care settings, which has led to a large NIH-funded randomized trial in Western Pennsylvania. In addition, she is conducting a study of a sexual violence prevention program entitled “Coaching Boys into Men” which involves training high school coaches to talk to their male athletes about stopping violence against women, funded by the Centers for Disease Control and Prevention. She is also involved in projects to reduce gender-based violence and improve adolescent and young adult women’s health in India and Japan.

Sarah Oberlander, PhD

Dr. Oberlander is a Social Science Analyst in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Children and Youth Policy Division. At ASPE, Dr. Oberlander works on youth issues; she helps staff the Interagency Working Group on Youth Programs and develops content for www.FindYouthInfo.gov. Her research portfolio also includes homelessness. She served as the co-lead on a project examining issues faced by homeless children and visits programs that employ innovative strategies to provide services to homeless youth. Dr. Oberlander is also involved in ongoing teen pregnancy prevention evaluation efforts through ASPE, the Office of Adolescent Health, and the Administration for Children and Families. Prior to working at ASPE, Dr. Oberlander completed a postdoctoral fellowship at the University of Maryland School of Medicine and researched the link between a childhood history of maltreatment and later initiation of sexual intercourse and adolescent pregnancy. She completed her M.A. and Ph.D. in Human Services Psychology (Community-Social) at the University of Maryland, Baltimore County, where she examined long-term outcomes of adolescent mothers and their children living in multigenerational households after welfare reform. Her research and policy interests include adolescent parenting and the effects of early childhood experiences on subsequent adolescent reproductive health.

Jeanette Pai-Espinosa

A firm believer in the power and potential of all girls and young women, Jeannette Pai-Espinosa assumed leadership of The National Crittenton Foundation in January of 2007. Jeannette brings to this 129-year-old institution more than thirty years of experience in strategic communication, advocacy, education, intercultural communication, public policy, strategic communication, program development, public will building, community engagement and direct service delivery. Today, she leads The Foundation in providing capacity building, strategic partnership development, national advocacy and communication support to the 26 members of the Crittenton family of agencies providing services in 31 states and the District of Columbia.

Jeannette, an award winning communication professional, resigned her partnership at Metropolitan Group, a national social change agency to join The Foundation to build a

movement to support the empowerment of girls and young women living at the margin of the American dream. A passionate advocate for human rights, Jeannette was appointed by former Oregon Gov. Barbara Roberts to serve on her senior policy staff. In addition to being a business owner Jeannette has experience as the founder of a nonprofit alternative school supporting young men and women of color involved in the juvenile justice system, has worked in human rights at the city, county and state levels, and was a university administrator. Jeannette began her career as an activist for issues of importance to girls and women in the early seventies.

Patricia Paluzzi, CNM, DrPH

Dr. Paluzzi has been active in the fields of reproductive and maternal and child health for over 30 years, as a clinician, researcher, administrator and advocate. She came to Healthy Teen Network in 2003. Previous to joining the Healthy Teen Network team, Dr. Paluzzi worked for the Baltimore City Health Department as the Bureau Chief of Adolescent and Reproductive Health; ran a nationwide education project focused on changing the paradigm of care for survivors of intimate partner violence; was part of a multi-disciplinary team working with pregnant substance abusing women, and provided full scope clinical services to young families.

Dr. Paluzzi is a Certified Nurse Midwife with both a Masters and Doctorate in Public Health from the Johns Hopkins Bloomberg School of Public Health in Baltimore, MD.

Patricia Quinn

Patricia Quinn leads the Massachusetts Alliance on Teen Pregnancy in its work to address inequity in teen pregnancy prevention and parenting, serving as executive director for 4 years and as director of public policy for 5 years prior to taking the helm. She has devoted entire her career to the cause of reducing teen pregnancy and ensuring opportunity for teen parents in Massachusetts. She is known statewide and nationally as an expert on teen pregnancy issues who consistently puts youth at the center of her work. She collaborates with local, state, and national partners, policymakers, and the media to advance programs and messages that support young people's healthy decision-making and emphasize their strengths and abilities. Ms. Quinn works to ensure that young people who face the challenges of adolescence, often compounded by poverty, racism, and a lack of educational and employment opportunities have a voice with policymakers. She has presented at conferences on teen pregnancy, adolescent sexual health, and youth development, and holds a bachelors degree from James Madison University and a Certificate in Non-Profit Management and Leadership from Boston University.

Lisbeth B. Schorr

Lisbeth B. (Lee) Schorr is a Senior Fellow of the Center for the Study of Social Policy, where she works with colleagues on efforts to broaden the understanding of evidence as applied to the design and evaluation of complex initiatives.

She is also Lecturer in Social Medicine at Harvard University, and a member of the Executive Committee of the Aspen Institute's Roundtable on Community Change, of the Institute of Medicine of the National Academies of Science, and of the Board of the SEED Foundation.

She is the author of two books, *Within Our Reach: Breaking the Cycle of Disadvantage* and *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*.

Lauren H. Supplee

Lauren H. Supplee is a Senior Social Science Research Analyst within the Division of Child and Family Development in the Office of Planning, Research and Evaluation for the Administration for Children and Families. She is the home visiting research team lead and co-leads the OPRE Dissemination & Implementation workgroup. At OPRE her portfolio includes projects such as: Head Start CARES, a national group-randomized trial of evidence-based social-emotional promotion programs in Head Start classrooms; Home Visiting Evidence of Effectiveness (HomVEE), a transparent systematic review of the evidence on home visitation programs; Mothers and Infants Home Visiting Program Evaluation (MIHOPE), a Congressionally mandated national evaluation of the new Maternal, Infant and Early Childhood Home Visiting program; the Society for Research in Child Development Policy Fellowship project officer; co-leads the federal Interagency Workgroup on Research on Evidence-Based Policies and Programs. She received her Ph.D. from Indiana University in educational psychology with a specialization in family-focused early intervention services. Her personal research interests include evidence-based policy, social-emotional development in early childhood, parenting, prevention/intervention programs for children at-risk, and implementation research. Prior to joining ACF, she worked as a Research Associate at the University of Pittsburgh directing a clinical trial of a multisite early intervention home visiting program for the prevention of early behavioral issues in toddlers.

Susan Warfield, MSW, LICSW

Susan Warfield, MSW, LICSW, serves as the Program Director for the Student Parent HELP Center at the University of Minnesota-Twin Cities (awarded *the NACADA Outstanding Institutional Advising Award, Program of Merit, 2004*). Susan is a licensed clinical social worker with 11 years experience working with student parents and other under-represented populations at the U of MN-TC and an additional 15 years experience working with children and

families in the greater community in both Colorado and the San Francisco Bay area. Ms. Warfield's social work career began in the public k-12 education system, where she spent seven years working in schools in low income neighborhoods with diverse student bodies. For seven years Susan owned her own business as a therapist in private practice where she specialized in divorce, custody and parenting, career exploration, and general psychotherapy work with both children and adults. Ms. Warfield earned her degrees at the University of Denver and the University of California at Berkeley. She was one of the founders of the *Higher Education Alliance for Advocates of Students with Children* and served on the inaugural HEAASC board as Development Officer. Areas of focus and expertise: student parents in higher education, preparing teen parents for higher education, single mothers and other under-represented populations in education, poverty and degree acquisition.

Appendix C: Additional Resources

- Related Publication -- What Works for Disadvantaged and Adolescent Parent Programs: Lessons from Experimental Evaluations of Social Programs and Interventions for Children, by A. Chrisler & K.A. Moore
http://www.childtrends.org/files/Child_Trends-2012_08_20_WW_ParentPrograms.pdf
- Logic model for working with young families – by Healthy Teen Network
<http://healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBFBA6B3C-8481-4AEF-B1D0-2F68EFBCC406%7D.PDF>
- Young families policy platform– by Healthy Teen Network
<http://healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B41458658-81E5-4F66-AB03-827353A1DE32%7D.PDF>
- Framing teen pregnancy – by Healthy Teen Network
<http://www.healthyteennetwork.org/vertical/sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BBDBA09F7-BA51-4743-8CB8-2656A8904319%7D.PDF>
- IPV/healthy relationships - Safe Dates evidence-based curriculum -sold by Hazelden Publishing
<http://www.hazelden.org/web/public/safedates.page>
- Compendium of IPV measures on CDC website
http://www.cdc.gov/ncipc/pub-res/IPV_Compendium.pdf
- Evidence-based co-parenting intervention - developed by Mark Feinberg and Marni Kan at Penn State
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178882/>
- RTI developed resources shared with AFL programs
http://www.hhs.gov/opa/familylife/tech_assistance/etraining/basics/framework/gather/instruments/index.html
- Theoretical frameworks -Glanz & Rimer textbook
<http://www.amazon.com/Health-Behavior-Education-Research-Practice/dp/0787903108>

- Home visiting for teen moms - analysis of Olds data by Lorraine Klerman, article by Koniak-Griffin
<http://www.ncbi.nlm.nih.gov/pubmed/9611540>
- Minimum evaluation data set for teen pregnancy prevention programs - J.J. Card article
<http://www.socio.com/pdf/EVAPUBL13.pdf>
- Process evaluation instrument from AFL cross-site evaluation
http://www.hhs.gov/opa/familylife/core_instruments/index.html
- National Campaign With One Voice annual study on National Campaign website
<http://www.thenationalcampaign.org/wov/>

Appendix D: References

ⁱ Clay, P., Paluzzi, P., & Max, J. (2011). *Mapping Programs that Serve Pregnant and Parenting Teens in the US: Results and Hurdles*. Baltimore, MD: Healthy Teen Network.

ⁱⁱ Healthy Teen Network (2008). *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*. Baltimore, MD: Healthy Teen Network.