

2007 BOULDER COUNTY PUBLIC HEALTH (BCPH) ANNUAL REPORT

PROGRAM NUMBER 460: GENESIS PROGRAM

Goal: The goal of this program is to promote healthy behaviors in Boulder County's pregnant and parenting teen population, optimally impacting these families for generations to come.

Needs Statement:

Liz Schorr, in her landmark book *Within Our Reach* notes, "The baby of an adolescent mother is born into peril... Teenage childbearing may impose its heaviest burden on the next generation when it comes of age... They are more likely to have children themselves while still adolescents, their school dropout rates are higher, their achievement is lower, and they are more frequently retained in grade. The children of teenage mothers also start sexual activity earlier than their peers, are more frequently suspended from school, and more often run away from home, get drunk, and hurt someone seriously." Intensive and comprehensive early intervention geared toward enhancing bonding and attachment can mitigate the negative consequences of adolescent childbearing.

In 2004, the combined effects of the elimination of Presumptive Eligibility for Medicaid benefits, along with the Department of Social Services' conversion to the Colorado Benefits Management System (CBMS) computer package, resulted in serious delays in and reductions of health services and basic need benefit packages. With an increasingly shrinking housing market and restrictions on benefits, teen-parent families are in even greater need of advocacy and support to ensure that they don't sink further into poverty and its associated problems.

There are approximately 250 births to teens per year in Boulder County. GENESIS received 260 referrals to the program in 2006, resulting in 173 new teen families enrolling in GENESIS. Teens were not enrolled for various reasons including: miscarriage or abortion prior to enrollment, client was referred to the Nurse-Family Partnership Program, the teen refused services, the family moved prior to enrollment, and the teen did not follow through on multiple intake appointments. In 2006, 548 families participated in GENESIS.

Planning Assumptions:

1. Caseload and staffing patterns remain constant.

Comments:

Referral numbers may differ from the numbers of teens giving birth due to the following factors:

1. The teen is referred postpartum (baby was born out of the county).
 2. Some referred individuals don't carry their pregnancies to term.
 3. Many referred individuals move out of the county prior to birth.
 4. Individuals referred in one calendar year may give birth the following calendar year.
 5. Teens are referred to the program at age 19 but give birth at age 20 (still receive GENESIS services).
- ❖ Large caseloads in the Longmont area remain an area of concern. The growing need for services has been addressed by redirecting staff to Longmont from other sites and by supplementing staff hours with social work intern hours. In 2005, GENESIS discontinued services to Weld County clients living within the St. Vrain Valley School District due to increasingly limited resources and the inability to adequately serve this population due to geographical difficulties (most needed services are located in Greeley).
 - ❖ The intensity of needs of the monolingual, Spanish-speaking population is also a growing concern. In 2001, 14% (101) of the GENESIS caseload was monolingual, compared with 24% (143) in 2005. These clients require more staff time because the bilingual parent educators are often needed to provide translation when accessing other community services.
 - ❖ A Colorado Department of Public Health and Environment (CDPHE) report released in 8/2000, *Tipping the Scales: Weighing in on Solutions to the Low Birth Weight Problem in Colorado*, cited inadequate weight gain during pregnancy as the largest contributing factor to low weight births to Colorado babies. Also in 2005, Colorado began recording pregnancy weight gain on birth certificates. PRAMS data (1997-2003) indicates that teens (ages 15-19) are at highest risk for inadequate weight gain; 26.25% did not gain appropriate weight during their pregnancies. For these reasons, GENESIS has replaced the objective relating to premature births (which the program had less of an ability to impact) with a new objective that measures mother's weight gain during pregnancy.

Number of Clients: 595

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RE-SULTS*	COMMENTS
<p>1. GENESIS will deliver supportive prenatal services to approximately 210 (90%) pregnant GENESIS clients.</p>	<p>a. GENESIS staff will assist with:</p> <ul style="list-style-type: none"> ❖ Nutritional education and/or referral. ❖ Substance use education and/or referral. ❖ Childbirth education and/or referral. ❖ Tobacco cessation and/or referral. ❖ Transportation to necessary prenatal appointments. ❖ Stress reduction. ❖ Case conferencing with prenatal providers. ❖ Counseling and/or referral to address psychosocial concerns relating to pregnancy. ❖ Prenatal Plus enrollment. 	<p>a. Chart notes will reflect staff activity related to prenatal support.</p> <p>b. Data will be managed on the Statistical Package for the Social Sciences (SPSS).</p>	<p>❖ GENESIS provided supportive prenatal services to 236 (97%) pregnant GENESIS teens.</p>	<p>E</p>	
<p>2. Less than 8% of babies born to GENESIS clients will be low birth weight:</p> <ul style="list-style-type: none"> ❖ The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of low birth weight babies born to non-GENESIS Boulder County females, age 20 and under. ❖ The percentage of low birth weight babies born to GENESIS clients will be lower than the percentage of 	<p>a. Staff will collaborate closely with health care providers and WIC staff to reinforce health and nutritional recommendations that contribute to healthy birth weight outcomes.</p> <p>b. All GENESIS clients who are eligible will receive Prenatal Plus services.</p>	<p>a. The proportion of low birth weight babies born to participating GENESIS teens, non-participating Boulder County teens, and Colorado teens will be tracked through birth data provided by CDPHE.</p>	<p>❖ In 2006 (most recent data available), 5.7% of GENESIS babies were born low-birth weight compared to 10.1% of babies born to non-participating Boulder County teens. This compares very favorably with the 2006 state teen low birth rate of 10.7%.</p>	<p>E</p>	<ul style="list-style-type: none"> ❖ These outcomes demonstrate the marked impact that GENESIS services have on low birth weight outcomes among clients. ❖ The addition of Prenatal Plus services to the GENESIS service package contributes to this impressive performance.

* - M = Met

E = Exceeded

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OT = On target at mid-year

Not = Not on target at mid-year

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low birth weight babies born to Colorado women, age 20 and under.					
3. At least 80% of GENESIS clients will gain an adequate amount of weight (according to the Institute of Medicine) during their pregnancies.	<p>a. Staff will collaborate closely with health care providers and WIC staff to reinforce health and nutritional recommendations that contribute to healthy birth weight outcomes.</p> <p>b. Staff will track client weight gain on a weight grid and provide feedback to clients during the course of their pregnancies.</p> <p>c. All GENESIS clients who are eligible will receive Prenatal Plus services.</p> <p>d. Clients that are not gaining appropriately will be referred to either the WIC or GENESIS PN+ RD.</p>	a. The percentage of clients that gain an adequate amount of weight during pregnancy will be tracked through client records.	❖ 89% (114/128) of GENESIS clients gained an adequate amount of weight during their pregnancies.	E	
4. At least 70% of mothers participating in the GENESIS Program will initiate breastfeeding. ❖ At least 30% will breastfeed for six months postpartum.	<p>a. Staff will encourage and support participating GENESIS teens in breastfeeding their infants through at least six months postpartum by educational, referral, and emotional support.</p> <p>b. The nurse will do home visits with clients postpartum to trouble-shoot breastfeeding problems.</p>	a. The proportion of participating GENESIS mothers that breastfeed during early postpartum and until babies are six months of age will be tracked through client self-report and staff observation.	❖ 91% (144/158) of GENESIS clients initiated breastfeeding. At 6 months, 43% (55/127) continued to breastfeed.	E	❖ The extremely impressive breastfeeding outcomes can be attributed to support and encouragement from staff (including GENESIS nursing services), as well as a strong collaborative partnership with WIC.
5. No more than 15% of mothers participating in the GENESIS Program will have a subsequent birth within two years of the birth of their first GENESIS child. ❖ For clients entering the program	<p>a. Staff will educate clients about the importance of creating at least a two-year time span between births to enhance bonding and subsequent emotional stability in children.</p> <p>b. Staff will assist clients</p>	a. The proportion of repeat births and progress toward educational/career advancement to participating GENESIS clients will be tracked through program data/case notes.	<p>❖ 7% (7/94) of GENESIS clients had a repeat birth within two years of the birth of the first child.</p> <p>❖ For clients entering the program prior to age 17, 12% (2/17) had a subsequent birth within</p>	E	<p>❖ GENESIS continues to demonstrate outstanding subsequent birth outcomes.</p> <p>❖ Staff devotes much time and energy into assisting clients with contraception management, as well as envisioning a future that includes a career identity in addition to parent-</p>

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<p>prior to age 17, no more than 15% will have a subsequent birth within three years of the birth of their first GENESIS child.</p> <ul style="list-style-type: none"> ❖ For clients entering the program at age 17 years or older, no more than 15% will have a subsequent birth prior to age 20. 	<p>in meeting personal goals that extend beyond the role of parenting, such as school or career, lessening the appeal of a second child.</p> <p>c. Staff will arrange home visits with a Women's Health nurse who can provide hormonal birth control in the home.</p>		<p>three years of the birth of the their first child.</p> <ul style="list-style-type: none"> ❖ For clients entering the program at age 17 or older, 6% (348) had a subsequent birth prior to reaching age 20. 		<p>ing.</p>
<p>6. GENESIS staff will assess and provide individualized parenting/nurturing education/activities to enhance parent/child bonding to 90% of GENESIS clients.</p>	<p>a. Activities include:</p> <ul style="list-style-type: none"> ❖ Warm Welcome visit. ❖ Referral to CIP, Special Connections, Child Protection, when appropriate. ❖ Attendance at GENESIS group/peer support activities. ❖ Home visits which address clients' unique parenting needs. ❖ Parenting education. ❖ Age-appropriate child development education. 	<p>a. The proportion of participating GENESIS teens who have enhanced parent/child bonding will be tracked through case manager assessment.</p>	<ul style="list-style-type: none"> ❖ GENESIS staff provided parenting education to 96% (495/516) of the caseload. 	<p>E</p>	
<p>7. At least 85% of GENESIS babies will score at an appropriate developmental age according to the Ages & Stages Questionnaire (ASQ), 2nd edition.</p>	<p>a. Staff will administer the Ages & Stages Questionnaire (ASQ, 2nd edition) annually for participating GENESIS babies.</p> <p>b. Staff will provide intervention and referrals for babies scoring below the normal developmental range.</p> <p>c. The GENESIS nurse will provide Children with Special Needs</p>	<p>a. The proportion of participating GENESIS babies scoring at an appropriate developmental level will be tracked through ASQ scores.</p>	<ul style="list-style-type: none"> ❖ 97% (387/399) of GENESIS babies scored at an appropriate developmental level on the ASQ. 	<p>E</p>	

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<p>8. At least 65% of GENESIS clients who are eligible will actively pursue one of the following:</p> <ul style="list-style-type: none"> ❖ Vocational training. ❖ School. ❖ Employment activities. 	<p>services to GENESIS babies requiring more intensive interventions.</p> <p>a. Staff will assist clients in school enrollment and encourage attendance.</p> <p>b. Staff will collaborate with teen parenting school programs to optimize clients' educational achievement.</p> <p>c. Staff will refer clients to job training resource centers and will assist them with the resume and job application process.</p>	<p>a. Chart notes will reflect client educational and vocational achievement.</p>	<p>❖ 78% (386/494) of GENESIS clients were actively engaged in school/work activities during the past year.</p>	<p>E</p>	<ul style="list-style-type: none"> ❖ This objective is closely tied to subsequent pregnancy outcomes. ❖ Staff works under the assumption that self-sufficiency, career opportunities, and a sense of hope provides clients with the most effective contraception.
<p>9. Staff will provide referral, linkage, follow-up, and other case management services to assist with utilization of a reliable birth control method for at least 95% of GENESIS clients.</p>	<p>a. Staff will:</p> <ul style="list-style-type: none"> ❖ Check in with postpartum clients at least twice per reporting period on current contraceptive use. ❖ Provide and review "Got Sex" informational packets with all clients. ❖ Transport clients to family planning clinics, as necessary. ❖ Educate clients regarding the importance of and reasons behind spacing children by at least 2 years. ❖ Assist in accessing birth control funds for clients who experience financial barriers to family planning services. ❖ Encourage career development as an alternative to multiple children at a 	<p>a. Chart notes will reflect staff activity related to contraceptive education and support.</p> <p>b. The Home-based Contraception (HBC) Program enrollment will be tracked on the SPSS database.</p>	<p>❖ 92% (434/470) of GENESIS clients received an adequate level of family planning case management.</p>	<p>NM</p>	<ul style="list-style-type: none"> ❖ GENESIS staff is held to a very high standard in meeting this objective. ❖ Although all clients are educated about available contraception, there are a percentage of clients who require a high level of case management in order to assure consistent use of a reliable method. ❖ In 3% of these cases, supervisory staff felt that the intensive level of intervention was not sufficiently met to address the high level of client need.

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	<ul style="list-style-type: none"> ❖ young age. ❖ Problem-solve with clients who are experiencing difficulties with side effects from contraceptive methods. ❖ Enroll and maintain clients in the Home-based Contraception Program. 				
10. An updated GENESIS web page will be available to the public at all times.	<ul style="list-style-type: none"> a. Staff will evaluate the quality and content of the GENESIS web page monthly. b. A web committee representative will meet at least quarterly with program staff to assess the general quality and design of the web page and create a work plan to accommodate needed changes. 	<ul style="list-style-type: none"> a. Meeting notes will be filed and reviewed to ensure appropriate actions have been taken. 	<ul style="list-style-type: none"> ❖ The GENESIS web page is a good source of information for the public. ❖ A monthly report of "hits" indicates that the page is being utilized on a consistent basis. 	M	<ul style="list-style-type: none"> ❖ Staff continues to work on improving the content of the page to better reflect program activities and provide up-to-date information on topics relating to teen pregnancy.