



Pregnant and Parenting Adolescents  
Support Services (PPASS) Program  
Needs Assessment

Indiana State Department of Health,  
Maternal and Child Health Division

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## Executive Summary

The Indiana State Department of Health, Division of Maternal and Child Health (ISDH/MCH) committed to conducting a statewide needs assessment as part of their *Pregnant and Parenting Adolescent Support Services (PPASS) Program*. The needs assessment was conducted in two phases:

- Phase 1: Analysis of data to establish the counties with the highest risk factors; and
- Phase 2: A survey of stakeholders to identify community perceptions, partnerships, resources and challenges related to the population of pregnant and parenting adolescents.

## Key Findings

The following are key findings in both phases of the needs assessment:

- The 2007 birth rate per 1000 for Indiana women ages 15-19 was 45.2 which was higher than the national birth rate of 42.5. Indiana was ranked 32<sup>nd</sup> in the United States for their teen birth rate.
- The percentage of live births to mothers under age 20 was 10.9% of all live births. The percentage of low birthweight babies for the same population was 9.9% and 11.2% of the babies were born premature.
- According to the 2009 Youth Risk Behavior Surveillance System (YRBSS) report for Indiana, 52.2% of Indiana teens surveyed reported they had tried cigarettes. 69.2% of Indiana students indicated that they had at least one drink of alcohol.
- Nearly half (49.2%) of all respondents indicated they had engaged in sexual intercourse. Compared to national responses, Hoosier boys and girls were less likely to report they had engaged in sex for the first time before the age of 13 (4.5% Indiana vs. 5.9% nationally). Of all respondents who indicated they had engaged in sexual activity, one in five (21%) reported they used drugs or alcohol before their most recent sexual encounter.
- A common response across all survey participants was the lack of sufficient funding to support this population. Private fundraising was cited as the key financial resource by 45% of respondents.

- The services most commonly identified as being provided were nutrition (62.9%), parenting (61.4%) and assistance with enrollment in Hoosier Healthwise (51.5%).
- There were four locations for service provision that were most commonly identified: home (41%); clinic (33%); office (32%); and the high school classroom (29%).
- Survey respondents identified lack of community resources (53%), family support barriers (52%), awareness of resources (51%) and lack of staff time (49%) as the most significant challenges.

## **Overview**

The challenges related to pregnant and parenting teens are well documented in the literature. The National Campaign to Prevent Teen Pregnancy (NCPTP) has identified that despite the nation's progress in reducing teen pregnancy, about three in ten teens are pregnant by age 20 and that rates of teen pregnancy in the United States are still the highest among fully industrialized nations. After 15 years of continuous decline, the U.S. teen birth rate increased from 2005 to 2007. (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2010)

The importance of addressing teen pregnancy cannot be understated. The risks to mothers and their babies along with the effects on her partner and their extended families and friends are significant. Health risks for babies and children born to teenage mothers include increased risk for health, social, and emotional problems. Women who become pregnant during their teens have an increased risk for complications, such as premature labor. (<http://www.womenshealthchannel.com/teen-pregnancy/index.shtml>)

According to the National March of Dimes:

- A baby born to a teenage mother is at higher risk for premature birth, low birthweight, other serious health problems, and death compared to a baby born to an older mother.
- Babies born to teenage mothers are more likely to die in the first year of life than babies born to women who are in their twenties and thirties. The risk is highest for babies born to mothers under 15 years. In 2005, 16.4 out of every 1,000 babies born to women who were under age 15 died compared to 6.8 per 1,000 for babies born to women of all ages.
- Teenage mothers are more likely to have a low birthweight baby. Most low birthweight babies are born prematurely. The earlier a baby is born, the less he/she is likely to weigh. In 2006, 10% of mothers ages 15 to 19 had a low birthweight baby, compared to 8.3% for mothers of all ages.

([http://www.marchofdimes.com/professionals/medicalresources\\_teenpregnancy.html](http://www.marchofdimes.com/professionals/medicalresources_teenpregnancy.html))

While health risks to both the baby and the pregnant teen are significant, additional socio-economic consequences for pregnant and parenting teens exist, such as:

- Teenage births are associated with lower annual income for the mother.

- Eighty percent (80%) of teen mothers must rely on welfare at some point.
- Teenage mothers are more likely to drop out of school. Only about one-third of teen mothers obtain a high school diploma.
- Teenage mothers are associated with increased rates of alcohol and substance abuse, lower educational achievement, and reduced earning potential.
- Teen mothers are more likely to drop out of high school than girls who delay childbearing. Only 40 percent of teenagers who have children before age 18 go on to graduate from high school, compared to 75 percent of teens from similar social and economic backgrounds that do not give birth until after age 20.
- With her education cut short, a teenage mother who does not earn her high school degree may lack job skills, making it difficult for her to find and keep a job. A teenage mother may become financially dependent on her family or on public assistance. Teen mothers are more likely than women who delay childbearing to live in poverty, and more than 75 percent of all unmarried teen mothers go on welfare within 5 years of the birth of their first child.
- About 64 % of children born to a teen who is unmarried and has dropped out of high school live in poverty, compared to 7% of children born to women over age 20 who are married and high school graduates. A child born to a teenage mother is 50% more likely to repeat a grade in school and is more likely to perform poorly on standardized tests and drop out before finishing high school.
- In the United States, the annual cost of teen pregnancies from lost tax revenues, public assistance, child health care, foster care, and involvement with the criminal justice system is estimated to be about \$7 billion.

In a study released in 2006, the NCPTP estimated that teen childbearing in Indiana cost taxpayers at least \$195 million (an average of \$1,355 per teen birth) in fiscal year (FY) 2004. Of that number 36% were federal costs and 64% were state and local costs. The report also indicated that the cost of births to younger teens is much higher with an average annual cost to a mother age 17 years or younger projected to be \$3,953. According to the report, most costs are associated with children of teen parents including public health care and child welfare along with long term implications of incarceration and lost tax revenue due to decreased earning potential. ([www.teenpregnancy.org](http://www.teenpregnancy.org))

Through the Indiana State Department of Health's Maternal and Child Health Division's federally-funded grant program, Pregnant and Parenting Adolescents Support Systems (PPASS), Indiana intends to address needs of this population by focusing efforts on achieving four major goals:

- Goal 1: Strengthen infrastructure to assist pregnant and parenting teens and women;
- Goal 2: Reduce subsequent pregnancies among teens;
- Goal 3: Decrease school drop-out rates among pregnant and parenting teens; and
- Goal 4: Improve birth outcomes among pregnant and parenting teens.

### **Part 1: State of the State**

Indiana became the 19<sup>th</sup> state of the United States in 1816. Often referred to as the “Crossroads of America,” Indiana has a population of 6,423,113 (2009 est.) which represents a 5.6% growth since the 2000 census. Indiana has a total of 35,867 square miles with a population density of 179.1 per square mile. Indiana is the smallest state in the continental United States west of the Appalachian Mountains. Its capital and largest city is Indianapolis (located in Marion County) which ranks as the 13<sup>th</sup> largest city and 11<sup>th</sup> largest metropolitan area in the United States. Seventy percent of the population lives in a metropolitan area while the remaining 30% live in rural areas.

The median age in Indiana, based on 2009 population estimates, is 36.8 years. Thirty-nine percent (39%) of the population is 45 years and older. The preschool population represents 6.9% and the school-age population represents 17.8% of the total population.

Indiana has limited cultural diversity outside of its metropolitan areas with over two-thirds of its counties reporting white, non-Hispanic populations of 94.5%. Indiana's overall Hispanic population is 5.5%, its white, non-Hispanic population is 87.8%, and its black non-Hispanic population just over 9.2%. This contrasts highly with Indiana's largest and most central county, Marion County, which has a black population of 25.9%, a Hispanic population of 7.4%, and a white, non-Hispanic population of 63.8%. Asians and people reporting two or more races account for almost all of the remaining 2.9%.

While Indiana is considered primarily a manufacturing state, there is a significant agricultural component to its economy. Indiana is located within the U.S. corn and grain belts with corn and soybeans as major cash crops. Indiana is also home to the international headquarters of Eli Lilly

and Company, a major pharmaceutical company, which is the state's largest corporation. Indiana is also the world headquarters of Mead Johnson Nutrition. Indiana ranks fifth among all states in total sales and shipments of pharmaceutical products and the second highest in the number of biopharmaceutical-related jobs. Despite its reliance on manufacturing, Indiana has been much less affected by declines in traditional rust belt manufacturers than many of its neighbors. According to the Bureau of Labor Statistics, Indiana is one of very few states where the overall unemployment rate declined from March 2009 to March 2010 (10.1% vs. 9.9%).

Indiana's economy is considered to be one of the most business-friendly in the United States. This is due in part to its conservative business climate, low business taxes, relatively low union membership, and labor laws. However, the doctrine of "at will" employment, whereby an employer can terminate an employee for any or no reason, is in force. Indiana is also home to many insurance headquarters and has a high rate of self-insured policies.

### **Family Economic Self-Sufficiency**

While Indiana has not experienced an economic crisis as severe as other states, the challenges faced by Indiana families are significant. The 2009 state unemployment rate was 10.1% with a range of 6% to 18%. In 2008, 17.9% of Hoosier children lived in poverty. In 2009, 41.8% of children qualified for free or reduced lunch and 34.31% of children (birth to six) were enrolled in Medicaid. In 2009, 11.09% of families qualified for food stamps and 1.73% of families were on Temporary Assistance for Needy Families (TANF). Ten percent (10%) of Indiana households were reported as single-parent households.

### **Education**

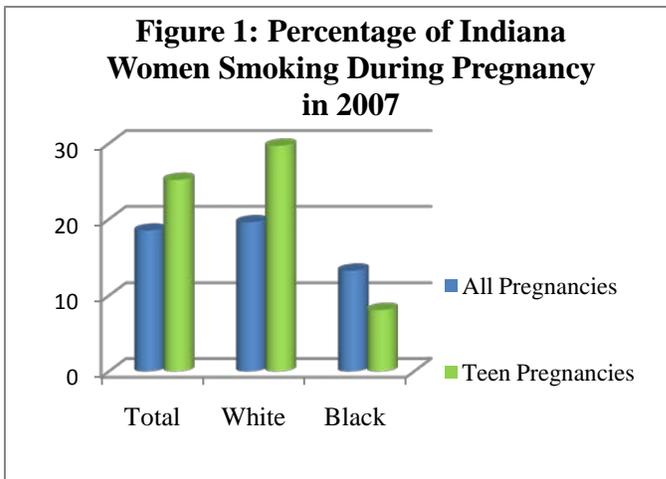
Education is a major factor in economic wellbeing. In Indiana, 73% of adults have graduated from high school. This compares to 68.8% of adults on the national level. The percentage of Indiana adults with a college education is 22% compared to 27.7% of adults nationally. The 2009 drop-out rate for grades 7 through 12 was 13.86%. In addition, 8% of the 16 to 19 population in Indiana are not in school and have no diploma. This compares to 6% at the national level. In 2007, 60.7% of mothers ages 15 to 19 in Indiana did not have a diploma. The Indiana percentage of white teen mothers without a diploma was 60.2% and the percentage for black teen mothers was 62.9%.

## **Birth Outcomes**

From 2002 through 2006 in Indiana, women of all races and ethnicities have shown a decrease each year in the percentage of women who received prenatal care within the first trimester of pregnancy. The overall percentage dropped from 80.6% in 2003 to 77.6% in 2006. The percentage for whites decreased from 82.1% in 2003 to 79.2% in 2006 while the percentage for blacks decreased from 68.2% in 2003 to 65.6 % in 2006. The Hispanic population actually alternated between increases and decreases each year, but in 2006 was lower (62.8%) than the percentage in 2003 (64.6%).

Another way of defining prenatal care is the Kotelchuck Index, also known as the Adequacy of Prenatal Care Utilization (APNCU) Index. The Kotelchuck Index combines the month prenatal care began with the number of prenatal visits from the start of prenatal care up to the delivery and compares it with a standard number of visits. The 2007 overall percentage of women ages 15-19 in Indiana who received Adequate or Adequate Plus Care was 57.9%. The percentage of women ages 15-19 receiving inadequate care was 29% with an additional 2.1% receiving no prenatal care. (ISDH, 2010)

In 2007, the percentage of all women in Indiana who smoked while pregnant was 18.5%. The percentage of white pregnant who smoked was 19.6% in 2007, and is still the highest among all races and ethnicities. The percentage of black pregnant women who smoked was 13.3%. In 2007, the percentage of Indiana women ages 15-19 who smoked during pregnancy was 25.2%. The

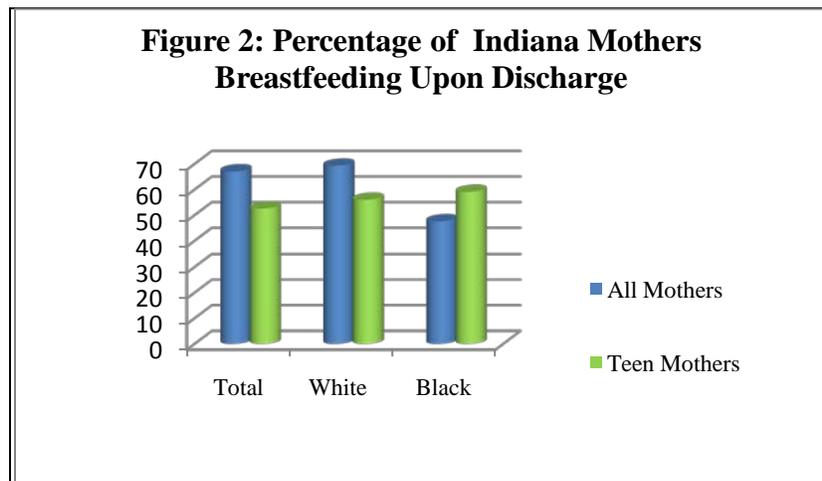


Source: Emerald Consulting, LLC [January, 2010]

Original Data From: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

percentage of white Indiana women ages 15-19 smoking while pregnant was 29.7% and the percentage of black Indiana women ages 15-19 smoking while pregnant was 8.1%. With the exception of black teens, the teen rate of smoking is higher than that of all women in Indiana who smoked while pregnant.

Indiana has shown a steady increase in the percentage of mothers who were breastfeeding when discharged from the delivery hospital between 2000 and 2007. In 2007, the percentage of all mothers who were breastfeeding upon hospital discharge was 67.1% compared to 58% in 2000. The rate of black mothers who reported breastfeeding at discharge increased from 38.1% in 2000 to 47.6% in 2007. The rate for white mothers grew from 60.2% in 2000 to 69.3% in 2007. During that same time frame, the percentage of mothers ages 15 to 19 who were breastfeeding upon hospital discharge grew from 42.8% to 52.6%. The rate for black mothers ages 15 to 19 grew from 30.1% to 39.1% and the rate for white mothers ages 15 to 19 grew from 45.7% to 56%.

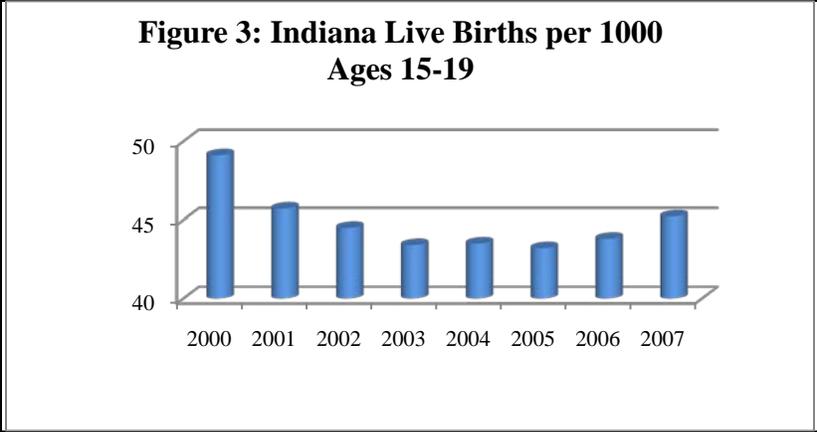


**Source:** Emerald Consulting, LLC [January, 2010]

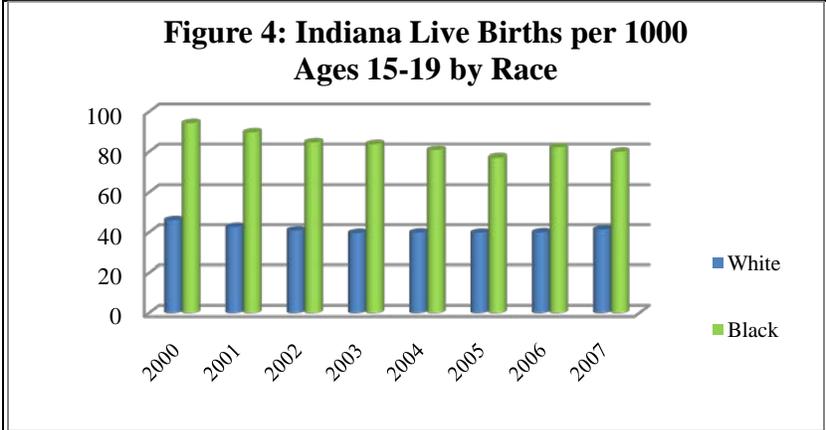
**Original Data From:** Indiana State Department of Health, PHPC, ERC, Data Analysis Team

In 2007, 89,404 infants were born to Indiana residents. The number of live births represents a 2.7% increase from 2005 (87,088). In 2007, there were 9,726 live births to mothers under 20 years of age which represented 10.9% of the total number of live births. Of these, 7,618 were born to white women under age 20 (9.9% of the white births) and 2,038 were born to black women under age 20 (19.6% of the black births).

While the birth rate for teens had decreased from 49.1 in 2000 to 43.2 in 2005, rates are again on the rise. In 2007, the birth rate for all Indiana teens was 45.2; this rate is approaching 2001 levels of 45.5. Specifically, the 2007 birth rate for white teens was 41.5 compared to 42.7 in 2001; the 2007 rate for black teens was 80 compared to 89.7 in 2001. Indiana ranks 32<sup>nd</sup> in the United States for 2007 teen birth rates.

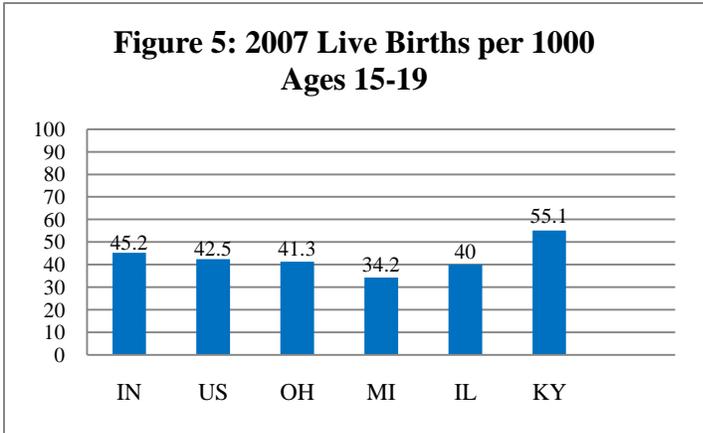


Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: Indiana State Department of Health, PHPC, ERC, Data Analysis Team



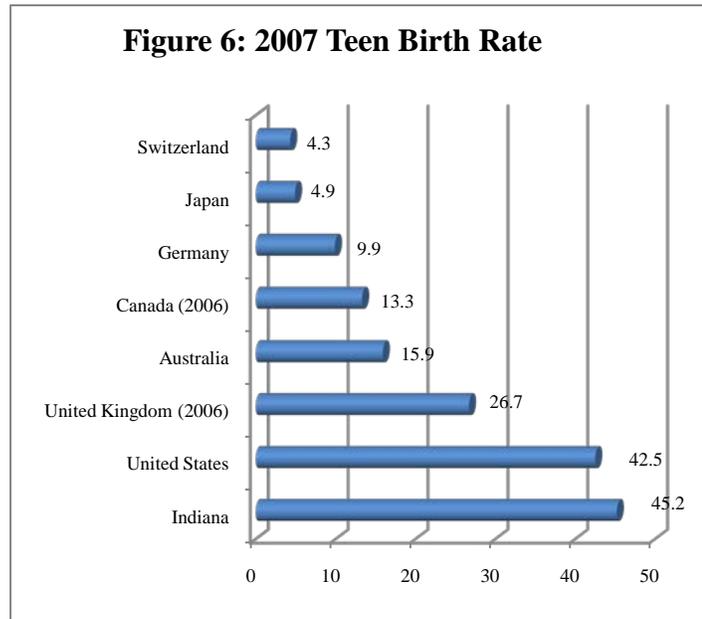
Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

In comparing the rate of teen pregnancy to the rate for the United States and the surrounding states, with the exception of Kentucky, Indiana’s rate is the highest as shown on the following chart.



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy

Not only is Indiana's rate of teen pregnancy (45.2) higher than that of the United States and four of the five surrounding states, it is higher than the United Kingdom, more than three times the rate of Canada and higher than many other industrialized nations.(The National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy)



**Source:** Emerald Consulting, LLC [January, 2010]

**Original Data From:** National Campaign to Prevent Teen Pregnancy and Unplanned Pregnancy

In 2007, 42.4% of all live births in Indiana were to unmarried parents of all ages. As might be expected, the percentage of unmarried teen parents ages 15 to 19 is over twice as high at 88.9%. The percentage of unmarried white teens was 86.6% and the percentage of unmarried black teens was 98.1%. That is, nine out of ten white teen parents, and nearly all black teen parents were unmarried at the birth of their child.

Indiana has shown an increase in low birthweight (infants born less than 2,500 grams in weight) between 2000 and 2007. In 2000, the percentage of babies born with a low birthweight was 7.3%, and increased to 8.5% in 2007. The white population shows the same trend, increasing from 6.7% in 2000 to 7.8% in 2007. The black low birthweight percentages have steadily increased every year from 12.7% in 2000 to 14.1% in 2007. The percentages of low birthweight babies born to teens ages 15 to 19 reflect the same pattern. In 2000, the percentage of low birthweight babies born to teens ages 15-19 was 9.1% and has increased to 9.9% in 2007. The white teen population

ages 15-19 showed the same pattern increasing from 8.2% in 2000 to 8.9% in 2007. The black teen population ages 15-19 showed an increase from 13% in 2000 to 13.6% in 2007.

In 2007, one in ten (10.8%) live births in Indiana was premature (born at less than 37 weeks of pregnancy). The percentage of preterm births in Indiana is highest for black infants at 16.3%. The percentage for white infants is 10.1%. For births to teen mothers ages 15 to 19, 11.2% of infants were premature. By race, 14.9% of black infants were premature and 10.1% of white infants were premature.

## **Part 2: Youth Risk Behavior Surveillance System**

Conducted every two years by the Centers for Disease Control and Prevention (CDC), the Youth Risk Behavior Surveillance System (YRBSS) is a representative sample of students in grades 9 through 12 in both public and private schools in the United States. The survey consists of 98 questions that monitor six categories of key health-risk behaviors. This needs assessment examines three categories that have an impact on pregnant and parenting teens. ([www.cdc.gov/healthyyouth/yrbs/pdf/us\\_overview\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/us_overview_yrbs.pdf))

### **Drug and Alcohol Use**

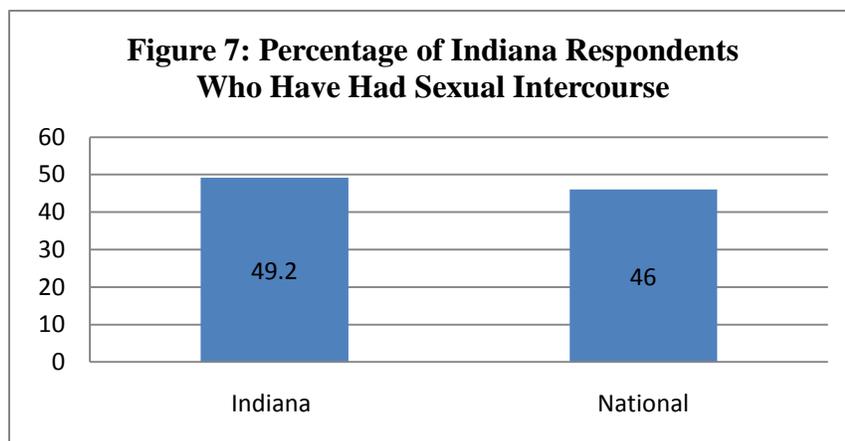
In the 2009 YRBSS report for Indiana, high school students were asked about their tobacco, alcohol and drug use. Of all Indiana teens surveyed, over half reported they had ever tried cigarettes (52.2%). This compares to 46.3% at the national level. The percentage of Indiana students who reported they had smoked cigarettes on at least one day during the 30 days prior to the survey was 23.5% compared to 19.5% nationally. The percentage of students who reported that they smoked cigarettes, smoked cigars, cigarillos, or little cigars or used chewing tobacco, snuff or dip on at least one day in the 30 day time frame before the survey was 9.3% compared to 8.9% at the national level.

When asked whether they had ever had at least one drink of alcohol, 69.2% of Indiana students indicated that they had. This compares to 72.5% at the national level. Thirty-eight percent (38.5%) of Indiana students indicated they had at least one drink of alcohol during the 30 days prior to the survey compared to 41.8% at the national level and 24.9% indicated they had five or more drinks of alcohol in a row within a couple of hours on at least one day compared to 24.2% of students at the national level..

The percentage of Indiana students who reported they had used marijuana one or more times in the 30 days prior to the survey was 20.9% which was comparable to the national percentage of 20.8%. The percentage of Indiana students reporting they had used any form of cocaine in the same time frame was much lower at 2.7%, also comparable to the national percentage of 2.8%. When asked about sniffing glue, inhaling paints or sprays or breathing contents of aerosol spray, 16% of Indiana students indicated they had engaged in that behavior at least once in their lives which was higher than the national average of 11.7%. Finally, 25.5% of the students indicated that they had been offered, sold or given an illegal drug by someone on school property in the 12 months prior to completing the survey compared to 22.7% at the national level.

### **Sexual Activity**

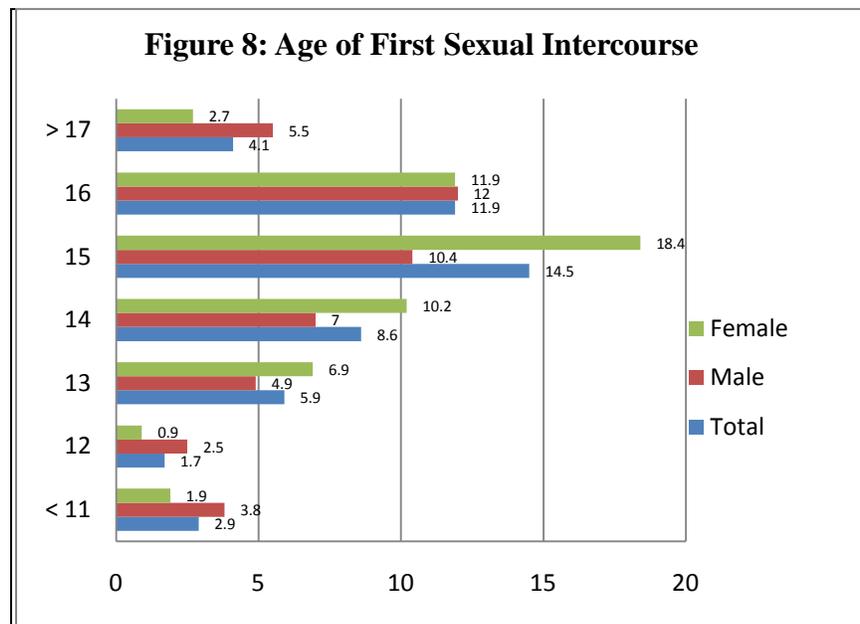
In the 2009 YRBS report for Indiana, nearly half (49.2%) of all respondents indicated they had engaged in sexual intercourse. This compares to 46% at the national level. Of the Indiana respondents that were 15 years or younger, 30.9% indicated they had engaged in intercourse. Of those who were ages 16 and 17, 57.5% responded they had engaged in intercourse. For respondents ages 18 and older, nearly three quarters (74.7%) had engaged in sexual intercourse. Gender differences exist with this response; 45% of males responded they had engaged in sexual activity compared to 52.8% of females. This compares to 46.1% of males and 45.7% of females at the national level.



**Source:** Emerald Consulting, LLC [January, 2010]

**Original Data From:** Centers for Disease Control and Prevention, YRBSS Indiana Data

A higher percentage of males (53.9%) indicated they had not had sexual intercourse than females (47.1%). Of the female respondents who had engaged in sexual intercourse, 18.4% indicated the encounter occurred at age 15. The ages at which most males (12%) had their first occurrence of sexual intercourse was age 16. Compared to national responses, Hoosier boys and girls were less likely to report they had engaged in sex for the first time before the age of 13 (4.5% Indiana vs. 5.9% nationally).



**Source:** Emerald Consulting, LLC [January, 2010]  
**Original Data From:** Centers for Disease Control and Prevention, YRBSS Indiana Data

Of students surveyed, 13.7% reported four or more sexual partners compared to 13.8% nationally (nearly identical results). The Indiana male to female breakdown was similar, as 13.5% of males indicated they had four or more partners compared to 13.7% of females. However, significant differences exist when examining the same data by race. Specifically, only 12% of white students and 13.2% of Hispanic (non-white) students indicate they have had four or more partners compared to 24.1% of black students.

When asked whether they had engaged in sexual intercourse in the last three months, 36.7% of Indiana students responded affirmatively. The percentage of students who were sexually active increased with each grade level:

- 9<sup>th</sup> Grade – 17.8%;
- 10<sup>th</sup> Grade 10 – 32%;

- 11<sup>th</sup> Grade 11 – 44.9%; and
- 12<sup>th</sup> Grade – 54.4%.

Of all respondents who indicated they had engaged in sexual activity, one in five (21%) reported they used drugs or alcohol before their most recent sexual encounter. This is comparable to the national percentage of 21.6% at the national level.

### **Contraceptive Use**

The percentage of sexually active teens in Indiana who indicated that a condom was used during their last sexual encounter was 58% compared to 61% at the national level. A higher percentage of males (65.9%) than females (51.6%) indicated a condom had been used.

Reported contraceptive use via birth control pills among sexually active teens in Indiana is higher than national statistics (23.2% Indiana vs. 19.8% nationally). A higher percentage of females (26.7%) than males (18.9%) indicated that birth control pills had been used.<sup>1</sup>

### **Part 3: Identification of High Risk Counties**

Indiana's growing population of 6,423,113 (2009 est.) is spread unevenly among its 92 counties. Population patterns reflect the distinct rural and urban communities within the state with 70% of the population living in metropolitan areas and 30% in rural areas. These population patterns require that communities of risk be identified using a variety of variables. Because a few urban counties within Indiana hold so much of the population, crude numbers per county do not give an accurate account of the situation in these counties. In order to consider all communities of Indiana for inclusion in the identification of need, data that reflects rates of need were used rather than mere incidence-based calculations. As the first step in identifying highest-risk communities, a series of indicators linked to the target population were identified. As data were gathered and analyzed, not all were available for the 15 to 19 year old population. The list of final indicators used for establishing risk can be found in Appendix B.

In deciding which counties were at the highest risk, the twelve indicators with established rates and percentages were used to rank the 92 counties in Indiana. ISDH ranked all 92 counties individually in each of the twelve different measures. For example, with regard to infant mortality rate, all counties were ranked from 1 through 92, with 92 representing the county with the highest rate of infant mortality. The same process was repeated for each of the indicators.

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<sup>1</sup> Indiana's Medicaid program does not have expanded eligibility of coverage for family planning services.

Ranking was identified for each county for each indicator. All measures were given equal weight. Once rankings for all measures were completed, overall scores for each county were combined, and then divided by the overall measures to give a score ranking the counties overall for all measures. Ranking possibilities ranged from 1 through 92. Through this process of “composite score ranking,” the county with the highest risk score across all indicators were identified. The county identified with the highest score for high-risk indicators was Decatur County (composite score of 659). The ranking and scores for each county are detailed in Appendix C.

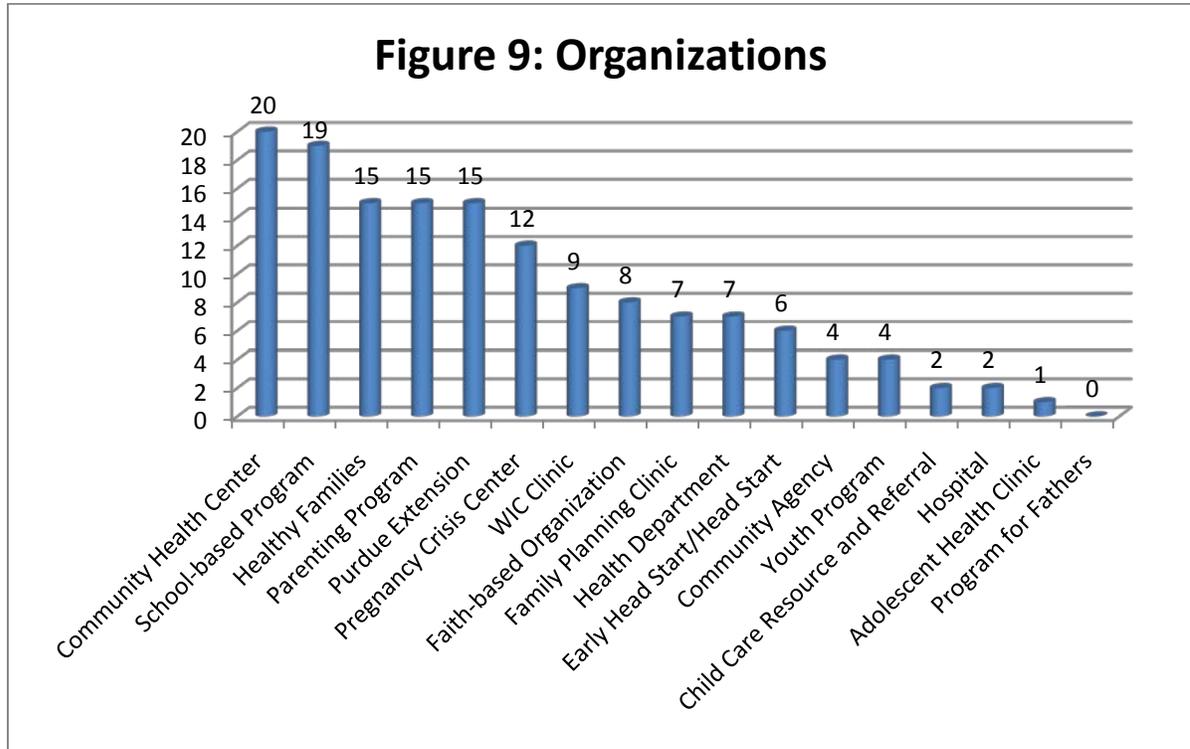
#### **Part 4: Resource Survey**

A survey was developed to assess perceptions of stakeholders regarding resources and services to support pregnant and parenting adolescents. A link to the web-based survey was distributed to electronic mailing lists of the following organizations:

- Child Care Resource and Referral Agencies;
- Community Health Centers;
- Crisis Pregnancy Centers;
- Head Start/Early Head Start;
- Parenting Programs;
- Planned Parenthood Clinics;
- Pregnancy Care Centers;
- Indiana Counselors Association;
- Purdue Extension Programs;
- Residential Programs;
- School-based Programs;
- School Guidance Counselors;
- School-based Social Workers;
- School Directors of Health Services; and
- Rural Health Association.

Respondents were asked to identify the counties in which they provided services. All 92 counties were represented in the responses (Appendix D). Of the 197 respondents who began the survey, 137 completed the survey. Respondents were asked how they would describe their organization. Of the 197 individuals that responded to the survey, 100 answered this question. Some of the

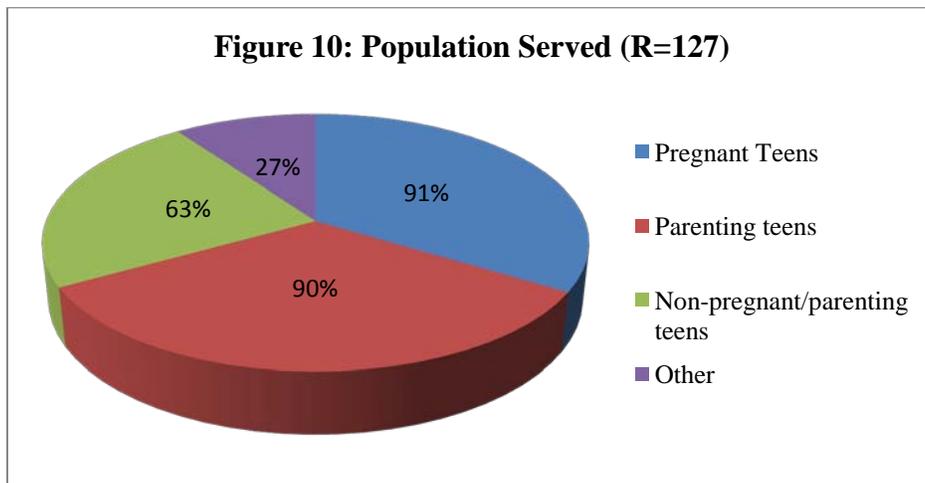
respondents chose more than one category indicating the organizations were either co-located or had more than one program.



**Source:** Emerald Consulting, LLC [January, 2010]  
**Original Data From:** PPASS Resource Survey

### Population Served

The respondents were asked to identify the population that they served. Sixty-four percent (64%) of the respondents answered this question.

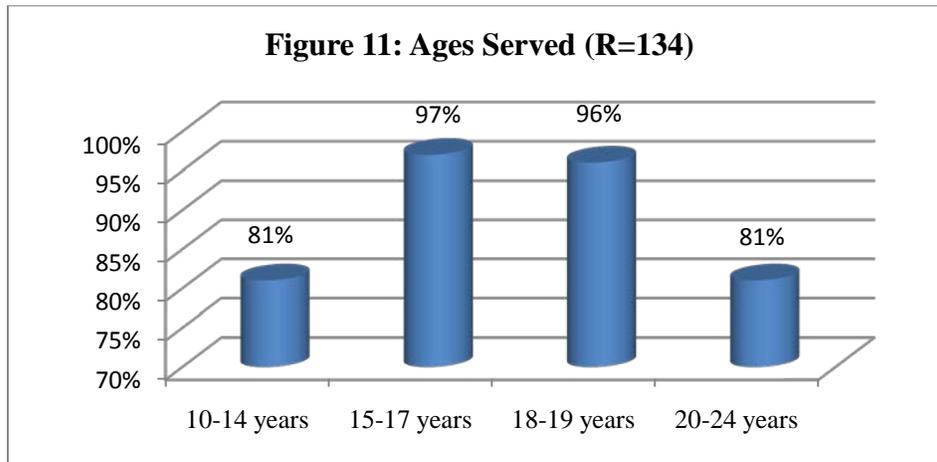


**Source:** Emerald Consulting, LLC [January, 2010]  
**Original Data From:** PPASS Resource Survey

Respondents who identified “Other” most frequently cited:

- The general population;
- All ages;
- The community at-large; and
- All pregnant women.

Respondents were asked what age group they served. The 15-17 years age group had the highest percentage of responses (97%).



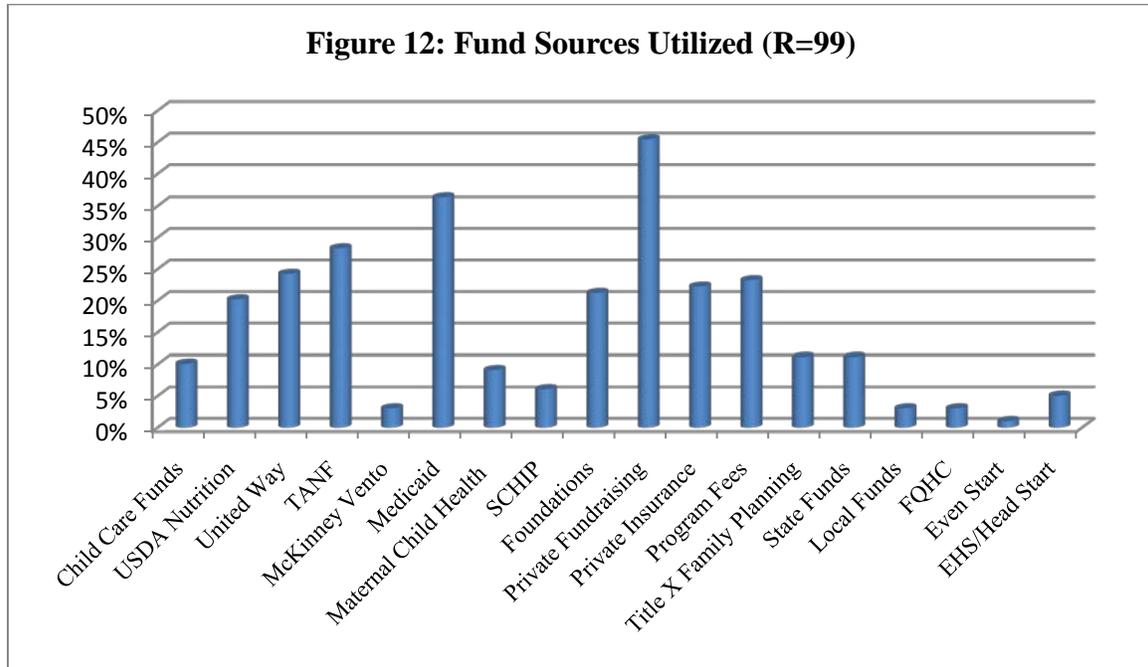
**Source:** Emerald Consulting, LLC [January, 2010]  
**Original Data From:** PPASS Resource Survey

Respondents were asked to identify the total number of teens that they served. In 2009, 9,869 pregnant teens were served and so far in 2010, 9,634 pregnant teen have been served. When asked how many parenting teens are served each year, respondents identified that 11,161 females and 4,900 males had been served by their programs.

The survey was designed to look at both fiscal resources as well as programmatic services. Respondents were asked if there were income eligibility requirements for their services. Responses were equally split with 50% indicating there were income eligibility requirements and 50% indicated there were none. Requirements that were identified generally focused on percentage of poverty. While several respondents indicated that a teen needed to be at 100% of the Federal Poverty Level (FPL) to access services, the most frequent requirement was 250% FPL.

## Fund Sources

A common response across all survey participants was the lack of sufficient funding to support this population. Private fundraising was cited as the key financial resource by 45% of respondents. Medicaid was identified by 36% of the respondents. This was followed by TANF (28%), United Way (24%) and Program Fees (23%).



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

## Services

Survey respondents were asked to identify the types of services that they provided to pregnant or parenting teens. The services most commonly identified as being provided were nutrition (62.9%), parenting (61.4%) and assistance with enrollment in Hoosier Healthwise (51.5%). The following chart reflects the percentage of respondents that identified they provided the service.

<b>Figure 13: Service Provided</b>	<b>Percentage of Respondents (R=132)</b>
<b>Adolescent Health Care</b>	25%
<b>Assistance with Enrollment in Hoosier Healthwise</b>	51.5%
<b>Case Management</b>	43.2%

<b>Figure 13: Service Provided</b>	<b>Percentage of Respondents (R=132)</b>
<b>Child Care</b>	19.7%
<b>Coping Skills/Resiliency</b>	48.5%
<b>Family Planning</b>	33.3%
<b>Financial Counseling</b>	23.5%
<b>Group Programs</b>	28.8%
<b>HIV/STI Testing</b>	20.5%
<b>Home Visits</b>	44.7%
<b>Immunizations</b>	22.7%
<b>Infant/Child Primary Health Care</b>	23.5%
<b>Life Plans</b>	21.2%
<b>Life Skills</b>	48.5%
<b>Mental Health Services</b>	25.8%
<b>Mentoring</b>	25.8%
<b>Multi-Lingual Services</b>	20.5%
<b>Nutrition Education</b>	62.9%
<b>Parenting</b>	61.4%
<b>Postpartum Care</b>	30.3%
<b>Pregnancy Prevention/Sexuality Education</b>	47.7%
<b>Prenatal Care</b>	36.4%
<b>School Retention/Graduation/GED</b>	23.5%
<b>Substance Use Screening/Counseling/Referral</b>	22%
<b>Support Groups</b>	22%
<b>Transportation</b>	20.5%
<b>Tutoring</b>	10.6%

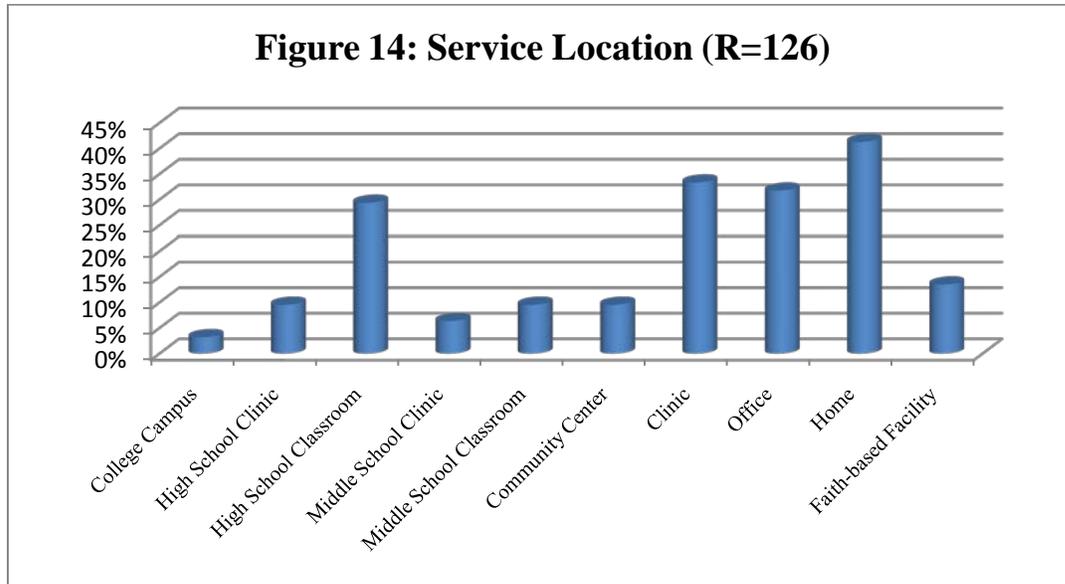
Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

Twenty-seven respondents identified additional services that were provided including:

- Medical Services;
- Abstinence Education;
- Alternative Education;
- Adoption Education;
- Breastfeeding Support;

- Smoking Cessation;
- Supportive Living Environments; and
- Gardasil Vaccinations.

Survey respondents were asked to identify where the services they provided were offered. There were four locations for service provision that were most commonly identified: home (41%); clinic (33%); office (32%); and the high school classroom (29%).



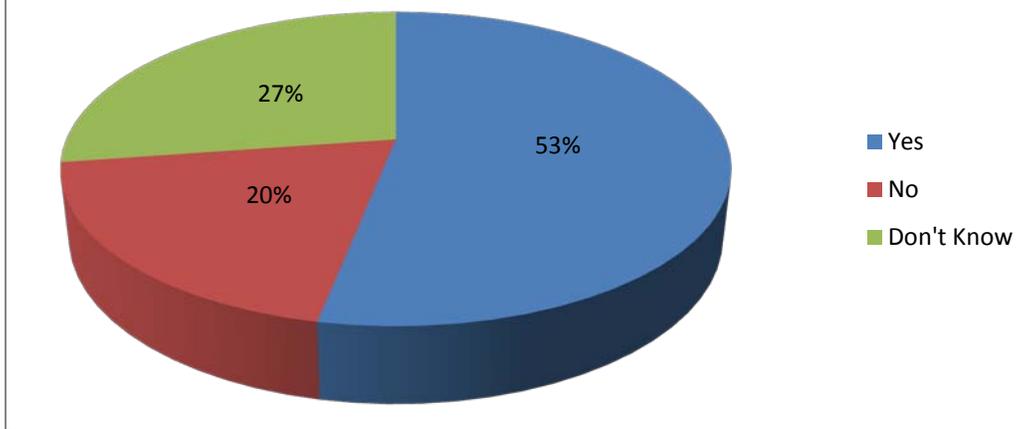
**Source:** Emerald Consulting, LLC [January, 2010]  
**Original Data From:** PPASS Resource Survey

Other locations identified by respondents include:

- Head Start Buildings;
- Library;
- Child Care Center;
- WIC offices; and
- Churches.

Survey respondents were asked if they employed an evidence-based practice model for the services they provided. The survey question did not include a definition of evidence-based practice. The majority of respondents (53%) indicated they did use an evidence-based practice model.

**Figure 15: Evidence-based Practice Model (R=128)**



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

Respondents who indicated that they used an evidence-based practice model were asked to identify the model they were using. Responses included:

- Have a Healthy Baby;
- Healthy Families;
- Parents as Teachers;
- Making Proud Choices;
- Partners for a Healthy Baby;
- High Scope Curriculum;
- Bright Futures;
- Active Parenting;
- Safe Dates;
- Earn While You Learn;
- Second Chance Home;
- Positive Youth Development Approach;
- VENA;
- Zero to Three Curricula; and
- Centering Prenatal Care.

Survey respondents were asked to identify agencies and programs that they partner with to serve this population. Beyond the list of organization in Figure 9 (page 17), 112 respondents identified additional organizations and agencies that are included in the chart below.

### Figure 16: Other Partner Agencies/Organizations

- |                                |                             |                                  |
|--------------------------------|-----------------------------|----------------------------------|
| • Department of Child Services | • Public Safety Agencies    | • Department of Family Resources |
| • United Way                   | • Mentoring Programs        | • Dentists                       |
| • Higher Education             | • Legal Aid                 | • First Steps                    |
| • Homeless Shelters            | • Home Health Care Agencies | • Adoption Services              |
| • Community Action Centers     | • County Prosecutors        | • Child Care                     |
| • Special Education Programs   | • Food Pantries             | • Foundations                    |
| • GED Programs                 | • Salvation Army            | • Transportation Agencies        |
|                                | • Physicians                | • Breastfeeding Support Groups   |
|                                | • Fatherhood Coalitions     |                                  |

Source: Emerald Consulting, LLC [January, 2010]

Original Data From: PPASS Resource Survey

Survey respondents were asked to identify other services that were available in the counties they served for pregnant and parenting teens. There were 107 respondents that answered this question. The chart of services would like very similar to Figure 16. The chart below identifies services that were not identified above.

### Figure 17: Other Services Available for Pregnant and Parenting Teens

- |                           |                     |                                     |
|---------------------------|---------------------|-------------------------------------|
| • Crisis Pregnancy Center | • Precious Rewards  | • Young Parents Skills and Supports |
| • Mentor Moms             | • Teen Mops         |                                     |
| • Mommy and Me            | • Teens and Tots    | • Early Head Start                  |
| • Future Promises         | • Healthy Start     | • Moms Morning Out                  |
| • Maternity Homes         | • Baby University   | • BABE Store                        |
| • Alternative Schools     | • Literacy Programs | • Child Care                        |

Source: Emerald Consulting, LLC [January, 2010]

Original Data From: PPASS Resource Survey

When asked what services for pregnant and parenting teens are missing in the counties they serve, the 98 participants who responded to this question identified the services in the chart that follows. Child Care and funding for child care were the most frequently cited service needs.

### Figure 18: Services That are Missing

- Fatherhood Classes
- Public Transportation
- Financial Literacy
- Marriage Counseling
- Funding for Child Care
- Mental Health Services
- Early Head Start
- Housing
- Family Planning Services
- Legal Advice
- Positive Parenting Support
- Support Groups

Source: Emerald Consulting, LLC [January, 2010]  
 Original Data From: PPASS Resource Survey

### Respondent Perceptions

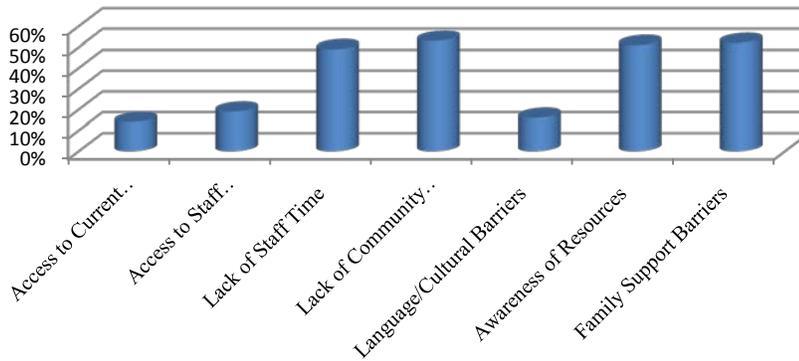
Respondents were provided a series of statements related to pregnant and parenting teens. They were asked to indicate agreement or disagreement with the statements.

Statement	Survey Respondents (R=133)	
	Agree	Disagree
Teen pregnancy is a problem in my county.	94%	6%
We have school-based adolescent clinics.	21%	79%
Mental health services for teens are easily accessible.	33%	67%
There are fatherhood programs.	34%	66%
Early prenatal care is available for teens.	78%	22%
Pregnant teens can stay in school during the pregnancy.	94%	6%
Teens have access to family planning services.	74%	26%
Access to health care is a problem for teen parents and their children.	52%	48%
WIC services are readily available for eligible teens and children.	97%	3%
There are support services for pregnant and parenting teens.	69%	31%
Teen substance use is a problem.	93%	7%
Prenatal care coordination is available for pregnant teens.	64%	36%
Child Development services are inadequate to meet the needs.	63%	37%
There are support services available for both mother and father after their baby is born.	49%	51%

Source: Emerald Consulting, LLC [January, 2010]  
 Original Data From: PPASS Resource Survey

When asked what were their biggest challenges, 118 survey respondents identified lack of community resources (53%), family support barriers (52%), awareness of resources (51%) and lack of staff time (49%) as the most significant challenges.

**Figure 20: Biggest Challenges (R=118)**



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

Other challenges identified by respondents included:

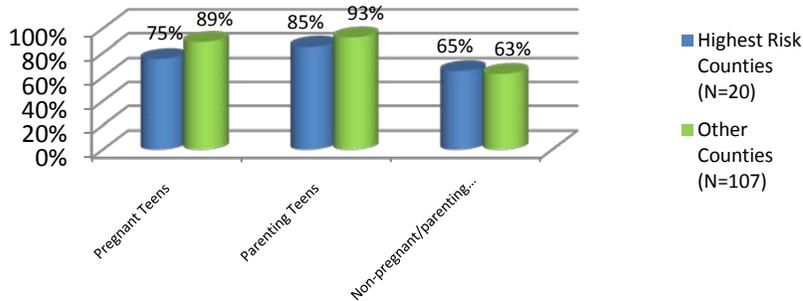
- Lack of financial resources;
- Challenging Population and their culture and attitude;
- Child Care; and
- Communication.

### Highest Risk Counties

Responses from the ten highest risk counties were compared to the remainder of the responses.

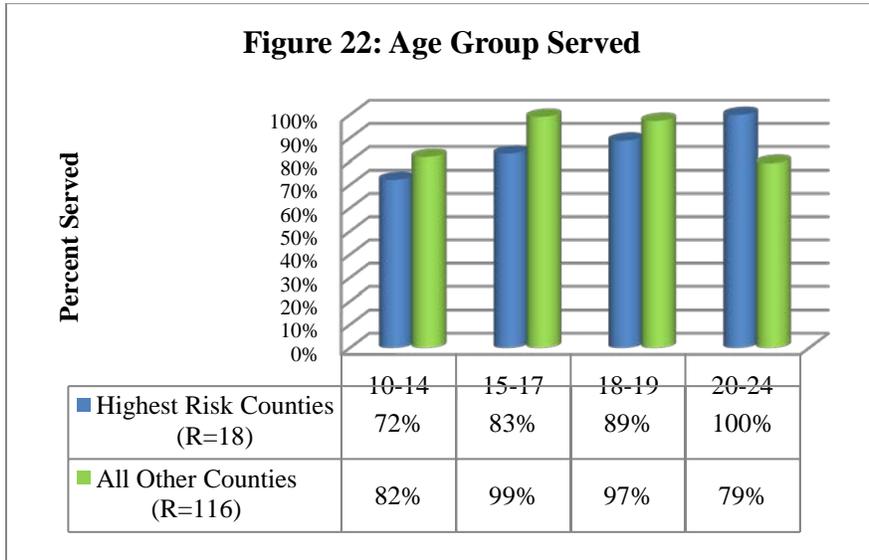
The charts that follow reflect where there were significant differences between the responses.

**Figure 21: Population Served**



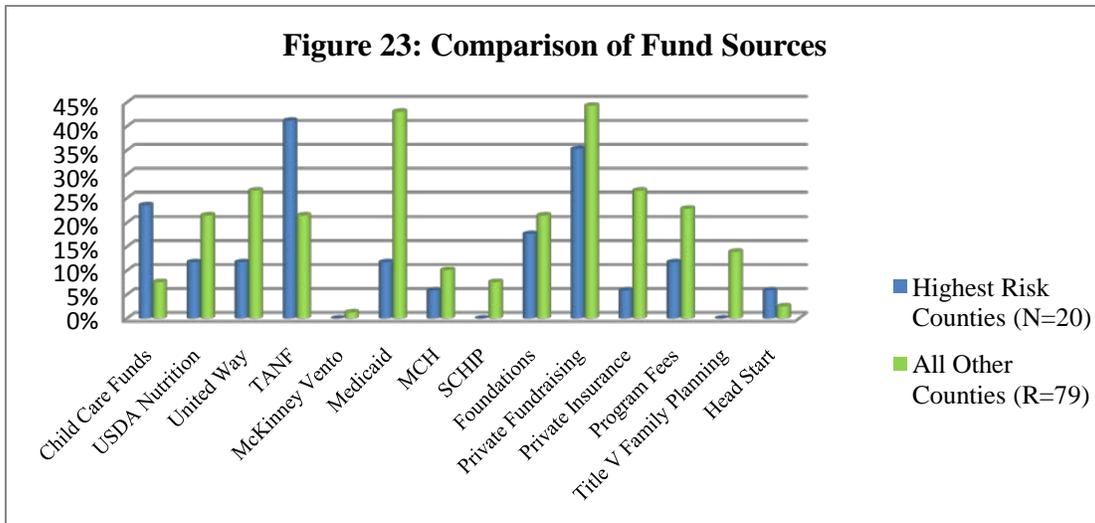
Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

Respondents from the highest risk counties served a smaller percentage of pregnant and parenting teens than their counterparts. They also served a lower percentage of teens ages 10-14.



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

There are differences in the fund sources used to support services to this population. TANF and Child Care funds and private fundraising are the key fund sources utilized in the highest risk counties as compared to Medicaid, private insurance, United Way and private fundraising in all other counties.



Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

In examining the services that are available between the two groups, there are some distinct differences in family planning, group programs, HIV/STI testing, life plans, pregnancy prevention and school retention. The majority of services in the highest risk counties were provided in the home.

<b>Figure 24: Comparison of Services Provided</b>	<b>Highest Risk Counties (R=17)</b>	<b>All Other Counties (R=112)</b>
<b>Adolescent Health Care</b>	18%	27%
<b>Assistance with enrollment in Hoosier Healthwise</b>	53%	53%
<b>Case Management</b>	47%	44%
<b>Child Care</b>	18%	21%
<b>Coping Skills/Resiliency</b>	53%	49%
<b>Family Planning</b>	18%	37%
<b>Financial Counseling</b>	24%	24%
<b>Group Programs</b>	47%	27%
<b>HIV/STI Testing</b>	6%	23%
<b>Home Visits</b>	59%	44%
<b>Immunizations</b>	18%	24%
<b>Infant/Child Primary Health Care</b>	18%	25%
<b>Life Plans</b>	6%	24%
<b>Life Skills</b>	59%	48%
<b>Mental Health Services</b>	12%	21%
<b>Mentoring</b>	24%	27%
<b>Multi-Lingual Services</b>	12%	22%
<b>Nutrition Education</b>	59%	65%
<b>Parenting</b>	94%	58%
<b>Postpartum Care</b>	0%	36%
<b>Pregnancy Prevention/Sexuality Education</b>	29%	52%
<b>Prenatal Care</b>	18%	40%
<b>School Retention/Graduation/GED</b>	12%	26%
<b>Substance Use Screening/Counseling/Referral</b>	24%	22%
<b>Support Groups</b>	6%	25%

<b>Figure 24: Comparison of Services Provided</b>	<b>Highest Risk Counties (R=17)</b>	<b>All Other Counties (R=112)</b>
<b>Transportation</b>	24%	21%
<b>Tutoring</b>	6%	12%

Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

While many of the perceptions of respondents were similar across the two groups, there were several statements where the differences were significant.

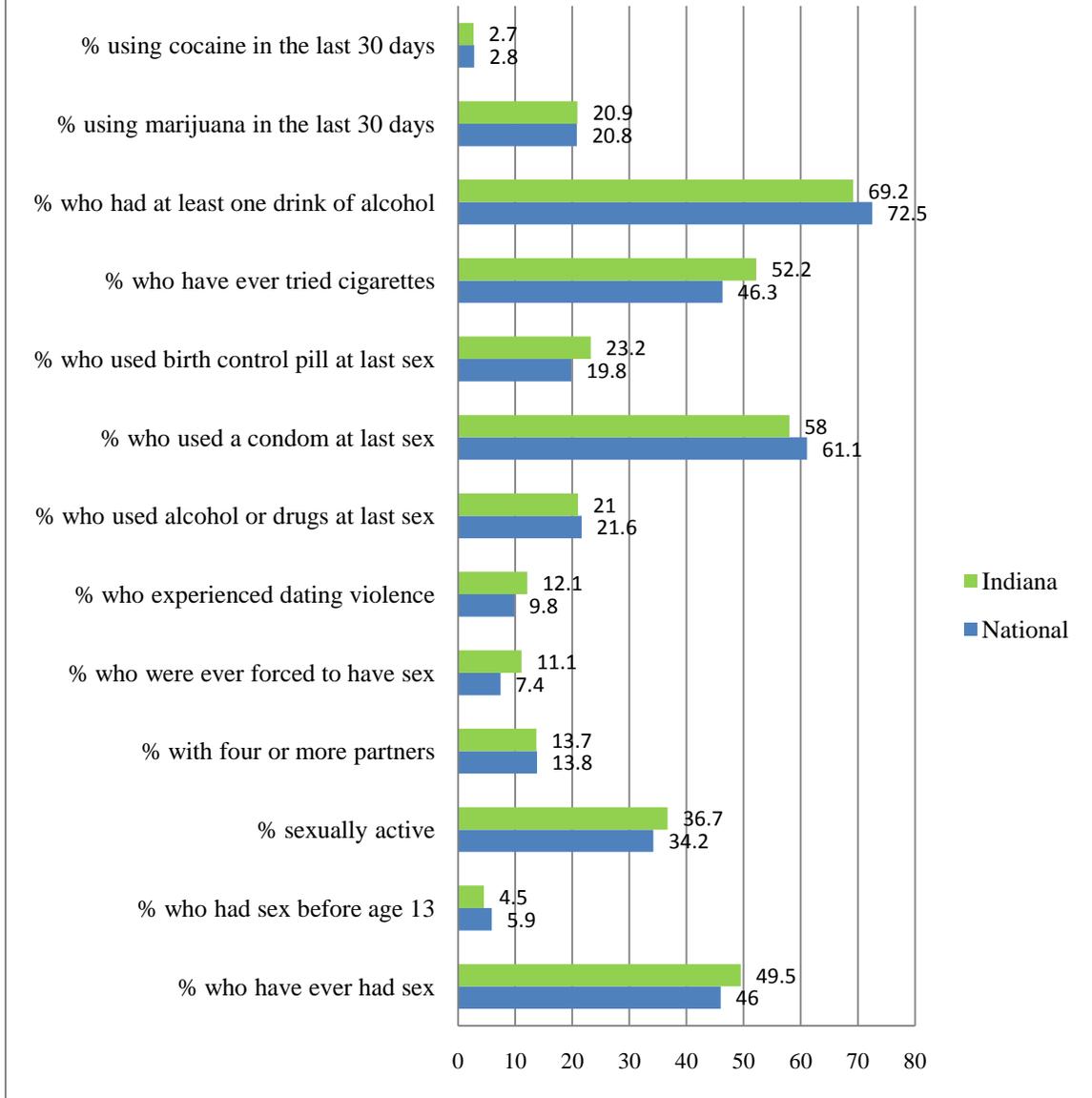
<b>Figure 25: Comparison of Perceptions</b>	<b>Highest Risk Counties (R=18)</b>		<b>All Other Counties (R=115)</b>	
	Agree	Disagree	Agree	Disagree
Teen pregnancy is a problem in my county.	94%	6%	94%	6%
We have school-based adolescent clinics.	12%	88%	22%	78%
Mental health services for teens are easily accessible.	35%	65%	33%	67%
<b>There are fatherhood programs.</b>	<b>11%</b>	<b>89%</b>	<b>38%</b>	<b>62%</b>
<b>Early prenatal care is available for teens.</b>	<b>61%</b>	<b>39%</b>	<b>89%</b>	<b>11%</b>
	Agree	Disagree	Agree	Disagree
Pregnant teens can stay in school during the pregnancy.	94%	6%	94%	6%
<b>Teens have access to family planning services.</b>	<b>53%</b>	<b>47%</b>	<b>77%</b>	<b>23%</b>
Access to health care is a problem for teen parents and their children.	56%	44%	51%	49%
<b>Prenatal care coordination is available for pregnant teens.</b>	<b>47%</b>	<b>53%</b>	<b>67%</b>	<b>33%</b>
Child Development services are inadequate to meet the needs.	71%	29%	62%	38%
There are support services available for both mother and father after their baby is born.	31%	69%	52%	48%

Source: Emerald Consulting, LLC [January, 2010]  
Original Data From: PPASS Resource Survey

Challenges faced by the highest risk counties were the same as challenges identified by respondents as a whole.

## **Appendix A: Summary of Youth Risk Behavior Surveillance System Data**

### Summary of Key Risk Behaviors



Source: Emerald Consulting, LLC [January, 2010]

Original Data From: Centers for Disease Control and Prevention, YRBSS Indiana Data

## **Appendix B: Final Indicators for Assessing Risk**

<b>Indicators Used to Assess Risk</b>
<b>% Low Birthweight by age of mother</b>
<b>% Very Low Birthweight by age of mother</b>
<b>% Preterm Birth by age of mother</b>
<b>% of Women with Late or No Prenatal Care by age of mother</b>
<b>% of Women Smoking during Pregnancy by age</b>
<b>% of Births to First Time Mothers by age</b>
<b>Birth Rates for age groups 10-14 and 15-19</b>
<b>Pregnancy Rates for age groups 10-14 and 15-19</b>
<b>% of Pregnant/Parenting teens on WIC</b>
<b>% of Women Breastfeeding at Discharge</b>
<b>% of Births to Unmarried Parents</b>
<b>% of Births to Mothers w/o High School Degree by age</b>

## **Appendix C: County Rankings**



County	Rank	Score
Adams	54	428
Allen	74	505
Bartholomew	30	369
Benton	6	271.5
Blackford	33	372
Boone	49	421
Brown	7	271.5
Carroll	2	226
Cass	57	438
Clark	19	332
Clay	77	525
Clinton	36	381
Crawford	37	382
Daviess	42	399
Dearborn	81	553
Decatur	92	659
DeKalb	40	394
Delaware	45	404
Dubois	44	403
Elkhart	70	489
Fayette	79	551
Floyd	58	442
Fountain	87	599
Franklin	20	337
Fulton	61	449
Gibson	31	369
Grant	86	598
Greene	17	319
Hamilton	27	361
Hancock	55	434
Harrison	3	227
Hendricks	14	272
Henry	28	367
Howard	47	407
Huntington	48	418
Jackson	69	486
Jasper	59	442
Jay	56	434

County	Rank	Score
Jefferson	18	323
Jennings	75	510
Johnson	21	337
Knox	91	633
Kosciusko	4	262
LaGrange	26	360
Lake	90	625
LaPorte	88	613
Lawrence	78	542
Madison	64	458
Marion	76	521
Marshall	38	386
Martin	8	271.5
Miami	41	396
Monroe	52	427
Montgomery	89	617
Morgan	5	271
Newton	85	592
Noble	68	485
Ohio	9	271.5
Orange	51	423
Owen	65	476
Parke	39	388
Perry	71	492
Pike	22	337.5
Porter	46	404
Posey	29	367
Pulaski	10	271.5
Putnam	80	551
Randolph	24	347
Ripley	32	371
Rush	67	478
Saint Joseph	66	477
Scott	83	564
Shelby	72	498
Spencer	35	374
Starke	73	502
Steuben	25	355

County	Rank	Score
<b>Sullivan</b>	63	453
<b>Switzerland</b>	11	271.5
<b>Tippecanoe</b>	43	401
<b>Tipton</b>	23	341
<b>Union</b>	12	271.5
<b>Vanderburgh</b>	84	591
<b>Vermillion</b>	13	271.5
<b>Vigo</b>	82	558
<b>Wabash</b>	16	307
<b>Warren</b>	1	225.5
<b>Warrick</b>	15	278
<b>Washington</b>	60	445
<b>Wayne</b>	62	450
<b>Wells</b>	50	422
<b>White</b>	34	373
<b>Whitley</b>	53	427

## **Appendix D: County Responses**

Counties Served	Response Count
Adams	6
Allen	12
Bartholomew	9
Benton	5
Blackford	6
Boone	8
Brown	7
Carroll	4
Cass	5
Clark	10
Clay	2
Clinton	8
Crawford	5
Daviess	8
Dearborn	9
Decatur	6
DeKalb	6
Delaware	8
Dubois	6
Elkhart	11
Fayette	5
Floyd	6
Fountain	6
Franklin	10
Fulton	6
Gibson	5
Grant	9
Greene	8
Hamilton	7
Hancock	6
Harrison	5
Hendricks	3
Henry	5
Howard	8
Huntington	6
Jackson	6
Jasper	5
Jay	5

Counties Served	Response Count
<b>Jefferson</b>	8
<b>Jennings</b>	7
<b>Johnson</b>	6
<b>Knox</b>	7
<b>Kosciusko</b>	9
<b>LaGrange</b>	7
<b>Lake</b>	9
<b>LaPorte</b>	7
<b>Lawrence</b>	6
<b>Madison</b>	9
<b>Marion</b>	24
<b>Marshall</b>	7
<b>Martin</b>	3
<b>Miami</b>	6
<b>Monroe</b>	7
<b>Montgomery</b>	5
<b>Morgan</b>	5
<b>Newton</b>	3
<b>Noble</b>	9
<b>Ohio</b>	8
<b>Orange</b>	4
<b>Owen</b>	6
<b>Parke</b>	8
<b>Perry</b>	3
<b>Pike</b>	5
<b>Porter</b>	7
<b>Posey</b>	8
<b>Pulaski</b>	5
<b>Putnam</b>	5
<b>Randolph</b>	6
<b>Ripley</b>	11
<b>Rush</b>	6
<b>Saint Joseph</b>	11
<b>Scott</b>	7
<b>Shelby</b>	4
<b>Spencer</b>	2
<b>Starke</b>	7
<b>Steuben</b>	7

<b>Counties Served</b>	<b>Response Count</b>
<b>Sullivan</b>	10
<b>Switzerland</b>	9
<b>Tippecanoe</b>	4
<b>Tipton</b>	6
<b>Union</b>	4
<b>Vanderburgh</b>	13
<b>Vermillion</b>	7
<b>Vigo</b>	13
<b>Wabash</b>	4
<b>Warren</b>	4
<b>Warrick</b>	8
<b>Washington</b>	5
<b>Wayne</b>	8
<b>Wells</b>	6
<b>White</b>	6
<b>Whitley</b>	7
<b>Answered Question</b>	189
<b>Skipped Question</b>	8

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