Mississippi State Department of Health: Serving Expectant and Parenting Youth and Their Families in Rural Communities

Overview of the Pregnancy Assistance Fund

Finding ways to address the diverse needs of expectant and parenting youth and their families (EPY) to improve their health, education, and well-being is a long-standing priority of the Department of Health and Human Services (HHS). The HHS Office of Population Affairs (OPA) funded the Pregnancy Assistance Fund (PAF) grant program from 2010 to 2020. The PAF program supported states and tribes to provide a wide range of services in settings such as high schools, community service centers, and/or institutions of higher education.

PAF services focused on five areas: (1) personal health (e.g., case management, prenatal care, health insurance enrollment support, behavioral health, violence prevention); (2) child health (e.g., home visiting, nutrition, access to healthcare, well-child visits); (3) education and employment (e.g., tutoring, academic support, assistance with college applications, employment and job-readiness training); (4) concrete supports (e.g., food, housing, transportation, baby supplies including diapers, cribs, car seats, etc.); and (5) parenting supports (e.g., parenting and healthy relationship education, child development education, child care). PAF grantees determined which areas to focus on to improve outcomes for EPY in the areas of health, parenting, education, and economic stability.

Focus of the Case Study

This case study provides a point in time description of how the Mississippi State Department of Health (MSDH) used its PAF grant to serve EPY in rural communities. It is well-documented that teen birth rates in rural counties are significantly higher than those in urban counties across the U.S., regardless of race or ethnicity.[1] In addition, access to resources is often different for teens in rural areas whose options may be limited by local availability of services and transportation barriers. Compared to their urban counterparts, rural populations experience overall higher poverty rates, lack of healthcare infrastructure, and poor health outcomes. Furthermore, access to emergency services and primary and preventive care is the most frequently identified rural health priority.[2] While the teen birth rate in Mississippi has decreased in recent years, the state had the second highest teen birth rate in the nation in 2020 (27.8 births per 1,000 females aged 15-19).[3]

Among all the PAF grantees, 20 percent of implementation sites were rural areas in 2018-2019, increasing to 24 percent in 2019-2020. MSDH's PAF project illustrated how a state can build on the services offered by county health departments to reach more EPY in rural communities, while simultaneously working on other statewide efforts to improve services for EPY more broadly. In this case study, we describe the grant structure, strengths and challenges of rural communities, key elements of the state's approach to serving rural youth, and how the project responded to the initial stage of the COVID-19 pandemic.

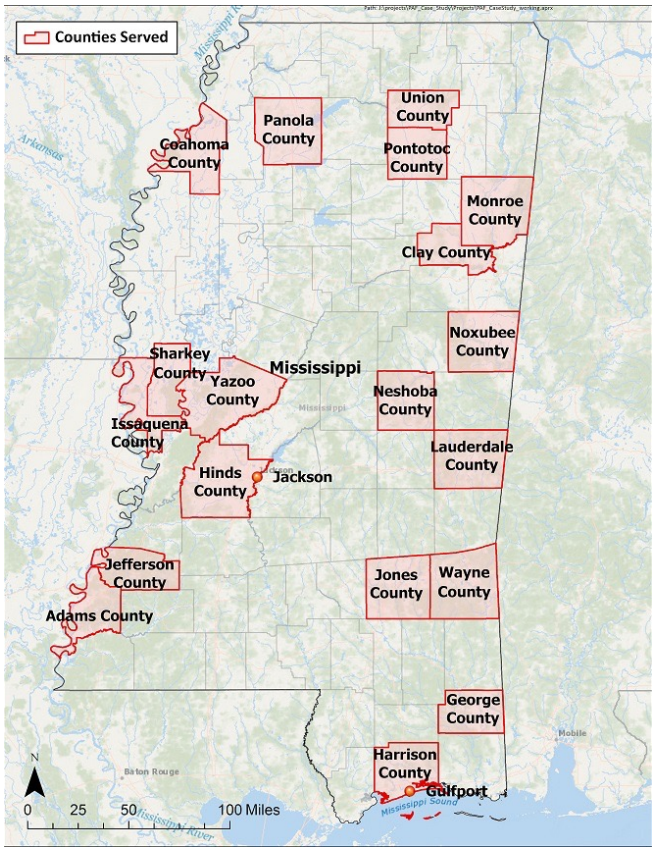
Highlights of the Case Study:

- Mississippi's PAF project capitalized on a pre-existing case management program delivered by county health departments to expand eligibility and service offerings tailored specifically for EPY living in rural areas.
- A multidisciplinary case management team, including a social worker, nurse, and nutrition specialist, ensured that each participant had a range of services and supports available.
- To improve access to services and coordination across multiple existing programs, the project created regional comprehensive resource guides for EPY and statewide capacity-building training for service providers, many working with EPY in rural areas.
- Through established case management relationships with EPY, the project's direct service component offered hands-on skill building that was otherwise not available.
- Home visiting offered an efficient and necessary way to engage families and address some of the challenges faced by EPY in rural communities.
- Case managers recognized the significant family influence and strength of rural communities and included family members in some components of the home visiting and case management curriculum.

Mississippi's PAF Grant Structure

MSDH received PAF funding for 2015-2017 and 2018-2020. The goals of these grants were to:

- Increase access to services to improve the physical and emotional health of young parents,
- Increase capacity of providers to deliver high quality services to EPY, and
- Provide or link EPY to services that improve educational, health, and social outcomes and reduce the number of repeat pregnancies and births to teens.



To achieve these goals, the strategy included three components: 1) intensive case management and home visiting, 2) regional resource guides, and 3) capacity building training.

Intensive Case Management and Home Visiting. County health department teams consisting of a case manager, nurse, and nutritionist brought medical, social, and educational services to EPY. Prior to the PAF project, the existing *Perinatal High-Risk Management/Infant Services System* (PHRM/ISS) case management program provided enhanced case management services to pregnant women who were 16 years or younger or medically high-risk pregnant women 17-19 years of age and high-risk infants up to one year old. These specific eligibility criteria created service gaps for pregnant women and their babies. The PAF project offered flexibility, equitably providing service access to EPY ages 19 and younger regardless of risk level or Medicaid eligibility status. In addition, the PAF project allowed MSDH to expand geographic reach of services. MSDH initially expanded the number of counties served by the program to 15; by 2019, the area of coverage further expanded from 15 to 19 counties, allowing a significant increase in services to EPY.

Regional Resource Guides. Resource guides were intended to raise awareness of the unique service needs of EPY and to provide them with universal access to information on services they may need, such as mental health, substance use, employment, pregnancy and parenting, housing, and education. There were eight different versions, each focused on a different region to ensure that information was available even in the most rural areas.

Capacity Building Training. To further increase access and availability of services, a sub-grantee developed five one-hour virtual training sessions for schools and other organizations to increase knowledge and skills specific to serving EPY, such as building trusting relationships, trauma-informed approaches, and confidentiality and consent. The sessions were also meant to bring together providers from different areas of the state that may not have other opportunities to discuss common challenges and potential strategies for serving EPY.

The Rural Community Context

All PAF project staff viewed Mississippi as a rural state, characterizing approximately half of its 82 counties as rural. A staff member described one area served by the grant: *"The town is one strip a mile long. No major stores like Walmart. There are a couple of local places where everyone has lunch. Cow pastures in every direction."* What follows are the primary strengths and needs of the rural communities served by the MSDH's PAF project.

Community strengths conducive to serving EPY

Sense of family and community. Grantee and partner staff expressed that rural communities in Mississippi tend to be family-oriented and close-knit. This means that youth often have a natural support system within their personal network of family and friends. If a teen is expecting a baby, their extended family typically has a shared sense of responsibility and contributes to the care of the young mother and the new baby. EPY can also sometimes rely on this support system to help overcome transportation challenges.

Faith-based resources. An additional support for EPY comes from the faith community. Mississippi is part of the "Bible Belt" region, and its residents are among the most faith-oriented in the U.S.[4] Many churches are involved in the lives of young people and often are committed to supporting youth in need. Churches are especially adept at providing concrete supports, such as food or baby supplies, childcare or transportation, or assistance with paying utility bills. In the PAF project, case managers often knew church staff and volunteers on a personal level and could easily ask for assistance.

Challenges for serving EPY in rural communities

Limited availability of health care services in close proximity. In some smaller communities, health care services were challenging to access. Health Departments sometimes had limited hours of operation, and there were fewer options for care in the community (e.g., only one doctor available). This often made it challenging to get timely appointments or necessitated driving longer distances for immediate care.

Lack of transportation. As in many rural areas, transportation was a major challenge for young people to access services and other resources. Most areas served by the program had no public transportation or transportation network services such as Uber or Lyft. Some publicly funded transportation services (such as Medicaid) were available for specific purposes.

Limited nutrition education and support system for promoting healthy eating. Staff noted that like other young people, EPY and their families often needed nutrition education and did not always have many options

for healthy eating. Since EPY often lived with their parents, a partner, or a friend, and were not in charge of buying food, they only had access to the food that was provided to them. This underscored the importance of access to healthy food and educating the whole household on how to prepare healthy meals.

Key Elements of the Case Management and Home Visiting Approach to Serving Rural EPY

Goals of the case management and home visiting approach were to: 1) help the youth have a healthy pregnancy that leads to a healthy baby, 2) follow the pair for their first year, 3) educate EPY on family planning and birth spacing to help prevent unplanned repeat pregnancies, 4) encourage the father's involvement in the care of the baby, and 5) support EPY in completing their education.

Case management teams provided a comprehensive approach

EPY could enroll in the program any time during their pregnancy and continue until their child was one year old. Each youth had the opportunity to meet monthly with a case manager (social worker), a nurse, and a nutritionist who worked as a team guided by a set of curriculum topics corresponding to the stage of pregnancy and stage of development for the infant. Depending on the topic covered each month, different team members took the lead based on their area of expertise. Staff agreed that the team approach worked well for youth, because each team member could specialize in what he or she knew best; they believed this approach was helpful for rural youth as well as youth in general, regardless of location.

Telehealth and remote check-ins through videoconferencing provided consistency and addressed logistical barriers of serving large geographic areas. While the social worker was typically the main case manager, the other team members were trained to fill in if he or she was not available for an appointment. The nutritionist was sometimes assigned to cover many rural counties (as many as 12) with long driving distances, so often they used Skype or Zoom to virtually meet with patients.[a] Similarly, the nurse was sometimes occupied with patients at another health department clinic and unable to leave, so the social workers could use video conferencing or telehealth to bring the nurse into the meeting when conducting a clinic visit in another county.

On-site and Mobile Parenting Stations provided hands-on skills training

A unique aspect of Mississippi's approach was a dedicated space for parent education. Many EPY in the program did not have prior experience caring for a baby, so the PAF project created seven on-site Parenting Stations at county health departments throughout the state. The stations accommodated teens' different learning styles and provided them the opportunity to benefit from directly practicing new skills. For these youth, being able to practice skills—such as swaddling and holding a baby for the first time—can take away some of the anxiety associated with being a new parent. Learning skills in the Parenting Stations helped EPY know what to expect and better prepared them for handling new situations.

On-Site Parenting Stations

The on-site version of the Parenting Station was a room at the Health Department set up to mimic a baby's home with a rocking chair, pack n play crib, highchair, car seat, breast pump, and areas for bathing and diapering. Participants could use the station's set of five or six realistic baby dolls representing different races and ethnicities to practice critical skills. The case management team used both live demonstrations and videos to teach EPY skills such as car seat safety, safe sleep, proper feeding techniques, diapering, oral health, skin care, and how to hold and burp a baby.

a Note that this strategy was already being used before the beginning of the COVID-19 pandemic.

Mobile Parenting Stations expanded access for EPY unable to visit the health departments. Some project staff had begun to take the concept of Parenting Stations "on the road" by bringing materials from the stations on home visits. Staff bring a case containing all the supplies needed for that day's lesson. For example, one day they may bring a safe sleep video and use a baby doll to demonstrate. On another home visit, they bring a car seat video and practice with the car seat they have given the youth.

Benefits of the mobile and on-site versions of the Parenting Stations included the interaction and level of engagement it encouraged among EPY and their family members. Staff observed EPY enjoying using the stations and encouraging other family members to participate. For example, one participant was having trouble explaining to her parents that the baby should not sleep on her stomach. The participant brought her parents in for an appointment, and the case manager used the Parenting Station to demonstrate safe sleep practices to all family members.

The main challenge of the Parenting Stations was the time required to teach and demonstrate skills. Ideally, staff wanted the EPY to stay for at least 45 minutes to go over a lesson during a case management session, but sometimes they were eager to leave more quickly or had someone waiting to give them a ride home.

Home visiting was a successful strategy for working with rural youth

Knowing many EPY lacked transportation, home visiting removed the need for the youth to travel by bringing the case management team to them. After the post-partum visit that was almost always a home visit, the visit type was based on the youth's preference and ability to get to the visit. Occasionally, if youth could not make it to the clinic, and a home visit could not be provided during business hours, the case manager would offer to meet them outside of normal business hours with permission from their caregiver.

Benefits of home visits included the team being able to see the home environment and better assess the family's needs. For example, if the baby was losing weight, the case manager could observe if they were mixing the formula correctly. Staff could also see what resources were available in the home, if there was a disruption in the EPY's support system, and if the baby had a safe place to sleep. Moreover, some youth were more relaxed in their own environment compared to a more clinical setting.

The post-partum home visit worked best if all three members of the team were able to go in person. For this critical visit, the multidisciplinary case management team was able to address a wide range of issues facing a new parent. The nurse would conduct a basic physical examination of the mother and baby and ask questions about post-partum self-care. The nutritionist focused on eating and drinking habits and suggested possible improvements in diet. Social workers were able to address psychosocial needs, identification of supports, and education on postpartum depression. At this visit, the team also typically reviewed the topics of safe sleep, second-hand smoke, and birth control plans. As one staff member explained, with all three of them together, *"It clicks for [the youth] better."*

Challenges to home visiting included distractions and the long-distance travel. Unlike a clinic setting, with dedicated space and a more focused environment, youth were sometimes distracted in their own homes. In addition, the team often needed to travel great distances, since they covered multiple counties with participants' locations geographically spread out.

> *We may have a case manager assigned to three rural counties, and she needs to get to all three of those counties within a week… Well, the distance that she has to actually travel is pretty significant. It's hundreds of miles when you figure up her mileage during the week. – Grantee*

Case managers provided education to extended family members to ensure a safe, healthy environment for the baby, when feasible

Staff found it important to work with all family members present in the household as well as the new mother. If all family members are aware of what safety and nutritional practices are the best for the baby, this increases the chances that the new practices will be adopted and reinforced within the family. In some cases, educating the grandparents on current safe sleep practices, car seat laws, and nutritional standards – many of which had changed from when they were raising young children – was essential to ensuring these practices would be used.

Partners for Healthy Babies, as well as a home-grown curriculum designed for use with the Parenting Stations, were flexible, easy-to-use curricula that helped prepare EPY for pregnancy and parenting

These curricula were delivered one-on-one as part of the case management model. *Partners for Healthy Babies* is designed for use with teen mothers, and the monthly lessons aligned with the stages of pregnancy and infant development. Topics included prenatal care, car seat safety, a personal support system, bathing, diapering, sexual health, nutrition, breastfeeding and proper formula mixing, and other parenting skills. If a participant was not ready for a topic one month, there was flexibility to revisit it next month, if needed.

Overall, the *Partners for Healthy Babies* curriculum was well-aligned with the project's goals. The only improvement staff suggested was the addition of a tablet or computer that they could bring with them during home visits to show participants information or visuals related to the curriculum.

The PAF project and local partners provided access to material supports and resources, such as childcare vouchers, GED programs, and WIC benefits that were essential in addressing needs of EPY

Local partners were critical in helping EPY connect with resources. Case managers helped facilitate childcare vouchers so EPY could meet employment and educational commitments. Churches and other organizations provided essential baby supplies that EPY might not be able to afford on their own, such as cribs and clothing. In addition, the WIC program provided fresh fruit and vegetables as well as other food staples. The WIC program also served as a primary referral source for the PAF program. To help address persistent transportation challenges, staff helped EPY find rides through a variety of systems or services, including their own networks and Medicaid. Medicaid transportation, however, presented several logistical barriers and many youth chose not to use it: it can only be used for medical appointments; transportation must be booked three days in advance; and the service was not always reliable, which meant that appointments had to end early if the driver was early, or youth had to wait if the driver was late.

Once teens were enrolled in the PAF program, project staff offered incentives as a retention tool. They created a "learn to earn" center where young parents could purchase diapers, bottles, and other baby supplies using tokens that they earned by participating in the program. Staff felt that the incentives helped keep youth coming back and provided an opportunity for additional interaction and personal connection.

Response to the COVID-19 Pandemic

In response to the COVID-19 pandemic which began to significantly impact the U.S. in March 2020, the Mississippi project switched to all-virtual visits using Zoom or just telephone when necessary. While staff continued to follow the curriculum during virtual visits, there were limitations in some of the interactive activities and materials that required hands on work. Other challenges of virtual visits included a lack of internet access in some areas and the inability to fully assess the health and safety of EPY and their children. In some cases, it was difficult to contact EPY to offer the virtual visit.

While these changes in service delivery were difficult, staff did see some potential benefits for participants. Staff were able to meet with the participants at any time and from any place, bringing increased flexibility. One staff commented that in the

past month, she had been able to reach nearly her entire caseload using zoom. As schools switched to remote learning, staff speculated that this could help teen parents attend school from home and reduce the chances of leaving school. Project staff did their best to stay connected and adapt in the constantly changing environment. The team tried "drive-through visits" for participants who were coming to the Health Department to pick up their WIC food packages. Staff would meet participants outside and talk in person. This allowed the case manager an opportunity to identify potential health issues or items of concern.

Summary

The challenges EPY face accessing services in rural settings underscore the importance of approaches like Mississippi's PAF program. This program incorporated the strengths of family and community, acknowledging the support they provide and the influence they have in the lives of EPY. Mississippi's existing case management program provided the infrastructure necessary for the PAF program to expand critical services to support young parents and to work with their family members. Visiting young parents in their homes was helpful in reducing some of the transportation related barriers; this approach facilitated access to services and helped with identification of other service needs. It also allowed family members to participate in some of the programming and reinforce program messages. Program staff built trusting relationships with youth, in some instances by sharing their similar life experiences in the same communities with the EPY. This trust made EPY comfortable receiving additional support and resources to further improve their circumstances. The PAF program strengthened EPY's networks, connecting them to resources and supports that would otherwise have been difficult to obtain. While EPY in rural areas typically face inequitable supports, Mississippi's PAF program was able to address these inequities in creative and thoughtful ways by identifying the youth's specific needs and barriers, and successfully finding solutions to address these barriers.

References

1 Centers for Disease Control and Prevention. (2018). QuickStats: Repeat birth rates for teens, by urbanization level of county – National vital statistics system, 2007–2016. *Morbidity and Mortality Weekly Report*, 67, 998. DOI: http://dx.doi.org/10.15585/mmwr.mm6735a7

2 Bolin, J. N., Bellamy, G. R., Ferdinand, A. O., Vuong, A. M., Kash, B. A., Schulze, A., & Helduser, J. W. (2015). Rural healthy people 2020: New decade, same challenges. *The Journal of Rural Health*, 31, 326–333. https://srhrc.tamhsc.edu/rhp2020/bolin-et-al-2015-the-journal-of-rural-health.pdf.

3 America's Health Rankings. (2021). *Health of Women and Children: Teen Births*. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/TeenBirth_MCH/state/MS

4 Pew Research Center. (2014). *Religious Landscape Study*. https://www.pewforum.org/religious-landscape-study/

About the Study

HHS/OPA contracted Abt Associates to identify successful strategies and lessons learned from the Pregnancy Assistance Fund grant program (see https://opa.hhs.gov/research-evaluation/pregnancy-assistance-fund-paf-program-evaluations/evaluation-key-strategies). The study produced six topical briefs and corresponding in-depth case studies. The six topics were identified from a review of grantee documents and input from OPA staff. They reflect the range of approaches PAF grantees took to best serve EPY needs. The topics are (1) serving system-involved (justice or child welfare) youth; (2) serving youth in Tribal communities; (3) serving youth in rural communities; (4) cross-sector partnerships; (5) policy and systems-level strategies; and (6) strategies for improving educational outcomes. For each topic, the study selected grantees from the pool of 26 grantees funded in the most recent cohort (2018-2020) and in at least one other cohort.

The briefs and case studies draw from review of grantee documents, performance data, and semi-structured phone interviews with grantee and grantee partner staff. Note that due to COVID-19 restrictions, case studies could not include the originally planned site visits.

This case study is in the public domain. Permission to reproduce is not necessary. Suggested citation: Francis, K., & Luck, R. (2022). *Mississippi State Department of Health: Serving Expectant and Parenting Youth and Their Families in Rural Communities*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services.

Disclaimer: This publication was made possible by Contract Number HHSP233201500069I, Task Order Number 75P00119F37014 from the HHS Office of Population Affairs. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs or HHS.

This brief and other related products are available at https://opa.hhs.gov/research-evaluation/pregnancy-assistance-fund-paf-program-evaluations/evaluation-key-strategies

OASH | Office of Population Affairs