

Opciones Saludables

Outcome evaluation of a holistic maternal health program



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Table of Contents

Executive Summary.....	03
Report Purpose.....	07
Program Overview & Need.....	08
Program Detail.....	10
Findings — Impact	15
Lessons Learned.....	21
Research Methods.....	26
Appendix 1: Data Tables.....	29
Appendix 2: Opciones Organizational Assessment.....	30
Appendix 3: Opciones School Assessment.....	31

Executive Summary

Opciones Saludables was a public health pilot program of Heartland Alliance, engaging marginalized and hard-to-reach pregnant and parenting youth (PPY) at a critical tipping point in their lives, along with their families, schools, and community organizations, in education and empowerment programming. The program aimed to reduce health disparities and increase the quality of life for young parents and their children now and in the future through direct service and systems change.

The program incorporated four direct service components:

1. Facilitating a series of psycho-educational workshops with an emphasis on empowerment (topics including Child Development, Self-Care, Nutrition, Fitness, Breastfeeding, Substance Use Prevention, Healthy Relationships, Mental Health/Suicide Awareness, Sexual Health, and Financial Literacy);
2. Providing space and facilitation for participants and their support system (parents/guardians, partners, and/or extended family members) to have healthy dialogues with Family Cafecitos;
3. Providing trauma-informed Individual and Family Counseling in a safe and confidential space, with a qualified clinician; and
4. Ensuring that young mothers (and their partners) have the knowledge, skills and support necessary to successfully breastfeed their babies with Breastfeeding Education and Support.

Opciones Saludables worked with schools and community organizations to enhance the supports available to PPY—aiming to level the playing field to help them attend classes, graduate, and achieve their self-identified goals. Opciones also provided training and ongoing support to Peer Mentors, PPY who have completed the Opciones curriculum and use their skills and experience to support their peers during pregnancy and along their parenting journeys.

This report documents the program model, participant outcomes, and lessons learned throughout the implementation of the pilot. It also makes recommendations around program replication and improvement, based on stakeholder interviews, program data, and participant feedback.

Recommendations: Replication and Improvement of the Opciones Saludables Program Model

Based on key findings and lessons learned, the following are recommendations for program replication.

1. Replicate components of Opciones that **worked**.



Collaboratively build and utilize a holistic curriculum that appropriately provides information in the wide range of topics that young parents need. The Opciones program development team worked with local experts in the fields of mental and behavioral health, specifically adolescent health, pregnancy and parenting, financial literacy and asset building, youth leadership development, and violence prevention and recovery. Use of the Opciones curriculum was effective: participants showed significant gains in knowledge and reported positive feedback and appreciation for the information and practical learning opportunities offered by the program. Participants also gained confidence, agency, and more positive outlooks toward their futures.



Use a trauma-informed, strength-based, culturally sensitive framework and approach to delivering services and facilitating groups. Opciones participants had survived surprisingly high levels of trauma. Appropriate training and materials developed to be trauma-informed allowed staff to support participants during a challenging and crucial moment in their lives. Participants, as well as partner staff, Opciones staff, and peer mentors, reported that the safe space created in Opciones workshops provided a unique opportunity to share, help, and be helped by other young parents with similar experiences.



Approach the work with flexibility and a readiness to adapt the curriculum and model to different populations and settings. Because of disproportionately high teen birth rates in the Latina community, the Opciones pilot program model was originally designed for a target population of Latina teen mothers. However, it quickly became clear that the need extended well beyond what public health statistics highlighted as the population with the highest need for these services. Young fathers, adult mothers, and pregnant and parenting youth from many different ethnic backgrounds benefited from the program because staff were able to adjust and become more inclusive as appropriate. Additionally, the program was originally intended to be administered in school settings, but almost immediately staff recognized and responded to the need to adjust to a wide range of different physical settings, lengths of time, and general support for the program in different kinds of schools and organizations.



Bring the program to participants. Pregnancy and parenting young children added serious logistical barriers to participants' lives. Attending school became much more challenging, never mind any extracurricular programming. Staff understood that asking potential participants to travel to another location would make it impossible for many of them to participate. Offering the program in schools or local community organizations where participants would already be not only removed some barriers for program participation, but also encouraged and supported increased school attendance. Partners shared that participation in the program did in fact improve pregnant and parenting students' school attendance.



Knit the program into an existing network. Though Opciones took a holistic, adaptive approach to supporting pregnant and parenting participants, no program is an island. The program greatly benefitted from drawing support from local expertise in the program design phase, as well as throughout service provision. Being positioned within a larger program that is highly trauma-informed and culturally sensitive and affirming, and within a much larger human rights organization, provided a ready-made professional network of support for staff. Additionally, staff and leadership proactively sought out coalitions and other groups working toward similar goals to network and collaborate with and learn from, which helped them grow their expertise and connections in the field.



Cater services to the many varying needs of pregnant and parenting youth. Opciones was different from other programs serving pregnant and parenting youth, and it provided needed supports. Though the program was psycho-educational in nature, Opciones was unique in its approach to service delivery. Partners shared that most other programs geared toward pregnant and parenting youth in Chicago took a very medical, clinical approach. While they acknowledged this was useful, partners appreciated the whole-person approach that Opciones took to working with participants. Additionally, partners shared that participants sometimes found the required home visits of some other programs undesirable or invasive.

2. Prevent or address challenges that Opciones encountered.



Proactively explore and problem-solve any limitations and requirements of potential partners that the program will rely on. Unanticipated challenges will always arise, but attempting to head some off during program design may aid implementation. Opciones was unaware of the Chicago Public School system's restrictions on data collection from students, and could have prevented some of the major roadblocks to early implementation, had they known.



Support consistent attendance by addressing participants' barriers to showing up. Opciones staff did quite a bit of work to address and remove barriers to program attendance—providing services on-site, conducting advocacy at schools and mediation with family, and much more—but some barriers persisted. Structural challenges such as lack of adequate childcare and transportation options are a few worth serious consideration in future design.



Create realistic projections of participation in different components of the program. Opciones staff, partners, and peer mentors agreed that each of the optional components of the program, namely individual counseling, were important, but take-up remained relatively low compared with workshop attendee counts throughout the 6 years of the pilot program. It may be beneficial to first gauge participant interest in different service opportunities, perhaps via a survey or group discussion, before projecting take-up/ attendance and planning staff time commitment.



Set clear, intentional expectations around communication with partners. Opciones staff learned that partner organizations struggled to communicate as frequently and proactively as necessary for efficient service provision, so they decided to essentially take on the full responsibility of communication. This meant regularly reaching out and making extra effort to check in with staff at partner organizations, and not assume that no news meant there was nothing to discuss or update. Opciones staff realized that the most realistic solution to their communication challenges was to take the onus off over-burdened partners and over-communicate with them.

3. Improve upon the model based on stakeholder feedback and input.



Conduct ongoing curriculum refinement. Over time, Opciones staff found new topics that they felt should be covered as part of the curriculum. Though it had been collaboratively developed with experts in the field, staff were open to catering the workshops to the needs of the participants. It was important for staff to have space and time to be responsive to emerging needs, to research and prepare materials to share information on new topics. In particular, staff suggested adding materials pertaining to healing from trauma, systems navigation, and miscarriage support. Staff and peer mentors also felt that building a repository of activities from the beginning, and as time went on, was valuable.



Refine program delivery model for ideal group structure. By the end of the pilot, Opciones staff started exploring different approaches to the workshop group structure. Opening groups up to fathers, co-parents, and partners altered the vibe of the cohorts, and staff were looking for ways to maximize the impact for all participants. Staff were still in testing mode when the pilot ended.

Report Purpose

This report will document the program model, participant outcomes, and lessons learned throughout the implementation of the pilot. It will also make recommendations around program replication and improvement, based on stakeholder interviews, program data, and participant feedback.

Between 2012 and 2018, Heartland Human Care Services (HHCS) developed and implemented Opciones Saludables, a comprehensive wellness and prevention program for pregnant and parenting youth in Chicago, focused on making healthy choices, developing healthy life skills, and promoting long-term positive health outcomes. Opciones was funded by the W.K. Kellogg Foundation as a 3-year pilot program, and received additional funding for another 3 years of programming in 2015. The program evolved and developed new components over the 6 years, but maintained the same goals and core strategies. The first 3 years of the pilot focused on implementing and refining the core components and investing significant time in the peer mentor cohort. In the second grant cycle, additional components were added to the core program, and energy was focused on expanding its reach to more participants. At the beginning of the second grant cycle, Opciones Saludables/Healthy Options changed the name of the program to Nuestras Decisiones, Nuestros Futuros/Our Decisions, Our Future (NDNF) to reflect the expanded focus and participant-centered nature of the program. Throughout this report, the two iterations of the model may be highlighted separately in order to explain the evolution of the program, but the name Opciones will be used throughout.

Program Overview & Need

PROGRAM GOALS: Opciones aimed to reduce disparities in health outcomes by increasing participants' knowledge of health, parenting, and their rights, as well as bolstering their self-image and social support network.

Opciones Saludables was developed because, despite declining teen birth rates and some decrease in racial and ethnic disparities in recent years, disparities still exist. In 2017, there were 18.8 births for every 1,000 women aged 15-19; 13.4 for white teens, 27.6 for black teens, and 28.9 for Hispanic teens.¹ Despite dropping rates overall, the persistence of any teen births indicates the need for additional supports and services. Most teen parents have suffered more trauma than their non-parenting peers—and are more likely to have been exposed to adverse childhood experiences (ACEs) than other adolescents.² A history of sexual abuse, as well as other ACEs, are risk factors for adolescent pregnancy.³ Exposure to ACEs is correlated to involvement in teen pregnancy for not only young women, but also for young men.^{4,5,6,7}

Raising a child as a teenager can have long-term negative impacts on young mothers—on both their physical and mental health.^{8,9} Teen mothers are also much less likely to graduate from high school than non-parenting teens.¹⁰ Further, having a teen mother can lead to negative outcomes for children—compared to children raised by adult parents, they are less likely to graduate high school, more likely to have health problems, be incarcerated, face unemployment, and be a teen parent themselves.¹¹

PROGRAM EVOLUTION

Target population

The initial design of the program highlighted Latina teen mothers as the target population, due to disproportionately high teen birth rates in that demographic group. In response to community need, staff were much more inclusive than to only focus on that demographic, and provided services to mothers, fathers, and other caregivers of all ages and racial and ethnic backgrounds.

Nuestras Decisiones (years 4 – 6)

The original program model consisted of the core workshop series and peer mentorship opportunities. Additional components were added to the program in the second half of the pilot: additional breastfeeding support services, and Family Cafecitos, or family workshop discussions.

However, sex education is effective at increasing healthy sexual behaviors and contraceptive use.¹² Additionally, studies on the relationship between ACEs and teen pregnancy recommend implementing interventions to address the impacts of trauma to prevent adolescent pregnancy and childbearing. Opciones aimed to not only provide sex education, but also address many of the other social determinants that could impact participants' long-term health and well-being.

The Opciones Saludables program model evolved over time, but consistently took a holistic approach to providing education and support to pregnant and parenting youth in Chicago. The main goals of the program were to empower participants with resources and education in order to help them make healthy choices, reduce unhealthy behaviors, and improve their health literacy by providing culturally sensitive information in plain language.

At its core, Opciones consisted of a standard curriculum, which was used by program staff as the basis for interactive workshops with small groups of young parents. These workshops were facilitated in schools, community organizations, and youth residential centers, and covered topics that included child development, sexual health, healthy relationships, nutrition, substance use, and more. The program also incorporated a peer mentoring component and had individual counseling available to participants. In years 4 – 6 of the pilot, additional breastfeeding support was provided to participants as well as family support sessions in addition to the core workshops.

Program Detail

The Opciones Saludables program was developed with intentionality to meet the needs of pregnant and parenting youth. It included core components of: a multi-workshop curriculum facilitated by professional staff; a peer mentorship program; individual and family counseling; a family workshop series; breastfeeding support services; and individual and systems-level advocacy.

Participation in Opciones by year						
	Participants engaged in workshops	Participants who completed 5 or more workshops	Participants engaged in individual/family counseling	Participants engaged in Family Cafecitos	Participants engaged in breastfeeding support groups	Partner organizations
2013	32					
2014	78	60	15			6
2015	115	83	16			11
2016	100	55	2	17	5	13
2017	110	54	5	15	14	16
2018	136	55	10	292	65	18

Program development

To initially develop the program model for Opciones Saludables, HHCS assembled a steering committee, leveraging staff expertise in the fields of mental and behavioral health, youth leadership development, public health, violence prevention and recovery, asset building, and research and evaluation. They also initiated a subcontract with the Illinois Caucus for Adolescent Health (ICAH) to collaboratively develop the curriculum for the program. They decided on an 8-module curriculum base for the program, taking a holistic psycho-educational approach to providing support to participants. The first year also consisted of partnership development, setting the stage to bring the program to 6 host sites—primarily schools, but also social service and community organizations. In the first year of development, program leadership also recruited the first cohort of peer mentors, who then helped to further develop the model, inform implementation, and lay the groundwork for ongoing evolution of the program based on participant input and leadership. From the beginning, the Opciones program provided all services in Spanish and English to ensure that participants could communicate with staff in their first language. Staff also worked with interpreters when necessary for participants who spoke languages other than Spanish or English.

Goals

The initial program goals were ambitious, with objectives in multiple health and well-being domains:

★ *Goal:*

- To improve socio-emotional health outcomes among Latina youth and reduce ethnic and racial health disparities.

★ *Objectives:*

- Strengthen families and decrease violence in the home and in the community
- Increase physical activity and healthy eating behaviors
- Reduce prevalence of smoking and substance use
- Reduce sexually transmitted diseases and delay pregnancy
- Increase financial self sufficiency
- Reduce barriers to health care access

Over time, staff saw the need to broaden the goal to be more inclusive in the target population, but continued to target pregnant and parenting youth of color to reduce health disparities. They also decided to simplify the objectives in order to ease administrative burden for staff and participants, but still have the ability to measure their progress through pre- and post- tests and other measures.

Program components

The program was made up of a number of components, some added in the second funding grant cycle.

★ *Partnerships*

The development of strong, multi-year partnerships was a fundamental element of the program. The majority of services offered by Opciones were intentionally provided on-site at partner organizations to make them more accessible to participants. These partner sites included alternative and mainstream public schools, community-based organizations, social service organizations, and residential youth programs¹. Opciones staff assessed potential partner schools and organizations prior to initiating services, in order to work through challenges and barriers before recruiting participants (see appendices 2 & 3 for assessments). Staff also collaborated with other on-site service providers and adjusted services to be complementary to partners' offerings.

★ *Core workshops*

The foundation for the program was the curriculum, which was delivered in an interactive, small group cohort workshop format. It was initially developed to provide eight modules, or 2-hour workshops, for participants. Workshops were facilitated by family support specialists, the program manager, the community liaison, and co-facilitated by peer mentors.

¹Opciones partnered with Heartland's Unaccompanied Children Program to provide services to youth in their care who were pregnant or parenting. An unaccompanied child is an immigrant child under 18 years of age who has traveled to the United States without a parent or guardian. Many unaccompanied children make the journey to the United States to escape violence, including domestic violence, exploitation or persecution in their home countries. For more information, see: [The Facts About Unaccompanied Children](#)

Topics covered in the workshops included:

- Child development
- Nutrition and fitness
- Breastfeeding
- Healthy/unhealthy relationships
- Healthy communication
- Violence prevention
- Sexual health
- Self-care
- Alternatives to substance abuse
- Mental health
- Suicide awareness
- Financial literacy

The curriculum was intended to be flexible and catered to the needs of different groups—it was a base to start from. One of the first adaptations was the length of the workshops. Though it was initially developed to be delivered in 2-hour sessions, staff quickly discovered that in order to better integrate into school settings, they had to condense the workshops to different lengths of time—anywhere from 45 to 75 minutes, depending on the school day structure at different partner sites. They also found that schools and other partner organizations were often willing to allow Opciones to stretch the curriculum into more than 8 sessions, which helped give them time to still cover each module adequately.

Program staff also had to continuously adjust for different group sizes, varying group dynamics, and new elements such as activities that went particularly well or poorly. Needs were often different in community organizations with older parents than in schools with younger parents. As the program became more inclusive of more than just Latinas and young women (they began to welcome fathers to groups), it led to more need for adaptation.

To accomplish this ongoing programmatic evolution, staff frequently discussed what worked and what didn't go well. Staff who facilitated workshops shared resources and activities with one another, and discussed challenges together and with their supervisors in one-on-one meetings. Facilitators were encouraged to leverage their unique strengths and be creative to build upon the curriculum, but the collaborative approach ensured that other staff members agreed on appropriate materials. Program leadership also supported staff to make the most of their strengths by connecting each facilitator to sites they would most likely succeed in (some staff had more experience working with adolescents, while others were more comfortable working with the older parents, for instance).

This ongoing program development required an investment in committed staff with specialized training, ongoing professional development for staff, as well as continued effort toward network and coalition building. Over the years, the program manager became a trusted resource for her team and for partners, as she became: a fellow at the MidAmerica Regional Public Health Leadership Institute (MARPHLI), sponsored by the University of Illinois (wherein she developed the 'Family Cafecitos' component); a Certified Lactation Counselor (CLC); and a Professional Birth Doula. Staff also attended trainings on talking about sexual health with youth, and to support their expansion of workshops to include fathers.

Participant and Peer Mentor stipends—a sub-component of the curriculum was the financial support/incentive that participants received for attending workshops. Participants received gift cards for attending and completing workshops, which helped staff to initially pull in new participants. Peer Mentors also received stipends for their input, support, and work in the program. During the second grant cycle, stipend amounts were reduced due to reductions in funding, which, paired with the geographic expansion of the program, created barriers for Peer Mentor leadership and engagement.

★ *Peer mentors*

The peer mentorship component of the program was a key feature of Opciones Saludables from the beginning—members of the first cohorts were offered the opportunity to apply to become peer mentors. Once selected, they received ongoing training and support and provided their lived expertise to continuously refine and improve the program model. Peer mentors received training on lactation support, domestic violence, CPR, and more. They served as advisors to program leadership and staff, co-facilitated workshops with staff, and co-led breastfeeding workshops. Over the years, anywhere from 4 to 8 peer mentors remained engaged with the program. Peer mentors received stipends as payment for their contributions to the program.

Peer mentors also led special projects for Opciones. For example, in 2014, they won a grant writing competition with Mikva Challenge. They proposed research on the impact of art therapy on young mothers' stress levels. The award enabled them to receive training from an art therapist on the basics of art therapy, then facilitate sessions with participants. They received positive feedback from participants, and later presented their project at the Mikva Challenge Action Civics Fair. Additionally, peer mentors created and led a group, Mami and me, which was essentially a bilingual social support group for moms to connect and spend time together in the community and communicate over social media.

“It actually has influenced me a lot. It’s actually one of the main reasons why I’m in the field and job that I have now. Now I work at Heartland Alliance, but I decided to do that because of the peer mentoring. I wanted to do more. I feel like doing that little bit of work encouraged me and showed me that I wanted to do more, cause like I said, I signed up out of curiosity like, Oh let me see what this is. And it really opened my eyes and I love doing social work.”—Peer mentor

★ *Individual and family counseling*

Participants of Opciones were offered referrals for free individual or family counseling with clinically trained staff. Services were offered at Opciones' main office, or on-site where participants attended workshops. Counseling was primarily provided by the program's associate director.

★ *Family Cafecitos*

In the second grant cycle (years 4 – 6), Opciones added the Family Cafecitos component. They intended to create space for participants to have open discussions in a safe, supportive environment with their family members or other social supports. The goal was to strengthen familial (or social) bonds through discussion of topics such as cultural differences related to parenting, shifts in family dynamics, creating and maintaining healthy boundaries, healthy relationships, and effective communication. The curriculum was developed by the program manager, in collaboration and under advisement of program staff and leadership and peer mentors. They were primarily facilitated by the program manager and the program's AmeriCorps volunteer.

★ *Breastfeeding workshops and support groups*

Based on suggestions from peer mentors and past participants, Opciones also added specialized workshops focused on supporting breastfeeding in the second funding cycle. To effectively fulfill this need, the program manager was trained as a Certified Lactation Counselor (CLC), and peer mentors received lactation support training. The groups were co-led by the program manager and peer mentors.

★ *Advocacy*

Though not an official component of the program, staff conducted individual and systems-level advocacy, particularly at public schools. Primarily the program manager, but all program staff to some extent, provided education and technical advisement to students and school staff to support them as they made required accommodations for pregnant and parenting students under Title IX and Illinois House Bill 2369, which require public and charter schools to provide reasonable accommodations to breastfeeding students. Opciones staff also developed an organizational assessment to conduct with different sites and make specific recommendations to drive action. They also conducted breastfeeding advocacy trainings for partner organizations.

“So there is a lot and has been a lot of advocacy work, even though it wasn’t an official, I guess, part of our proposals, there was still a lot of advocacy that was done. It had to be done. We couldn’t do this program without that.”—Opciones staff

Participant demographics

At intake, most participants (83%) were between the ages of 15 and 20 years old, with ages ranging from 13 to 49 years old, and an average age of 19. At intake, more than one third (38%) of participants reported they were pregnant. Over half of the participants (68%) already had children at intake. Most of those with children reported having only 1 child (77%), but 13% reported having 2, and 9% reported having 3 or more. Ages of participants’ children (or youngest child if they had more than 1 child) ranged from less than 1 month to 12 years old, averaging at 14 months.

In years 4 – 6 of the pilot, as programming expanded to be more inclusive, additional demographic data were collected. In those years, the majority of participants were still female (87%, or 299). Latinx participants made up the largest ethnicity in the program (59%, or 201) and Black/African American were the second largest ethnic group (31%, or 105 participants). Smaller numbers of participants also identified as white, Asian and Pacific Islander, Chinese, Bi-racial, and Native American. A variety of languages were spoken by participants, with most speaking English (74%) or Spanish (24%).

Findings—Impact

Based on program data analysis, participant feedback, and stakeholder interviews, we know that after taking part in the Opciones Saludables program, participants showed or reported an increase in knowledge, connections to supports and resources, and confidence.

Participants learned about taking care of themselves and their children.

Over the six years of the pilot program, staff administered pre- and post- assessments with participants to measure changes in knowledge, behavior, and attitudes around the core topics covered in the curriculum. The assessments themselves changed from the first grant cycle (first three years) to the second (fourth through sixth year), but covered similar subjects from the core curriculum.

Overall, in both grant cycles, participants' knowledge increased from the beginning to the end of their involvement in Opciones.² The assessment was more extensive in the first 3 years of the pilot, so we can ascertain participant knowledge gain and behavior change in a little more detail.³ In the first 3 years, participants:

- ↑ increased their positive money management habits
- ↑ slightly increased physical activity and fruit & vegetable consumption
- ↓ slightly decreased their TV-watching time
- ↑ showed an increased intention or follow-through to breastfeed
- ↑ showed an increase in positive feelings about breastfeeding
- ↑ increased the number and/or frequency of bonding activities they did with children
- ↓ showed a small decrease in risky behavior and
- ↑ showed a small increase in ability to identify alternative options to those risky behaviors
- ↑ showed an increase in positive self-image

In years 4 – 6 of the pilot, participants showed a significant increase¹ in overall knowledge pertaining to child development, bonding with their child, sexual health, positive relationships, negative relationships, and breastfeeding. Though we cannot break out each component as with years 1 – 3, program staff also began administering a stress assessment in year 4, to measure any change in participants' stress levels from the beginning to end of their involvement in Opciones: participants' stress levels did not change significantly.

In years 4 – 6, participants who took part in the Family Cafecitos reported having learned new things, as well as intention to share information with others and to try to do things differently based on what they learned in the sessions.

² Increase in scores was statistically significant, using paired T-test analysis and Wilcoxon signed rank test analysis.

³ Detailed topical knowledge gains were not tested for statistical significance.

Cafecitos Topic	% of participants reported that they would do something differently based on what they learned in the Cafecito	% of participants reported that they wished to talk more about the topic covered in the Cafecito	% of participants reported that they were likely or very likely to participate in another Cafecito
Boundaries	76%	35%	93%
Conflict Resolution	84%	35%	88%
Healthy Relationships	88%	33%	85%
Parenting Styles	88%	40%	86%
Stress Management	92%	43%	92%

Opciones staff, staff at partner schools and organizations, peer mentors, and past participants reported that they believed participants gained important and helpful knowledge through their involvement in Opciones. In interviews, program and partner staff shared insights on the need for this kind of educational opportunity for pregnant and parenting youth. They reflected honestly about the lack of other supports for young parents to learn about what to expect, how to prepare, and how to navigate becoming a new parent. They shared that many parents of pregnant or parenting youth were not fully on board with their child having a baby, resulting in a lack of support that expecting or new parents needed. Additionally, young mothers' partners, when they planned to co-parent, often knew even less than they did about pregnancy, birth, and child rearing. Partner staff also gathered that their students were not getting as much information from their healthcare providers or other institutions as they needed, and were generally being left without much guidance or education about the huge life changes they were about to undertake.

Peer mentors, who were all past participants, confirmed that they found all of the information they received to be very needed and useful—both from their experience as first-time participants and in their further training as peer mentors.

Through class feedback forms, program participants also shared that the information had been helpful to them. Most asserted that every topic covered was useful and they only wished for more time to discuss and learn. Some participants identified favorite modules, including breastfeeding, healthy relationships, and child development, as well as safe sex and birth. They also shared that they had or would begin to use what they had learned, particularly about breastfeeding, communication and healthy relationships, nutrition and exercise, self-care, child bonding activities, and safe sex practices.

“I’m pretty grateful about Opciones because they have, they taught us a lot. We went through a CPR training as well. We did a lot of things. If you were to ask me (about) all the things we did, I wouldn’t be able to finish because we went through a lot of high schools; we did a lot of trainings. The opportunities were there. It was just like everybody had the option to take them or to leave them. And I was pretty open to take advantage of the opportunities. I couldn’t do all of them, but I tried to do all of them.”—Peer mentor

“I took a domestic violence 40-hour training as well—it was part of Opciones and I really learned a lot about domestic violence and the laws. I learned a lot. I also took a domestic violence stalking and harassment training and it was part of Opciones—they were the ones that asked if I was interested in taking the training and I said yes. So I got the certificate.”—Peer mentor

Partner program staff shared that many participants in youth residential programs, who were new arrivals to the US, learned a great deal about taking on a new parenting role in a new country, which was a bit of a life and culture shock for some. Some of these participants had not been, and had not been expected to be, the sole primary caregiver for their children in their home country—this had been a shared responsibility with other family members, and they may not have even been the 'adult in charge' of their child's upbringing. In the US, these young parents were at least temporarily without that family support, and were learning to take new ownership of their role as parent. Staff observed young parents learning to bond with their children and develop stronger relationships.

These participants also learned about how laws related to parenting and caring for children in the US may differ from those in their home country, and about the new systems they may now need to navigate. Opciones staff supported participants who became involved with DCFS by explaining the seriousness of this system involvement and potential consequences of not fulfilling follow-up requirements such as additional parenting classes. Participants appreciated learning about these systems and support offered to advocate on their behalf of themselves and their children.

Staff also shared how much participants learned about their rights as new parents generally, and more specifically around breastfeeding. One participant, for instance, had been told by staff at the community organization where she received services that she would not be allowed to breastfeed in public. Program staff informed the participant and partner staff that the opposite was true under Illinois law—this fact was impactful for many partners and participants.

“I learned about breastfeeding. They (Opciones) provided a breastfeeding peer training through another nonprofit. As a teenage mom, being in the hospital, they don't really give you that information. I'm not sure if that's because the age or the ethnic background or what it is, but I never really got information much about it, even as a teenage mom, (and) my second son as an adult. Opciones provided that for me, it's, I just feel like it's because of the program that I know a lot, much more the benefits of it (breastfeeding)”—Peer mentor

“I think the resources that I got (and learning about) some of the laws, like breastfeeding in public being approved in Illinois and stuff like that. Like, I didn't know about that before. But with Opciones they let us know that it's a law that we are able to breastfeed. And if it wasn't for Opciones, I wouldn't have even known that we could breastfeed in public. Like it's, it's something that we learned from Opciones. Cause there's a lot of people that don't know that there's actually a law that you could breastfeed in public. And I'm a person that had breastfed my daughters. Maybe to some people it seems like it's a little but to me it's a lot. I learned a lot from Opciones.”—Peer mentor

Participants also got connected to new resources and social supports.

Opciones and partner staff shared that young parents not only lacked crucial information about pregnancy and child rearing, they also did not have the vital connections to resources and social supports that would ease their transition to their new lives prior to involvement in the program. It takes a village, and Opciones played a key role in connecting participants with communities and resources that they needed. Much of the material covered in the curriculum went beyond sharing information—it also explained how to access the tools and supports one needs to be healthy and raise a healthy child. For many, the group setting of the program opened their eyes to the fact that they weren't alone and it introduced them to peers and adults they could trust and talk to. They were encouraged to ask questions and bring up topics that they wanted to discuss. This led to participants making more connections with staff who became trusted supports and in participants supporting one another.

Many participants shared that their favorite activity in class was just talking—about everything that was happening to them, personal experiences, breastfeeding, giving each other advice, writing about themselves through a strengths activity, and about their relationships. Opciones provided them a unique space to have open dialogue with people they could relate to and who were going through the same things they were going through.

Through lessons on communication and relationships, participants were able to strengthen their personal relationships outside of the group. This made having hard discussions with parents, family members, partners, exes, and friends more possible, which ultimately improved their support network since it allowed them to confront issues with their allies and to set boundaries with people who were a less positive force in their lives.

"I already began doing some of the activities I learned with my son. I also started eating some organic food and less junk food"—Participant

"Just being able to talk about our concerns, questions"—Participant (favorite activity)

"I learned of every information she gave me because there were many things I didn't know and if I did, I didn't know the cons."—Participant

"Talking about almost everything that I didn't know"—Participant (favorite activity)

Staff and partners also shared that involvement in Opciones often led to improved school attendance, which kept other streams of social support and resources open to them. This added benefit helped participants complete more of their education, which would help them in the future. Partner staff shared that in many schools, rather than trying to support and encourage their pregnant and parenting students, schools openly or inadvertently encourage them to drop out or transfer to an alternative school. One partner openly shared that, before discovering Opciones, they and most other schools simply didn't have a strategy to support these students beyond pushing them out or letting them fall off on their own. Residential program staff shared that their response to the unique needs of pregnant and parenting youth was very reactive and varied depending on staff experience and knowledge, which often felt insufficient. Not only did the support of Opciones provide partners staff with a valuable resource for participants, it also helped them develop a stronger response system within their program for pregnant and parenting participants.

Participants gained confidence and agency.

From interviews with staff and partners, it appeared that much of the lack of education and information, as well as connection to resources, was intricately intertwined with participants' feelings of isolation, and sometimes shame and fear. Most participants were minors and had not yet developed their own identity as parents or adults—up to this point, they had been children, then teens. They may not have had safe opportunities to practice advocating for themselves or being assertive with authorities such as professionals in the health care or social service fields. They had not learned to navigate systems for themselves extensively yet; so, being thrust into caring and ultimately being responsible for the wellbeing of an infant was a shock for which they needed support as well as help with stepping into that role.

“Well, everyone knows [that the] program is focusing on expecting or already parenting youth. And I think that as a minor, they don’t have a safe place to gather this information. You know, may not have a safe place to ask questions even amongst their peers, even, whether at school or family members, there’s this thing—why are you asking that? Or, you shouldn’t be asking questions. So I don’t think they just have that safe place. And so creating that environment for them where they’re able to learn and say, wow, I didn’t know that. You know, I didn’t know that about STDs. I didn’t know you transmit it this way or I didn’t know this about this type of contraceptive, can you give me more information about this one versus this one? You know, just really being able to engage in a full conversation, I think was very important for this demographic.”—Opciones staff

“As a teenage mom, I thought I was like, one of the only, not the only one, but I didn’t know that there were a lot of girls out there going through the same thing, if not even worse. So, it did like show me a different perspective in life in general.”—Peer mentor

“The most helpful (thing about) Opciones was they gave you a safe space to talk, like to a counselor or somebody; they could hear you out and we could seek (them out) for help. Like if we need the help going to a location, or anything that we need help with, like extra resources, they were able to extend their hands for the help with anything”—Peer mentor

“Yes, I think it has helped him (see) that we need to do the best for our daughter. Like, it’s not even because we’re not together; we aren’t supposed to be fighting, it’s just for the best of our daughter. (Opciones staff) helped to make him see that and to be able to pay more close attention to her and to be more involved in her life and the way that he needs to take her out and stuff like that. (Opciones staff) gave him some ideas on resources of where to take her out during the summer, like the library and different places. And she gave some recommendations of some books that will help.”—Peer mentor

“Being able to talk about personal problems/situations”—Participant (favorite activity)

Interviews and participant feedback indicate that the program provided the help that was needed by many of its participants—staff and partners witnessed changes in their participants that showed enormous personal growth and development. They also reported that participants felt more connected, supported, and able to move forward. Once participants had the necessary information on existing opportunities, as well as information about their rights, many took leaps toward a healthy future. Opciones staff shared examples of how past participants had used what they’d learned to take control of things they hadn’t realized they could previously:

- * One participant changed doctors at 36 weeks because she felt the doctor wasn’t listening to her and what she wanted.
- * Another participant got a job after being encouraged to apply and then being informed and reassured that it’s acceptable to follow up after some time had passed.
- * Multiple participants in one group talked through options around filing for child support, and confronting discomfort and fear around implications with their children’s fathers.
- * A participant in a residential program began speaking up with staff, advocating and asking for what she and her baby needed.

Partner staff in residential programs witnessed major changes in the self advocacy skills of the young parents in their programs. Prior to Opciones support and guidance, participants would typically respond to feelings of unmet needs and lack of agency by disrupting programming and refusing to participate in required activities as their sole means of protest. Through coaching from Opciones staff, participants learned to proactively and constructively articulate their needs to partner program staff, and to become much more solution-focused in their responses to barriers. In a residential program setting, participants generally have limited freedom or independence, but the Opciones program also initiated more opportunities for choice, agency, and developing life skills, such as shopping trips to select clothing for their children.

“I learned to value myself”—Participant

“I learned you can only pour from a filled cup so take care of yourself before others”—Participant

“I gained a lot more confidence being a teenage mom. I wasn’t as embarrassed or ashamed or, um, not, ...sorry.... I’m getting emotional. (...) Um, yeah, that’s how it changed me.”—Peer mentor

“I feel like I see things differently. Like, I would like to help out more. If it wasn’t for Opciones, maybe I would just be a person that was closed. But I’m totally open to like the Facebook account (Opciones group). Like, trying to gather with other moms, talk to them, see how we could help each other out with our experiences, like I breastfed and I helped some of the moms on Facebook be able to get that resource and that help for them. How to latch on the baby and stuff like that and I would send them to (Opciones staff), but that helped.”—Peer mentor

Lessons Learned

To replicate and improve upon the Opciones Saludables model, program developers should recreate the elements of the program that were particularly effective and important, learn from the challenges that the program overcame, and continue the refinement work that staff undertook throughout the life of the program.

What worked?

1. The curriculum provided a strong foundation for the program.

Staff, partners, peer mentors, and participants felt that the holistic and comprehensive curriculum was a helpful base for the psycho-educational group setting wherein the program took place. Participants valued all of the topics covered in the modules, as well as the opportunity to learn together in a small group of peers.

2. Using a trauma-informed, strength-based, culturally sensitive framework when facilitating the groups was crucial.

The curriculum was designed to be trauma informed, strengths-based, and embrace participants' cultural backgrounds. Staff were trained to deliver services using that framework. Staff and partners expected some of the potential participants would have experienced trauma. However, the level of trauma participants had survived, which was uncovered throughout the program, surprised staff. Having individual counseling available as one of the program components was important for this reason as well.

3. The flexibility to adapt the curriculum to different audiences and settings was also vital.

The varying logistical requirements of each partner site demanded flexibility and adaptation, but staff appreciated the freedom to use the curriculum as a strong base to build from. Some sites had only shorter blocks of time to work within, while others allowed for longer sessions than for what the curriculum was originally designed. Staff also found it necessary to adapt to different group sizes, groups with different dynamics, and whatever participants were dealing with on any given day. They noted that some groups were made up of participants who needed more activities to open up, some were made up of mostly youth who were already parenting, and others were mostly made up of still pregnant youth. Some groups had both male and female participants, and each group was made up of participants dealing with different challenges. Some sites also had other service providers that Opciones then worked with to complement each other's offerings.

To achieve this level of flexibility and adaptation, program leadership encouraged creative exploration of finding what worked, and a collaborative work environment where staff shared ideas and learnings. Leadership also leveraged each team members' strengths to maximize the different areas where the program could make an impact. Additionally, they invested in professional development and intentional network and coalition building.

4. **Bringing the program to participants was necessary.**

Staff and partners shared that young parents craved the supports provided by the program, but faced a lot of challenges that stood in the way of participating. Bringing the program to sites that were convenient to participants, such as school or a residential program setting, mitigated a lot of those barriers. Staff found that when components were offered at locations that were out of the way for participants, it was much more difficult for them to participate.

5. **Knitting the program into an existing network made it stronger.**

From the beginning, Opciones was developed through collaborative effort and intentional outreach and connection with other experts and service providers in the field, and program leadership continued to invest in building these networks throughout the pilot. This helped Opciones continuously evolve, improve, and expand its reach. The fact that Opciones was embedded within a larger human rights and supportive service organization, and more specifically couched within a highly trauma-informed violence recovery program, provided important supports and resources.

6. **Opciones was different from other programs serving pregnant and parenting youth, and it provided needed supports.**

Staff and partners generally felt that while there are other organizations providing services for pregnant and parenting youth in Chicago, none are quite like Opciones. The unique framework and combination of services, especially the fact that it took a holistic approach, was trauma informed, and created a safe open space for dialogue, was particularly valuable to partners and participants.

What were some of the challenges?

1. **Initial ramp-up and partnering with Chicago Public Schools was slow because of curriculum approval barriers.**

One of the first challenges for program staff was developing strong partnerships with key institutions—namely, Chicago Public Schools (CPS)—to offer the workshops to more participants. Although during program development, leadership staff had connections to organizations with expertise in relevant issue areas, they hadn't yet established a large number of partner sites where they could offer services. The gateway to a strong partnership with CPS was getting the curriculum approved by its review board—once they had an approved curriculum, they anticipated far fewer barriers to reaching more pregnant and parenting students. Without the approval, the program could technically provide services in the schools, but the schools were more hesitant to give them a chance.

One of the hurdles to being an approved curriculum was in fact CPS's concerns around its method of measuring progress toward the program's proposed outcomes. Opciones staff developed a tool to measure outcomes related to changes in knowledge, attitude, and behavior in order to report to the program's funder. However, CPS's feedback indicated that it generally restricts approved curriculums to only measure change in *knowledge*. Any other assessments would need to be reviewed by the CPS Institutional Review Board (IRB), because there were concerns that the data collection may actually be considered research. Since the program was not conducting research, but measuring changes for the purpose of program monitoring and improvement, Opciones leaders decided it would not be appropriate to apply for IRB review. Instead, they made changes to their proposed outcomes and corresponding assessment in the second round of funding—this allowed them to limit indicators to only knowledge gain, and to align those indicators to proposed outcomes to the funder.

Once the assessments were adjusted to CPS requirements, the curriculum was approved. By that time, Opciones had also become a highly trusted partner to many alternative schools and some other CPS schools that had given them a chance. Between existing partnerships and the mobility of staff from school to school, the number of partner sites quickly grew and Opciones was able to reach far more participants through CPS (see *table on p. 10*).

However, initial challenges partnering with CPS were only one facet of the difficulties staff faced in ramping up the program. As Opciones became known as a reliable, high quality service provider, the number of sites multiplied, but staff first had to convince those initial partners to allow them a chance to prove their value. In the beginning, the program manager was primarily responsible for securing these partnerships, and used many forms of outreach. She persistently called, emailed, and sometimes showed up at schools and organizations hoping for a meeting if other outreach wasn't effective. She also joined local networks and coalitions both to continue to improve Opciones and to make more connections with other potential partners. Additionally, she continuously broadened her geographic scope and began working with schools and organizations all over the city.

This eventually paid off and, as explained above, initial partners became allies in later expansion. In fact, by the 5th and 6th years of the pilot, Opciones struggled to meet all of the requests for services that they received—they didn't have the capacity to partner with everyone who requested their support. They became a highly trusted partner, often collaborating with school counselors to work with students and their families to try to pull them back into school and the workshops.

2. Participant attendance was initially low because of transportation, childcare, and other barriers.

Despite providing services on site, participants who were engaged with the program still struggled with school and program attendance. Partners and program staff reported this was generally due to obstacles such as transportation, childcare, and juggling a lot of other demands in their lives. Some participants also had jobs, which added another element competing for their time. Some partner sites provided childcare, but there were still challenges that most parents face—for instance, children can't attend daycare when they are sick. There are simply more demands on a person's time when caring for a dependent rather just themselves, which makes school and program attendance more difficult.

Opciones staff worked to mitigate the impacts of these barriers by being flexible and pushing schools to be more flexible with pregnant and parenting students. For example, staff tried to persuade schools with early hour requirements (before childcare is available) to be lenient with parenting students and allow them to make up required activities at different times. Opciones staff also suggested to participants to re-engage with the program when they were ready, if the barriers keeping them from participating were too great or time-limited (some participants dropped off after giving birth, needing to stay home with their baby for some time). Participants could re-join in the next cohort to participate in workshops.

3. There was low participation in some components of the program.

Beyond initial challenges growing their partner list, staff also struggled to engage participants in some components of the program. Specifically, participants were generally not eager to take part in **individual or family counseling**. Staff still felt it was an important component and support for those who chose to participate, but they found that few actually took advantage of it. They reported that a staggering amount of trauma was uncovered through the group discussions, and they made referrals to counseling when they felt that the service could be beneficial to a participant. However, the take-up numbers remained relatively low. Staff found that it helped to offer the counseling on-site, rather than ask participants to travel to their office, but participation still never took off at the same rates as some of the other components.

In the second round of funding, when the newly added **Family Cafecitos** became available, staff also struggled to engage participants in the new component. Participation numbers remained low in years 4 and 5 of the pilot. Staff reported that any challenges participants faced in attending the core workshops were only compounded when trying to bring in additional participants. Parents or other supports for participants often had a hard time attending groups, as they were also juggling competing demands such as work, school, or caring for children. Again, staff mitigated this barrier by being as flexible as possible with any logistical hurdles participants faced, which helped, but didn't fully solve the problem.

In the final year of the pilot, participation in the Cafecitos exploded as Opciones leveraged partnerships with Metropolitan Family Services (MFS) and UCAN to offer Cafecitos to students and participants of their programs who would benefit from it. Opciones brought on an Americorps volunteer to help meet the demand for this component, which was vital—current staff were stretched to capacity with the high demand for core workshops. Staff also began to incorporate some of the lessons from Cafecitos into core workshops as they got positive feedback from participants.

There was also some resistance to the newly added **breastfeeding component** in years 4 – 6. Opciones provided additional breastfeeding support groups where partner schools/ organizations could make accommodations and there was participant interest. In some cases, participants were past the breastfeeding stage of parenting, so interest was low. In other cases, schools were reluctant to advertise or even offer the service, fearing that it could be interpreted as promoting teen pregnancy. Some schools also didn't see the necessity to make the accommodations for the groups or for students to breastfeed while at school. In response, Opciones staff conducted advocacy around Title IX and Illinois House Bill 2369, which require public and charter schools to provide reasonable accommodations to breastfeeding students. This education and encouragement pushed many schools to problem solve and make adjustments to better support their students. Participation remained lower than staff had projected, possibly due to logistical challenges already noted, so staff incorporated additional breastfeeding support into the core curriculum when appropriate and/or requested by participants to ensure the support was available.

4. Communication with some partner organizations was challenging and created logistical difficulties.

Opciones staff shared that strong communication with partner staff was very important. When this went well, it allowed them to provide the best possible services for participants—Opciones and partner staff could share updates and concerns about how things were going in general, suggestions to make things work better, and keep one another in the loop about logistical changes. Opciones staff had serious challenges when partner staff were unable to communicate as frequently as necessary. Opciones staff learned to reach out frequently and send reminders to ensure there were no scheduling changes, lest they show up at sites and there were no participants present. Unfortunately, they learned how to best prevent this through trial and error. Staff became very persistent in their communications so that they would not travel across the city for naught. They understood that most sites have many partners and quite a bit to logistically coordinate, so were sympathetic about the challenges, but still worked to prevent these mistakes whenever possible.

Additional suggestions for programmatic improvement – staff, partner, and peer mentor recommendations:

Beyond the lessons learned, staff, partners, peer mentors, and past participants had ideas for the next evolution of Opciones Saludables, should that opportunity arise.

- ★ **More activities, and activities that include children.** Generally, staff found highly interactive methods, such as games, to be the most useful tools to facilitate workshops and teach the material. While they appreciated the freedom to build upon the core curriculum and find and develop their own activities that they found effective, they suggested developing a bank of options to use prior to starting the workshops. They built a repository over time, and found it helpful to have back-up plans available in case they were needed.

Peer mentors also suggested additional activities, possibly outside the standard workshop structure. They suggested more opportunities for participants to bring their children to group settings and spend time together or have facilitated workshop activities or learning opportunities with their children present. They also felt group outings could help build confidence and group bonding for participants. Similarly, staff suggested outings or field trips to practice going to new places and exploring opportunities (museums or libraries, for instance).

- ★ **Continue to build upon curriculum—include additional topics focused on system navigation and healing from trauma.** Opciones staff in particular had suggestions for new topics to incorporate into the core workshop curriculum. Though already indirectly covered, staff highlighted the desire to focus in on system navigation and on healing from trauma—two consistent needs that arose in groups. Staff also suggested adding material about miscarriage, which occurred in multiple groups. Staff felt that there could also be expanded focus on other topics, similar to the expanded focus on breastfeeding in years 4 – 6.

In addition to adding new topics, ongoing refinement of the information delivery methods should continue to be a goal. Though staff strived to present information and facilitate discussion in a comfortable, relatable way, some participants shared that they still felt uncomfortable talking about sex and STIs in the group setting. Generally, they also wanted more time to discuss most of the topics covered in the curriculum.

- ★ **Continue refining program for ideal group structure.** Staff were glad to begin including young fathers in groups, aware that they too needed support, but at times worried that it made the group dynamic less open and comfortable. At times, staff split the cohort into two groups when they felt tensions growing, but did not feel they'd fully developed a solution. They suggested trying to split the group by gender for some workshops, and coming back together for others, but hadn't had the chance to attempt and test this method.
- ★ **Build capacity at partner sites to better support their pregnant and parenting youth participants.** Partners were grateful for the partnership with Opciones, but also saw the need to improve their own response systems to support young parents. Partner staff suggested providing additional training or educational resources to staff at youth-serving organizations.

Research Methods

- *Research question*

- *What were the impacts of Opciones Saludables?*

With such a broad research question, researchers explored multiple data sources to best document any participant outcomes or changes in the community that appeared to come about as result of the program. Data sources included existing program data and feedback forms and original qualitative data from stakeholder interviews.

- *Program data analysis*

Researchers received electronic transfers of de-identified participant data from **intake forms** and **pre- and post-assessments**, where available. Researchers then cleaned the data and translated and analyzed the changes between pre- and post-test scores. Data collection changed over the years, so analysis for the first and second funding cycles also varied. Pre- and post- assessments in the first three years of the pilot asked questions regarding participants' money management habits, physical activity, their diets, intention to breastfeed, bonding activities with their children, healthcare access and connection, relationships and communication styles, sexual health, substance use, and self-image. The assessments were developed collaboratively by Opciones staff and researchers from the Social IMPACT Research Center.

Though these topics continued to be discussed in groups or between staff and participants, the data collection, management, and analysis became too burdensome for staff and felt like too much paperwork for participants. In the second funding cycle, they simplified the assessment to measure fewer variables, and focused on measuring knowledge gained rather than behavior and attitude change. As mentioned previously, this was also to comply with CPS requirements to become an approved curriculum. In the second funding cycle, the program also began to utilize a **Parental Stress Scale**, and the PSS-14, or **Perceived Stress Scale**, at intake and exit to measure changes in stress level. Researchers cleaned and analyzed these data as well.

To analyze change in scores, researchers conducted paired T-tests and independent T-tests for data from years 1 – 3, and Wilcoxon signed rank test for data from years 4 – 6 of the pilot (because data were not normally distributed), comparing individual pre- and post-assessments.

Researchers also reviewed qualitative data and pulled themes from **participant feedback forms** for both the core workshops and for the Cafecitos.

- *Interviews*

Researchers collected original qualitative data to better understand the context of the quantitative data and to learn about other impacts beyond the variables measured in participant assessments. Researchers conducted semi-structured interviews with five Opciones staff, including leadership, four partner school/organization staff, and two peer mentors. Interviews gathered information about the changes in the program, as well as lessons learned over the years. Questions focused on any witnessed changes that the interviewee perceived to be a result of the program—in participants, partner schools or organizations, or the community. The interview also covered topics such as challenges in implementation, recommendations for future improvements or replication, and general feedback on the program. Researchers analyzed the interview data for themes in these areas to build to overall narrative for this report.

- *Limitations*

As with any evaluation or study, there were many limitations inherent to this project. The most impactful included:

- **Qualitative data were collected from a convenience sample.** Since this was a reflective report and most data were collected after programming had ended, it became more challenging to recruit past partner staff and peer mentors. Some partner staff had left the organizations where they had worked when Opciones provided services, and therefore were harder to track down. Peer mentors were also more difficult to get in touch with—their contact information had changed and many were very busy with new ventures like full-time jobs or college. It is possible that those who agreed to be interviewed had a more positive experience with the program, so qualitative data may be skewed toward positive feedback.

Additionally, the number of partner and peer mentor interviews was relatively small. Though Opciones partnered with nearly 30 schools and organizations, researchers spoke with only three stakeholders. Themes in their feedback were consistent with one another, so it is possible that they provided a fair representation of the partner and peer mentor perspective.

Even feedback forms were typically collected at the end of the curriculum and are limited to the voices of participants who saw the value of the program, had a positive enough experience, or had fewer barriers to follow through and complete all or most of the workshops. This too could skew the qualitative data toward positive feedback. We do not have feedback from participants who dropped off early or from pregnant and parenting youth who decided not to participate, or from other partner organizations.

- **Some program data were missing.** Paired t-test analysis is a reliable statistical test to assess for change between two data collection points for the same group of participants. However, it only compares scores for participants who have both a pre- and post- score, so it limits analysis only to those assessments. As is normal for most human service programs, there was drop-off for most cohorts in Opciones, so many participants did not take a post-test. Pre-test data for those participants missing post-tests were therefore not included in the paired T-test analysis. 235 participants engaged with the program in years 1 – 3, but only 72 completed both a pre- and post-assessment that could be matched and analyzed using paired T-test; 329 participants engaged in the program during years 4 – 6, and 133 completed both assessments for analysis. To mitigate this limitation, independent T-tests were also run, and also found significant differences in means between pre- and post-test data for years 1 – 3. Additionally, the abbreviation of the assessment in years 4 – 6 limits the amount of detailed analysis possible.

Endnotes

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Icons are from the Noun Project (in order of appearance, starting on page 3):

- Curriculum by Smalllike
- Love by Lagot Design
- Love by Adnen Kadri
- School by Kevin
- Collaborate by Becris
- Breastfeed
- Checkbox by Bohdan Burmich
- Bus by Jens Tarning
- Group by mikicon
- Communication by Gregor Cresnar
- Collaborate by Nithinan Tatah
- Parents by Alice Design

Appendix 1: Data Tables

Paired Samples Test – Pre- and post- overall scores, 2013-2015 (Total 72 pre-post paired scores; scores ranged from 44 – 172)

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Upper	Lower			
Pre_total – Post_total	-8.94	18.16	2.14	-13.21	-4.68	-4.18	71	p<0.0001

Paired Samples Test – Pre- and post- overall scores, 2016-2018 (Total 133 pre-post paired scores; scores ranged from 0 – 17)

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Upper	Lower			
Pre_total – Post_total	-3.33	3.98	.35	-4.01	-2.65	-9.65	132	p<0.0001

Appendix 2: Organizational Assessment

OPCIONES SALUDABLES/HEALTHY OPTIONS ORGANIZATION ASSESSMENT

Organization:

Date: _____

In attendance:

1. Which program components is your organization interested in hosting?
Opciones workshops (health education), Family Cafecitos (parent support group)
2. What is your current population of pregnant/parenting participants? Mothers? Fathers?
3. How would you define the organization service site culture?
4. If a participant requests, would an area be provided for a mother to pump or breastfeed her child? What does this space look like? Does this site have breast pumps available?
5. Will a room be assigned for regular program use? If requested, could confidential space be provided for individual intake and check-ins with participants?
6. Does your organization have a preferred or suggested time of day for Opciones programming?
7. Who is the primary contact for this site? Secondary point of contact? (Name, email, phone)
Primary:
Secondary:
8. What are your expectations of the Opciones program? Is there anything you would like for us to report on?
9. Do you have any questions/concerns about the topics listed in the Opciones Saludables curriculum?

Program Director Signature/ Date

Family Support Specialist/ Date

Appendix 3: School Assessment

OPCIONES SALUDABLES/HEALTHY OPTIONS SCHOOL ASSESSMENT

School:

Contact Person:

Date:

1. What is your current population of pregnant/parenting students? Mothers? Fathers?
 2. How would you define the school culture?
 3. Types of accommodations made for these students? Fathers?
 4. If a student requests, would an area be provided for a student mother to pump for her child?
 5. How is recruitment for programs handled? How will students be assigned to the program?
 6. Though voluntary, how will student tardiness to the group be handled?
 7. Will a room be assigned for regular use?
 8. Is your school on a quarter or semester system? How will this affect programming?
 9. Who is the Title IX administrator for the school?
 10. List of days off that are currently not on CPS calendar (trips, testing days, etc)?
 11. Are there any other outside providers working with your school? Who are those providers and what services are they offering?
 12. Does the school convene meetings with all service providers at the school?
 13. How involved are parents at the school? How are you engaging them?
 14. Would your school be interested in providing breastfeeding support and/or family cafecitos?
 15. Outside of the linkage agreement, what are your expectations of the Opciones program? Is there anything you would like for us to report back on?
 16. Does your school have parking available for our staff? If not, where can staff park?
 17. What are your school's hour of operation? Is the school open after hours?
-

18. Who do we contact in case of an emergency? Do you have a crisis intervention team?

19. What is the best method to contact you in case of programming changes?

Email address:

Phone Number (work or personal):

20. Do you have any questions/concerns about the topics listed in the Opciones Saludables curriculum?

School Administrator Signature and Date

Opciones Program Manager Signature and Date

**HEARTLAND
ALLIANCE**

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