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Final Program Progress Report

Minnesota Department of Health
Minnesota Student Parent Support Initiative 2013-2017
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Minnesota Department of Health
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II. Executive Summary

The Minnesota Department of Health's (MDH) mission is to protect, maintain and improve the health of all Minnesotans. The Maternal and Child Health Section houses the Minnesota Student Parent Support Initiative (MSPSI), which was first funded in October 2010 by the Pregnancy Assistance Fund (PAF), Office of Adolescent Health (OAH), U.S. Department of Health and Human Services. This Final Program Progress Report summarizes key MSPSI activities and data for the OAH Project Period of August 1, 2013 through November 30, 2017.[i]

MDH implemented the Minnesota Student Parent Support Initiative, which was an evidence-informed, public health program addressing the health and post-secondary education needs of expectant and parenting college and university students. Expectant and parenting college and university students are also called Student Parents or program participants.

Student Parent Centers, located at nine Institutions of Higher Education (IHE), delivered free and voluntary health and education resources and supports, and social services, to Student Parents, their children and immediate family members. Services included assessing Student Parents' education and health needs, their children's education and health needs, making referrals to campus or community-based health, education or social services, hosting parent education classes and other activities designed to meet participants' needs. Student Parents selected the activities and services in which they participated.

Year One of the grant period, August 1, 2013 through July 31, 2014, was a pilot period for data collection. During OAH Grant Years Two, Three, and Four, the MSPSI served 1,916 unique Student Parents[ii] and 3,073 children. The majority of Student Parents were single, with less than 30% being married, and 84% were female and 15% were men. The Student Parents' self-report survey results consistently showed that more than one-third of participants had their first child at 19 years of age or younger. From these results, the MDH estimates that this sub-population of Student Parents had a child during high school, then graduated or completed their GED, worked part-time for a while and then eventually enrolled in technical or community college to pursue a college degree, certificate or diploma.

The Student Parents participating in this program were racially and ethnically diverse. Overall, 8% of participants were Hispanic/Latino, 77% were not Hispanic/Latino, and 15% were unknown or not reported. Student Parents self-identified as 16% African American, 56% White, 9% American Indian, 7% Asian, 7% as more than one race, and 8% were unknown or not reported. These participation rates mirror the racial/ethnic population data for young adults ages 18-34 in Minnesota, according to the Minnesota State Demographic Center.[iii]

According to data collected during academic years 2014-2015, 2015-2016, and 2016-2017, 70% to 90% of MSPSI program participants re-enrolled in the next academic semester. Furthermore, in 2013, 83% of participants who completed the self-report survey strongly agree or agree that they feel confident about their ability to accomplish their educational goals. For the academic school years 2014-2015, 2015-2016 and 2016-2017, a total of 393 program participants graduated with a college degree, certificate or diploma.

MDH concludes that Student Parent Programs positively affect Student Parents' academic achievement and self-sufficiency goals. MDH also believes that Student Parent Programs' staff can make referrals to programs and services to help meet the students' health needs (e.g., reproductive health, vision/hearing screening, etc.) and/or their children's health needs (e.g., lactation programs, family home-visiting services, etc.) Over the course of several years, MDH also observed that the Student Parent Programs have the capacity to assess program participants for tobacco/alcohol abuse, intimate partner violence and depression, and make referrals for additional diagnostic testing if a need exists.

In summary, MDH concludes that Institutions of Higher Education are positioned to implement educational and public health activities and services for expectant and parenting teens, women, men and their children.

III. Final Report-Narrative Format

Part A:

Describe efforts taken to accomplish the stated goals, program objectives and planned activities, and the outcomes.

Introduction and Background Information: Minnesota Department of Health

The Minnesota Department of Health's (MDH) mission is to protect, maintain and improve the health of all Minnesotans. As a state public health agency, MDH incorporated the *Triple Aim of Health Equity* into its approach to improve health equity. This multi-pronged approach means that MDH will expand its understanding of what creates health; MDH will use a *Health in All Policies* approach with health equity as the goal, and lastly, MDH will strengthen the capacity of communities to create their own healthy future. The Community and Family Health Division (CFH) provides collaborative public health leadership to support and strengthen systems to ensure healthy families and communities. The Maternal and Child Health (MCH) Section is located within the CFH Division and provides statewide leadership and public health information essential for promoting, improving or maintaining the health and well-being of women, children and families. The MCH Section houses the Minnesota Student Parent Support Initiative (MSPSI), which was developed and implemented through the initial funds from the Pregnancy Assistance Fund (PAF), Office of Adolescent Health (OAH), U.S. Department of Health and Human Services in October 2010. MDH received PAF funding from 2013-2017 to continue implementation and on-going evaluation of Student Parent Centers at nine IHE. This report summarizes key MSPSI activities and data from August 1, 2013 through November 30, 2017.

Pregnancy Assistance Fund Grant, Minnesota Student Parent Support Initiative (MSPSI)

MDH implemented the Minnesota Student Parent Support Initiative, which was an evidence-informed, public health program addressing the health and post-secondary education needs of expectant and parenting college and university students. Expectant and parenting college and university students are also referred to as Student Parents or program participants. Student Parents are at crucial time in their lives for building their future career opportunities and economic self-sufficiency, and for making decisions about their health and their children's health.

Student Parent Centers, located at nine Institutions of Higher Education (IHE), delivered free and voluntary health and education resources and supports, and social services, to Student Parents, their children and other family members. Services included assessing Student Parents' education and health needs, their children's education and health needs, making referrals to campus or community-based health, education or social services, hosting parent education classes, and other activities designed to meet participants' needs. Student Parents select the activities and services in which they participated. The IHE were located in the Twin Cities metropolitan area, rural areas and on one tribal reservation. Appendix A is a list of the nine-funded IHE, and Appendix B provides a map of their locations.

During the OAH Project Period 2013-2017, each Student Parent Center was required to implement the five "essential components" (Appendix C) for operating a Student Parent Center. These components reflected the best practices of public health and higher education for serving

expectant and parenting students, who are by definition non-traditional college students. By requiring the implementation of these components, the Centers had similar, but not identical, programmatic features. With these essential components operating at all nine sites, MDH collected data for performance measure reporting and monitored each one for fidelity to best practices.

This report describes the key findings according to the OAH Project Period (Years One, Two, Three, and/or Four) or IHE academic calendar years 2013-2014, 2014-2015, 2015-2016 and 2016-2017.

MSPSI Program Participants' Demographic Summary

During OAH Years Two, Three, and Four, the MSPSI served 1,916 unique Student Parents[iv] and 3,073 children. Student Parents served included both mothers and fathers, and expectant and parenting students. Eighty-four percent were female participants and 15% were male participants. Seventy-three percent of program participants were parenting, 3% were expectant and parenting, 2% were expecting, and 22% were non-reported. A total of 876 participants were single/not married and 476 reported they were married. The Student Parents' self-report survey consistently showed that more than one-third of participants had their first child at 19 years of age or younger. From these data, MDH inferred that some of the participating Student Parents had a child during high school, then graduated or completed their GED. MDH also asked if these students may have started post-secondary but never completed, or they entered the work force, and then enrolled in a technical or community college or university. During this multi-year program, more than 60% of the program participants enrolled as full-time students and 34% pursued a four-year degree.

Overall, 8% of participants were Hispanic/Latino, 77% were not Hispanic/Latino, and 15% were unknown or not reported. Student Parents self-identified as 56% White, 16% African American, 9% American Indian, 7% Asian, 7% as more than one race, and 8% were unknown or not reported.

A breakdown of program participants by age group revealed that a majority of the participants are older than traditional[v] college students:

- 1% were less than 18 years
- 3% were between ages 10 to 19 years
- 6% were between 20 to 21 years
- 9% were between 22 to 24 years
- 24% were between 25 to 29 years
- 22% were between 30 to 34 years
- 35% were 35 years and older

The Spring 2016 and 2017 Student Parents' self-report surveys indicated that more than 90% of the program participants had health insurance. This is significant because it means the Student Parents had access to health care services, if they had reliable transportation to a community-based clinic, or if their university or college had a clinic on-campus. The Spring 2016 self-report

survey results also explained that only 42% of students who participated agreed/strongly agreed they had adequate financial resources for reliable and quality child care. There has been an on-going need expressed by program participants for financial resources to pay for child care.

MSPSI Data Sources and Methodology

During Year One, MDH developed a data collection and evaluation plan to pilot test data collection and report the OAH's draft performance measures. This plan also allowed MDH to report on the current demographics of all participants served, rather than reporting only demographic data on those participants who newly enrolled into the program during a reporting period. This data collection and evaluation plan was launched during the Fall 2014 Term. By piloting data collection and evaluation, MDH established a framework for collecting performance measures for baseline data and future implementation during Years Two, Three, and Four.

MSPSI had a robust set of data to utilize for evaluating progress toward meeting the program goals and objectives. There were four methods of data collection for Years Two through Four: the Student Parent Experience Questionnaire (SPEQ), the MSPSI database (e.g., a web-based data collection system), the Annual Capacity Assessment Survey (ACA), and an Intake form which was incorporated into the database. The database, created with OAH funds, allowed MDH to track Student Parents (e.g., program participants) longitudinally with unique student identification (ID) numbers over the period of the three academic years 2014-2015, 2015-2016, and 2016-2017. The unique ID also allowed MDH to produce individual reports for the IHE to pursue their own program's sustainability.

MSPSI Program Goals and Outcomes

To monitor progress, the MSPSI had three goals, 30 short-term outcomes and 10 long-term outcomes focused on improving health and education outcomes. The goals were:

- **Goal 1:** Expectant and parenting teens, women and fathers accomplish their post-secondary education goals at Institutions of Higher Education.
- **Goal 2:** Expectant and parenting teens, women and fathers maintain positive health and well-being for themselves and their children.
- **Goal 3:** Institutions of higher education capacity for serving expectant and parenting teens, women and fathers will be increased.

The following section summarizes and highlights activities and results related to the three goals.

Goal 1: Summary and Highlights of Benchmarks Exceeded

MSPSI Goal 1: Expectant and parenting teens, women and fathers accomplish their post-secondary education goals at Institutions of Higher Education.

MSPSI Long Term Outcome 1.1: Increase in the percent of expectant and parenting teens, women and fathers enrolled in a post-secondary program who are still enrolled at the same IHE at the beginning of the next academic term or completed a post-secondary degree.

Program Significance of Outcome 1.1

In order to measure progress, the MSPSI's program goals integrated higher education theory about non-traditional students and college student retention. Tinto's (1975) model of student retention[vi] outlines that a student's likelihood of staying at their college or university and completing a degree is highly determined by four factors. They include the student's commitment to their college, their commitment to completing their educational goal, their level of academic integration that includes participating in extracurricular activities and study groups, and their level of social connectedness. Non-traditional college students have significantly lower retention and graduation rates when compared to their traditional counterparts.[vii] The National Center for Education Statistics defines non-traditional college students based on several characteristics, including full-time employment, part-time student status, delayed entry into post-secondary education, being independent for financial aid purposes, and having one or more dependents.[viii] Student Parents are non-traditional college students. According to data from the Institute for Women's Policy Research[ix], college students with children are especially unlikely to complete a certificate or degree within six years of enrollment, with only 33% attaining the degree or certificate. Re-enrollment in college classes (i.e., retention) is one of the most important indicators for measuring progress towards graduation.

MSPSI Outcome 1.1 Results

According to data collected in the MSPSI database and the SPEQ, during academic years 2014-2015, 2015-2016, and 2016-2017, 70% to 90% of MSPSI program participants re-enrolled in the next academic semester.[x] Furthermore, 83% of participants who completed the 2013 SPEQ strongly agree or agree that they feel confident about their ability to accomplish their educational goals.

Further analyses show that MSPSI participants who enrolled as full-time students were 2.5 times more likely to register for the next semester. The results also indicated that White participants were 1.3 times more likely to register for the next semester. These MSPSI results mirror the educational achievement data from MDH's Center for Health Statistics[xi]. Even though graduation rates have improved over the years, more emphasis is needed to increase timely graduation rates for American Indians, African Americans, and Hispanic/Latino students.
A summary of the data collected during this Project Period is available (Appendix D)

Related MDH Work Plan Activities
MDH performed several duties to help reach this outcome. MDH hired and maintained program staff, including a Project Director, a Grant Coordinator, a part-time Epidemiologist, a part-time Women's Health Consultant, part-time support staff, and temporary part-time graduate student workers and an intern. Some of their duties included monitoring completion of OAH's programmatic and financial requirements, providing technical assistance and conducting site visits to the IHE, collecting, analyzing and reporting data, and designing and piloting the MSPSI database. The Women's Health Consultant also reviewed health educational materials created by IHE staff to assure they were medically accurate (Appendix E).

Long Term Outcome 1.2: Increase in the percent of expectant and parenting teens, women and fathers enrolled in a post-secondary program who are well-connected to available academic, child care and concrete resources to help accomplish their post-secondary education goals.

Program Significance of Outcome 1.2
Student parents pursuing higher education face barriers to completing their degrees, such as economic hardship due to limited or no employment, along with the financial and time demands of balancing family and academic responsibilities. These conditions produce economic stress that may lead students to reduce coursework or drop out of school for paid work.[xii] MDH hosted Student Parents' focus groups, and the participants said having more information and resources surrounding home life, child care and counseling services was important.[xiii] These focus group results reinforced the importance of requiring the Student Parent Centers' staff to assess the Student Parents' health, education, and basic-living needs. After the assessments were conducted, referrals to various services were made in order to provide support towards student retention and degree attainment.

MSPSI Outcome 1.2 Results
MSPSI staff referred program participants to several various educational services, parental services, and vocational services, both off-campus and on-campus. According to data collected during OAH Years Two, Three, and Four, some of the most frequent referrals were to the Student Parent program staff members (i.e., one-to-one case management support), academic services, Student Parent support groups, and food support. Eighty-six percent of students who responded to the 2016 SPEQ, agreed/strongly agreed that staff directed them to valuable campus or community resources. The chart below provides additional details about the types of referrals made.

Support Service Type	**Most Frequent Referrals to Services/Resources Provided to Student Parents 2014-2017 (N-1916)**[xiv]
Academic Support Services	Including tutoring services, academic advising, and laptop loan program: 1324 (89%)
Case Management, provided by Student Parent Staff	1002 (52%)
Student Parent Support Groups	751 (52%)
Food Support	Including referrals to food stamps, food shelves: 485 (25%)
Parent Education Workshops	Hosted by Student Parent Center on campus, or by another provider: 421 (22%)

Related MDH Work Plan Activities
The staff employed at the nine Student Parent Centers had educational and professional backgrounds in higher education, student affairs, counseling, social work, early childhood and adolescent development, cultural competency and health equity. Their knowledge and skills helped to assess students' needs and make the "warm referrals" necessary to secure additional resources and support. The MDH collaborated with several organizations such as local public health agencies, the Minnesota Fathers & Families Network, and the Minnesota Department of Employment and Economic Development to provide practical trainings to the Student Parent Centers' Coordinators to continue building skills. MDH provided over 20 workshops and webinars to bolster the Coordinators' skills and knowledge. A list of these trainings is available, in Section VI. A Powerpoint presentation, from one training, is attached (Appendix F) as a sample.

Goal 2 Summary and Highlights of Benchmarks Exceeded

MSPSI Goal 2: Expectant and parenting teens, women and fathers maintain positive health and well-being for themselves and their children.

MSPSI Long Term Outcome 2.1: Increase in the percent of expectant and parenting teens, women and fathers maintain positive health and well-being for themselves and their children.

Program Significance of Goal 2
Pregnancies that are planned, intentional, and well-spaced have much better health outcomes because women prepare themselves by quitting smoking, avoiding alcohol, maintaining a healthy weight, and seeking prenatal care earlier.[xv] If a pregnancy is unplanned, the mother may not have time to modify unhealthy behaviors before being aware of a pregnancy. Some of the MSPSI Student Parents had unintended pregnancies, and did not have time to adequately prepare for the baby's birth. In addition, pregnant teens may face health issues such as pregnancy complications, poor maternal weight gain, stress, and pregnancy-induced hypertension.[xvi] According to the Journal of American College Health[xvii], single Student Parents face a higher prevalence of mental health stressors than other community college students. Post-secondary education institutions that provide supports, resources and referrals related to a healthy pregnancy, stress management and children's health indirectly support the Student Parents' education goals.

MSPSI Outcome 2.1 Results
According to the SPEQ Spring 2016 and 2017 survey results, which were also discussed in Years Three and Four Annual OAH Reports, over 36% of respondents indicated that their health issues (excluding pregnancy) and their mental health (e.g., stress, anxiety and depression) presented challenges to completing their educational goal or to their home life. In addition, more than 30% of the students who responded to this question indicated they experienced mental health issues several days in the past month. According to the SPEQ Spring 2017 Student self-report data, almost 75% of survey respondents agreed or strongly agreed that by participating in their local Student Parent program, it increased their knowledge in topics related to their health, or their

children's health. One hundred percent of the Student Parents, who scored positive for the health screenings, were referred for further diagnostic assessment and/or for care from a provider.

Related MDH Work Plan Activities
MDH performed several duties to help reach these results, including participating in professional development training workshops and seminars, conducting one-on-one coaching sessions with the IHE, conducting literature searches on screening best practices, and co-developing referral systems with each site. MDH also believed it was very important to make sure each IHE was communicating with their local public health agency as a means for building collaborations.

Goal 3 Summary and Highlights of Benchmarks Exceeded

MSPSI Goal 3: Institutions of Higher Education capacity for serving expectant and parenting teens, women and fathers will be increased.

MSPSI Long Term Outcome 3.1: Increase in the number of IHE for which the institutional policies, practices and systems meet the educational needs of expectant and parenting teens, women and fathers.

MSPSI Long Term Outcome 3.2: Increase in the number of IHE for which the institutional policies, practices and systems meet the health needs of expectant and parenting teens, women and fathers.

Program Significance of Outcomes 3.1 and 3.2
MDH developed Goal 3 as a means to creating awareness among the IHE administrators, staff and faculty about the importance of preparing their campuses to meet the health and education needs of expectant and parenting college students. This capacity-building goal was added to the evaluation plan because the number of pregnant and parenting college students enrolling in post-secondary education is higher now, than it was in previous decades.[xix] If IHE want to continue to serve non-traditional student parents in the future, it is critical to have infrastructure that supports their practical needs as parents and students. MDH recognized that the OAH funding was an extraordinary opportunity to provide technical assistance to the IHE, who were interested, in implementing low-cost or no-cost policies and/or systems-changes that would help facilitate healthy behaviors choices for expectant and parenting students and their children. By making small policy or systems-changes, the OAH-funded institutions will be prepared to serve Student Parents in the future.

MSPSI Outcome Results 3.1 and 3.2
Several different policy and/or systems' changes occurred at the nine IHE during the OAH grant period. As a result, the IHE built their infrastructure and capacity to continue to serve Student Parents in the future. For example, five IHE created lactation rooms at seven campuses for nursing mothers. These rooms were equipped with a small refrigerator, signage, a small desk, a locked door, health education brochures, soft lighting, and/or a comfortable chair for nursing mothers to express breast milk or nurse (Appendix G). Prior to having the lactation rooms, some

mothers utilized the Women's restrooms or small, unlocked classrooms for nursing. After the lactation rooms opened, the MSPSI Student Parent Centers' staff advertised their availability to Student Parents and faculty, alike. These lactation rooms are still open, as of February 2018, after the end of the OAH Project Period. These rooms help mothers balance their school and caregiving responsibilities.

Three Student Parent Centers established food pantries (i.e., food shelves) at their IHE in the Twin Cities area and in Greater Minnesota, thus improving access to healthy and nutritious food items. Hunger relief agencies provided technical assistance regarding food storage practices. The tribal college, located on a reservation, provided culturally appropriate food items. The IHE located in the Twin Cities provided traditional food for Vietnamese and African families. If a Student Parent was not aware that a food pantry existed on campus, the Coordinators referred them directly.

Related MDH Work Plan Activities

MDH created a work plan template and quarterly progress report template (Appendix H) for the sub-grantees to complete. MDH reviewed and approved the work plans, biannually, prior to the start of any grant-funded services. MSPSI staff also carefully reviewed quarterly progress reports to identify any barriers to grantees' performance, examine opportunities for future training, and to ensure that all the essential components of a Student Parent Center had been satisfied. MDH staff also developed a partnership with the staff in the Office of Statewide Health Improvements Initiatives (www.health.state.mn.us/divs/OSHII/indix.html) to confirm the evidence-based policies and systems' changes most relevant to IHE.

B. Lessons Learned: Program Implementation

Two primary lessons were learned during program implementation. The first was that it took longer than expected for the IHE staff to feel prepared to implement the voluntary health screenings for depression, intimate partner violence, and/or alcohol and tobacco use. Even though some Student Parent Center staff had professional backgrounds in academic advising or social services, they did not feel adequately prepared to have conversations about sensitive health topics with Student Parents. To address their fears, MDH trained the IHE staff on how to use the screening tools and how to make an effective referral for further assessment. By early 2014, eight of the nine Student Parent Centers were screening for all four health topics.

The second lesson was that percentage of male program participants (approximately 15%) was higher than expected. Consequently, the Student Parent Center staff had to develop creative and engaging strategies to recruit males to participate in the Student Parent Center activities. For example, one IHE learned that in order to recruit male participants to be active members, gender-specific program activities were necessary such as a Fathers' Support Group. MDH and the IHE also learned that it was important to find ways to include both custodial and non-custodial fathers in the activities.

C. Challenges

Developing the MSPSI database, which ultimately allowed MDH to collect and track Student Parents' participation by their unique their Student Program ID numbers, required significant staff time and persistence. MDH contracted with its sister state agency, MN.IT to develop the

database's infrastructure and maintain the application on the MDH server. Due to multiple pressing technological needs of a statewide public health agency, sometimes the MSPSI database changes took longer than expected to make, or the database would be off-line for 24 hours, impacting the data entry process at the IHE. In conclusion, investing in the database was valuable because the data showed that Student Parent Programs positively affect academic achievement and allowed for additional analyses including comprehensive information on the demographics of the participants.

D. Report on Significant project activities or accomplishments

MDH's significant project activities and accomplishments are described in six success stories in Section IV, Key Accomplishments and Successes. The Sustainability Plans' section of this report also describes significant accomplishments.

E. Significant Modifications

One significant modification occurred during Year Four. MDH also implemented a Text4Baby campaign (www.text4baby.org) in May, June, and July 2017. The campaign disseminated health and safety tips about pregnancy, infant care, and early childhood development to expectant and parenting college women and men, and adolescents. This campaign was supported by Year Three carry-over funds, and utilized multiple strategies to publicize Text4Baby's free text messages and application including billboards, digital kiosks and mass transit (Appendix I).

These media strategies were conducive for reaching pregnant and parenting college students and adolescents who do not own cars. The campaign was implemented in communities where disparities in teen birth rates exist, and that were in close proximity to the nine IHE. This campaign achieved some successes. According to enrollment data provided by Text4Baby, the number of new enrollees who were pregnant (i.e., people who registered for the text messages) increased by 78% from April (pre-campaign) to May. This appears to be the peak of the new enrollments. From May (campaign underway) to June, there was almost a 44% increase. August's enrollment data, which reflect the post-campaign period, the number of new enrollees who were pregnant dropped by 10% from the month of July, inferring that MDH's campaign had some effect.

F. Sustainability Plans

MDH prioritized the development of program sustainability strategies for the MSPSI early in the OAH Project Period. As a result, two program sustainability strategies were implemented. One strategy pertains to MDH's partnership with the Minnesota Office of Higher Education (https://www.ohe.state.mn.us). (MOHE served on the MSPSI Program Sustainability Committee, see Success Story, Section IV.) MDH made a priority of maintaining communication with MOHE, after the Committee completed the Plan (Appendix J) because they had a primary responsibility for developing and advocating for a state legislative agenda that financially supported the needs of college-aged students, including Student Parents. Several MSPSI IHE staff and decision makers, who participated in the Program Sustainability Committee, strategically maintained their existing business relationships and conversations with the MOHE regarding the academic needs of expectant and parenting students. Because of many synergistic factors, the MOHE, with its Commissioner's approval, allocated $687,000 in state funds to maintain operations at eight Student Parent Centers from August 1, 2017 through June 30, 2018. It will be the responsibility of these eight Student Parent Centers and IHE to collaborate with the MOHE, or other state-level advocates, to determine if additional state funds can be secured in

future legislative sessions. The second strategy, as previously mentioned, was to maintain institutional policies and systems' changes (e.g., lactation rooms, etc.) which support Student Parents on an on-going basis.

G. No-Cost Extension Period

MDH requested the no-cost extension to provide academic and health-related services and resources to enrolled expectant and parenting college students who returned to seven of the nine IHE. The time period was August 1 through September 30, 2017. One hundred and fifty-five students close to graduating with their degree, certificate or diploma, were served during this period. Student Parent Centers made a priority of assessing these students' needs and referring them to community or campus-based services. Eighty-eight percent of these Student Parents were females, and 12% were males. Ninety-two children were served by referrals to local health care, child care or educational services. Four Student Parents graduated during this time period. Additional data from the no-cost extension period are described in Appendix D.

IV. Key Accomplishments and Successes

1. Expectant and Parenting Student Parents Re-Enroll at Nine Institutions of Higher Education

According to data from the Institute for Women's Policy Research,[xx] college students with children are especially unlikely to complete a certificate or degree within six years of enrollment, with only 33% attaining the degree or certificate. Re-enrollment in college classes is one of the most important indicators for measuring progress towards graduation. For the Minnesota Student Parent Support Initiative's (MSPSI) program participants, re-enrollment data show a promising trend. According to MSPSI data from academic years 2014-2015, 2015-2016 and 2016-2017, 70 to 90% of the program participants re-enrolled in the next semester. All of these program participants participated in at least two activities offered by the Student Parent Programs. Furthermore, according to these results[xxi], 44% of American Indian participants, 68% of Asian participants, 74% of African American participants, 78% of White participants, and 62% of participants who reported more than one race, re-enrolled for the next semester. These data are important because they demonstrate that Student Parent Programs provide support to expectant and parenting students, and they positively affect Student Parents' academic achievement goals.

2. Institutions of Higher Education Change Organizational Practices by Offering Voluntary Health Screenings to Expectant and Parenting College Students

The Office of Adolescent Health, Pregnancy Assistance Fund granted funds to nine Institutions of Higher Education (IHE) to provide academic, health, and social support resources to expectant and parenting college students at Student Parent Centers. The Minnesota Department of Health required the Student Parent Centers to provide voluntary, annual health screenings to program participants to assess their risk for alcohol/tobacco abuse, depression and/or intimate partner violence. By providing these voluntary screenings at the Student Parent Centers, rather than at the college's or university's health clinic, institutional policies and practices changed ultimately benefiting the program participants. Furthermore, with training provided by the Minnesota Department of Health, the Student Parent Centers' staff increased their knowledge about tobacco and alcohol use, depression and intimate partner violence; and, they discussed their impact on students' academic performance. When a potential risk was identified, Center staff referred

students to health care providers for further diagnostic assessments. During the 2015-2016 and 2016-2017 academic years, the Student Parent Centers' staff screened 610 students for depression and 711 students for intimate partner violence. Five percent of students screened positive for further assessment of intimate partner violence, and 22% screened positive for further assessment of depression. Staff employed at institutions of higher education have the capacity to discuss alcohol/tobacco abuse, depression and/or intimate partner violence with students at places other than health clinics. Organizational practices can be changed in order to identify expectant and parenting students who may be at risk for tobacco/alcohol abuse, depression and/or intimate partner violence.

3. Program Sustainability Advisory Committee, Sustainability Plan and Local Activities
In 2014, the Minnesota Department of Health formed a Program Sustainability Advisory Committee by recruiting 15 representatives from the fields of higher education, public health, fundraising, economic development and public policy. Staff from seven of the nine-funded Institutions of Higher Education participated, thereby giving the Committee a balanced representation of state-level and local-level stakeholders. Significant outcomes included that the Committee members received training on OAH's Eight Sustainability Factors and Framework, and their suggested goals and strategies were embedded in Minnesota's Pregnancy Assistance Fund Program Sustainability Plan. These activities were meaningful because the IHE staff increased their sustainability knowledge and skills, and ultimately spearheaded the implementation of their own sustainability strategies that resulted in securing additional, private funding.

4. Student Parents and a Partnership with the Minnesota Fathers and Families Network
During the 2015-2016 academic year, the Minnesota Student Parent Support Initiative served 1,002 unique student parents, 85% whom were female participants, and 14% were male. The male participants were single or married fathers, pursuing a certificate, diploma and/or college degree. The Minnesota Department of Health and the Minnesota Fathers and Families Network (MFFN) formed a partnership in 2015 resulting in several, positive outcomes. The MFFN is a non-profit organization dedicated to promoting healthy father-child-family relationships through informed practice, public policy and system change. From 2015 through 2017, MDH co-sponsored the MFFN's Annual Conferences. Conference participants included health and family life educators, and other professionals who provide direct services to custodial and non-custodial fathers. Because of the high caliber of instruction at the 2015 Conference, MDH asked the MFFN's leadership to present a training workshop to the Student Parent Centers' staff from the Institutions of Higher Education. Glen Palm, Ph.D., Professor Emeritus, Child and Family Studies, St. Cloud State University, and MFFN board member, conducted a free workshop about fatherhood called *Engaging and Support Student Fathers.* Subsequently, MFFN asked the MDH to collaborate on developing a parent education tip sheet about the father's role in pregnancy. The tip sheet was created and distributed to the nine colleges and universities participating in the MSPSI, and it was also posted on MDH's website http://www.health.state.mn.us/divs/cfh/program/studentparent/content/document/pdf/expfthrtips.pdf.

5. Sustainability: Communication with Decision Makers Leads to Additional Funds
During OAH Program Year Four, the Minnesota Department of Health responded to multiple inquiries from decision makers about the Minnesota Student Parent Support Initiative. For example, the Minnesota Office of Higher Education (MOHE), Minnesota's U.S. Congressional Delegation and the Minnesota Legislative Office on the Economic Status of Women (LOESW) inquired about the health and education needs of expectant and parenting students, and the Minnesota Student Parent Support Initiative's outcomes. In response, MDH prepared fact sheets describing the number of Student Parents and children served by the grant. MDH also provided a list of the colleges and universities operating Student Parent Centers and shared it with LOEWS, from which they contacted two Student Parents asking them to testify at a legislative hearing for a state funding bill to establish additional student parent centers. These connections are meaningful because more decision makers became aware of the unique needs of expectant and parenting college students, and eventually the Minnesota Office of Higher Education allocated $687,000 in state funds to maintain operations at eight Student Parent Centers from August 1, 2017 through June 30, 2018.

6. Participation in the American Public Health Association 2016 Annual Meeting
In 2016, two staff from the Minnesota Department of Health and the Minnesota Student Parent Support Initiative received invitations from the American Public Health Association to present about MSPSI at their annual conference. Acceptance into the conference was the result of a competitive, review process. Kathryn Linde, MPH, PAF Project Director, lead a roundtable discussion entitled *Ensuring Access to Essential Services through the Pregnancy Assistance Fund: Supporting Pregnant and Parenting Students Achieve Academic and Health Goals at Institutes of Higher Education.* Elizabeth Gardner, MA, PAF Project Coordinator delivered an oral presentation called *American Indian College Students' Utilization of Parent Help Centers' Services* in collaboration with the American Indian, Alaska Native, Native Hawaiian Caucus. Staff from Fond du Lac Tribal and Community College and the Leech Lake Tribal College also attended the conference as part of their professional development. In addition to sharing the MSPSI experience, these presentations were important because they provided critical opportunities to build the case for program sustainability with a variety of decision makers from across the nation.

VI. Summary of Products, Presentations and Publications

A. Products:
MDH designed a health education handout "Tips for Expectant Fathers" for expectant and parenting college and university fathers. It is available at:

http://www.health.state.mn.us/people/womeninfants/studentparent/resources.html

B. Presentations:

	Title of Presentation(s)	Date	Event	Audience
1.	• *Minnesota Department of Health (MDH), Minnesota Student Parent Support Initiative, Program Updates and Policies* •*MDH, Student Parent Support Initiative Fiscal Management Procedures*	February 13, 2014	*All Grantee Meeting:* Training hosted by MDH. Several presentations given to the Student Parent Centers' staff.	Student Parent Center coordinators, social workers, program managers, budget managers
2.	*The Minnesota Student Parent Support Initiative: Experiences and Lessons Learned*	May 2, 2014	*2014 Teenwise Annual Conference*	Parent educators, high school-based and community-based clinic staff, local county public health staff, state agencies' program planners
3.	*Minnesota Student Parent Support Initiative (MSPSI), 2013-2014 Program and Demographic Data*	August 29, 2014	*MDH MSPSI Program Sustainability Committee Meeting #1*	Student Parent Center coordinators, county public health program manager, Minnesota Medical Association Foundation staff, state agency staff from the Minnesota Departments of Employment and Economic Development, Human Services and the Minnesota Office of Higher Education
4.	*Supporting the Academic Success of Pregnant and Parenting Students*	February 26, 2015	*Minnesota State* (A system of 37 distinct colleges and university) *Student Affairs/Diversity Conference*	Student affairs, provosts and program managers, two and four year community and technical colleges, and universities
5.	*Minnesota Department of Health, Minnesota Student Parent Support Initiative, Program Sustainability Plan*	November 11, 2015	*All Grantee Meeting:* Training hosted by MDH. Several presentations given to the Student Parent Centers' staff.	Student Parent Center coordinators, social workers, program managers

	Title of Presentation	Date	Event	Audience
6.	*American Indian College Students' Utilization of Parent Help Centers Services*	November 1, 2016	2016 American Public Health Association, Concurrent Session	Clinic managers, health educators, public health graduate students, epidemiologists, college/university student affairs staff
7.	*Minnesota Department of Health, Semi-Annual Report, Data from OAH Year 3, Fall 2015 Semester*	June 15, 2016	*All Grantee Meeting:* Training hosted by MDH. Several presentations given to the Student Parent Centers' staff.	Student parent center coordinators, social workers, program managers, budget managers
8.	*Opportunities and Challenges of Pregnant and Parenting College Students*	April 26, 2017	Minnesota Office of Higher Education Student Advisory Council Meeting	Student representatives from 10 private and public IHE across Minnesota. Minnesota Office of Higher Education staff
Note: The names of additional webinar-presentations are on file with MDH.				

C. Published Publication

Kellom, G.E., & Hammel, D (2013). Using Misperceptions of Masculinity among Young Fathers to Improve Health Behavior. *Masculinities and Social Change, 2(3)*, 266-289. doi: 10.4447/MCS.2013.35

[i] The MSPSI project period was originally scheduled to end July 31, 2017. MDH received a no-cost extension to continue providing basic services to returning Student Parents at the start of the academic year, from August 1 through September 30, 2017. Project period officially ended November 30, 2017.

[ii] Student Parents voluntary selected in which activities they participated. In order to evaluate the total number of students served, the MDH created "inclusion criteria" (e.g., number of activities) to define who was or was not a Program Participant.

[iii] Henderson, B.C., Egbert, A. Young Adults in Minnesota: A Demographic & Economic Profile. Minnesota State Demographic Center. 2015.

[iv] Student parents who met the inclusion criteria for evaluation are also referred to as program participants.

[v] National Center for Education Statistics, Fast Facts: https://nces.ed.gov/fastfacts/display.asp?id=372

[vi] Tinto, V. Dropout from Higher Education: A Theoretical Synthesis of Recent Research, *Review of Educational Research, Winter 1975, Vo.45, No. 1*, p.89-125.

[vii] U.S. Department of Education, National Center for Education Statistics, 2002.

[viii] IBID.

[ix] Institute for Women's Policy Research. 2014. IWPR Analysis of Data from U.S. Department of Education, National Center for Education Statistics. 2003-2004.

[x] These numbers may even possibly be an underestimate as many students wait until the first week of classes to register, often to assure they have the financial resources to cover tuition.

[xi] Minnesota Department of Health, (2016). Center for Health Statistics. Retrieved from website http://www.health.state.mn.us/divs/chs/

[xii] So-Hyun J, Durband DB, Grable J. The Academic Impact of Financial Stress on College Students, *Journal of College Student Retention: Research, Theory & Practice, v10* n3 p.287-305, 2008-2009.

[xiii] Minnesota Department of Health (February 2013), Minnesota Young Student Parent Support Initiative Summary of Focus Group and Survey Results, Spring 2012. St. Paul, MN.

[xiv] Student Parents can receive more than one type of referral.

[xv] Centers for Disease Control and Prevention, Planning for Pregnancy, www.cdc.gov/preconception/planning.html

[xvi] Carter DM, Felice ME, Rosoff J, Zabin LS, Beilenson PL., Dannenberg PL. When Children Have Children: the Teen Pregnancy Predicament. *Am J Prev Med*. 1994; 10:108-113.

[xvii] Shenoy DP, Lee C, Trieu SL. The Mental Health Status of Single-Parent Community College Students in California. *Journal American College Health, 2016;64(2*):152-6.

[xix] Brown, V., and Nichols, T.R., Pregnant and Parenting Students on Campus: Policy and Program Implications for a Growing Population. *Educational Policy, 27(3)* p. 499-530, 2013.

[xxi] Institute for Women's Policy Research, Fact Sheet, 4.8 Million College Students Are Raising Children. November 2014, IWPR #C424

[xxi] Student who graduated are not included in the numbers listed for each race. They were missing next semester enrollment as well for the cross tabulation.