

Adolescent Family Life Program Update

Teen pregnancy and childbearing have substantial social, medical, educational, and economic consequences. For example, children born to teens are at greater risk for preterm birth, low birthweight, and death during infancy.¹ Nationally, only about 50% of teen mothers earn a high school diploma by age 22, versus nearly 90% of women who had not given birth during adolescence.² Supportive services and resources provided to teen parents foster positive outcomes for them, their children, and their communities.

What is the Adolescent Family Life Program (AFLP)?

Since its inception under State mandate in 1988, AFLP has been serving California pregnant and parenting teens, both females and males. AFLP provides comprehensive, youth-focused, case management services with the following goals:

- Improve the health of pregnant and parenting teens, thus supporting the health of the baby.
- Improve graduation rates for pregnant and parenting teens.
- Reduce repeat pregnancies for pregnant and parenting teens.
- Improve linkages and create networks for pregnant and parenting teens.

AFLP services are provided in 31 counties through contracts with county and community-based providers. The program serves high risk and low income teens. In addition to being young and pregnant/parenting, many AFLP teens face challenges such as poverty, domestic violence, unstable living situations, unsupportive parents, substance use, mental health issues, and access to health care. Other identified gaps in resources include affordable childcare, transportation, and job training. To help mitigate these obstacles, AFLP teaches teens about healthy relationships and positive environments and provides supports and linkages for the healthy development of the child.

Case managers meet monthly with each teen to provide counseling and guidance on a range of topics from meeting basic needs (e.g., housing, diapers) to completing high school. The program design has allowed local agencies to provide client-centered services in a manner they see as most effective and responses from the teens have been overwhelmingly positive.



Highlights

- ▶ 47% of AFLP clients are age 16 and younger, compared to 15% of teen moms in California.³
- ▶ 93% of AFLP babies were born term, compared to 89% of babies born to California teens³.
- ▶ 93% of 2-year-old children served are up-to-date on immunizations, compared to 85% of children in CA⁴.
- ▶ 84% of sexually active clients used contraceptives, compared to 64% of female teens in the U.S.⁵.
- ▶ 81% of clients less than 18 years of age were enrolled in school or have completed high school/GED.
- ▶ Almost 50% of clients who have graduated from high school/equivalent are enrolled in post-secondary education or vocational training.
- ▶ Funding has been significantly cut from over \$19.2 million in FY 2008-09 serving **11,320** clients to \$5.3 million in FY 2012-13 serving **3,144** clients. The single current funding source for AFLP is Federal Title V.

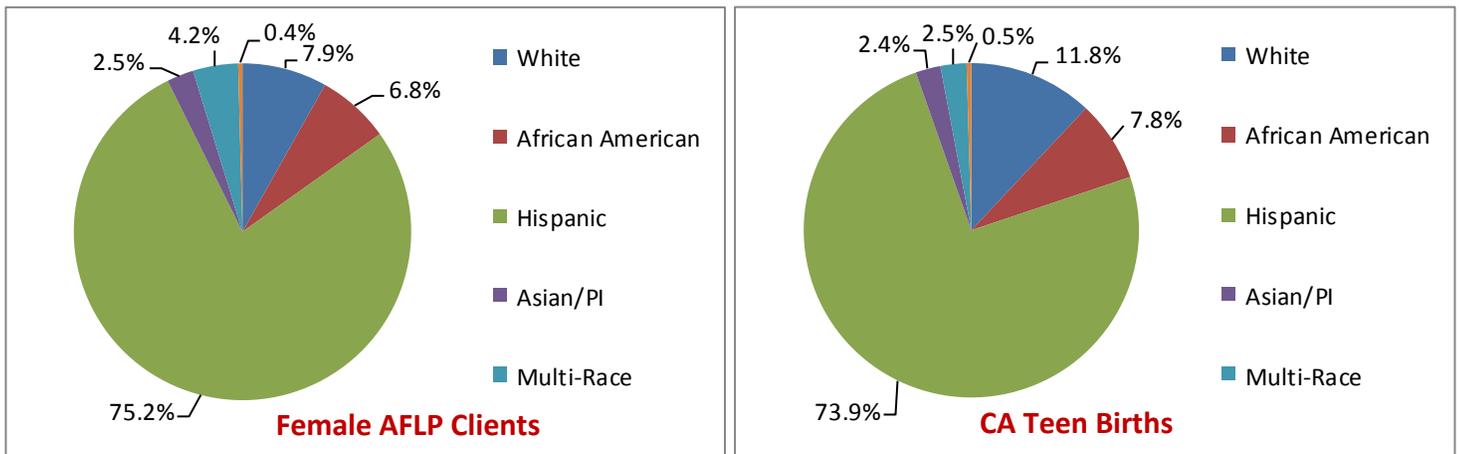
Data Source: [AFLP Program Data as of 08/31/2012.](#)

AFLP Client Profile at Program Entry

In calendar year 2011, AFLP served 7,749 clients of which 555 (7%) were males. Fifty-seven percent (57%) of incoming female clients were pregnant as first-time moms while 41% of incoming clients had one or more children and were not pregnant. A summary description of the overall client population is as follows:

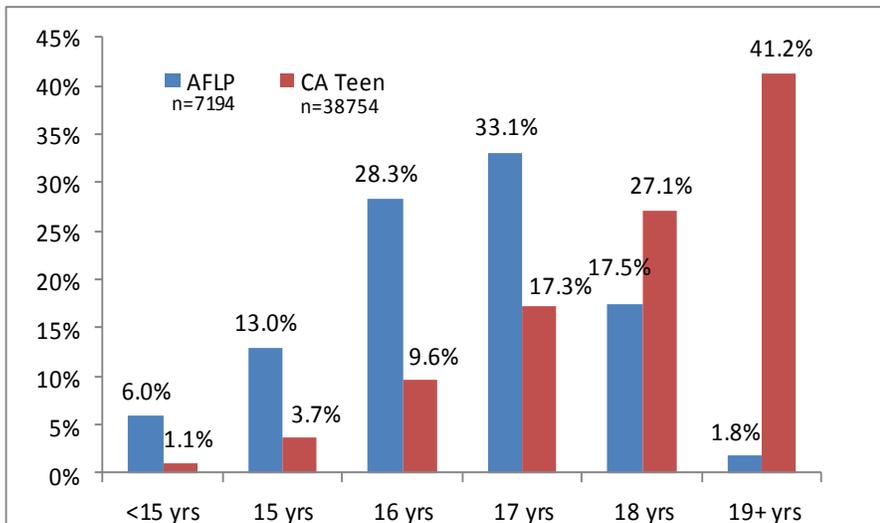
- Seventy-five percent (75%) were Hispanic teens (Figure 1). It is important to note that Hispanic teens make up 74% of teen births in CA³ although they represent 48% of all CA female teens⁶.
- Nineteen percent (19%) of teens were under 16 years of age at program entry. An additional 28% were age 16, and 53% were older than age 16. AFLP serves younger clients compared to the overall population of teen moms in CA³ (Figure 2). This is important because younger clients are at more risk.
- Sixty-three percent (63%) of clients entered the program with Medi-Cal as their primary health insurance.
- Among pregnant clients, 25% enrolled during their first trimester of pregnancy, and 44% entered during their second trimester. Over 30% of clients enter into the program during their third trimester, suggesting that referrals to the program are made later.

Figure 1. AFLP Clients and California Teen Births by Race/Ethnicity, 2011



Data source: AFLP Client Data– AFLP MIS data submitted as of Aug. 31, 2012. Reported data include clients who were active at any time during Calendar Year (CY) 2011. CA Teen Births– Birth Statistical Master File, 2011.

Figure 2. Age Distribution of AFLP Clients and CA Teen Birth Population, 2011 (Females Only)



Data source: AFLP Client Data– AFLP MIS data submitted as of Aug. 31, 2012. Reported data include female clients who were active at any time during CY2011. CA Teen Births– Birth Statistical Master File, 2011.

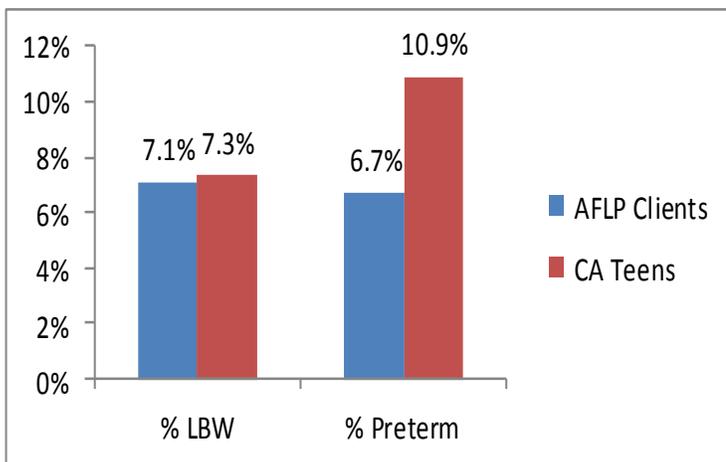
Client Outcomes Related to AFLP Goals

Improve the health of pregnant and parenting teens, thus supporting the health of the baby:

- Over 76% of AFLP clients initiated prenatal care* during the first trimester compared to 67% of pregnant CA teens³.
- 7.1% of babies born to AFLP clients were low birthweight, compared to 7.3% of babies born to CA teens³ (Figure 3).
- 6.7% of babies born to AFLP clients were preterm, compared to 10.9% of babies born to CA teens³ (Figure 3).
- 93% of the children's immunizations were up-to-date at the age of 2, compared to immunization rates for children 19 to 35 months nationally at 82% and in California at 85%⁴ (Figure 4).

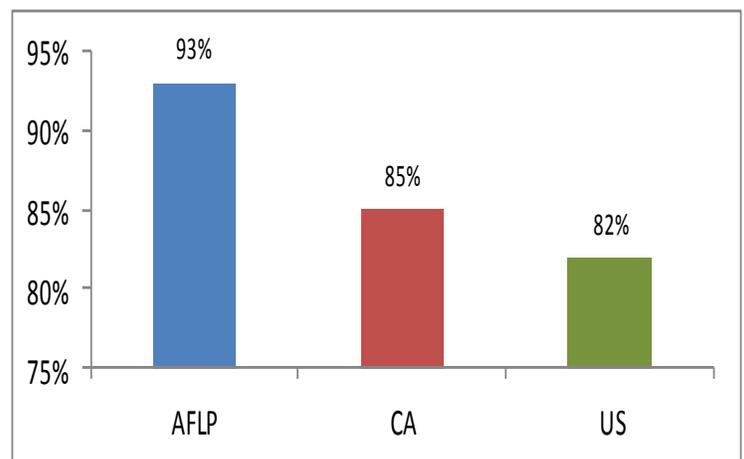
*Clients may have initiated prenatal care prior to enrollment into the program.

Figure 3. Percent Low Birthweight (LBW) and Percent Preterm Births Compared



Data source: AFLP client data— AFLP MIS data submitted as of Aug. 31, 2012. Reported data include clients who had a birth event during CY2011. CA teen Births— Birth Statistical Master File, 2011.

Figure 4. Percent of Children with Vaccinations Up-to-date Compared



Data source: AFLP client data— AFLP MIS data submitted as of Aug. 31, 2012. CA and US Vaccine Data— Center for Disease Control and Prevention 2011 Data table on Coverage of individual vaccines and vaccine series by State. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2011.htm

Improve graduation rates for pregnant and parenting teens:

- Over 81% of AFLP clients under the age of 18 were attending school, graduated from high school or earned the equivalent of a high school degree (e.g., GED or California High School Proficiency Examination) at the most recent follow-up.
- Nearly 50% of AFLP clients who have graduated from high school or equivalent are enrolled in post-secondary education or vocational training.

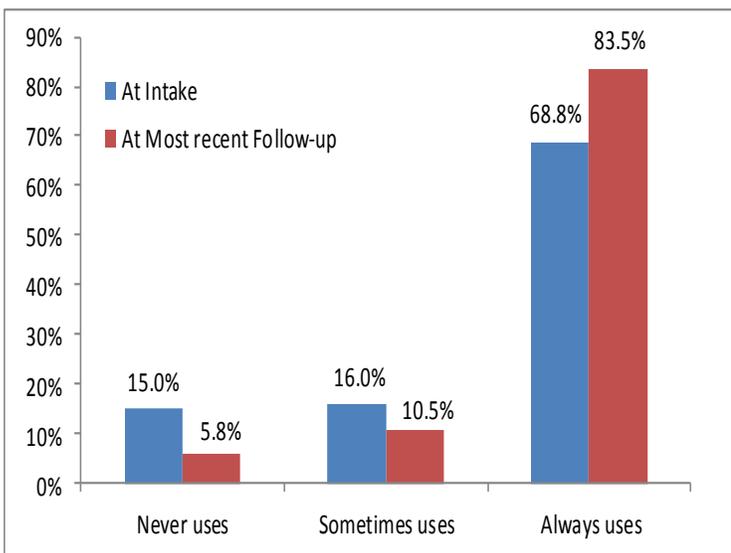
Improve linkages and create networks for pregnant and parenting teens:

AFLP promotes local networks to link teens and their children to community services and resources. Case managers assist clients to enroll in low cost/no cost health insurance and promote healthy nutrition and weight. The two most common referrals for the client and child were Medi-Cal and WIC. Eighty-eight percent (88%) of AFLP clients had health insurance at the most recent follow-up compared to 75% at intake. AFLP also helps teens identify and access local teen friendly supportive services such as family planning, primary care clinics, parenting classes, and other services.

Reduce repeat pregnancies for pregnant and parenting teens:

- Among non-pregnant female clients who are sexually active, 84% reported always using contraceptives at the most recent follow-up (Figure 5). The national average for contraceptive use among female teens is 64%.⁵
- Of the same group of female clients, 35% reported using long acting reversible contraceptives (LARC) (Implant, IUD). The national LARC usage among sexually active female teens is 4.5%.⁷
- The percent of repeat births among female clients who have been with the program for at least one year was 2.4%. In California, the prevalence of repeat births in 2011 was 17%.³

Figure 5. Contraceptive Use at Program Entry and Most Recent Follow-up



Data source: AFLP client data— AFLP MIS data submitted as of Aug. 31, 2012.

For More Information

- ▶ Contact AFLP Coordinator: (916) 650-0300
- ▶ AFLP is provided in 31 counties:
Alameda, Butte, Contra Costa, Fresno, Imperial, Kern, Kings, Lake, Los Angeles, Madera, Merced, Napa, Nevada, Orange, Placer, Sacramento, San Benito, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Shasta, Solano, Sonoma, Stanislaus, Tehama, Tulare, Ventura, and Yolo.
- ▶ Contact local sites: <http://www.cdph.ca.gov/programs/aflp/Pages/AFLPCoordinatorDirectory.aspx>

Challenges & Opportunities

Due to reductions in Federal Title V and State General Funds, funding for AFLP has declined significantly over the years. The capacity of agencies to provide services for this vulnerable population has decreased with the closure of AFLP programs throughout the State. Dramatic cuts result in fewer teens receiving the support they need to graduate high school, give birth to a healthy baby, and prevent a second pregnancy during their adolescence.

In 2010, MCAH was awarded a three-year Office of Adolescent Health Pregnancy Assistance Fund grant to develop and implement evidence-informed program strategies, and conduct subsequent evaluation to strengthen its AFLP. This initiative, known as AFLP Positive Youth Development (PYD), is being piloted in 11 AFLP sites. AFLP PYD links a PYD case management intervention with integrated life planning in order to meet the AFLP goals. A formative evaluation of AFLP PYD will inform the development of a standardized, evidence-based intervention for AFLP case management throughout California.

Data Limitations: Comparative data are included when available; however, these do not necessarily imply an impact of the program. A rigorous comparison would require a comparable control group that did not participate in AFLP. This type of evaluation is beyond the current scope of the AFLP.

References:

1. Ventura SJ, Mathews TJ, Hamilton BE, et al. Adolescent pregnancy and childbirth - United States, 1991-2008. *Morbidity and Mortality Weekly Report, Surveillance Summaries*. Jan 14 2011;60 Suppl:105-108.
2. Perper K, Peterson K, J M. Diploma attainment among teen mothers. *Child Trends Fact Sheet*. January 2010 (Publication #2010-01). http://www.childtrends.org/files/child_trends-2010_01_22_FS_diplomaattainment.pdf. Accessed January 2012.
3. State of California Department of Public Health. California Teen Birth Data– Birth Statistical Master File. Sacramento, CA. 2011.
4. Centers for Disease Control and Prevention. Data Table on Coverage of Individual Vaccines and Vaccine Series by State. Atlanta, GA. 2011.
5. Centers for Disease Control and Prevention. Sexual experience and contraceptive use among female teens - United States, 1995, 2002, and 2006-2010. *MMWR. Morbidity and mortality weekly report*. May 4 2012;61 (17):297-301.
6. State of California Department of Finance. Race/Ethnic Population with Age and Sex Detail Data,2000-2050. Sacramento, CA. 2011.
7. Finer LB, Jerman J, Kavanaugh ML. Changes in use of long-acting contraceptive methods in the United States, 2007-2009. *Fertility and Sterility*. Oct 2012;98(4):893-897.