

Surveying the Needs of Adolescent Parents in the Broadmoor and Surrounding Areas

Maimuna Ahmad, Tenzin Chokki, Anna Kasagawa, and Hannah Lieberman in partnership with Dr. Sasha Fleary, Dr. Calvin Gidney, and the Child Study and Human Development Department of Tufts University, Spring 2015

ABSTRACT

Objective: Investigators sought to understand the social, emotional, and health related needs of the adolescent parent population in the Broadmoor neighborhood and surrounding communities in New Orleans, Louisiana.

Methods: The sample consisted of six parents ages 16-21 years old when their first child was born and three agencies: South Broad Community Health, Broadmoor Community Care, and the Parenting Center, that served the population of interest. Parents were referred to participate in the study by Rochelle Wilcox, executive director of Wilcox Academy or Early Learning, and Sheana Turner, a parent liaison at the Andrew H. Wilson Charter School. The parents were either individually interviewed or interviewed within a focus group of up to 3 parents. Information about the available and desired resources serving the needs of adolescent parents was gathered through the interviews. Individual interviews were additionally conducted with representatives from each of the agencies listed above in order to understand the populations they serve, the services they offer, and the potential for expanded services for adolescent parents in the future.

Results: An informal needs assessment of adolescent parents conducted in the Broadmoor area and surrounding communities in New Orleans, Louisiana found that though there are a variety of resources available to parents, there is currently a gap between the services adolescent parents use and the services that are being offered to help them maintain their own wellbeing as well as help care for their children. Interviews revealed that parents wanted more services that allowed for “me time” and relaxation. Most desired more support in their parenting, but require services to be “trustworthy” and “reliable.” It was evident that parents were willing to go to great lengths to care for their children and were open to improving their parenting. Interviews with agencies revealed that a broader network of parenting support needed to include the adolescent parent population. Though each organization offers different means of support for parents, each recognized a lack of attendance and apparent lack of attraction for adolescent parents. Based on information gathered from both adolescent parents and agencies, a series of recommendations has been made for steps moving forward.

SAMPLE DEMOGRAPHICS

One hundred percent of the participants were African American, single, had either finished high school or were still in school, and had knowledge of contraceptives before their child/children's birth/s. They originated from a variety of neighborhoods where they either lived with relatives or rented a place to stay with 3-5 people in one household. Most were employed, working an average of 31 hours a week, though one parent was still in school while another was unable to work. Most parents cited receiving some help from their parents, and out of the 11 children of 6 parents, $\frac{2}{3}$ were in day care. Regarding health, about half had insurance both for themselves and their children, with most reporting Medicaid as their primary source. Though only $\frac{2}{3}$ of parents cited attending regular check-ups for themselves, all but one parent wrote that their children have regular check-ups with a doctor. However, on average, most children had visited the emergency room at least once in the last year. $\frac{2}{3}$ of parents received sex education in school, while the other $\frac{1}{3}$ received the information from parents or health professionals.

Table 1 has complete demographic data collected from the sample.

FOCUS GROUP QUESTIONS AND ANSWERS

Parents were asked the following questions during in-person interviews and focus groups. The following is a summary of responses collected across the sample. Responses that significantly vary from the group are also included.

Daily Experiences

1. Describe your day in one word or a sentence.

Most frequent response: Busy, hectic

Other responses: Exhilarating.

"Every day is go with the flow" - A 27-year old mother of 2 girls

2. What do you spend most of the time in your day doing?

Most frequent response: Either at work or spending time taking care of children. Most days are shaped around children and their needs.

"I spend most of my day awake" - A 23-year old mother's typical day with her 10 month old son

3. What are the easiest parts of your day?

Most frequent response: Spending quality time with children

4. What makes you feel confident in taking on these parts of your day?

Most frequent response: Motivation from children, the love and responsibility of taking care of children, knowing that someone else relies on them

“They [children] teach you how to understand and reflect” - A 27-year old mother of 2 daughters

5. What are the hardest parts of your day?

Most frequent response: Taking on all responsibilities without any help, finding personal time to rest and recoup, meeting children’s wants due to financial strains

Other response: When child is sick or unhappy

6. How do you overcome these challenges?

Most frequent response: Taking a moment to relax and recoup, taking advantage of times when child is resting

Other responses: Reaching out to trusted individuals for advice and guidance

7. Does anyone help you with the parts of your day you struggle with?

Most frequent response: No

Other responses: Parents, grandparents.

Parenting Skills

8. What are the easiest parts of parenting?

There was no overall consensus of responses. The variety of responses included:

“The fun parts” - A 27-year old mother of 2 daughters

“The only easy part is that the love comes naturally” - A 23-year old mother explaining her affection for her infant son

“I don’t think there is an easy part in parenting, to be honest” - An 18-year old mother of a 2-year old son

A mother of four daughters explained that the easiest parts occurred as her children grew and became more self-sufficient, and as the older ones began looking out for their

younger sisters.

9. What are the hardest parts of parenting?

Most frequent response: Not having personal time due to lack of help and overwhelming responsibilities, being constantly aware of children's emotional and financial needs

"Not having a break" - 27-year old mother of four daughters

"When you want to do something, you really have to sacrifice and put that aside"

- Adolescent father of two children

10. How did you learn how to be a parent?

Most frequent response: Life experience, natural instinct, guidance from elders

Other responses: Google everything

"We all know, there's not a handbook to teach you how to be a parent" - An 18-year old mother of a 2-year old son

Health and Perceptions of Health

11. What do you do to keep yourself healthy?

Most frequent response: Don't focus on keeping self healthy

Other responses: Eating right, exercising, visiting doctors, self-education through social media

"Keep an open mind" – A 27-year old mother of 2 daughters

12. What do you do to keep your kids healthy?

Most frequent response: Regular check-ups, healthy foods, encouraging exercise

Other responses: Check safety of child's play environment

"Try not to turn her on to what I'm eating...I buy her granola bars and stuff" – A 21-year old father taking care of his 15-month old daughter

13. How did you learn about what to do to keep your kids healthy?

Most frequent response: Word of mouth (other parents, family members, people in the community)

“Parents gravitate towards other parents” – 27-year old mother of 4 daughters

Other responses: Reading, social services programs

Utilization of Community Resources and Services

14. What services do you use to take care of your child in your community?

Most frequent response: Day care services, hospital resources

Other responses: After-school programs

15. How did you hear about these services?

Most frequent response: Word of mouth, from leaders of services already used or are currently using

Other responses: Online

16. How do you decide which services you want to use?

Most frequent response: Accessibility (transportation), proximity to home, previous usage by family members

Other responses: By visiting places (schools, hospital, community organizations) and talking to current members

a. What makes it easy to use these services?

Most frequent response: Convenient location and hours, open dialogue and good relationship with staff

Other responses: Detailed information about the service accessible to all

b. What makes it difficult to use these services?

Most frequent response: Nothing

Other responses: Lack of open dialogue with staff

17. What kind of services would you like to see in your community that are not available now?

There was no overall consensus of responses. The variety of responses included:

Weekend daycare, outside recreational spaces with organized activities, baby hotline, structured, free child care during programs for parents

“Life after [pregnancy], life during, and how to adjust” - The kind of information and support a 27-year old mother of 2 daughters wishes she had in a class

“A baby hotline” - A 21-year old father of a 15-month old daughter

“Something with pictures...details...makes it easier for me to understand it” - A 21-year old father’s description of the written guides he would like to see to help him care for his 15-month old daughter

“I would be in a group, but I would probably would be worried about or looking at my children...if I just see kids roaming or knocking things over...we won’t be back.” – A 28 year-old mother explaining why she’s reluctant to attend support groups or classes that lack structured child care

AGENCY INTERVIEWS

Each agency was asked a variety of questions in order to understand both the services currently offered as well as potential future services that could enhance the parenting experience of adolescent parents. Following is a summary of key interview points and findings.

South Broad Community Health, New Orleans

South Broad Community Health is a community health center located in the Broadmoor neighborhood of New Orleans, run by the healthcare network, Access Health Louisiana. A non-profit organization, South Broad Community Health prioritizes providing affordable and accessible healthcare to patients of all ages, races, and socioeconomic statuses. The Center opened very recently, in January of 2015. Currently, it provides primary care, pediatric care, and social service referrals. Soon, it hopes to expand its services to include behavioral health, a need identified as particularly significant by Ms. Zwen Randolph, Community Outreach and Enrollment Specialist at SBCH whom we interviewed for this report.

The health center is centrally located across from a well known and popular seafood restaurant, Cajun’s seafood which is ideal for advertising and encouraging potential patients to use the health services across the street. Additionally, it is close to Xavier University and is easily accessible by public transportation due to its proximity to the intersection of Washington Avenue and Broad Street.

South Broad Community Health offers several services that would be of particular benefit to an adolescent parent population. Walk-in appointments are welcome and encouraged. The center accepts all types of insurance and uses a sliding scale payment system for those without insurance. Adults and children can schedule their appointments on the same day for added convenience. A relationship with Oshner Hospital allows pregnant mothers to continue with their primary care at South Broad Community Health after giving birth at the hospital.

South Broad Community Health has productive relationships with a variety of community partners including Xavier University, Just Kids Dental, Coolsmiles, Café Reconcile, Liberty’s Kitchen, Boystown, First Line School, and the KIP Schools. These partnerships are a vital part of the services South Broad Community Health offers, and the health care providers at the center are kept up to date and familiar with the various social service organizations available so that they can make patient referrals directly during a visit. This is particularly important to maintain and promote the overall health and well being of patients outside of their medical care.

Ms. Zwena Randolph expressed South Broad Community Health’s interest in reaching a population of adolescent parents and offering services to meet their needs. She explained that the health center is constantly researching ways to reach and serve the community and is open to establish a greater connection with the adolescent parent population.

The Parenting Center, Children’s Hospital, New Orleans

The Parenting Center is a division of the Children’s Hospital of New Orleans located in Uptown that strives to foster an environment promoting positive parenting throughout the surrounding community. The program offers membership to parents with children aged from 6 months to 4 years at a price of \$100 per year. Membership includes a music class, an art class, extensive use of the Center’s playroom, and full access to books and other resources available in the Center. For additional fees, parents can also attend a wide variety of parenting classes. Classes and membership may be offered at a discounted price depending on available resources and demonstrated financial need. For parents with children younger than 6 months, the Center offers a class called “Snuggles and Struggles” that is free and open to the public. This class is offered in Broadmoor, coordinated by Anamaria Villamarin-Lupin, director of Broadmoor Community Care. In addition to parenting classes, 5 parent educators are on-call during business hours (from 9am-5pm every weekday) and are available to either answer any parenting questions members of the public may have or refer them to resources that will be of further help.

We met with Jenni Evans, a Parent Educator from The Parenting Center. Throughout the interview, she expressed an understanding that “The Parenting Center serves a population that can get here.” Due to the Parenting Center’s geographic location and inaccessibility by public transportation, this population is largely a more affluent demographic. As a result, she very rarely sees adolescent parents taking advantage of the Center’s resources. The Center is limited by the Children’s Hospital of New Orleans in the partnerships it can engage in. However, Parent Educators from the Parenting Center are currently attempting to expand the populations their classes reach, by sharing their knowledge with certified individuals in other communities (such as Anamaria Villamarin-Lupin from Broadmoor Community Care) and teaching classes themselves outside of the Uptown borders.

When asked about services or classes that the Parenting Center currently offers that would be of use to adolescent parents, Jenni Evans cited the “Happiest Baby on the Block,” a free class offered in the metro New Orleans area funded by Kohl’s for expectant parents or new parents with infants from 0-3 months. The class teaches calming techniques and provides information on developmental milestones. According to Jennie Evans, “one of the things you’re going to find that’s truer in New Orleans...is that we do what our mommas, and our neighborhoods, and our churches tell us.” For adolescent parents whose own parents did not take advantage of parenting support resources, it does not occur to them to seek out these services that may significantly benefit them. She explained that engaging adolescent parents in a support

network, through classes such as the “Happiest Baby on the Block,” would help young people become aware that “parenting is a thing.” There, they can learn concepts such as developmental milestones and care techniques, which will help parents be more engaged in their child’s development and lead to more positive parenting outcomes.

Broadmoor Community Care

Broadmoor Community Care (BCC) is the social services branch of the Broadmoor Improvement Association (BIA), an organization that serves a broad range of needs of the Broadmoor Community in New Orleans. We met with and interviewed Anamaria Villamarin-Lupin, the Clinical Supervisor of BCC. The services BCC currently provides are primarily focused on addressing the mental health and general wellness of community members. For instance, BCC provides direct counseling on a sliding fee scale, counseling support at the Andrew Wilson School, case management, and some parenting groups and workshops such as the “Happiest Baby on the Block”. Anamaria also organizes a food pantry through a local church, which in addition to meals provides a place for community members to learn more about BCC and its programs. Although these services are primarily intended for Broadmoor residents, they are open to anyone as long as there is capacity within the organization to provide them.

Anamaria and her team of interns reach individuals through online email communication and through direct outreach methods such as posting flyers and pamphlets with information. BCC’s accessible location (programs are primarily conducted in the Rosa Keller library, centrally located in Broadmoor) and constructive community partnerships are two significant factors that have enabled them to reach out to Broadmoor residents and others beyond Broadmoor. However, due to lack of capacity, most of BCC’s current program offerings have not been able to reach the adolescent parent population. The organization would like reach out to adolescent parents if they could gather the resources, as Anamaria and BCC as a whole strongly believe their services should be available to all who need them, especially an at-risk population like the adolescent parent group.

RECOMMENDATIONS

Based on the focus groups and interviews we conducted with a sample of adolescent parents and community based organizations and agencies in the downtown New Orleans area, following are several recommendations for strategies to better meet the needs of this at risk population.

1. Community organizations should strive to create an open dialogue with parents and be open to work with the needs of each parent as an individual.

Many parents who had children as adolescents, defined as 16-21-years old, expressed that the most important factor that makes organizations that could potentially serve their parenting needs appealing is an environment that is open to communicating with the parents and developing a positive relationship with them. Most explained that even if the services offered are beneficial to their parenting wishes, they are unlikely to continue using the service if the agency is not

“trustworthy” or “reliable.” For instance, if members of the organization or its outreach presence do not explain things clearly, allow the parents to ask questions, or reach out to the parents as much as the parents reach out to them, then the parents are unwilling to use the service.

2. When reaching out to adolescent parents, it is important to communicate that parenting is a topic that can be learned and that parenting skills can be improved upon.

Many of the parents we interviewed explained that they learn about parenting from their families or from past experience, and make small adjustments based on what did and didn’t work during their childhoods. It was clear that they did not realize that parenting could be a larger area of study, in which they could learn more about through services such as support groups. Thus, agencies should try to reach out and let adolescents know about the concept of parenting in this sense, preferably in the form of word of mouth, as most of the adolescent parents cited that word of mouth was their primary method of finding services.

3. Expand services to include guidance in career development, navigating the healthcare system, and financial planning beyond the scope of adolescence.

In addition to guidance in parenting, parents also expressed a desire for “holistic help.” They indicated a need for assistance in new areas they were prematurely introduced to as a result of becoming a parent at a young age. These areas include learning skills in managing and opening a business, choosing a career path, completing paperwork such as maternity leave forms, communicating with current and potential employers, finding and using health insurance and health care providers, and utilizing nutrition assistance programs.

4. Advertisements for services are most appealing to adolescents when they are simple, direct, and rely heavily on pictures.

5. Community organizations should advertise programs in places where adolescents frequent, such as schools, grocery stores, and the library.

6. Services should be offered in locations easily accessible to adolescents, or in locations they already frequent, such as the schools, churches, and libraries.

7. Provide structured childcare during programs aimed at serving adolescent parents.

Parents expressed that they are more willing to participate in programming for themselves if they are confident in the type and quality of care and supervision that is provided simultaneously for their children, as it is often difficult to find childcare. Parents prefer structured activities such as art or music activities to simply an advertisement for “childcare.”

8. A resource guide should be compiled that contains comprehensive, centralized information on the vast number of parenting support services available in the New Orleans area.

While services certainly exist, many parents are unaware of how to find, access, and evaluate the best services for them and their families. A guide that contains a comprehensive overview of many services, such as daycares, community health centers, and support groups, as well as tips on how to best take advantage of and evaluate them personally, would be beneficial to this population. This guide should additionally be placed in places where adolescents frequent and should be effectively advertised, as many parents said if there was a guide, they would be open to taking advantage of it.

CONCLUSION

In conclusion, the findings cited in this report reflect the experience of parents who had their first child as an adolescent. In combination with interviews conducted with several community agencies, we have made a series of recommendations for steps moving forward, aiming to bridge the gap between parenting needs currently met and still outstanding for adolescent parents in the Broadmoor and surrounding areas. Our hope is that these recommendations will help enhance the parenting experience of adolescent parents and promote positive parenting throughout their communities.

Table 1: Demographics Survey

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Gender	Female	Female	Male	Male	Female	Female
Age	23	18	21		27	27
Race	African American	African American	African American	African American	African American	African American
Relationship Status	Single	Single	Single	Single	Single	Single
Neighborhood	Gentilly	Uptown		East		
Zip code	70122	70118	70119	70126	70115	70116
Highest Level of Education	Finished HS	Still in School	Finished HS	Finished HS	Finished HS	Finished HS
Who helps care for children?	Parents	Parents	Mom and Grandparent			Mother
Use of Daycare	Yes	Yes	Yes		1. No 2. Yes 3. Yes 4. Yes	1.No 2.No
Health Insurance	Yes	Yes	Yes		No	Not sure
Type of Health Insurance	Medicaid	Medicaid	Medicaid		Medicaid	
Health Insurance for Children	Yes	Yes	Yes		1. No 2. No 3. No 4. No	1. Yes 2. Yes
Type of Health Insurance for Children	Medicaid	Medicaid	Medicaid		Medicaid	Medicaid
Employment Status	Employed	Student	Employed	Employed	Employed	Unable to work
Housing	Live w/ relatives	Live w/ relatives	Rent house/apartment	Rent house/apartment	Rent house/apartment	Live w/ relatives

# of Children	1	1	1	2	4	2
Children's Ages	10 months	2 years	15 months	1. 4 years 2. 2 years	1. 9years 2. 6 years 3. 5 years 4. 4 years	1. 4 years 2. 3 years
Regular Check-ups	Yes	Yes	Yes	Yes	No	No
Regular Check-ups for Children	Yes	Yes	Yes	1. Yes 2. Yes	1. Yes 2. Yes 3. Yes 4. Yes	1. No 2. No
# of Emergency Room Visits in Last Year	0	2	0	1	1	0
# of Child's Emergency Room Visits in Last Year	3	0	0	1. 0 2. 0	1. 2 2. 1 3. 4 4. 0	0
Prenatal Care	Yes	No	Yes	1. Yes 2. Yes	1. Yes 2. Yes 3. Yes 4. Yes	1. Yes 2. Yes
Sex Ed in School	No	Yes	No	Yes	Yes	Yes
Sex Ed Outside of School	Yes	Yes	Yes	Yes	Yes	No
Source of Sex Ed Outside of School		Parents	Dr./Parents	Health Center	Aunt and Mother	
Knowledge of Contraceptives Prior to Birth of First Child	Yes	Yes	Yes	Yes	Yes	Yes
Use of Contraceptives	Yes	Yes	Yes	Yes	Yes	Not currently sexually active