

Health Screening Services for Expectant and Parenting Student Parent Programs at Colleges and Universities

An Innovation Station Cutting-Edge Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

| Location: | Minnesota | Title V/MCH Block Grant Measures Addressed |
|------------------------|--------------|---|
| Category: | Cutting-Edge | Performance Measures: NPM #1: Well-Woman Visit NPM #7: Injury NPM #11: Medical Home NPM #14: Smoking NPM #15: Adequate Insurance Outcome Measures: NOM #1: Early Prenatal Care NOM #10: Drinking During Pregnancy NOM #18: Mental Health Treatment NOM #19: Overall Health Status NOM #21: Uninsured NOM #23: Teen Births NOM #24: Postpartum Depression NOM #25: Foregone health care |
| Date Submitted: | 1/2020 | |

Practice Description

Nine Institutions of Higher Education (IHE), funded by the Minnesota Department of Health and the U.S. Department of Health and Human Services, provided free and voluntary health and education services to expectant and parenting college and university students such as assessing students' needs, referring students to campus or community services, and screening for depression and/or intimate partner violence (IPV).

During the 2015 academic year, six hundred and ten students were screened for depression of which 22% (n=136) scored positive for a referral for additional diagnostic testing or support; and, 711 students were screened for intimate partner violence of which 5% (n=35) scored positive for a referral to community agencies for additional support.

Purpose

The Minnesota Student Parent Support Initiative was created in 2010 to improve the health outcomes and increase education attainment for expectant and parenting college and university students, ages 18 to 35. The U.S. Department of Health and Human Services, Office of Population Affairs funded the Initiative and the Minnesota Department of Health provided program evaluation and technical assistance.

Expectant and parenting college and university students are part of a growing population of nontraditional students, also referred to as student parents. This student population faces many challenges balancing schoolwork, employment, financial pressures, daycare arrangements, and family life.ⁱ

Research shows that parenting and financial demands often prevent student parents from attending school or completing their academic and self-sufficiency goals.ⁱⁱ According to data from the Institute for Women's Policy Research, only 33 percent of college students with children completed a certificate or degree within six years of enrollment ⁱⁱⁱ.

During the implementation of the Student Parent Support Initiative, the Minnesota Department of Health identified factors that were affecting student parents' health and academic performance including tobacco and/or alcohol use, depression, and intimate partner violence.

Health screenings for depression and IPV were important interventions for detecting potential health concerns and identifying modifiable behaviors to improve the health of student parents. According to an analysis called *The Mental Health Status of Single-Parent Community College Students in California*, 309 single parents' demographic and mental health data were studied.^{iv} The conclusions stated that student parents faced a higher prevalence of mental health stressors than other community college students. Large scale studies about student parents and depression are limited, yet other resources describing the population's experience with diagnosed depression and anxiety exist. For example, in 2012, Dr. Carignan, Staff Psychiatrist from Boynton Health Center, University of Minnesota, delivered a presentation about depression.^v It stated that according to the 2011 College Health Survey, almost 17% of students indicated a lifetime history of depression, and 6.1% were diagnosed in the year prior to the survey.^{vi}

Physical and sexual violence also have significant impacts on the health and well-being of the student parent, their family and their educational goals.^{vii} According to the Center for Disease Control, at least one in four women are victims of severe violence from a partner at some point in their life^{viii}. Interpersonal violence can be physical, sexual, or psychological^{ix}. According to data from the 2013 Minnesota College Health Survey, approximately 10.50% of females answered yes to being slapped, kicked, pushed or threatened by their significant other, spouse or partner during the last twelve months.^x The Healing Abuse Working for Change (<https://hawcdv.org>) reported that sexual assault college victims are over 8 times as high to fail academically as a non-victim.

Staff from the IHE were given the option to screen for tobacco and alcohol use, depression and/or IPV. By early 2014, eight of the nine Student Parent Centers were screening for all four health topics.^{xi}

If a positive screen resulted for depression, the Student Parent Center Coordinator referred the student parent to receive a voluntary clinical assessment, on or off-campus. Some of the IHE did not have an on-site clinic or medical professionals (e.g., nurses) providing direct health care services. For the IPV screen, there was no evidence-based screening tool available for a non-clinical setting. MDH consulted with IPV program managers who advised on the utilization of two screening questions. If a positive screen resulted, the Coordinator referred the student parent to a local domestic violence program or agency. The Student Parent Center Coordinators also distributed health education materials about depression and IPV.

Providing these screenings and connecting student parents with other resources filled a gap in the IHE available services. It also addressed the concern mentioned above, that college sexual assault victims are more likely to fail academically, thus helping student parents to persist to graduation.

According to the World Health Organization, screening is the identification of unrecognized disease in an apparently healthy, asymptomatic population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population^{xii}. In this instance, the target population was expectant and parenting college students, both males and females, who were enrolled in nine IHE.

IHE staff who administered the IPV and depression screening tools were provided with professional development training. The trainings covered topics such as confidentiality and data recording. It was an important operational activity to host these trainings prior to the implementation of the screenings.

According to National Postsecondary Student Aid Study, 22% of all college students are parents. Parenting college students (women and men, 18-35 years old) face considerable challenges as they balance school, work and family life. This population is at a crucial time in their lives as they prepare for future employment opportunities while enrolled in IHE and balance school, work, employment, daycare arrangements, financial pressures and family life. These conditions produce economic stress that may lead students to reduce coursework or drop out of school for paid work.

Practice Foundation

The Minnesota Student Parent Support Initiative developed a logic model that focused on the following goals:

- 1.) Expectant and parenting teens, women and fathers are able to accomplish their post-secondary education goals at institutions of higher education.
- 2.) Expectant and parenting teens, women and fathers maintain positive health and well-being for themselves and their children.

The theory of change for screening for intimate partner violence and depression are described in this logic model on the following page. The logic model was created in 2013, updated in 2017, and has references to inputs, activities, outputs, short-term outcomes and long-term outcomes.

| A. Inputs | B. Activities | C. Outputs | D. Short-Term Outcomes | E. Long-Term Outcomes |
|---|---|--|--|---|
| <p>Definition: <i>In order to accomplish the activities, the following items will be utilized:</i></p> <p>A1. DHHS, Office Adolescent of Population Affairs, Pregnancy Assistance Funds.</p> <p>A2. Minnesota Department of Health, Technical Assistance and Program Evaluation staff.</p> <p>A3. IHEs' student affairs' staff, and on-campus health care professionals (e.g., nurses, etc.) in-kind contributions such as knowledge of post-secondary students' health practices and health needs.</p> <p>A4. IHE's facilities (e.g., health clinics, child care centers) and equipment (e.g., computers)</p> | <p>Definition: <i>In order to reach Goals #1 and #2, the following activities will be conducted:</i></p> <p>B1. Student Parent Centers' Coordinator will implement voluntary screening assessments for depression and intimate partner violence.</p> <p>B2. Program Coordinator enters data into database.</p> <p>B3. Epidemiologist and Grant Program Manager review data results and write summary report for each semester.</p> | <p>Definition: <i>After the activities are completed, the following evidence will demonstrate that services were provided:</i></p> <p>C1. Number of student parents who voluntarily were screened for depression or intimate partner violence.</p> <p>C2. Number of participants who are referred, if a need is identified, to relevant services and/or information related to depression and/or intimate partner violence.</p> <p>C3. Number of Student Parent Centers that have a direct point of contact with an on-campus or community resource for mental health services.</p> | <p>Definition: <i>After the activities are completed, the following changes will have occurred:</i></p> <p>D.1 Increase in the percent of participants identified with a need related to depression and/or intimate partner violence who are referred to direct services and/or provided with relevant information.</p> | <p>Definition: <i>By the conclusion of the Student Parent Support Initiative, in November 2017, the following changes will have occurred:</i></p> <p>E.1 Increase in the percent of expectant and parenting teens, women and fathers enrolled in a post-secondary program who stay enrolled in school.</p> <p>E.2 Increase in the percent of expectant and parenting teens, women and fathers maintain positive health and well-being for themselves and their children.</p> |

| A. Inputs | B. Activities | C. Outputs | D. Short-Term Outcomes | E. Long-Term Outcomes |
|--|---------------|------------|------------------------|-----------------------|
| A5. Student parents who voluntarily participate in Student Parent Centers' activities. | | | | |

Core Components

The goal of the screenings was to identify those expectant and parenting student parents who were at risk for depression and intimate partner violence. The core components for this practice included in-person training provided by the University of Minnesota's School of Medicine and the Aurora Center for Advocacy and Education; provision of a referral sheet tailored to the local community for positive screen women; data tracking by program staff and assessing and reporting results each semester.

Practice Activities

| Core Component | Activities | Operational Details |
|-------------------|--|---|
| Assessment | Staff at Institutions of Higher Education contact student parents, who are participating in Student Parent Program activities, by phone, email or in person. | Using the PHQ-2 screen for depression and an evidence-informed screening questionnaire for IPV, the IHE staff asked student parents questions in a private and confidential setting. Students have the right to decline participation in screening. |
| Referring | Referrals and linkages to external community resources. | Provide referrals to external community resources that are identified. |
| Reporting | Staff at Institutions of Higher Education summarize screening results and report findings. | Each semester the data entered by the Student Parent Center Coordinator will be aggregated and studied. A summary report was given back to decision makers and program planners. |

Evidence of Effectiveness (e.g. Evaluation Data)

Number and percentage of expectant and parenting IHE student parents who were voluntarily screened using validated tools for Depression (PHQ-2) and Intimate Partner Violence (Various Tools):

| Screening | Time Period | Number Screened | Screened Positive | Screened Positive and Referred |
|---------------------------|---------------------------------------|-----------------|-------------------|--------------------------------|
| Intimate Partner Violence | Fall 2015, Spring 2016 Summer 2016 | 610 | 136 (22%) | 120 (88%) |
| Depression | Fall 2015, Spring 2016 Summer 2016 | 711 | 35 (5%) | 25 (71%) |

- <https://www.health.state.mn.us/people/womeninfants/studentparent/data.html>
- <https://www.health.state.mn.us/people/womeninfants/studentparent/resources.html>
- <https://www.youtube.com/watch?v=hEokvPv2wm0&feature=youtu.be>

Replication
Not applicable.

Section II: Practice Implementation

Internal Capacity

In order to implement the screenings, one Student Parent Program Coordinator (.75 FTE, minimum) is needed to ask the screening questions to the student parents in a confidential setting (e.g., private office) while maintaining all the other program’s services (i.e., parent support groups, workshops, social events, etc.). Entering the screening results into the Minnesota Student Parent Support Initiative database required some additional time (.10 FTE per semester). Individual conversations with the student parents about intimate partner violence and depression would last from 15 to 30 minutes, depending on the volume of personal information divulged by the student parent.

When possible, Student Parent Program Coordinators communicated with campus counseling staff (e.g., psychologists, therapists) regarding the implementation of the screening. In addition, some of the IHE communicated with their Institutional Review Boards (IRB) about the MSPSI database and data collection protocol.

Collaboration/Partners

If a college or university decides to screen expectant and parenting students for depression or intimate partner violence, we recommend having a presentation about the screening as part of the training process. This training could be provided by a therapist, a psychologist, a nurse manager or other health care professional.

Practice Cost

| Budget for Training and Implementation of a cohort of 9 Colleges and Universities with 50 participating student parents per program | | | |
|--|---|--|--|
| Activity/Item | Brief Description | Quantity | Total |
| 1. Provide training for IHE-employed Student Parent Program Coordinators. | A. Estimated hourly staff rate for IHE staff operating Student Parent Programs for full-time Program Coordinators. There were no honoraria fees. | A. 1 IHE staff people trained for 3 hours about depression, IPV and screening, at \$30 per hour. | \$90.00 |
| 2. Screening students for depression and intimate partner violence. | A. Ask two questions about depression and two questions about intimate partner violence. Print questions on half-sheets of office paper and use these forms to ask questions to students at each site. B. Staff time needed to ask questions and record data in database. Two (2) 15 minute-increments, .50 hour. C. Storage of surveys completed on paper forms. | A. Paper cost estimates are .10 per half-sheet multiplied by the average number of participating student parents at one IHE (n=50). B. 1 IHE staff at \$30 per hour, using .50 hour to ask questions and enter data is \$15.00 multiplied by 3 semesters = \$45.00 \$45.50 multiplied by 50* students staff = \$2,275.00 C. Locked cabinet to store results if not immediately entered into | A. \$5.00 per semester. \$15.00 per year for three-semester (Fall, Spring and Summer) B. \$2,275.00 C. \$100.00 |

| | | | |
|---------------------------------|--|---|-------------------|
| | | electronic database. | |
| 3. Analysis of data collected. | A. Estimated hourly staff rate for public health professional or IHE professional analyzing, interpreting and summarizing data results each semester and year. | A. 1 IHE or public health professional to conduct analyses of electronic files. Ten hours' coding data, generating reports and writing summary at \$37 per hour = \$370. Multiplied by three semesters. | A. \$1,100.000 |
| Total Amount: \$3,580.00 | | | \$3,580.00 |

*= Number of participating student parents per IHE site will vary. In the Minnesota Student Parent Support Initiative, nine IHE received grant funds to implement student parent services. The approximate number of participating students per site was 50, per semester.

Practice Timeline

| Practice Timeline | | | | |
|---|--|----------------|--|--|
| Phase | Description of Activity | Date/Timeframe | # of hours needed to complete/oversee activity | Person(s) Responsible |
| Planning/ Pre-implementation | Literature search for academic articles describing screening protocols for IPV and depression screening at IHE | One month | 7 hours | State Adolescent Health Epidemiologist |

| | | | | |
|-----------------------|--|-----------------|----------|--|
| | Create screening/data collection forms | Two weeks | 3 hours | State Adolescent Health Epidemiologist and Grant Program Manager |
| Implementation | Find expert speakers for implementation training | Two weeks | 3 hours | Grant Program Manager |
| | Select content for expert speakers' training workshops | One week | 2 hours | Grant Program Manager |
| Sustainability | Review and analyze screening collected data by IHE | Once a semester | 10 hours | State Adolescent Health Epidemiologist |
| | Share data collected | Once a semester | 3 hours | State Adolescent Health Epidemiologist and Grant Program Manager |

Resources Provided

Patient Health Questionnaire-2 (PHQ-2)

<https://www.health.state.mn.us/docs/people/childreneyouth/ctc/phq2.pdf>

Intimate partner and sexual violence screening practices of college health providers (article).

<https://www.ncbi.nlm.nih.gov/pubmed/29422162>

Screening for Intimate Partner Violence During Pregnancy (article).

Reviews in Obstetrics & Gynecology, Rev Obstet Gynecol 2013; 6(3-4): 141-148

Futures without Violence: webinars, fact sheets, policies, white papers

<http://www.futureswithoutviolence.org>

Lessons Learned

The Institutions of Higher Education implementing the IPV and depression screenings learned that these questionnaires often “opened up” other discussions on other relevant topics such as socio-economic status, housing needs or balancing school and family life.

One of the challenges experienced was the initial apprehension expressed by some staff at the IHE about implementing the screening tools. It is very important to provide training to the IHE staff administering the questionnaires prior to offering the screenings at the college or university. It is also important to communicate with any health care clinic or office (e.g., campus health clinic) about the screening protocol.

Next Steps

None at this time.

ⁱ Goldrick-Rab, S. and Sorensen, K. (2010). Unmarried Parents in College. *The Future of Children*. Princeton University, Volume 20, Number 2, Fall 2010. Pgs. 179-203.

ⁱⁱ Schatzel, K., Callahan, T., Scott, C. J., & Davis, T. (2011). Reaching the non-traditional stopout population: A segmentation approach. *Journal of Marketing for Higher Education*, 21(1), 47–60. doi:10.1080/08841241.2011.569590

ⁱⁱ Miller-Brown, S. (2002). Strategies that contribute to nontraditional/adult student development and persistence. *PAACE Journal of Lifelong Learning*, 11, 67–76.

ⁱⁱ Musu-Gillette, L., Robinson, J., McFarland, J., Kewalramani, A., Zhang, A., & Wilkinson-Flicker, S. (2016). *Status and Trends in the Education of Racial and Ethnic Groups*. Office of Educational Research and Improvement, National Center for Education Statistics. Washington, DC: U.S. Department of Education, National Center for Statistics. Retrieved from <https://nces.ed.gov/pubs2016/2016007.pdf>

ⁱⁱ Jensen, U. (2011). Factors influencing student retention in higher education. *Research & Evaluation*. Retrieved from http://www.ksbe.edu/assets/spi/pdfs/Retention_Brief.pdf

ⁱⁱ Noll, E., Reichlin, L., & Gault, B. (2017). College students with children: National and regional profiles. Washington, DC: *Institute for Women's Policy Research*. Retrieved from <https://iwpr.org/wp-content/uploads/2017/02/C451-5.pdf>

ⁱⁱⁱ Gault, B., Reichlin, L., Reynolds, E., & Froehner, M. (2014). 4.8 million College students are raising children. Washington, DC: Institute for Women's Policy Research. Retrieved from https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/C424_Student%20Parents_final.pdf

^{iv} Shenoy, D. P., Lee, C., Leng, S. T., (2015): The Mental Health Status of Single-Parent Community College Students in California, *Journal of American College Health*.

^v Depression and Students Who are Parents presentation. Carignan, K., M.D., Boynton Mental Health Center, University of Minnesota. October 2012.

^{vi} Ibid.

^{vii} The Center for Relationship Abuse Awareness. (16 October 2019). Retrieved from <http://stoprelationshipabuse.org>

^{viii} Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>.

^{ix} Ibid.

^x University of Minnesota. Boynton Health Service. (2013). 2013 College Student Health Survey Report. University of Minnesota. Retrieved from the University of Minnesota Digital Conservancy, <http://hdl.handle.net/11299/161243>.

^{xi} Minnesota Department of Health, Pregnancy Assistance Fund 2013-2017 *Final Progress Report*.

^{xii} World Health Organization, <https://www.who.int/>

Practice Contact Information

For more information about this practice, please contact:

- Elizabeth A. Gardner, M.A.
- 651-201-5411
- Elizabeth.gardner@state.mn.us