



# **Student Parents and Health Care in Texas: Understanding and Elevating their Needs**

Authored by Fedora Galasso, Aurora Harris, and Emily Sasser-Bray

## **Acknowledgements**

The authors would like to thank the 60 student parents who trusted us with their perspectives and their stories. Their voices were critical to fostering a deeper understanding of the barriers they experience in accessing health care and completing their education. Their suggestions were instrumental in the development of recommendations for action. This report was supported by the St. David's Foundation. We are honored to be their partners in our shared mission of promoting health care equity and building healthy communities in Texas. We are grateful to the the providers from the following community partners whose input made this report possible: Austin Community College Offices of Special Populations and Student Life, Austin Voices for Education and Youth, Wesley Community Center, Giving Austin Labor Support (GALS), CommUnityCare Clinic, Dell Medical School, University Medical Center Brackenridge, UT Southwestern Medical School , Lifeworks, Jeremiah Program, The Birthing Place, and American Youthworks. We are also deeply grateful to Tom Allison, Allie Aguilera, and Alexander Pryor for their expertise and support in the writing of this report.

## EXECUTIVE SUMMARY

One-in-four Texas students enrolled in post-secondary education is also a parent. These student parents are dedicated to creating stronger futures for themselves and their children but face barriers to completing their education. Most are enrolled in community colleges, are women raising children alone, lack access to basic needs such as health care and child care, and are working while pursuing their education.

Young Invincibles (YI) sought to understand, first-hand, the lived experience of young adult student parents, particularly on how they access health care and other supports while attending school. This report explores critical challenges student parents face in college completion, presents key findings gleaned from research with student parents, and provides recommendations for improvements based on the suggestions and concerns voiced by student parents.

YI gathered information about young adult student parent needs through a survey and series of in-depth discussions with sixty student parents and eleven medical and social service providers who regularly work with this population. Student parents identified the need for more supportive and comprehensive health coverage, increased access to more affordable health insurance, and the need for high-quality child care to ensure their success in college completion. Providers and student parents expressed the need for more education and supports regarding pregnancy, health care and insurance, and how to navigate systems. Most providers identified contraceptives, mental health, child care, and relational support as critical needs to bolster the success of young adult student parents.

Our conversations, coupled with national and regional data, suggest that a coordinated approach is necessary to support student parents through the journey of attaining a degree and economic security. It is critical that we invest in young adults with dependent children, and listen to their suggestions for improving their service delivery and supports. The inclusion of young student parents in the design of programs, policies, and systems they are affected by, is vital to implement effective change.

Based on our work listening to, learning from, and lifting up the voices of young adult student parents, we recommend these changes in Texas at the local and statewide levels:

- Texas health care systems should innovate their service delivery, use person-centered, culturally competent practices and encourage relational support for young adult student parents.
- The Texas legislature should expand Medicaid to increase the number of Texans accessing much needed health care services such as reproductive and behavioral health, create the opportunity for more women to have continuous coverage before, during, and after pregnancy and include more supports for pregnant women such as doula services.
- College campuses should implement holistic systems of support to adequately address the needs of student parents and their children. These include but are not limited to campus-based child care, reproductive health education and behavioral health supports and services.
- Texas higher education systems should collect data on student parents to better inform supports and services for this group of young people.

## INTRODUCTION

In 2012, there were an estimated 4.8 million students in the United States who were also parents of young children.<sup>1</sup> Recent data show that nationally one-in-five college students are also parents.<sup>2</sup> In Texas the numbers are more stark, as one-in-four students are raising children while attending college.<sup>3</sup> Higher education is more important than ever as our economy increasingly requires post-secondary education for entry-level positions. Not only is post-secondary education often required, completing higher education pays large dividends, leading to an increased likelihood of employment and higher wages.<sup>4</sup>

Student parents are dedicated to creating stronger futures for themselves and their children. However, juggling the demands of attaining an undergraduate degree and raising children can be a challenge. Parents often face unique barriers such as the need to access health care, child care and employment while also obtaining their education. Yet, comprehensive information and data regarding the experience of young adult student parents is lacking. Most of Texas' two and four-year higher education institutions do not identify student parents on campus and data regarding their college completion rates and outcomes is minimal.

Institutions, advocates and policymakers who want to improve the graduation rates and financial independence of young adults know little about the needs of Texas student parents. Over the past nine years, YI has worked to elevate the voices and experiences of young people to drive forth policy and system changes that benefit young people across the country. In Texas, YI sought to understand the first-hand, lived experience of young adult student parents and their access to health care and other support systems.

We gathered information about young adult student parent needs through a series of in-depth discussions with student parents, interviews with medical and social service providers who regularly work with this population and a survey of current and past student parents to elevate their voices on this issue. The inclusion of young student parents in the design of programs, policies, and systems that affect them, is vital to implement effective change. Our conversations, coupled with national and regional data, suggest that a coordinated approach among institutions, policymakers, and systems is necessary to support student parents through the journey of attaining a degree and economic security.

## STUDENT PARENTS IN TEXAS: A SNAPSHOT

There is limited data on Texas student parents. Large public education institutions such as The University of Texas and Texas A&M University do not track the number of enrolled student parents. Although we know that 25 percent<sup>5</sup> of Texas students are parents, there is no data regarding their outcomes.

There are wide disparities across gender in the student parent population. Women represent the majority of student parents:

- Over 72 percent of student parents are mothers.
- Over 62 percent of student parent mothers are raising their children alone.<sup>6</sup>

Data is focused on single student mothers, but fathers are also attending school. Nationally there are:

- 1.4 million student fathers
- 867,396 married student fathers
- 533,098 single student fathers<sup>7</sup>

There are also disparities across race in the student parent population. Nationally, nearly half of all Black women undergraduate students are raising dependent children in comparison to only 29 percent of White women.<sup>8</sup> In Texas there is also a large difference in the racial breakdown of student parents.

More than one race	White	Black	Hispanic	Asian	American Indian or Alaskan Native
22.4%	24.2%	345.4%	21.4%	18.3%	32.1%

Source: NPSAS:16

Nationally community colleges enroll the largest share of student parents: 45 percent or approximately 2.1 million students, attend public two-year institutions.<sup>10</sup> Community colleges make up the majority of higher education enrollment in Texas as well. In 2016, 46.8 percent of all higher education enrollments were at community colleges.<sup>11</sup>

Understanding the student parent experience is important nationally, but even more so in Texas. Texas is a geographically large state as well as a heavily populated state. The college students of today are Texas' leaders and workers of tomorrow. It is critical we know the experience of student parents so that we can build effective supports for success.

## COLLEGE COMPLETION: THE CHALLENGES

The total value of higher education goes far beyond earnings. Data show that having a college degree leads not only to greater economic security but to better health and overall well-being.<sup>12</sup> In 2017, the median weekly earnings for those with a bachelor's degree were more than \$461 higher than those with only a high school diploma, a difference of about \$24,000 a year.<sup>13</sup> Unfortunately, the data show that student parents have low rates of college completion - only 33 percent of student parents attain a degree or certificate within 6 years of enrollment compared to 56 percent of dependent students.<sup>14</sup> Student parents face significant challenges to degree attainment such as lack of access to affordable health care, lack of quality child care and employment stressors that threaten their ability to establish economic stability and security for themselves and their family.

### Health Care

Access to health care is a key indicator of economic security, yet it is unaffordable for many. In 2017, the number of uninsured young adults increased for the first time since the implementation of the Affordable Care Act (ACA) - nationally 350,000 more young people are living without insurance than they did the previous year.<sup>15</sup> The rate of uninsured young adults in Texas also rose.<sup>16</sup> Uninsured young adults are more likely to delay or forgo needed medical care and struggle with medical bills or debt than their insured counterparts, which can negatively impact their health, education, and careers.<sup>17</sup> In Texas, almost a quarter of women are uninsured.<sup>18</sup> For student parents, the lack of health insurance could

have negative impacts since access to health care is essential to address common women's behavioral and reproductive health issues such as perinatal mood and anxiety disorders (PMADs), maternal mortality and unplanned pregnancies.

PMADs affect up to 20 percent of women during pregnancy and in the first 3 months postpartum<sup>19</sup> and carry with them the risks of increased unemployment, lower levels of college completion and negative outcomes for children.<sup>20</sup> A Texas Health and Human Services report about women on Medicaid showed that women in Texas aged 20–24 had nearly twice the rate of postpartum depression (PPD) than women over 35 years of age.<sup>21</sup> Many new mothers forgo care, or are forced to forgo care due to a lack of health insurance coverage. Furthermore, behavioral health can also impact maternal mortality rates. In a recent report released by the Texas Task Force on Maternal Mortality and Morbidity, researchers found that the first and fourth most common reasons for a mother's death within a year of her child's birth were related to behavioral health issues.<sup>22</sup>

Access to contraceptives, which is covered by health insurance, also impacts student parents' ability to graduate. Young adults between the ages of 18 and 19 have the highest rates of unplanned pregnancy among teenagers.<sup>23</sup> Student parents attending community college have a significantly higher risk of dropping out of school than those that do not have children.<sup>24</sup> One study found that an additional child reduces a student parent's chances of completing their degree by approximately 50 percent.<sup>25</sup>

## Child Care

High-quality child care is a necessity for any parent but is often out of reach for student parents. The average child care center at universities across the country has a waitlist 85 percent as large as their total capacity.<sup>26</sup> Currently, our nation's institutions of higher education offer enough child care slots to serve only five percent of the need.<sup>27</sup>

Even when child care is available, it is unaffordable. The cost of infant care in 33 states and the District of Columbia, is more expensive than in-state public university tuition.<sup>28</sup> The average cost of child care for a family with an infant and 4-year old is approximately \$15,489 a year.<sup>29</sup> Nearly 70 percent of community college students with dependents live at or below 200 percent of poverty.<sup>30</sup> The median cost for child care is \$407 a month—leaving little room to afford housing, food, tuition, school supplies, and other necessities of life.<sup>31</sup> In fact, 14 percent of students are homeless<sup>32</sup> and the average community college student spends \$1,760 annually on transportation.<sup>33</sup>

## Employment

Student parents also face employment barriers that lead to lower levels of school completion. The majority of community college students work<sup>34</sup> and student parents work longer hours than their childless peers.<sup>35</sup> Student parents who work to provide financial support for their families place their education in jeopardy.

Long hours have been shown to have significant consequences on school completion. Working above 15 hours per week not only negatively impacts academic performance<sup>36</sup> but can also lead to a higher probability of dropping out and non-completion.<sup>37</sup> This correlation is so strong that the likelihood of good grades and completion decreases as the number of hours worked each week increases. One report found that 47 percent of students working 15 or more hours a week had a grade average of C or lower, while 61 percent of students working less than 15 hours per week maintained a B average or higher.<sup>38</sup>

Employed Texas student parents are subject to limited access to sick days. In fact, over 45 percent of private-sector workers in Texas lack access to paid sick days.<sup>39</sup> This means that when many student parents are sick, not only are they unable to afford a doctor visit, but they are not able to take time off of work due to loss of income, further risking their health and leading to longer periods away from both work and school. Austin was recently the first city in the South to require paid sick leave by most employers. However, state lawmakers have moved to reverse these efforts.<sup>40</sup>

## MORE THAN JUST STATISTICS: LISTENING TO THEIR VOICES

A clear picture of Texas student parents emerges: Most are enrolled in community colleges, are women raising children alone, lack access to basic needs such as health care and child care, and are working while pursuing their education. All these challenges create the perfect storm of very low levels of college completion. To improve the standing of student parents and raise college completion levels, we must understand and address health care access, child care gaps, and employment constraints. Yet, more than that we must listen to their needs and priorities.

Statistics alone are not enough to understand the challenges these young adult student parents face. A critical aspect of YI's work is listening to, learning from, and lifting up the voices of young adults, ages 18-34.

We chose to explore the impact of health care on young student parents through qualitative research and storytelling. To do this, YI conducted a survey of student parents and performed in-depth conversations and focus groups with student parents and providers to examine the experiences, perspectives, and needs of young adult student parents. Through our young adult engagement, YI aims to elevate their voices to inform policy, systems, campus and community changes.

### Student Parent Survey

Engaging student parent voices began with the design and dissemination of an online student parent health needs survey. Recognizing that the health and social needs of student parents are multi-faceted and complex, the survey was informed by our young adult network, covered a variety of topics, and allowed space for additional input from respondents. The survey was disseminated to young adults in the Texas YI network via email and promoted using social media. It was open for current and former student parents to participate from June to August, 2018. The median age of the survey participants was 28 years old and the majority of respondents identified as Hispanic, followed by White and then Black.

When asked about health insurance coverage, only 55 percent of respondents reported being insured before becoming pregnant. The top reason listed for lack of insurance was an inability to afford it. Lack of health insurance negatively



### THE STUDENT PARENTS WE TALKED TO

Young Invincibles collected information from 60 student parents between the ages of 18 and 34 in Austin and Houston, Texas. These young parents represent a broad range of circumstances. Their households contain partners, fiancé/es, spouses, parents, or grandparents, and single or multiple children. All of our interviewees are students pursuing a diploma, an associate's or bachelor's degree with some also employed.

affected parents ongoing health care. In fact, 62.5 percent of respondents stated that it had been over a year since they had been to a doctor before finding out they were pregnant. After becoming pregnant, 82.5 percent of respondents were covered by pregnancy Medicaid. Our findings suggest that the health of young women before pregnancy is often reflective of a lack of affordable health care access.

In our questions regarding postpartum care, 80 percent of respondents reported attending every recommended postpartum health visit. The majority of respondents reported receiving information about the warning signs of postpartum depression through conversations with a doctor or office pamphlets. However, 35 percent stated that they did not receive any information at all. Of those surveyed, 35 percent of respondents reporting experiencing postpartum health problems such as postpartum depression or anxiety. Postpartum care is crucial for managing health complications that are identified before, during or after pregnancy. These findings show the commitment of student parents to actively engage in their health care including mental health and family planning.

The national demand for childcare was also reflected in our conversations with Texans. Sixty five percent of respondents reported missing school due to child care reasons, citing lack of child care options on campus as a barrier to college success. Respondents recommended child care on campus to assist them in being successful in school.

Student parents identified the following as recommendations that would most benefit their ability to take care of their own health needs in this order:

1. Guaranteed time off from work or school, without penalty, to go to a health center
2. More information during pregnancy on available resources postpartum and how to get them
3. A way to communicate electronically with their own health care provider
4. Extension of pregnancy medicaid health coverage post delivery

## **Student Parent Voices**

Student parents generously shared their time, knowledge and health care experiences through focus groups and interviews facilitated by YI. When asked to tell us about their health care experiences during and after pregnancy the majority of participants stated that their insurance during pregnancy was Medicaid. This was consistent with our health needs survey. After pregnancy, half of the participants reported being uninsured due to transitioning out of the Medicaid program. Many mothers reported wanting access to general health care from a primary care physician (PCP) or obstetrician-gynecologist (OB/GYN) after delivery to address ongoing physical issues such as bleeding and abnormal pap smears.





**“I had no insurance after pregnancy, I could fall and break a leg and that would be it. I don’t like not having insurance because I would like to have access to check to make sure I am healthy.”**

– Katran



**“I had abnormal bleeding and cramps but I had no access to the doctor after that. Even over the years I have been subscribed so many birth control methods to control the problem and yet nothing has helped. I wish I could have been able to stay with my doctor because I feel like something would have been done.”**

– Monica

For women who did not have a break in insurance, they continued seeing their doctor. For women who had pregnancy Medicaid that ended, they did not continue seeing a doctor past the conclusion of their Medicaid insurance despite obvious needs for care.



**“I was no longer covered and I am a single mother so I did not have a lot of income to spend on medical treatment. I haven’t received regular care for close to a year now. Even though I know I need it.”**

– Katie



**Because I had gestational diabetes I had an endocrinologist - I went to a doctor very often and kept up with all my appointments because of Medicaid, financial barriers weren’t there.**

– Juanita

There were a wide range of responses to where students go after finding out they are pregnant. Students reported using word of mouth referrals, staying with their same doctor or choosing a doctor from an online list of approved providers. The feeling of receiving lower levels of care based on your type of insurance was expressed many times.



**“I could instantly tell that because I had Medicaid I was a lower priority than other people.”**

– Katran



**“I wish I could have received a second opinion from someone but because no other doctor would take the Medicaid I literally had no other option. So I was stuck with a doctor who wouldn’t do anything because he knew that he was the only one I could go to, so I feel like he did the bare minimum. I feel like I didn’t receive enough prenatal visits and often times they called me to cancel my appointment.”**

– Janice

The relationship with the provider was key, if parents felt there was a positive relationship with the doctor, then they were pleased with their care. Many mothers stated they needed more information about what was available to them - such as breast pumps, diapers, resources, and information on the changes of becoming a mother. Overwhelmingly, moms reported not being able to access the care they were most in need of after giving birth.



**“Postpartum care. It’s scary to go to a doctor because you think they are going to take the child away.**

**Also, information on what exactly happens down there. What happens during labor, I ripped and I had stitches so I wanted more information on that.”**

– Savannah



**“I guess just resources, things to help me transition in becoming a mother. I feel I didn’t have that aspect. I wish someone would have told me my body was going to change a little more than I expected.”**

– Kim

When asked to reflect on their first year of pregnancy and discuss what changes they would make to their health care experience, if any, participants cited consistent access to care, breastfeeding support, a better knowledge and understanding of insurance, information about dietary guidelines, exercise guidelines, mental health, child care, and being able to discuss their care without having a parent present.



**“Just knowing where to look for insurance, after I had my child I kept going thinking I was covered under my dad but I wasn’t. Now I have**

**medical bills barely coming in from when I was 18-19. Just knowing not to go to the emergency room because it so expensive and not getting multiple tests because they’re expensive.”**

– Marissa



**“I wish I could have had some health care! It would have made a big difference. I could address my own issues to better care for him.**

**I was moody, lethargic, dehydrated. And so many things happened- postpartum depression, hormones. I am creating life and supposed to be mother earth and be strong but we are dealing with a lot. I had a doctor over prescribe me medication for 1 year because they knew I couldn’t come back. Cause I can’t afford to come back.”**

– Jimmieka

When asked to design their own care as a student parent some women expressed frustration, reporting that they believe everyone should be treated equally despite insurance plan and access to different types of care, such as birthing centers, should be universal. Participants consistently expressed frustration with doctors for making them feel stupid about asking questions, and all participants wanted to feel more empowered and receive more information on their health care.



**“Being able to have more education access for first time mothers. A lot of mothers don’t know what it is going to be like.”**

– Ashtyn



**“I would like for referrals to be more easily given so that you are not relying on just one doctor and can instead go to someone that is a professional in that department.”**

– Susie

Finally, when asked about supports, parents who received subsidized child care reported feeling content about the quality of their childcare and cited how valuable this was in ensuring they could attend school, work, and complete their degrees. Parents cited childcare, transportation, and health care supports as their primary needs.



I need transportation, childcare and I need (health) insurance. – **Elyza**

## Provider Voices



### THE PROVIDERS WE TALKED TO

To further our understanding of student parent experiences, YI held in-depth discussions with 11 professionals who work with student parents in the Houston and Austin, Texas areas. These providers represented the medical, social services, birthing and faith- and community-based fields and have first hand experience of the challenges facing student parents. We spoke with doulas, doctors, midwives, case managers, school administrators, and social service providers.

To learn more about barriers to health care access for student parents and to develop a comprehensive set of long-term solutions that incorporate clinical, community-based and advocacy strategies, YI conducted one-on-one interviews with health care, workforce and social service providers who frequently work with this population. Providers identified barriers to supporting student parents and highlighted solutions and best practices from the field.

Providers reported that student parents often seek a wide range of services including preventative care, crisis management, contraception, housing, health insurance, parenting classes, employment and food assistance. Most of the individuals they worked with had Medicaid

as health insurance or no health care coverage. Similarly to the student parents we spoke with, providers noted that the student parent experience with the health care system was mixed. Some parents have a distrust in the medical and social service systems, face language barriers, and experience poor customer service making their health care visits prohibitive.



**“It has been mixed - they either loved their doctor or nurses or felt mistreated or unheard. Some younger moms don’t know to expect better care and take what they get - they are less aware of their needs or their ability to demand the care they need or deserve.”**

– Doula

The majority of providers noted that mental health, preventative health care, and contraceptives were the primary needs for young student parents. The providers we spoke to noted that the biggest barriers they faced in connecting with student parents were due to the fact that this population often lacks the financial resources, child care support, and transportation means to help them attend medical appointments. The biggest barriers were a lack of health insurance and education around how to maintain healthy living. Data validates this as

those that are uninsured have lower rates of access to preventative care and a reliable, regular source of care.<sup>41</sup>

When asked about gaps in services for this population overwhelmingly mental and reproductive health support were cited as a primary gaps. These findings are substantiated by data. The National Institutes of Health report that by age 29, more than half of all individuals have experienced a mental health or substance abuse disorder.<sup>42</sup> They also find that mental health disorders are the greatest source of disability among young adults in the United States.<sup>43</sup> Recent research shows that almost 70 percent of Texas’ community college students reported wanting to



**“Health care is a big gap - people in their 20s may not think they need to go to the doctor - not just access but actually education on utilizing health care, maintaining healthy patterns, going regularly for preventative services instead of going to the Emergency Room.”**

– Community Organization

use a more-effective form of birth control but were unable to do so because of cost and/or a lack of insurance. The same study found that 41 percent of respondents reported not having access to a reproductive health care generally.<sup>44</sup>



**“Institutional inertia in dealing with this population is the biggest barrier in supporting 18-34 year olds. Children under 18 tend to be covered through CHIP and Medicaid and older sick people by Medicaid or Medicare. But there is not good insurance coverage for this age group and there is not great reimbursement for treating them in preventative care. We don’t do a good job in public health counseling on mental health, suicide prevention, or pregnancy prevention.”**

– Doctor

Additionally, providers discussed that student parents often have gaps in knowledge surrounding financial and health insurance literacy, lack access to well paying jobs and affordable housing and face barriers to accessing other support services due to their immigration status. Providers noted that although student parents were committed to their education, the challenges they face can negatively affect their college completion.



**“Many moms have dreams or aspirations to go to school but find it is really hard to get started, and they feel the need to make money more than they do to go to school. For moms that are actively in school and then get pregnant - they intend to go back to school but often don’t, at least not for awhile.”**

– Doula

Overall, providers working with this population deem them self-reliant yet many are unaware of the support programming available and how to access these services. More education on available resources and peer-to-peer engagement techniques could help student parents access these vital services. When student parents do access support or health care services, they may find themselves confused by the process and are looking for more information on how to use what is available to them.



**“They can take advantage of supports much earlier if they had the information and connections to providers. When you inform them of the benefits they often say “I never heard of that, I didn’t know it existed.”**

– Faith-based organization

Finally, providers noted that innovative best practices such as meeting student parents where they are, combining pediatric and postpartum check-ups and leveraging technology for reminders and outreach can help with keeping young adults connected to health care and other support services.



**“The old style doesn’t work. Social media, facebook, texting are the ways to engage this population. Calling them doesn’t work, mailing does NOT work.”**

– Community Medical Clinic



**“Taking pediatric mobile clinics to high-volume women’s health clinics could be a best practice that supports young student parents health care needs.”**

– Doctor

## RECOMMENDATIONS

Young adult student parents are working hard to complete their education and support their children. College campuses, public policy and the health care community can do more to support their efforts. Greater post-secondary education completion rates will not only benefit graduates and their families but Texas communities as well. Through the first hand experiences of Texas student parents we have gleaned four key recommendations to facilitate greater support and success of this important population in Texas.

### Foster Supportive Health Care Environments

Throughout our discussions with student parents and providers, concerns regarding a lack of supportive health care

environments that provide clear and consistent information were consistently noted. Health care providers need to develop innovative solutions to ensure young parents, new to health care systems, feel supported and empowered to navigate these often confusing environments. Some potential innovative solutions identified by the student parents and providers we interviewed are for hospitals, clinics, and other medical settings to:

- Implement group prenatal and parenting education to inform student parents of their rights during pregnancy, birth and postpartum. This will build the young parents' social capital and networks with other student parents and increase their access to comprehensive health information.
- Combine postpartum follow-up visits and pediatric visits to maximize the time of busy young student parents.
- Utilize mobile clinics to meet parents on college campuses and bring health care to high volume areas of need.
- Create more culturally competent service provision to adequately meet the needs of student parents through training on implicit, class, and gender biases. Local organizations with expertise in addressing bias should be engaged to build community relationships.
- Identify, catalogue and connect student parents to critical needs and their corresponding local community referral resources. Reproductive and mental health care, child care, transportation, financial aid, and affordable housing being top needs noted during our interviews.
- Use person-centered approaches by respecting mothers as experts, placing them at the center of their health care decisions and working alongside them to get the best outcome.
- Scale the use of technology to improve outreach to and connection with young adults through the use of social media, texting, and telehealth or telemedicine.
- Promote access to doula support and midwifery care for vulnerable populations like student parents.
- Implement improved screening and referral techniques to identify any behavioral health concerns during the perinatal period. The Texas Maternal Mortality and Morbidity Task Force and Department of State Health Services note that behavioral health issues contribute to maternal morbidity and mortality, therefore improved assessment and treatment will assist in maternal health outcomes.<sup>45</sup>

## **Expand Medicaid Insurance Coverage**

The lack of access to and affordability of health care pre- and post-pregnancy was consistently cited as a critical barrier for Texas student parents. Providers also noted that preventative health care was a prime concern for this population. Research shows that those without insurance are less likely than those with insurance to get preventive health care. In a 2016 study, 20% of uninsured adults reported going without care because of cost compared to 3% of adults with private insurance and

8% of adults with public coverage.<sup>46</sup> Texas is one of 17 states that has not expanded Medicaid with the implementation of the ACA, placing health insurance out of reach for 766,000 Texans and 411,000 Millennials.<sup>47</sup>

If Texas' lawmakers expand Medicaid, the Texas economy could benefit from the economic stimulus created by federal investment.<sup>48</sup> Medicaid expansion has been shown to increase access to care and decrease the number of uninsured individuals.<sup>49</sup> In fact, if all states expanded Medicaid, over 90 percent of all people 18-34 could be insured.<sup>50</sup> States that have expanded Medicaid have reaped many benefits including:

- Lower state spending per Medicaid enrollee
- Significant job expansion
- Reductions in uncompensated care costs for hospitals and clinics
- Financial security among the low-income population
- Savings by offsetting state costs from behavioral health services, crime and the criminal justice system, and the Supplemental Security Income program<sup>51</sup>

The ACA allowed states to extend Medicaid coverage to nearly all individuals with incomes up to 138 percent of the Federal Poverty Line, creating the opportunity for many more women to have continuous coverage before, during, and after pregnancy. Thirty-one states and the District of Columbia have expanded Medicaid programs thereby extending coverage beyond the 60-day postpartum period, where historically new mothers lost coverage.<sup>52</sup> Since Texas has not expanded Medicaid, pregnant women lose coverage after the 60-day postpartum period because they are no longer eligible. States have discretion to determine the scope of maternity care benefits. As Medicaid was most utilized by the people with whom we spoke, Texas should expand coverage to ensure healthy outcomes for student parents to include:

- Coverage through one year postpartum. The postpartum period is one year from the date of the child's birth. Expanded coverage will give women access to care they need to be able to address common health issues that arise during this period such as complications from the birth process, PMADs and other behavioral health issues.
- Comprehensive and clear information on topics such as breast pumps, perinatal mood and anxiety disorders, community based resources, postpartum contraceptives and changes that occur with motherhood.
- Reimbursements equal to that of private pay insurance to health care providers to ensure quality of care across all types of insurance.

Additionally, the lack of relational support was consistently cited as a critical factor influencing the pregnancy, birth, and postpartum experiences of the young student parents we interviewed. Studies show that doulas, birth companions who provide women with continuous physical and emotional support during and after pregnancy are one of the most effective

tools to improve labor and delivery outcomes.<sup>53</sup> The Texas legislature should allow Medicaid reimbursement of doula care for pregnant beneficiaries as has been done in other states.<sup>54</sup> The state could also create a grant program to support doula training for women of color and women from Texas' rural communities to encourage the doula workforce to reflect, understand, and relate to the population of young adult students giving birth.<sup>55</sup>

The Texas legislature has a role to play in supporting the mental health of all student parents, including new mothers, by increasing state funding for inpatient, outpatient, and community-based behavioral health services across Texas. Expanding Medicaid in Texas will increase the number of individuals who are eligible for Medicaid which in turn could increase access to behavioral health services for Texans.<sup>56</sup> This also has a potential for cost savings in Texas. Research comparing expansion states to a non-expansion state found that prior to Medicaid expansion, state and local funds paid for many behavioral health services but after expansion most funding shifted to the federal government.<sup>57</sup>

## Promote Holistic Supports on College Campuses

Recently many states have been implementing two-generation, or whole family, approaches to meet the needs of children and their parents in tandem.<sup>58</sup> This shift from serving parents and children separately comes from an understanding that the outcomes of parents and their children are intertwined. Research shows that the educational attainment of parents plays a crucial role in children's outcomes<sup>59</sup> and services for children can help parents balance the demands of school, work and parenting by lessening their stress and supporting child and family well-being.<sup>60</sup> Some holistic supports include family friendly policies, child care, reproductive and behavioral health.

- **Family-friendly policies:** Texas college campuses should implement family friendly policies and programs such as those suggested by Endicott College to ensure that student parent needs are addressed, including bringing student parents, administrators, and faculty to the table together to problem solve and develop policy. Campuses can use the Family Friendly Campus Toolkit to design their own programs to best serve their students by learning more about student parents on campus, collecting data about parenting students, and implementing best practices.<sup>61</sup> Campuses must also ensure that student parents are allowed to miss school penalty-free to accommodate accessing health care for themselves and their children.
- **Child care:** Campuses should seek to provide sliding scale or free high-quality childcare on campuses for all student parents to support their college completion. Child care assistance subsidies and supports help parents access the education they need by helping to decrease the time that parents miss work or school.<sup>62</sup> The federal Child Care Access Means Parents in School Program (CCAMPIS ) is the only competitive grant program to support campus-based child care services. Campus-based child care is a critical way many student parents are able to provide child care for their children while accommodating their studies. In order to serve the most in-need young families, Texas higher education institutions should all apply for this grant which was recently expanded from \$15 million to \$50 million. This new CCAMPIS funding could mean an additional 7,600 student parents are served nationally.<sup>63</sup>
- **Reproductive health:** Facilitating access to and education on contraceptives at college campuses will also promote a more holistic approach to student parent service provision. Access to birth control and delaying pregnancy until later in a woman's career has been tied to increased college completion rates and economic security.<sup>64</sup> It is critical to ensure



that community college students are able to access effective, high-quality birth control—both to help these students plan first-time pregnancies as well as additional pregnancies for student parents. Campus health, student life, and orientation centers should partner with local community health providers to offer consistent education and information to students detailing family planning methods available and where to get low-cost, effective birth control.

- Behavioral health: Campuses also play a part in ensuring the support of students with behavioral health issues who may be at risk of dropping out of school. With the right interventions, student parents experiencing behavioral health issues including PMADs could continue with school and graduate.<sup>65</sup> Campus health and mental health centers should employ licensed mental health professionals such as psychologists and social workers who can offer individual, group, crisis and other counselling services to support the emotional well-being of college students.<sup>66</sup> Many of the young student parents we interviewed shared stories about their mental health concerns and treatment, but were reluctant to let us publish their stories in this report citing embarrassment about their mental health conditions. College campuses can help to decrease the stigma surrounding mental health issues through peer-to-peer engagement efforts, required workshops during freshman orientation, and campus-wide days of awareness. Campus outreach and education on mental and behavioral health will foster student resilience and mental and emotional well-being and equip members of the community to identify and support students with mental or behavioral health concerns.<sup>67</sup>

## **Collect Data on Texas Student Parents**

While national and regional statistics can provide good guidance, it is critical that we learn more about Texas' student parents. Texas is a geographically large state as well as a heavily populated state. To make meaningful change, we need to know more about our specific population, as their needs may be different than those of other states. Thus, we recommend that all Texas higher education institutions make the following changes to data collection:

- Track outcomes for student parents after graduation as part of other alumni tracking efforts.
- Circulate a standardized annual survey on student parents' experiences on campus, the results of which are aggregated and published.
- Collect data on the needs and experiences of both mother and father student parents.
- Collect and report on the demographics and academic progress of all student parents, including transfer students and those who stop out and return.<sup>68</sup>

Tracking and sharing student-level outcome data will also ensure that consumers are aware of which schools have the best outcomes for student parents and the factors that influence their success or failure. Data on Texas student parents' progress should also be matched with other federal data systems to support the reporting and analysis of more comprehensive program- and institutional-level data to help consumers, institutions, policymakers, and advocates understand how to support student parents to be successful in post-secondary education and in the workforce.<sup>69</sup>

## CONCLUSION

Young student parents are critical to the growth and success of Texas. One-in-four Texas students in higher education is a parent. This is no small number and they deserve the attention and support of Texas campus communities, higher education and health care systems, and lawmakers. Supporting young student parents will not only increase their chances of success but will also impact future generations in Texas. In order to successfully impact the outcomes of student parents, Texas stakeholders must take a unified approach. Holistic changes should occur on campuses, in hospitals, clinics and agencies, and in our laws and policies. Based on our discussions with young student parents in Texas, the relationships between health care, support systems, and college completion and success are clearly interdependent. We must expand health care coverage, promote high-quality child care, provide education on and support with needed services such as mental health and reproductive health, and build and maintain systems that help student parents grow and thrive. These recommendations are merely the starting point and more information is needed to truly explore the impact of these changes. However the work must start now to create greater growth in our economy, a highly educated workforce, and a healthy state.

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