



The Impact of the Paternity Prep Packet on Scan the QR code to submit questions and 4 **Voluntary Paternity Affidavit Errors:** comments on Padlet! Your post will be responded to real-time as a comment! **A Multiple Baseline Study** Alison C. White, Daeyong Lee, Carl Weems, Jan Melby November 2024

Background

Establishing legal paternity may <u>enhance</u> children's socioemotional and academic outcomes by promoting father involvement.

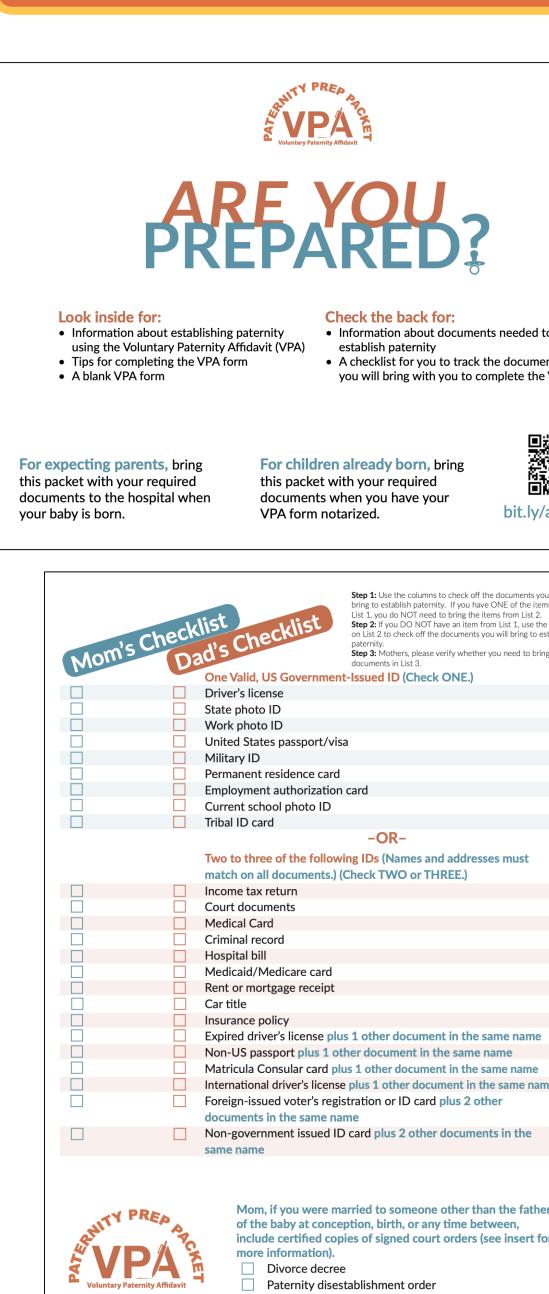
Paternity establishment also has implications for lowa's state funding. If lowa does not reach its paternity establishment goal every year, it is at risk of losing out on <u>federal</u> TANF funding.

Data from the Iowa Bureau of Health Statistics (BHS) indicates identification errors (e.g., lack of valid proof of identity) is a leading cause of VPA rejections.

The Paternity Prep Packet (PPP) was developed to mitigate identification errors and ultimately reduce VPA rejections, thereby increasing paternity establishment, through targeted outreach to individuals through their prenatal and obstetric providers.

The purpose of the present study is to assess the effectiveness of the PPP in reducing identificationrelated errors in VPA submissions and the overall number of rejected VPAs.

The Packet



The PPP is printed on a 9"x12" envelope, encouraging parents to put their indicated identification documents inside to bring when it is time to establish paternity.

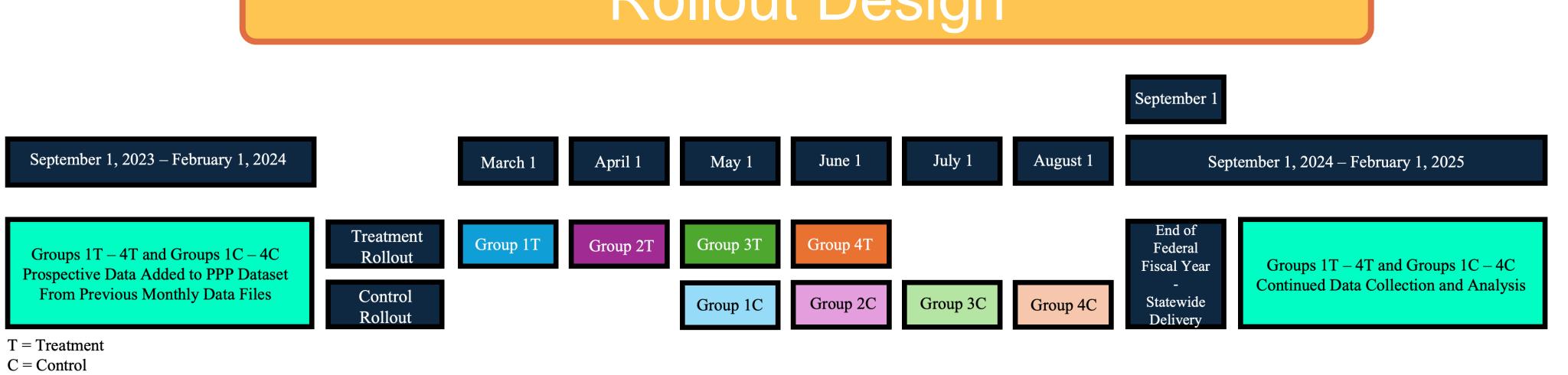
The PPP comes with information about legal paternity, tips and tricks for completing the VPA, and a blank practice VPA.

The PPP can now be ordered from our ordering website for FREE. We have sent out about 10,000 PPPs this year between our sample shipments and subsequent orders.

The lowa State University Child Welfare Research and Training Project conducted this work through a contract with the lowa Department of Health and Human Services (BOC-24-003, Carl Weems PI).

bit.ly/aboutvpa

The study utilized a multiple baseline design. All 57 birthing hospitals in Iowa were intentionally paired based on VPA volume. Then, hospitals were randomly sorted into four groups. The PPP intervention was staggered in rollout from March 2024 – August 2024.



Preliminary Findings and Future Directions

Future Direct

The data received from BHS does not re VPAs submitted by each hospital per mo develop a proxy variable to represent th submitted by each hospital

Using public data, we identified variab calculate a variable that represents an es by county for 2024 based off 20

The inclusion of a proxy variable for total a frame of reference for the rejected \ proportion of total VPAs submitted that absolute number.

This study has the potential to improve paternity establishment outcomes for unmarried parents by reducing identification errors in VPA submissions, which could serve as a model for state and national programs, ultimately enhancing child welfare funding and support.



Methods

VPA rejection data is collected by and received from BHS monthly. This data reports rejection reasons for every rejected VPA from the month prior. This data has been received by our workgroup since 2017 and is ongoing.

Rollout Design

Preliminary findings indicate a small, but nonsignificant decrease in the number of identification errors post-intervention.

tion 1	Fut
eport the total number of onth. Thus, we sought to he total number of VPAs per month.	In order to create a more r the PPP, we are looking in pre-intervention data (si Additionally, we are contine (un
oles that allowed us to stimate for monthly births 023 birth rates.	Adding six months of pre analyze trends and estim
VPAs submitted will give VPAs, highlighting the get rejected, versus the r.	Adding six months of post-in the PPP's
Impost	

Impact



In addition to sending samples of PPPs in English and Spanish to all birthing hospitals, we also sent them to each birthing hospital's surrounding prenatal providers.



iture Direction 2

nuanced picture of the potential impact of nto our archived data to add six months of ince September 2023) into our dataset. nuing to enter data into our study's dataset til February 2025).

re-intervention data will allow us to better mate the mean VPA rejection rates before intervention.

ntervention data will allow us to understand s long-term effectiveness.