A Partnership Approach to Paternity Establishment: Child Welfare Research and Training Project Ecological Model and Preliminary Data

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ABSTRACT

This paper provides an ecological model of child support facilitation through broad efforts to maintain high rates of paternity establishment via agency-university collaboration. The study utilized administrative data (2,208 electronic records from the Bureau of Health Statistics) on Voluntary Paternity Affidavits (VPA) rejected by the Iowa Department of Public Health. These records represented all rejected VPAs from 70 hospitals in Iowa for 6 months in 2017. Results indicated that the majority of VPAs were not accepted for minor errors (78%); such as missing information rather than incorrect information. Results also indicated variation among hospitals and hospital regions in the reasons for rejection. Outreach to hospitals targeting affidavit completion is a potential step for increasing paternity establishment.

Key Words: Paternity Establishment; Child Welfare; Ecological Model; Voluntary Paternity

Affidavits; Parenting

A Partnership Approach to Paternity Establishment: Child Welfare Research and Training Program (CWRTP) Ecological Model and Preliminary Data

Non-marital births have continued to rise for decades (Osborne & Dillion, 2014) with 39.8% of all births to unmarried women in 2017 (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018). Among unwed parents, establishing paternity is positively associated with increased child support, visitation rights, as well as numerous psychological and social benefits for children. For example, child support payment is related to improvements in children's educational attainment (Aughinbaugh, 2001; King, 1994). Moreover, when child support is coupled with visitation, fathers will more likely make child support payments (Hofferth & Pinzon, 2011), which in turn is related to children's healthy development (Flouri, 2006). Indeed, fathers who establish paternity are more likely to be involved with their children and such involvement is associated with a range of beneficial child outcomes in cognition, language development, and emotion regulation skills. Moreover, fathers who establish paternity are more likely to support their children financially and children who receive regular child support from their fathers experience fewer internalizing and externalizing behavioral problems and greater academic achievement (Argys & Peters 2001; Bronte-Tinkew, Carrano, Horowitz, & Kinukawa, 2008; Cabrera, Shannon, & Tamis-LeMonda, 2007; Carlson & Magnuson 2011; Knox, 1996). Given these well documented reasons, efforts to maintain high rates of paternity establishment are a high priority for state departments of human services.

For married mothers at the time of birth, paternity is most often established on the child's birth certificate. Among children born to unwed mothers, however, paternity is not automatically indicated. One well established and common way to establish paternity in these cases is via a hospital-based Voluntary Paternity Affidavit (VPA) process (Mincy, Garfinkel, & Nepomnyaschy, 2005; Osborne & Dillion, 2014). In Iowa, for example, this process is voluntary and occurs when a birth mother and the biological father agree to sign a form that is then notarized to establish the legal relationship between the father and his child. Completing such forms at the birth hospital is important because, though they may also be completed later, numerous factors may interfere (Osborne & Dillion, 2014). As Osborne and Dillion (2014) have noted, completing the process in the hospital is effective because both parents may be present, the birth certificate with both parents' names can be created from the start, and data suggests fathers become less likely to voluntarily establish paternity over time (see also Wattenberg, Brewer, & Resnick, 1991).

Though many parents complete the process in hospitals each year in Iowa, a large number of affidavits are not accepted once they are officially submitted to the Bureau of Health Statistics because of inaccurate or incomplete information provided on these forms. This leads to (1) the need to bring both parents back together for completing the form with a notary, (2) the need to modify the birth certificate, and (3) decreased likelihood for fathers to agree to voluntarily establish paternity. This paper provides an ecological model of child support facilitation designed to address these challenges through broad efforts to maintain high rates of paternity establishment. The model is illustrated by a collaboration between the Iowa Department of Human Services and the Child Welfare Research and Training Project (CWRTP) at Iowa State University and initial data that utilized administrative records on VPAs rejected by the Iowa Department of Public Health.

University Agency Partnership Model

The Child Support Recovery Unit (CSRU) within the Iowa Department of Human Services (DHS) is responsible for administering and monitoring child support payments across

the state. Paternity establishment is critical to this work. As such, the CSRU receives daily reports from the Iowa Department of Public Health's Bureau of Health Statistics (BHS) about VPAs that were submitted. CSRU has collaborated with CWRTP to support training, outreach, and research related to child support and child support recovery. Figure 1 presents an ecological model of the CWRTP research, outreach, and training efforts. The top box represents one of the policies that state agencies are charged to implement, and state agencies such as CSRU may work to implement policies and programs utilizing multiple resources such as hospitals and local organizations. These programs are designed to aid parents and families to ensure families receive the child support they need to meet the financial and health needs of their children (the bottom line goal in the Model in Figure 1). CWRTP mobilizes expert knowledge and state of the art practices through engaged scholarship/applied research, direct programming, and data analysis to facilitate CSRU goals. From Figure 1 these include A) research and data analysis for program evaluation and procedure revisions based on data and theory; B) outreach such as hospital outreach programs to aid paternity establishment and school outreach via parenting programming; and C) engagement and support for schools in offering pre-parenting programming.

The CWRTP efforts to improve paternity establishment include specific outreach to build and maintain relationships with hospital administrators and personnel, providing education and outreach to other community organizations, and creating and evaluating paternity affidavit training to improve paternity establishment. To inform this work, ISU partners are also asked to conduct both background research about how other states engage in paternity establishment outreach and empirical research with population-based administrative data about Iowa families to understand the nature and extent of VPA "success" over time. The current study utilized six months of VPA records that were rejected by the Iowa Department of Public Health's Bureau of Health Statistics. The research was designed to investigate the nature of VPA rejections to help inform outreach and training efforts to reduce errors before VPA forms are submitted.

In summary, while much is known about the importance of establishing paternity and the utility of voluntary paternity acknowledgement, little is known about the details of the process and the technicalities that can serve to block voluntary establishment. We conducted a literature search (using Medline, Web of Science, Google Scholar, and PsycINFO) using a number of keywords related to VPA and the processes and found no studies that have examined reasons for VPA rejection. One way to effectively ensure successful affidavit completion is via checklists (Gawande, 2010). In 2016, CWRTP began providing a 13-item checklist of "common errors" to hospitals intended to be used for outreach to hospital staff, parents and notaries, primarily in the hospital setting. The purpose of this study was to advance the empirical understanding of the paternity affidavit process by examining rejected paternity affidavit submissions to better understand where and why certain cases might not lead to paternity establishment during the voluntary paternity affidavit process. Three specific research questions guided the analysis: What are the primary reasons affidavits are not accepted? Do the reasons for rejection vary by hospital region? How do the reasons for VPA rejection vary across the "common errors" outreach checklist?

METHOD

Data Set

The total number of children with paternity established by VPA in 2017 (VPAs "accepted" during this period) was 9,182; the estimate for the 6-month period in this study is therefore 4,591. To complete the objectives of this study, the research team obtained 2,208

electronic VPA records through CSRU from the BHS. ISU IRB reviewed and indicated the project was exempt, as the analytic team only received de-identified data and the information included no identifying or any specific demographic information. These records represented all rejected VPAs from hospitals in Iowa between the period of 1/25/2017 and 07/24/2017. Although the BHS provided 2,208 records for analysis, 22.9% were missing hospital information (n=505) and therefore could not be included in analyses that examined regional or hospital variations in reasons for rejection. The files did not contain information about VPAs that were accepted, thus limiting the conclusions that could be drawn (see discussion below).

Measures and Procedures

BHS records indicated if "rejected" VPA forms were either returned for correction or rejected completely. The study team quantified the reasons listed in the BHS records for rejecting the form, as well as hospital of origin (which we report in terms of hospital regions).

In the State of Iowa, the VPA process starts when a child is born. Hospitals notify any unmarried birth mother of the process to establish paternity and provide a form for her to consider completing while she is still in the hospital. To establish paternity, this form must be completed by the biological birth mother and the intended biological father who wishes to establish paternity. This often occurs at the birth hospital, but can also be done after the birth and the paperwork submitted by mail, through the local county recorder office, at the BHS, or at a CSRU office. The form includes required information about both parent's identities and must be signed and notarized. Once completed, the form is submitted (usually by the hospital) to the BHS. Once BHS receives the form with required copies of identification attached, staff at BHS review it for completion and accuracy. If BHS determines that the form is completed correctly, the record is "accepted" and the father is established as legal parent on the child's birth record, and the birth certificate is updated. If BHS determines that the form is not completed correctly it is "rejected," and the form is either returned for additional information (minor reason) or rejected completely due critical errors on the form (major reason). BHS defines "minor" reasons as non-critical missing information whereas "major reasons" are defined as critical information missing or incorrect. VPA documents with rejection errors are entered by BHS into a database and parents are notified that a new form must be completed.

The BHS enters information about the reasons for a VPA rejection into their database in one free-text field, which can include multiple reasons. To determine the frequency of reasons for VPA rejection, it was necessary for the study team to disaggregate and translate free-text fields into categories for the purpose of analysis. The process of disaggregating and categorizing the reasons for rejection was not a qualitative analysis of themes per se but instead involved converting BHS data into analyzable variables. Likely as a result of the free-text field data entry process for capturing the reasons for rejection, there were 245 different reasons provided in the initial dataset. There were also many instances where minor spelling or spacing differences generated unique reasons (e.g., court ord, ct ord, _ct ord, and Ct Order all have the same meaning of "court order"). Details about how each of the original reasons were abbreviated and categorized, their full descriptive meaning, and how each of these reasons were categorized and counted are available on request.

The dataset obtained from BHS contained the following variables: DOB, Reason(s), Hospital, City, Notary, Date Returned, and Notes. To facilitate analyses, the study team used this original data set to create variables suitable for quantitative analysis. The Online Appendix displays the process for collecting and recording VPA data, and a summary of the process that was used to clean the rejected VPA data for analytic purposes.

RESULTS

In the electronic files, records found to have minor or major errors were all indicated as "rejected" by the BHS. The first step for this analysis was to categorize errors as either "major" such as insufficient notarization or "minor" such as missing social security information. Among all 2,208 VPAs analyzed, the majority were not accepted for minor errors (78.2%) versus major errors (21.8%). To investigate the geographic distribution of rejected VPAs, the study team obtained hospital and hospital district information from the Iowa Organization of Nurse Leaders (IONL). First, the city location of hospitals was used to categorize cases into rural or urban locations. Figure 2 presents a map of the rejected VPAs by hospital district. The distributions follow what could be anticipated given the population size of these hospital regions, though the proportionality was not directly tested because the study team did not have access to information about the full population of births by hospital. Figure 3 presents the number of rejection reasons per record. As shown, the majority of records had only one reason for rejection (69.7%).

Two overall issues were found across the 245 reasons for rejection: critical information was either missing or incorrect. As Table 1 presents, the majority of errors were because critical information was missing (73%), compared to information that was incorrect. However, there was variation by hospital region indicating that VPAs were rejected disproportionately from the Southwest and Southeast regions because of missing information compared to incorrect information.

The team next grouped all provided reasons into categories of the type of error (Category) and individual for whom information/documentation was missing (Individual); see Online Appendix for additional technical details about this grouping process. Table 1 provides the description and frequency (percentage) of the types of reasons that were found. The reasons for rejection were then compared across hospital regions by category (Table 2). Compared to the overall percentages, VPAs from hospitals in the Northwest region tended to have more errors related to IDs, and Southeast had more errors related to names.

The purpose of the VPA checklist was to support hospital personnel in reducing errors on the affidavits. The *Double Check for these Common Errors* outreach tool was created by the Voluntary Paternity Affidavit workgroup, consisting of stakeholders from Iowa State University, CSRU and BHS. The content reflected anecdotal evidence shared from CSRU and BHS staff about their experiences processing affidavits and suggestions to improve accuracy and, therefore, acceptance rates. The checklist is used directly with hospital personnel when the outreach coordinator conducts presentations. It is also a resource that is available on the VPA program website for hospital personnel to review at any time. For purposes of the current analysis, the outreach coordinator coded each reason from the datasets to see how many of the errors "matched" with items from the checklist. Table 3 presents the results of this match.

DISCUSSION

Hospital-based VPA programs are well established and the most common way paternity is established for children born outside of marriage (Mincy, Garfinkel, & Nepomnyaschy, 2005; Osborne & Dillion, 2014). This paper adds to the existing literature by describing the importance of minor technical details in the VPA process. While much is known about the importance of establishing paternity and the utility of voluntary paternity acknowledgement (Aughinbaugh, 2001; Flouri, 2006; Hofferth & Pinzon, 2011; King, 1994; Lamb, Sternberg, & Thompson, 2005), little is known about the details of the process and the technical issues that can serve to block voluntary establishment. Indeed, reviews of the literature highlight the relative lack on research in the child support field relative to other human services agencies and efforts (see Hart

& Yohannes, 2019; Turetsky, 2019). By examining rejected paternity affidavit submissions, we were able to understand where and why certain cases might not lead to paternity establishment during the voluntary paternity affidavit process. Given that the total number of children with paternity established by VPA in FFY17 was 9,182 and the estimate for the six-month period in this study 4,591 – over 2,000 VPAs being returned is a substantial portion.

For the question "What are the primary reasons affidavits are not accepted?", we learned that the majority of VPAs are not accepted for minor errors. Second, we learned that the majority of VPAs that are not accepted are due to missing information rather than incorrect information. Third, the largest category of rejections was related to the identification provided on the form and attached as proof of identity. For the question "Do the reasons for rejection vary by hospital region?" the answer was yes. Such analysis allows regionally targeted information outreach, with feedback to hospitals in the Northwest region focusing on errors related to IDs and addressing errors related to birth parent names in the Southeast. Finally, for the question of "How do the reasons for VPA rejection vary across the "common errors" outreach checklist?", data suggests the checklist item "Names on unexpired IDs match names given on paternity affidavit and are attached" may need revision to improve its utility.

Implications for Practice

A goal of this research was to inform improvements in the outreach and training process. Findings from this research suggest relevant recommendations to improve the training and outreach process and, ultimately, paternity establishment. Several practical suggestions were developed to address this link in the broad ecological model. These include: (1) improve training to ensure full and accurate completion of the VPA (this might involve outreach to hospitals and the sharing of specific examples of places on the form that are most commonly missed), (2) improve training on the types of identification needed and how to check that the ID numbers and names match completely when the copies of identification are attached, and (3) make edits to the outreach checklist so that items better match with the nature and extent of errors we found in this analysis. We can also incorporate additional "best practices" in the creation of checklists to simplify the checklist, streamline the most important areas of focus, and draw attention to the keywords throughout that may help facilitate its use. In addition, expired IDs and matching numbers and information from IDs were common rejection reasons. There may be ways for states to revise how the required information is collected to reduce the need for copying information on the VPA form.

From a broader perspective, parenting programs commonly cover health topics, including sexual education, contraceptives, STIs, and abstinence (Goesling et. al, 2013; Meuller et. al, 2016; Shearer et.al, 2005). Programming also tends to include life skills such as decision-making and healthy relationships. Less common in existing programming appears to be information/modules on establishing paternity, co-parenting, and child support—issues that often effect unwed teen mothers and fathers. School-based programming designed to address teen pregnancy prevention could provide a strategic opportunity to educate youth on paternity establishment, co-parenting, and child support issues that often affect unwed teen parents. This is part of the ecological model presented in Figure 1. Parenting: It's a Life (n.d.) PIAL is a free curriculum designed for grades 7-12. It introduces teens to the financial realities of being a teen parent, responsible decision-making, healthy relationships, peer pressure, and concepts related to paternity and child support (https://childwelfareproject.hs.iastate.edu/parenting-its-a-life/). Such programming may help from an ecological perspective overcome barriers not readily apparent

from simple error rates. For example, parents who understand paternity establishment may be better prepared to complete paperwork.

Limitations and Directions for Future Research

While the research presented in this report was helpful to take a first look at VPA rejections across the state, there are a number of limitations that prevented us from presenting a comprehensive, detailed picture of *where* and *why* the VPA process results in rejections. For this project we were limited to available data about rejected VPAs, but we did not have information on the VPAs that were accepted or accepted after initial rejection. Specifically, the research team obtained 2,208 rejected VPA records through CSRU from the BHS. However, some of these rejected VPA's may have been resubmitted and become accepted VPA's during the 6-month period. Because of this, we do not have the ability to determine the rejection - acceptance ratio from the data set we obtained. This means we could not answer important questions such as: What is the overall rate of rejected VPAs across the state?; Do these rates differ by hospital or hospital region?; Are there certain areas of the state that have greater percentage of VPAs not being established?; What factors predict VPA establishment versus rejection? Answering these, and other, questions could lead to greater effectiveness of child support collection efforts through increased paternity establishment (see Solomon-Fears, 2003, for example), and our future work will aim to address these by developing access to data about births across the state, including characteristics of all births and the full report of VPAs that are submitted, accepted, and rejected. Furthermore, future research could examine trends over time by incorporating historical data into the analysis so that we could see if and where certain hospitals or regions have been able to improve their VPA establishment rates and, if so, how we can learn from their "success" to further strengthen our outreach and training efforts. Finally, the perspectives of parents and social workers on the VPA process are absent from the literature and this should be remedied in future research. We hope this initial work spurs an array of empirical investigation on the topic.

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Table 1. Reasons for VPA Rejection

Group	Subgroup	Meaning	Frequency (%)
Category	ID	ID numbers or documentation (e.g., dad's ID is expired, mom's additional ID needed)	1,115 (37.4)
	Name	Errors in last, middle, and/or first name	546 (18.3)
	Signature	Absence of signature or date of Notary	376 (12.6)
	Info	Any reason given that included "more information needed/incorrect information given"	370 (12.4)
	Address	e.g., city, state	173 (5.8)
	Statement	Mother's statement	114 (3.8)
	SSN	Social security number	87 (2.9)
	DOB	Child, mother, or father	80 (2.7)
	Format	Notary seal; wrong paper	62 (2.1)
	Background	Father's education or race	51 (1.7)
	Other	Anything that was not categorized above (e.g., child was adopted)	8 (0.3)
Individual	Mom	Mother information/documentation missing	1,158 (38.8)
	Dad	Father information/documentation missing	933 (31.3)
	Unknown	Information not provided or unclear	362 (12.1)
	Notary	Notary information/documentation missing	282 (9.5)
	Child	Child information/documentation missing	247 (8.3)

Table 2. Percentage of VPA Rejection Reason Categories by Region

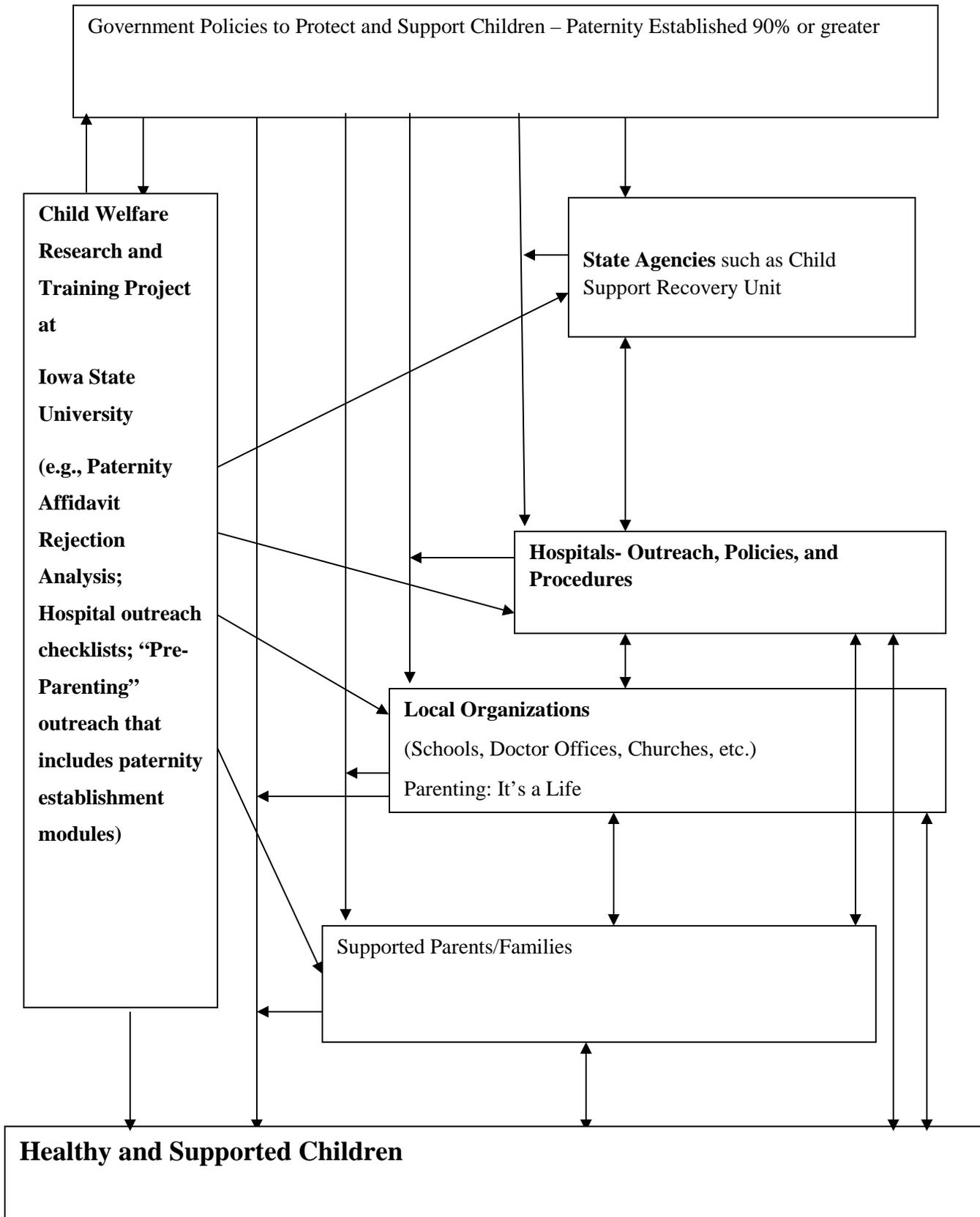|	North West	North Central	North East	South West	Central	South East	East	Overall
ID	48.1%	29.6%	29.3%	27.0%	37.5%	22.6%	25.4%	33.7%
Name	13.4%	25.3%	23.7%	21.0%	20.1%	28.1%	21.9%	20.6%
Signature	20.1%	12.9%	13.2%	18.0%	8.6%	17.8%	10.7%	13.4%
Info	7.4%	11.3%	7.3%	16.0%	15.0%	15.1%	12.9%	11.7%
Address	4.3%	7.0%	7.3%	6.0%	7.7%	0.7%	9.7%	6.8%
Statement	1.7%	5.9%	8.0%	3.0%	4.0%	2.1%	5.4%	4.4%
SSN	0.9%	1.6%	5.6%	2.0%	2.4%	1.4%	4.9%	2.9%
Background	0.6%	2.7%	2.4%	4.0%	1.1%	2.1%	1.5%	1.6%
DOB	2.8%	2.7%	2.4%	1.0%	1.6%	6.8%	4.1%	3.0%
Format	0.6%	1.1%	0.7%	2.0%	2.0%	3.4%	3.6%	1.9%
Mom	39.4%	41.9%	47.0%	33.0%	40.0%	32.9%	41.3%	40.5%
Dad	37.7%	28.5%	30.0%	30.0%	30.5%	26.7%	28.0%	30.9%
Notary	8.9%	7.0%	9.1%	17.0%	11.3%	14.4%	9.5%	10.2%
Child	7.8%	9.7%	7.3%	7.0%	6.0%	15.1%	7.9%	7.9%
Unknown	6.3%	12.9%	6.6%	13.0%	12.1%	11.0%	13.3%	10.5%

Note. "Unknown" means the reason did not include information about whom the missing or incorrect information pertained.

Table 3. Outreach Checklist Items and Percentage of Cases Rejected for Each Item
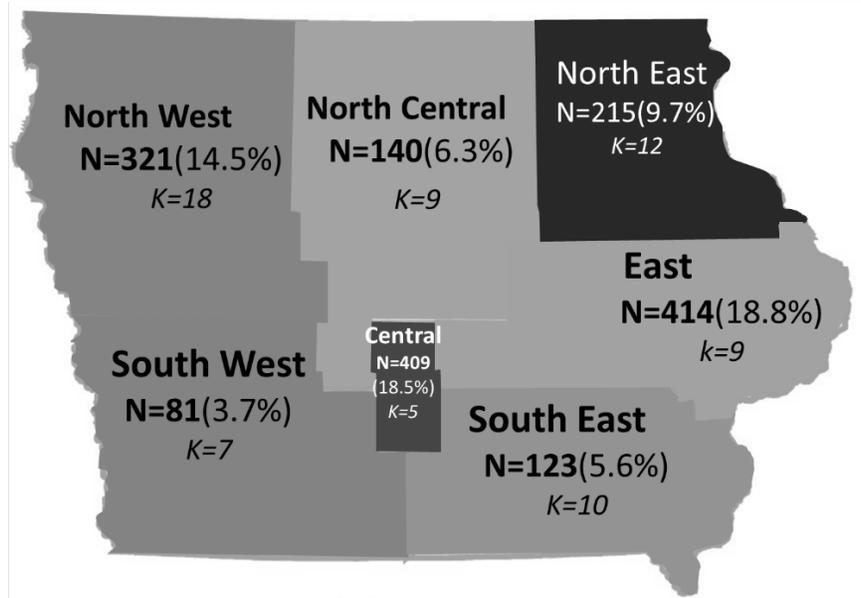
Item	% Matched
All words and phrases on the form are legible and unabbreviated.	**N/A**
No mistakes are crossed out, and a new form is used when a mistake is made.	7.85%
"Multiple birth" box is completed.	**N/A**
Child's sex and last name after paternity are completed.	3.96%
All middle names are unabbreviated and provided. Leave blank if there is no middle name.	1.27%
All Social Security numbers are provided, or "none" is written instead.	2.92%
Father's Hispanic origin, race, and education are completed.	**N/A**
"Mother" statement is correctly checked.	3.82%
Both fields for mother's last name are completed.	10.03%
State or foreign country of birth is completed under all circumstances for both parents.	4.73%
Names on unexpired IDs match names given on paternity affidavit and are attached.	40.04%
Father and mother signatures are correctly dated in front of a notary.	5.33%
Notary has signed and dated both sections; signature dates match, and notary address is given.	8.72%

Note. Because of how the original data were categorized, several checklist items were not applicable as they could not be determined based on data from the text field (N/A). Additionally, 11% of the reasons did not match the checklist.

**Figure 1. An Ecological Model of Child Support Facilitation**

Government Policies to Protect and Support Children – Paternity Established 90% or greater

Child Welfare Research and Training Project at

Iowa State University

(e.g., Paternity Affidavit Rejection Analysis; Hospital outreach checklists; "Pre-Parenting" outreach that includes paternity establishment modules)

State Agencies such as Child Support Recovery Unit

Hospitals- Outreach, Policies, and Procedures

Local Organizations

(Schools, Doctor Offices, Churches, etc.)

Parenting: It's a Life

Supported Parents/Families

Healthy and Supported Children

Figure 2. Percentage of Rejected VPAs by Hospital District

Note. 505 records were excluded that did not contain hospital information.
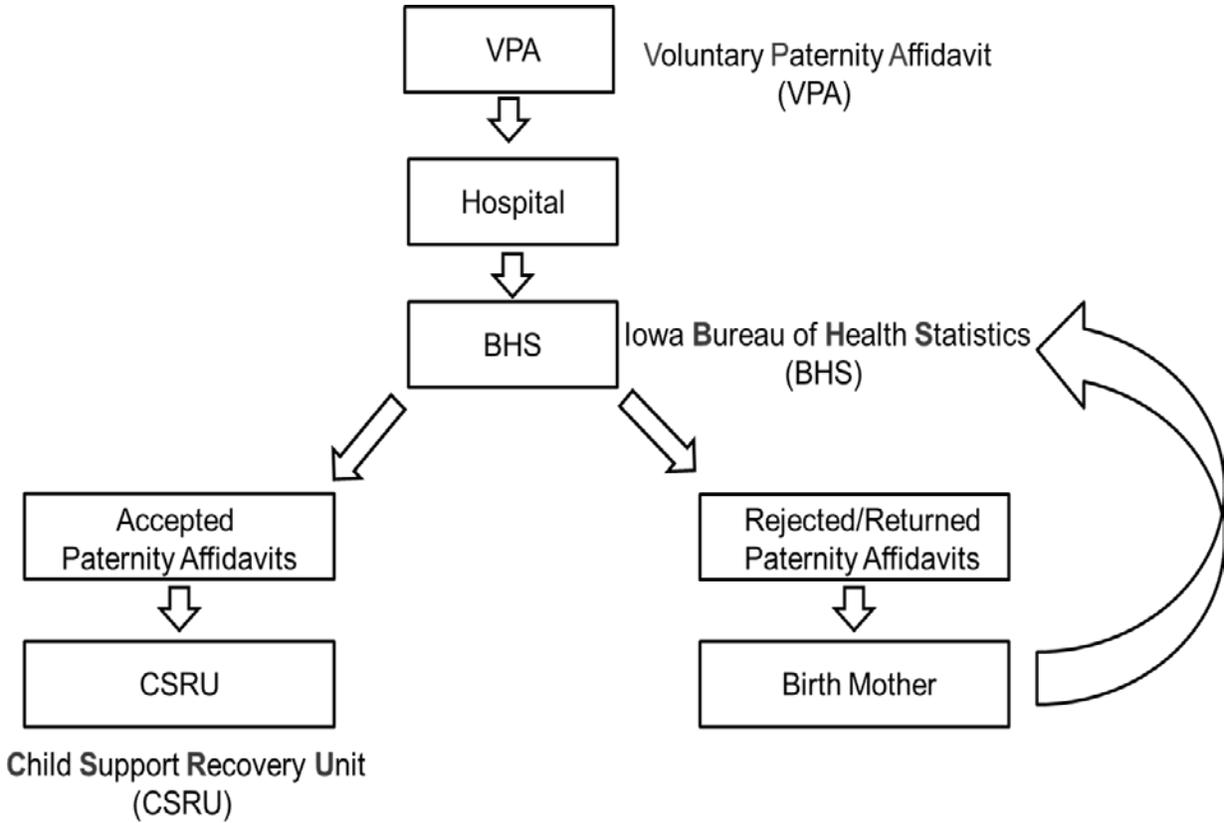*Note.* N = number of records, K = number of birthing hospitals

Figure 3. Number of Rejection Reasons per Record

5	N=4 (0.2%)
4	N=12 (0.5%)
3	N=69 (3.1%)
2	N=582 (26.4%)
1	N=1539 (69.7%)
0	N=2 (0.1%)
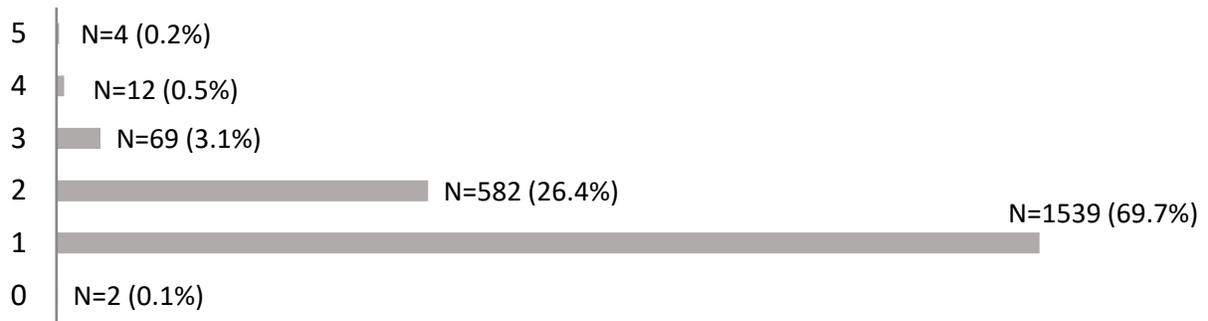
Note. The full sample of 2,208 records was used for this analysis.

Process for Obtaining VPA Data from Hospitals

Note. The Iowa Department of Public Health Bureau of Health Statistics (BHS) is the original source of data for rejected VPAs. This process refers to Hospital VPAs. Note that a small percentage of VPAs come to BHS from other sources.

Technical Process for Data Cleaning

The study team received an excel file with the following variables included: DOB, Reason(s), Hospital, City, Notary, Date Rejected, and Notes. To facilitate analyses, we used these original variables to create new variables suitable for analysis. The following table provides information about the original variable and created variables.

Original Variable	Created Variables	Description
DOB		Original date of birth of the child
	Year_DOB	Year of birth of the child
	SFY	State fiscal year (which runs from July 1 – June 30)
Reason		Original files contained many reasons in one free-text field, separated by commas
	N_Reasons	Number of reasons
	Fixed Reason1	Since 99% of cases had 5 or less reasons, we then separated each reason into its own field
	Fixed Reason2	"
	Fixed Reason3	"
	Fixed Reason4	"
	Fixed Reason5	"
Hospital		Free-text field with name of hospital (not standardized, many errors or different spellings of the same hospital)
	Facility Name Preferred	Standardized name of hospital
	Hospital District	
	Office	
	Office Region	
City		
	County	
	Rural/Urban	
Notary		Name of the notary who notarized the paternity affidavit
Date Rejected		Date when the VPA was rejected
	Reject Type	Y = major changes needed to the VPA N = minor changes needed
Notes		Additional information to consider