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# Preconception Health Nationwide Initiatives

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## State by State Summary

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Colorado Department of Public Health  
and Environment

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Colorado Department  
of Public Health  
and Environment



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## ARIZONA

<b>Project/Initiative Name:</b>	<b>Every Woman Arizona</b>
<b>Contact:</b>	Toni Means, Arizona Department of Health Services, 150 N. 18th Ave Ste 320, Phoenix, AZ 85007, toni.means@azdhs.gov, 602-364-1422
<b>Target Audience:</b>	Multiple age groups, race/ethnicity undefined, female
<b>Focus Areas:</b>	Substance abuse, alcohol, folic acid, obesity/healthy weight, chronic disease, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy
<b>Outreach Strategies:</b>	Client , provider education
<b>Setting for Implementation:</b>	Public Health Department, community-based program, Women, Infants & Children (WIC), family planning program, case management program
<b>Evaluation Methods:</b>	N/A
<b>Publications:</b>	<a href="http://www.azdhs.gov/phs/owch">http://www.azdhs.gov/phs/owch</a>
<b>Website:</b>	N/A
<b>Funding Source/s:</b>	Maternal and Child Health Block Grant
<b>Budget:</b>	\$5,001 - \$15,000

<b>Project/Initiative Name:</b>	<b>LiveitChangeit.com</b>
<b>Contact:</b>	<b>Toni Means</b> , Arizona Department of Health Services, 150 N. 18th Ave Ste 320, Phoenix, AZ 85007, toni.means@azdhs.gov, 602-364-1422
<b>Target Audience:</b>	Multiple age groups, African-American, male and female
<b>Focus Areas:</b>	Awareness regarding all aspects of preconception health
<b>Outreach Strategies:</b>	Client education, social marketing, community based presentations
<b>Setting for Implementation:</b>	Community-based Program, radio, print media
<b>Evaluation Methods:</b>	Yes

<b>Publications:</b>	<a href="http://www.azdhs.gov/liveitchangeit/index.htm">http://www.azdhs.gov/liveitchangeit/index.htm</a>
<b>Website:</b>	<a href="http://www.azdhs.gov/liveitchangeit/index.htm">http://www.azdhs.gov/liveitchangeit/index.htm</a>
<b>Funding Source/s:</b>	Other Federal Funding (non-MCH)
<b>Budget:</b>	\$200,001 - \$500,000

### Strategies

- **Home Visiting Program:** Home visitors from local health departments trained on “Every Women Arizona” materials covering preconception health topics such as family planning, avoiding alcohol and smoking, diabetes, wellness and healthy eating, and medication. They are required to educate clients on these topics. The target population for the home visiting program is largely Latina and Native American women enrolled in Medicaid and located in one of Arizona’s 10 highest risk counties.
- **Education:** Women with negative pregnancy tests receive a half hour of education at local health departments using Every Women Arizona materials.
- **Title X Community Health Grants:** Six organizations contracted with the health department to implement its preconception health priorities. Because in rural counties the same people participate in multiple groups, contractors are required to leverage an existing coalition(s) to increase access to information. Physicians in these counties rely on these contractors for preconception health education and have requested toolkits.
- **First Things First grant:** Maricopa Medical Center, the primary health care facility for indigent populations, received some funding from First Things First to implement an inter-natal care program targeting women with babies with low birth weight. The Center has successfully developed a network of physicians with access to preconception information to provide their patients. This project also involves behavioral modifications such as walking clubs.
- **Federal First Time Motherhood grant (Live It Change It):** This project was completed in collaboration with the Black Nurse Association and churches, barbershops, Job Corps and community colleges. It contained social marketing components, including radio spots, brochures, posters, promotional materials and presentations. All presentations are available online. Billboards were posted in targeted locations.

### Success Factors

- Strategies increased awareness of preconception health among health professionals, but not as much among women.
- Integration of preconception health into home visiting programs and the training and technical assistance provided to early childhood health workers were critical.

- Home visitors are required to follow up with individuals at least twice a month over a two year period to ensure a thorough understanding of preconception health.
- U.S. Center for Disease Control and Prevention (CDC) recommendations on integrating preconception health into public health, Title V (MCH Block Grant) needs assessment, Perinatal Periods of Risk Approach (six steps to eliminate fetal/infant mortality), and the life course framework informed these strategies. First Time Motherhood grant will inform future strategies.
- The department and its contractors use public health data (infant mortality, low birth rate, overweight/obesity) to select the target populations.

### **Challenges/Lessons Learned**

- The Medicaid program eliminated reimbursement for well visits, making it difficult for providers to offer preconception care.
- It is difficult to identify and develop new materials and tools for clients of all socio-economic groups and educational levels.
- It is unclear at this point whether raising awareness through the fact sheets/educational sessions actually translates to changes in behavior.
- In the home visiting program, the family planning follow-up piece is not well-developed.
- It is challenging making public health professionals, early childhood practitioners, etc. passionate about this issue.
- It is difficult not having a paid position to do this work.
- Because of budgetary constraints, the focus was on low cost and small steps to show progress.

### **Key Strategic Partners**

- Dr. Kumrad, Maricopa Medical Center, participates on the department's task force and coordinated the First Things First grant, providing a link between the department and physicians.
- March of Dimes conducted grand rounds on preconception at the department and contributed some funding.
- Local county health departments implemented the community grants and health start program.
- The Bureau of Nutrition and Physical Activity posts Every Women Arizona materials in WIC clinics.

### **Evaluation**

- All programs are in the early stages of evaluation, putting together an evaluation work group to develop a formal evaluation plan for each strategy.
- Some evaluation data is available from the First Time Motherhood grant, including results from pre/post focus groups.

- Those exposed to community presentations were most likely to recall the “tag line” for the initiative and were more likely to report significant increases in awareness of issues/importance of preconception health.

## CALIFORNIA – FIRST TIME MOTHERHOOD PROJECT

<b>Project/Initiative Name:</b>	<b>HRSA First Time Motherhood Grant</b> - Includes Be Well Women (African American), Cada Mujer, Cada Dia (Latina), and Today is For Tomorrow (Youth), integrated with <b>Every Woman California</b>
<b>Contact:</b>	Flojaune Griffin or Connie Mitchell at <a href="mailto:capreconception@marchofdimes.com">capreconception@marchofdimes.com</a>
<b>Target Audience:</b>	Multiple ages, ethnicities, female - Youth campaign focused on males and females aged 15-24 years.
<b>Focus Areas:</b>	Alcohol, folic acid, obesity/healthy weight, tobacco, reproductive life planning, clinical practice/recommendations, intended pregnancy
<b>Outreach Strategies:</b>	Provider education, social marketing, social media
<b>Setting for Implementation:</b>	Family Planning, Medical Practice, Public Health Department
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	N/A
<b>Website:</b>	<a href="http://www.bewellwomen.org">www.bewellwomen.org</a> , <a href="http://www.todayisfortomorrow.org">www.todayisfortomorrow.org</a> , <a href="http://www.cadamujercadadia.org">www.cadamujercadadia.org</a> , <a href="http://www.everywomancalifornia.org">www.everywomancalifornia.org</a>
<b>Funding Source/s:</b>	MCH Block Grant, other Federal funding (non-MCH)
<b>Budget:</b>	\$500,001+

### Strategies

Reviewed data sources to identify key groups within the overall population of women of reproductive age experiencing lower prevalence of healthy behaviors, including folic acid use, healthy weight, smoking and postpartum visits. With funding from the First Time Motherhood grant, they developed three campaigns:

- **Be Well Women:** Contracted campaign targeted to areas with high concentrations of African-American women, focused on churches and grocery stores, involving weekly text messages with preconception health tips and including creation of a website, Twitter account and Facebook page promoting a contest for a spa day.
- **Cada Mujer, Cada Dia:** Contracted campaign targeting Latinas to increase folic acid use and decrease neural tube defects through translated materials, Spanish radio advertising and a website.
- **Today is for Tomorrow:** In collaboration with Internet Sexuality Information Services (ISIS), a campaign targeting youth ages 15-24 year through a website, text messaging

and social media with messages and a video contest for youth on how to “change today to improve your health tomorrow,” consistent with the life course model.

Each campaign had some similar components, but separate messages aimed at different populations. All campaign communication vehicles linked to the well-promoted Every Women California public and provider website.

### **Success Strategies**

- Title X funding allocated for a full-time person to support outreach, networking, technical assistance and training.
- Life course model and socio-ecological framework used to frame and adapt existing programs to include all populations, not just pregnant women.
- Contractors with expertise on tailoring messages to the sub-populations
- Preconception Health Council allows collaboration with stakeholders and decision-makers.

### **Challenges/Lessons Learned**

- Social media campaigns take time to increase awareness and change cultural norms to impact behavior.
- Social media/marketing campaigns are expensive and require preparation. This project’s social marketing firm understood the target audience and delivered a creative product, but was less skilled at dissemination and monitoring.
- Project funding did not allow continuing the campaign.
- Using three contractors with three different platforms at three different institutions made it difficult to integrate the campaigns and link to the Every Women California website.
- Contractors should understand departmental administrative processes and allow time for review and approval.
- Contracts did not specify evaluation outcomes beyond exposure-related outcomes. Behavior and communication should be evaluated.

### **Partnerships**

- Local health departments and Family PACT organizations
- High level decision-makers involved in the Preconception Health Council
- Three contractors listed above

### **Evaluation**

- The evaluation found increased exposure/awareness of preconception health.
- The evaluation revealed a slight increase in the number of women who stated they used folic acid “sometimes” in a statewide survey.
- The project used a modified California Women’s Health Survey with additional questions on folic acid use and family planning to evaluate effectiveness of their programs.

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## CALIFORNIA FAMILY HEALTH COUNCIL

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<b>Project/Initiative Name:</b>	<b>Integrating Reproductive Life Planning in Family Planning Care</b>
<b>Contact:</b>	Melanie Ridley, Mary Jane Puffer; California Family Health Council, Inc. 3600 Wilshire Boulevard, Suite 600, Los Angeles, CA 90010; ridleym@cfhc.org; (408) 374-3720, ext. 7030
<b>Target Audience:</b>	Multiple age groups, multiple ethnicities, women and men
<b>Focus Areas:</b>	Substance and alcohol abuse, Folic acid and vitamin intake, obesity/healthy weight, chronic disease, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy
<b>Outreach Strategies:</b>	Provider education, social marketing, social media, systems building
<b>Setting for Implementation:</b>	Family planning program, Federally Qualified Health Centers, Public Health Departments
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Presentation: <a href="http://www.cfhc.org/assets/documents/DownloadList/APHA-Preconception-Slides.ppsx">http://www.cfhc.org/assets/documents/DownloadList/APHA-Preconception-Slides.ppsx</a>
<b>Website:</b>	N/A
<b>Funding Source/s:</b>	Other Federal funding (non-MCH)
<b>Budget:</b>	Not provided

### **Key Strategies**

- CFHC conducted a survey to assess preconception health training and activities in family planning clinics and found that clinics already were implementing 75 percent of nationally recommended preconception health promotion, particularly STD screening, weight assessment and birth control counseling. However, vaccinations, medications, and folic acid counseling needed to be ramped up significantly.
- CFHC worked in Los Angeles, Yolo and San Francisco counties to implement a protocol/script for counseling women of reproductive age on preconception health and adapted training programs and protocols to include preconception health for all staff levels.

### **Success Factors**

- Staff member engagement in state-level preconception care work through California's Preconception Health Care Council
- Collaboration at regional meetings, Title X conferences, provider advisory councils and other forums to maintain consistent messaging.
- Clinical staff involvement with Title X agencies in development of training, protocols and scripts posted on the Every Women California website
- State plan amendment allowed clinics to use Title X funds to provide family planning fee-for-service for women and men under 200% of FPL.

Because of the success of the initiative, CFHC has incorporated preconception health into all Title X agencies' work scopes. Contracts require revising protocols to include preconception health and offer training to staff. CFHC will review protocols, audit work and provide feedback for refinements. CFHC includes preconception health promotion and assessment in its Title X contract statement of work, with a goal that all Title X clients have access to a reproductive life plan by 2014.

### **Challenges/Lessons Learned**

- Preconception health is a difficult term for people to understand. Some family planning providers were concerned that the term "preconception health" would assume women be perceived as vessels for babies. Because it is important to preserve women's rights in controlling their own bodies, providers should frame the message as providing high quality clinical care regardless of pregnancy intentions.
- Messaging has to be consistent and universal.
- Interventions must be easy to implement in a clinical visit.
- Community mobilization must include outreach, front-line, clinical and state department staff members.
- Thought leaders (listed below) must be engaged.

### **Key Partners**

- March of Dimes – funding
- Cindy Harding, director of Maternal Child Health in Los Angeles County – leadership and collaboration
- State Preconception Health Council – includes mental health group, health care providers, Medicaid reimbursement staff, Office of Women's Health, Kaiser Permanente, Los Angeles County
- Dr. Diana Ramos, Inter-conception Health Council, State Preconception Health Council
- Denise Gee, WIC State Preconception Health Training
- Flojaune Griffin, preconception health coordinator, California Department of Public Health, Every Women California website
- Kathryn Horsley, thought leader; completed agency data profiles of Title X clinics
- Dr. Jeanne A. Conry, District chair for ACOG consulted on the project
- Kiko Malin, March of Dimes Program Officer, now Maternal Child Health Director, Alameda County

- Dr. Michael Lu, CDC preconception health expert
- Arlene Comb, developer of “Every Women Every Time”

### **Evaluation**

- Pre/post visit survey was given to 550 women, mostly 18-40 years old and Latina, counseled at three county clinics
- The survey found that questions asked and messages delivered by providers on preconception health and reproductive life planning were important and timely.
- Providers found it easy to implement.

There is no centralized database that includes administrative data from clinics, so there was no tracking of health outcomes or reduction of disparities. An article on the pilot study may be published.

## DELAWARE

<b>Project/Initiative Name:</b>	<b>Healthy Women, Healthy Babies Program</b>
<b>Contact:</b>	Alisa Olshefsky, Delaware Division of Public Health, 417 Federal Street, Dover, DE 19901 302-744-4901, alisa.olshefsky@state.de.us
<b>Target Audience:</b>	African-American women with poor birth outcomes
<b>Focus Areas:</b>	Substance abuse, Folic acid and vitamin intake, obesity/healthy weight, chronic disease, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy
<b>Outreach Strategies:</b>	Peer-to-peer education, client education, provider education, social marketing, social media, systems building, policy
<b>Setting for Implementation:</b>	Family planning programs, school-based health centers, home visitation programs, Federally Qualified Health Centers
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Yes
<b>Website:</b>	www.healthywomende.com
<b>Funding Source/s:</b>	State funding
<b>Budget:</b>	\$500,001 +

### Key Strategies

- Healthy Women Healthy Babies Initiative involves providing enhanced reimbursement to private and public providers located in high risk communities to implement CDC and ACOG 12 recommendations on preconception health assessments and counseling.
- The reimbursement also funds a data entry clerk to enter individual-level data (e.g., results from all validated assessments done on domestic abuse, environmental toxin exposure, alcohol and drug abuse, and chronic stress) on every woman enrolled in the program.
- This data system links state birth and death record data, and newborn screening and birth defect data, resulting in an integrated child health data system using state funds.
- Providers bill using four bundles: (1) preconception, (2) mental health counseling, (3) prenatal services, and (4) nutritional services. To be eligible for the fee-for-service program, women have to meet only one of the following eligibility criteria:
  - Black race
  - Low income

- High stress as determined by the perceived stress scale
- Less than a high school education degree
- Prior pregnancy outcome
- Taking medication that causes birth defects

Most women in clinics participating are high-risk, so this strategy addresses health disparities. Prior preconception health research found very few providers implementing all of CDC's recommendations and most providers feeling they lacked sufficient time or funding to implement all recommendations within their clinical visit. Legislators were pressuring the department to provide hard, long-term differences in infant mortality outcomes. Based on these factors, this strategy seemed most prudent.

### **Success Factors**

- The integrated data system is a major achievement, providing robust individual-level data with the potential to demonstrate to legislators the impact of initiatives on infant outcomes.
- The evaluation plan and model, based on feedback from thought leaders at CDC, is solid.
- There has been a decrease in infant deaths from women being served in the program.

### **Challenges/Lessons Learned**

- Although providers liked using validated scales and having individual-level data, many feel they are still not receiving sufficient reimbursement to cover assessments and data entry. The data entry for some providers has proved to be burdensome. Because of these barriers, they deleted some data elements to make it easier to do data entry.
- Project leaders feel that a robust data system prevented three years of budget cuts.
- Although contractors helped reduce administrative barriers, project leaders depended on departmental staff to provide the "brain power" for program concepts and implementation.

### **Partnerships**

- Infant Mortality Coalition, including more than 80 members from a wide variety of medical professions, advocacy groups, law, March of Dimes, Child Death Commission, FQHCs and Department of Education.
- Thought leaders Kay Johnson and Dr. Cullinger advised on planning and evaluation.

### **Evaluation**

- See successful strategies above for details about their evaluation plan.

## FLORIDA

<b>Project/Initiative Name:</b>	<b>Every Woman Florida</b>
<b>Contact:</b>	Kris-Tena Albers, Florida Department of Health, 4052 Bald Cypress Way, Bin A-13, Tallahassee, FL 32399, kris-tena_albers@doh.state.fl.us, 850-245-4469
<b>Target Audience:</b>	Multiple age groups and ethnicities, male and female
<b>Focus Areas:</b>	Substance and alcohol abuse, Folic acid and vitamin intake, obesity/healthy weight, chronic disease, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy
<b>Outreach Strategies:</b>	Client education, provider education, Hospital Grand Rounds venue with health care providers
<b>Setting for Implementation:</b>	Public Health Department, community-based program, Healthy Start, family planning program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	<a href="http://www.everywomanflorida.com/Pages/Healthcare_Providers/Preconception_Health_Indicator_Report.aspx">http://www.everywomanflorida.com/Pages/Healthcare_Providers/Preconception_Health_Indicator_Report.aspx</a>
<b>Website:</b>	<a href="http://www.everywomanflorida.com">http://www.everywomanflorida.com</a>
<b>Funding Source/s:</b>	State funding, Maternal & Child Health Block Grant, March of Dimes
<b>Budget:</b>	\$25,001 - \$50,000

### **Key Strategies**

An expert panel developed a set of recommendations for communities to improve preconception health services and awareness. Florida has implemented several pre/inter-conception health initiatives, most through time limited funds.

- **Healthy Start Inter-conception Services (2004 – present)** - Healthy Start adopted guidelines for provision of inter-conception education and counseling services aimed at preventing future adverse birth outcomes in high- risk women. This service includes information on access to care, baby spacing, nutrition, physical activity, maternal infections, chronic health problems, substance abuse, smoking, mental health and environmental risk factors. Healthy Start Coalitions are not currently reimbursed for this service.
- **\*\*Florida VitaGrant (2004-2007)** – The initiative was made possible through a \$2 million grant awarded to the March of Dimes (MOD) Florida Chapter and concluded in December 2007.

- The Florida Department of Health and the March of Dimes focused on educating women and health care professionals on the importance of folic acid supplementation prior to pregnancy to reduce or prevent neural tube defects.
- More than 500,000 bottles of multivitamins were distributed statewide through health and social service entities serving women who lack adequate resources to purchase folic acid. Seven of 10 women receiving the vitamins were under the age of 29, the group least likely to be consuming a multivitamin with folic acid.
- More than 2,500 health and social service providers were trained on the importance of preconception health, including the importance of folic acid.
- The March of Dimes, the Florida Department of Health and other state and local service providers collaborated.
- **Healthy Start Inter-conception Projects (2007-2008)**
  - With a non-recurring \$2.7 million allocation through the Maternal and Child Health Block Grant, the Florida Department of Health provided funding to each of the 32 Florida Healthy Start Coalitions to develop pilot interventions that promoted improved preconception health (i.e., improved birth spacing).
  - Coalitions were advised to develop initiatives based on CDC evidence-based preconception health recommendations.
  - Coalitions piloted a variety of approaches to supporting inter-conception health in their communities, including community outreach, provider education and direct services. Some of these approaches took place in high risk communities, where health disparities exist.
  - Many of these initiatives continue to be implemented through collaborative efforts of Healthy Start, county health departments and the March of Dimes.
- **\*\*Every Woman Florida (2007- present)**
  - Evolved from California's "Every Woman Every Time" campaign that encouraged health care providers to address preconception health issues with women of reproductive age at every medical visit.
  - Through partnership with and funding from the March of Dimes, the Florida Department of Health modified the initiative to appeal to both providers and consumers, changing the name to "Every Woman Florida."
  - Florida established its first statewide Preconception Health Council, created a website to serve as a portal for patient and provider information, screening tools and resources; and provided Grand Rounds at hospitals throughout the state targeting OB-GYNs, family practice physicians, etc.
  - DOH continues to partner with Healthy Start and the March of Dimes in integrating preconception health awareness and services throughout the state of Florida.
- **Every Woman Southeast (2009-Present)**
  - Florida participates in a seven-state consortium aimed at sharing best practices and developing expertise on woman's wellness, preconception and inter-conception health projects, policies, research, service delivery, awareness and evaluation strategies to improve the health of women and infants in the Southeast United States.

- The Florida team consists of representation from DOH, Healthy Start, and the March of Dimes.
- Next year, Every Women Southeast will focus on postpartum interventions.
- **Preconception Health Indicator Workgroup (2007-2010)**
  - Florida led a seven-state collaborative convened by the Public Health Work Group (PHWG) of the CDC's Preconception Health and Healthcare Steering Committee to define 10 preconception health domains and propose 45 measurable preconception health indicators used to assess, monitor and evaluate preconception health.
- **Preconception Health Indicator Report (2010-Present)**
  - The DOH presented Florida's "Preconception Health: An Issue for Every Woman of Childbearing Age in Florida." a comprehensive look at the status of preconception health among Florida's women of childbearing age.
  - The report is intended to educate health care providers and the public and serve as a resource in planning strategies and activities to improve preconception health in Florida. Go to: [http://everywomanfl.com/Pages/Healthcare\\_Providers/Preconception\\_Health\\_Indicator\\_Report.aspx](http://everywomanfl.com/Pages/Healthcare_Providers/Preconception_Health_Indicator_Report.aspx)
- **MCH Title V Block Grant (MCHBG) Priorities (2010-2015)**
  - The five-year MCHBG Needs Assessment conducted in 2009 identified preconception health screening and education, unintended pregnancy, and prevention of teen pregnancy as three of Florida's priority areas.
  - Goals and activities established to impact each priority area are being integrated throughout the MCH, Family Planning and Healthy Start programs as well as in collaboration with key stakeholders, partner organizations and facilities.
- **AMCHP Project (2010 to present)**
  - AMCHP asked the department to participate in a group that identifies ways to strengthen preconception health as part of health care reform.
  - Agency for Health Care Administration administers Medicaid to help strengthen reimbursement for the postpartum visit.

Many of their strategies focused on inter-conception care because of the existing infrastructure, especially the 32 Health Start Coalitions already working on improving birth spacing among the postpartum population. Data showed the majority of women do not receive preconception counseling prior to pregnancy and half of all pregnancies are unplanned. The Every Women Florida website, however, is focused on all women, including those who have never been pregnant.

### **Challenges/Lessons Learned**

- Leverage existing infrastructure for interventions and advisory groups. In many cases, there are already people working on these issues who do not have time to serve on multiple committees. Plus, budget cuts in the department have not allowed for as many personal meetings.

- It has been difficult to engage private providers, even though hospital grand rounds were successful in reaching this audience.
- The department restricts use of social media.
- It is important to educate all types of physicians who work with women - pediatricians, family medicine doctors, and OB-GYNs - to make sure they incorporate preconception health into their practices.
- Distributing vitamins and educating providers on folic acid supplementation is “low hanging fruit” and proved to be very successful.

### **Key Partners**

- Healthy Start Coalitions, implemented inter-conception health interventions
- American College of Nurse Midwives, County Health Departments, and Florida’s ACOG chapters helped distribute preconception health messages.
- Perinatal Quality Collaborative served on the advisory group.
- March of Dimes funded the VitaGrant initiative.
- Bureau of STDs worked with the division on Chlamydia screening for sexually active adolescents.
- Office of Minority Health worked collaboratively with the division on incorporating preconception health guidelines into its “Closing the Gap” grants.

## INDIANA

<b>Project/Initiative Name:</b>	N/A
<b>Contact:</b>	Beth Johnson, RN, MSN, Indiana State Department of Health, 2 North Meridian 7C, Indianapolis, IN 46204, bmjohnso@isdh.in.gov, 317-233-1344
<b>Target Audience:</b>	Multiple age groups, race/ethnicity undefined, females of childbearing age, age 14-44 years
<b>Focus Areas:</b>	Substance and alcohol abuse, Folic acid and vitamin intake, obesity/healthy weight, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy, domestic violence
<b>Outreach Strategies:</b>	Client education, provider education, systems building, policy
<b>Setting for Implementation:</b>	School-based health center, family planning program, home visitation program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Title V State Performance Measure 6 <a href="http://www.in.gov/isdh/files/Final_2011_IN-Forms.pdf">http://www.in.gov/isdh/files/Final_2011_IN-Forms.pdf</a>
<b>Website:</b>	N/A
<b>Funding Source/s:</b>	Maternal & Child Health Block Grant, other Federal funding (non-MCH)
<b>Budget:</b>	\$5,001 - \$15,000

### Key Strategies

- **Social Media for Life Course Education (SIMPLE)** is a research study that divides first time moms/dads into an experimental group that receives a social media and game intervention and a control group that receives only brochures/pamphlets and basic education. The experimental group participates in a game that includes electronic information on a large 10 X 10 computer screen from grandparents, dads, moms and even children with health related messages like “I really need broccoli for my health.”
- **Pregnant and Parenting Adolescent Support Services (PPASS)** is a \$2 million, three-year program funded by Office of Adolescent Health that focuses on 15-19 year olds with four main objectives: (1) build infrastructure to support pregnant/parenting girls, (2) reduce high school dropout rates, (3) improve health outcomes, and (4) increase child spacing to at least 18 months. The Department released an RFP to identify organizations that could implement evidence-based or promising models and contracted with six. Many of these programs aim to get pregnant and parenting girls through high

school by providing child care, food vouchers, counseling, etc. Some of the programs also teach the girls how to “stay fit and lose the baby fat.”

- **Prenatal Substance Abuse Program** distributes \$1.5 million to organizations around the state to identify women who are users and get them into counseling.
- **Free pregnancy test program** distributes pregnancy tests to MCH clinics, school-based clinics and community health centers. Clinics enter valuable information about women who seek pregnancy test sites into an Access database transmitted quarterly to the department. Data reveal that last year, 85 percent of women who came in for a pregnancy test did not want to be pregnant.
- **Family Planning Program** provides \$3 million dollars to Family Health Council to distribute to Planned Parenthood and other clinics to fund birth control and well-women visits. The ED of the Family Health Council is interested in running a program internally on smoking cessation because she is finding it is hard for her staff to teach women about smoking cessation when they are smokers themselves.

On October 7, 2011, the department plans to convene a regional continuing education conference in collaboration with the Office of Women’s Health focused on preconception and inter-conception health. Topics include preconception and inter-conception health counseling, substance abuse and smoking, and mental health and domestic violence. Anticipated strategies include:

- Increase the percentage of women who initiate exclusive breast-feeding for three months
- Decrease the percentage of women on Medicaid who smoke
- Increase the percentage of African American women with a live birth whose prenatal visits were adequate
- Decrease the percentage of births that occur within 18 months of a previous birth.
- Decrease the percentage of high school students who are obese.
- Decrease the percentage of high school students with an STD.

### **Success Factors**

The department is centralizing evaluation work, but has not completed its evaluation of this program, so no conclusions can be drawn.

### **Challenges/Lessons Learned**

- The SIMPLE program was inadequately tailored to urban ethnic populations and should be more culturally competent. The program seems to be more popular among white women in their 20s and 30s.
- State-level bureaucratic processes hinder meeting objectives. The department is funneling money to contractors to move things forward.
- The Free Pregnancy Test Program needs a web-based system that interfaces with clinics’ existing systems to reduce staff data entry time.

## **Key Partners**

- March of Dimes Chapter – always at the table
- Indiana Perinatal Network – work on changing perinatal policy
- Indiana Family Health Council – funneling money to family planning clinics
- Indiana Black Breastfeeding Caucus – messaging on exclusive breastfeeding to the black community
- Center for Excellence for Women’s Health at Indiana University – collects best practices on perinatal and preconception health
- Indiana University’s Department of Health - provides interns or graduating students to fill contract positions and secures continuing education credits for the Women’s Health Conference
- Survey Research Center - evaluation of the SIMPLE project
- National Alliance for Mental Illness - consultation on mental health/domestic violence
- Indiana Coalition Against Domestic Violence – same as above

## MISSOURI

<b>Project/Initiative Name:</b>	<b>It All Counts (social media campaign) Ounce of Prevention (preconception health curriculum project)</b>
<b>Contact:</b>	Karen Schenk, Dept of Health and Senior Services, (573) 751-6429, Karen.Schenk@dhss.mo.gov & Patti VanTuinen, Dept. of Health and Senior Services (573) 751-6188, Patti.Vantuinen@dhss.mo.gov
<b>Target Audience:</b>	Age 15-44 years, both genders Age 14-19 years, both genders
<b>Focus Areas:</b>	Alcohol and substance abuse, Folic acid, obesity/ healthy weight, tobacco
<b>Outreach Strategies:</b>	Social marketing, social media
<b>Setting for Implementation:</b>	Health curriculum is in schools
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	N/A
<b>Website:</b>	Under development
<b>Funding Source/s:</b>	Federal funding (non-MCH)
<b>Budget:</b>	\$500,001 +

### Key Strategies

- **Ounce of Prevention** - curriculum resource guide in operation for more than 10 years in partnership with University Extension, March of Dimes, Department of Health and Department of Education. The Department is currently updating the curricula/resource guide to include preconception health concepts. This curriculum is taught by Family and Consumer Science teachers in public high schools across the state. A grant from AMCHP allows them to apply CDC Preconception Guidelines in enhancing school curricula and reframing preconception health.
- Missouri YRBS statistics showed youth were sexually active and not “very healthy.” African American teens most at risk of unintended pregnancy and STDs benefit from this updated curriculum. This strategy was not designed to address health disparities, but focus on developing a universal curriculum to be used by teachers in all communities. The curriculum was already in place and teachers found it useful to teach preconception health to youth.

### **Success Factor**

- The partnership with Family Community Career Leaders of America (FCCLA) through the State's Department of Education allowed them to survey over 500 students about preferred preconception/general health topics. Teachers were sent the survey ahead of time and encouraged students to complete the survey. Students selected four topics of interest: healthy relationships, pregnancy, sex education and drugs. One year later, students surveyed clarified "healthy relationships" topics as communication, effective ways to break up, dating violence and defining a healthy relationship. University Extension will be conducting at least four more trainings for teachers on the updated curriculum.

### **Challenges/Lessons Learned**

- It is important to gather input from a significant number of youth and teachers in the target audience. Missouri did this during the Annual FCCLA Conference outside of school hours and as a volunteer activity.
- Students' preferred the "healthy relationships," but it is not as defined as other medically-based topics. The group putting together the curriculum come from a traditional stance and may not develop an inclusive, value-neutral product that can survive the approval process.
- Define and agree to parameters for the topic, surveying consumers prior to development.
- It was difficult to frame the preconception health message because most students and teachers do not understand the term. An initial student survey showed that more than two thirds of students did not know the term. The term should be defined in an understandable way for populations outside the medical field and not necessarily directly tied to reproduction, which is politically sensitive when working with the teen population.
- Collaborate with Annie Lee to connect with youth groups because of her expertise in youth development.

### **Key partners/roles**

- University Extension - updating curriculum, training teachers and evaluating the project
- March of Dimes - played a role in developing the grant
- Teen Pregnancy and Prevention Partnership's Executive Director - served on preconception health advisory team.
- State Department of Health internal programs (Adolescent Health, Folic Acid, Women's Health, MCH) – curriculum advice and survey development
- FCCLA – provided youth representative

### **Evaluation**

- Will evaluate the quality and usefulness of the curriculum and track the number of students who received the information.

- “It all Counts” project will use PRAMS data to evaluate health outcomes, but not behavioral or long-term changes.

## NEBRASKA

<b>Project/Initiative Name:</b>	<b>Tune My Life</b>
<b>Contact:</b>	Linda Henningsen, Nebraska DHHS, Lifespan Health Services Unit, 301 Centennial Mall South, P.O. Box 95026, Lincoln, NE 68509, linda.henningsen@nebraska.gov, (402) 471-0538
<b>Target Audience:</b>	Age undefined, multiple ethnicities, male and female, age 16-25 years
<b>Focus Areas:</b>	Substance and alcohol abuse, Folic acid and vitamin intake, obesity/healthy weight, tobacco, reproductive life planning, life course model
<b>Outreach Strategies:</b>	Provider education, social marketing, social media, systems building, incorporated into adolescent health pregnancy prevention projects
<b>Setting for Implementation:</b>	Medical practice, Public Health Department, community-based program, university or college campus, Women, Infants & Children (WIC), family planning program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	<a href="http://www.dhhs.ne.gov/tune/">http://www.dhhs.ne.gov/tune/</a>
<b>Website:</b>	<a href="http://www.tunemylife.org/">http://www.tunemylife.org/</a>
<b>Funding Source/s:</b>	Maternal & Child Health Block Grant, MCHB competitive grant - First Time Motherhood/New Parents Initiative
<b>Budget:</b>	\$500,001 +

### Key strategies

- TUNE** - A contracted marketing firm developed the TUNE website and materials available there. Online materials were based on a logic model and life course and socioecological framework which suggests that early (pre-pregnancy) health influences fetal and long-term health of the mother. Efforts are focused on women ages 16-25 years to help them make the transition from adolescence to motherhood. The range of music and artists make it more applicable to diverse audiences and young people.

Focus groups that probed preconception health knowledge informed the messaging. Focus groups also revealed that young women and men are overwhelmed with life and several challenges get in the way of their health and planning (school, relationships, etc.). Marketing messages engaged women to “stop and listen”, and music would be the “hook” to engage them. Artists could create music to share their stories on-line. Music would be used to help girls achieve their goals.

Women can download a life course health plan from the website that helps with goal-setting, life planning and reproductive health. The TUNE contract was recently moved to Adolescent Health to expand the reach to adolescents aged 12 and older. Providers are being trained on preconception health and TUNE materials. The project has a Facebook and Twitter page to reach social media audiences and push additional concepts to the public.

### **Success Factors**

- A great marketing firm, great music production and inspiring artists
- Provide awareness of TUNE tool

### **Challenges/Lessons Learned**

- Project did not have a strong evaluation design up-front; recommend an evaluator involved in the project from the beginning.
- Website graphics not available on handheld devices; limits reach to those with a computer.
- Website music not downloadable to iPod.
- Life course theory and preconception health terminology not easily understood; took coaching among peers and colleagues to understand concepts.

### **Key Partners**

- Bailey Laurerman – marketing firm that developed “Tune My Life” concept, designed the website and subcontracted production of music and videos
- Local health departments, family planning clinics, educators and counselors - implementing community based preconception health training using TUNE materials

### **Evaluation**

A contracted evaluator reviewed focus groups development and effectiveness. A second evaluator assessed contractor training and website and social media impact and reach.

## NORTH CAROLINA

<b>Project/Initiative Name:</b>	<b>North Carolina Preconception Health Coalition</b>
<b>Contact:</b>	Alvina Long Valentin, North Carolina Department of Health and Human Services, 1929 Mail Service Center, Raleigh, NC 27699-1929, alvina.long@dhhs.nc.gov, 919-707-5708
<b>Target Audience:</b>	Multiple age groups and ethnicities, male and female
<b>Focus Areas:</b>	Obesity/healthy weight, reproductive life planning
<b>Outreach Strategies:</b>	Peer-to-peer education, client education, provider education, social marketing, social media
<b>Setting for Implementation:</b>	Public Health Department, community-based program, university or college campus, worksite wellness program, Healthy Start, family planning program, case management program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	<a href="http://www.beforeandbeyond.org/uploads/preconception_health_strategic_plan.pdf">www.beforeandbeyond.org/uploads/preconception_health_strategic_plan.pdf</a>
<b>Website:</b>	<a href="http://mombaby.org">mombaby.org</a>
<b>Funding Source/s:</b>	State funding, Maternal & Child Health Block Grant, other Federal funding , March of Dimes
<b>Budget:</b>	\$200,001 - \$500,000

### Key Strategies

- In January 2007, North Carolina DPH formed a leadership team comprised of DPH staff members, the UNC Center for Infant and Maternal Health, March of Dimes and Folic Acid Campaign.
- A work group developed a strategic plan and applied for funding, focusing on pregnancy intentions and healthy weight.
- Strategic plan included four overarching goals: promote awareness among consumers, improve quality of care, improve access and expand advocacy efforts.
- Organized four work groups to develop action steps for each goal.
- Coalition also expanded to include consumers, social workers and health educators from Healthy Start coalitions, nonprofits and universities.
- Provider work group developed a training program called “Ready, Set, Plan” for community workers and faith-based workers on the basic tenets of healthy living and reproductive life planning.

- Coalition received a First Time Motherhood Grant to support work group and additional training efforts, hire a social marketing firm, promote reproductive life planning in six counties and expand training to all healthy start and healthy beginning staff members.
- Coalition received Office of Adolescent Health grant to support parenting and pregnant women, including six best practice areas with preconception health activities and health care provider and community worker trainings.
- Provider work group developed and administered a survey of 70 health care providers to gather input on training topics and modes. Providers wanted a DVD for waiting rooms that focused on preconception health.
- Consumer work group developed a reproductive life plan or a self-assessment tool that people can complete in the waiting room. This booklet was so popular it is now available in English and Spanish at all Title X clinics.
- The state developed requirements for family planning and prenatal or maternity care clinic contracts to provide healthy weight and smoking cessation counseling.
- The state is integrating preconception health topics into department-wide trainings and community projects such as home visiting programs. Home visitors received the “ready, set, training” to learn about folic acid, family planning and reproductive life planning.
- Advocacy group developed a pregnancy preparation tip list and a checklist specific to state employees and available on the state’s web site.

### **Success Factors**

- Coalition members familiar with preconception care issues
- March of Dimes, Healthy Start and First Time Motherhood grants
- Community awareness grew with infant mortality reduction coalitions
- Social marketing campaign promoting preconception health planning in six counties
- Health care provider training modules continue to be used, but need to be updated.
- Approximately 184 providers received training in the first round, and 100 more in six counties received it as part of the First Time Motherhood Grant.
- The availability of 17P, an injection to reduce pre-term birth, was available for women covered by Medicaid or private insurance.
- Website tracks performance indicators related to preconception health (unintended pregnancy, tobacco use, obesity, overweight, physical activity among women ages 18-44).

### **Challenges/Lessons Learned**

- Coalition initially overwhelmed by conflicting demands; narrowed focus to two priorities
- Use existing coalitions working on related areas like infant mortality or prematurity coalition as a jumping off point. Do not create a new coalition with the same people.
- You need energized people at the table who want to work on these things.

- To address work group leadership burnout, a special meeting was called to celebrate successes and get feedback on how best to move forward. Participants concluded that work groups were no longer necessary.
- Coalition now sharing best practices, progress on outcomes and lessons learned quarterly. Recommend video conferences to reduce meetings and increase participation, especially from outlying counties.
- Keeping leadership new and diverse challenging, especially with consumers. .
- Coalition members recommend using objective facilitators

### **Evaluation**

Staff members conducted post-tests of trainings and a community survey to gauge what providers integrated into their practices and determine what patients were asking about folic acid and reproductive life planning.

## OHIO

<b>Project/Initiative Name:</b>	<b>Ohio Collaborative to Prevent Infant Mortality</b>
<b>Contact:</b>	Jo Bouchard, Ohio Department of Health, 246 N. High Street, Columbus, OH 43215, jo.bouchard@odh.ohio.gov, 614-728-6861
<b>Target Audience:</b>	Multiple age groups, African-American, male and female
<b>Focus Areas:</b>	Folic acid and vitamin intake, obesity/healthy weight, chronic disease, tobacco, reproductive life planning, clinical practice/recommendations, diabetes, intended pregnancy
<b>Outreach Strategies:</b>	Client education, provider education, social marketing, social media, policy, home visiting
<b>Setting for Implementation:</b>	Public Health Department, Women, Infants & Children (WIC), Healthy Start, Family Planning Program, Home Visitation Program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	<a href="http://www.odh.ohio.gov/ASSETS/E6A7AA8DAB964E0B913A8A9B7EF4777B/InfantMortalityNov12-revisedWEB.pdf">http://www.odh.ohio.gov/ASSETS/E6A7AA8DAB964E0B913A8A9B7EF4777B/InfantMortalityNov12-revisedWEB.pdf</a>
<b>Website:</b>	Under development
<b>Funding Source/s:</b>	County funding, Maternal & Child Health Block Grant, other Federal funding , March of Dimes
<b>Budget:</b>	\$50,001 - \$100,000

### Key Strategies

- Ohio Infant Mortality Task Force** has established a series of recommendations, some of which relate directly to preconception health: (1) increase public awareness on the effect of preconception health on birth outcomes; (2) provide comprehensive reproductive health services and service coordination for all women and children before, during and after pregnancy; and (3) increase the number of primary care providers who emphasize preconception care, including those who provide pediatric and gynecologic care. A key collaborative policy recommendation will be to study and eliminate the gaps in access and payment for recommended health services before, during and after pregnancy. Collaborative co-chairs support a Medicaid State Plan Amendment from the Centers for Medicare and Medicaid Services to provide broad reproductive health care coverage for patients/consumers who do not meet current Medicaid eligibility guidelines.
- Enhancement Services at Community Clinics** – These clinics now are counseling women with negative or positive pregnancy tests on preconception health (smoking cessation, weight control, vaccinations, and vitamins w/ folic acid). All Reproductive

Health and Wellness Program clinics (Title X, Title V and State funded) are being asked to work with their patients to develop a Reproductive Life Plan.

- **Chronic Disease Prevention** – The Ohio Department of Health formed a MCH/Chronic Disease Collaborative encompassing the Division of Family and Child Health Services, Office of Healthy Ohio and the State Epidemiology Office, with Ohio Medicaid as an additional partner. The collaborative over-arching goal is to prevent or delay the onset of type II diabetes mellitus in women with a history of gestational diabetes. Key objectives focus on improving preventive health care provision in Ohio in accordance with national guidelines; increasing public knowledge about gestational diabetes, reducing risk and increasing access to preventive care; and improving the understanding of the epidemiology of gestational diabetes in Ohio by increasing the availability, use and dissemination of public health data. The ODH GDM team aims to increase the number of women who receive post partum screening and education for type 2 diabetes so health risks are addressed early and effectively.
- **Targeted Case Management** – Community health workers are training African American women as old as 21 years and living in urban, low income communities on preconception health.
- **State-Specific Performance Indicators** – Selecting 10 Preconception Health performance indicators from CDC’s larger list to evaluate and monitor preconception work. Strategies were chosen from other states’ best practices and last year’s National Summit on Preconception Health in Tampa, Florida.

### **Success Factors**

- Clinicians were involved in the development of counseling and postpartum gestational diabetes protocols, which helped reduce barriers to implementation.
- A provider survey and focus groups of women who have had GDM informs the gestational diabetes intervention.
- The Ohio Perinatal Quality Collaborative, founded in 2007, is pushing clinicians to adopt quality improvement models that include preconception health guidelines and protocols.
- The adoption of 44 patient-centered medical homes and statewide systemic practice changes is helping to engage private clinicians and incorporate preconception health.
- Early Childhood Councils are working on improving vaccination rates and implementing other interventions that improve lifelong health among women.
- Partnerships with the Medicaid program and other divisions, such as Genetic and Birth Defects, Early Intervention and Chronic Disease, have been key.

### **Challenges/Lessons Learned**

- Preconception health is not well-defined and is not an understandable term for most people. Recommend messaging about women’s health rather than reproduction and pregnancy.
- Include energetic, passionate people on committees/advisory boards.

## **Key Partners**

- Bureau of Children with Medical Handicaps
- Division of Prevention - working with them on the gestational diabetes project
- Division of STDs - working with them to make sure women appropriately screened and treated for Chlamydia prior to and during pregnancy
- Perinatal Quality Collaborative members
- Ohio Collaborative to Prevent Infant Mortality – includes public/private sector providers, health care organizations/associations, advocacy groups, other state agencies, businesses

## PENNSYLVANIA

<b>Project/Initiative Name:</b>	<b>Strong Healthy Women</b>
<b>Contact:</b>	Carol S. Weisman, PhD, Penn State College of Medicine, 600 Centerview Drive, A210, Hershey, PA 17033, cweisman@psu.edu, 717-531-6690
<b>Target Audience:</b>	Multiple age groups, race/ethnicity undefined, female ages 18-35 years in low-income communities
<b>Focus Areas:</b>	Folic acid and vitamin intake, obesity/healthy weight, intended pregnancy, stress management
<b>Outreach Strategies:</b>	community-based, six-session group intervention
<b>Setting for Implementation:</b>	Community-based program
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Hillemeier et al., Women's Health Issues 18S:S87-S96, 2008.
<b>Website:</b>	<a href="http://www.womenshealthcoe.psu.edu/">http://www.womenshealthcoe.psu.edu/</a>
<b>Funding Source/s:</b>	State and private funding
<b>Budget:</b>	\$500,001 +

### Key Strategy

- **Formative research** – Staff members conducted one population-based telephone survey in central Pennsylvania of women age 18-45 years and a separate smaller household survey of women in the Amish community (No access to phones). The survey examined the most prevalent health problems, including hypertension, diabetes, STDs, mental health, smoking, alcohol and drug use, and nutrition. Surveys showed significant health issues in this population, including high rates of overweight/obesity, binge drinking, smoking, STDs, nutritional deficits, physical inactivity, lack of pregnancy planning activities and a high level of psychosocial stress.
- **Intervention** – The intervention was a six-session small group educational program focused on teaching healthy eating, physical activity, healthy coping with stress, pregnancy planning, appropriate use of alcohol, etc. Groups of 10-12 people met for two-hour sessions in community-based, non-clinical settings, led by trained facilitators. Each session addressed multiple topics and was guided by a protocol/script. Because

the data showed the vast majority of pregnancies were among younger women (but not teens), staff members focused on women ages 18-35 in rural populations.

### **Success Factors**

- Interventions changed attitudes and behaviors about nutrition and physical activities.
- Women who received the intervention lost more weight than women in the control group.
- Each additional intervention session attended was associated with higher perceived preconception control of birth outcomes, reading food labels, engaging in relaxation exercises or meditation for stress management, and daily use of a multivitamin with folic acid.
- The design of the physical activity component included exercise routines, a unique part of their program.

### **Challenges/Lessons Learned**

- Despite a highly motivated population of preconception women, it was difficult to motivate them to attend multiple sessions of the program.
- Group facilitators with college degrees were most effective.

### **Key Partners**

- Pennsylvania State University and Lock Haven University - group facilitators
- Family Health Council of Central Pennsylvania - helped strategize intervention implementation and provided access to some facilities for the small group sessions.
- Franklin and Marshall College - provided expertise on the Amish community and hired community liaisons to conduct the household surveys.

### **Evaluation**

Staff members conducted a randomized controlled trial in which they measured pre/post test outcomes among the experimental group that received the small group sessions versus a control group. Two publications are available with the study results.

The study found the intervention was successful at changing certain attitudes and behaviors about nutrition and physical activity. During the 12-month follow-up period, women who received the intervention lost more weight than control group members. Among the subset of women who became pregnant over the follow-up period and delivered a singleton full term baby, the women in the intervention group gained less weight during pregnancy. Significant dose–response effects also were found: Each additional intervention session attended was associated with higher perceived internal control of preconception control of birth outcomes, reading food labels, engaging in relaxation exercises or meditation for stress management, and daily use of a multivitamin with folic acid.

## RHODE ISLAND

<b>Project/Initiative Name:</b>	<b>Reproductive Health Strategic Plan</b>
<b>Contact:</b>	Tricia Washburn, Rhode Island Department of Health, 3 Capitol Hill, Room 302, Providence, RI 2908, Tricia.Washburn@health.ri.gov, 401-222-5984
<b>Target Audience:</b>	Multiple age groups, race/ethnicity undefined, male and female, and adolescents of reproductive age
<b>Focus Areas:</b>	Reproductive life planning, clinical practice/recommendations, intended pregnancy, risk assessment and counseling
<b>Outreach Strategies:</b>	Provider education, systems building, policy
<b>Setting for Implementation:</b>	Federally Qualified Health Center, medical practice, family planning programs
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	N/A
<b>Website:</b>	N/A
<b>Funding Source/s:</b>	Maternal & Child Health Block Grant
<b>Budget:</b>	\$25,001 - \$50,000

### Key Strategies

- **Women’s Screening and Referral Program** - With preconception health as a priority, Maternal and Child Health funds help implement “Women’s Screening and Referral Program.” The program includes a comprehensive risk assessment of social, environmental and medical risks. Every woman that received a pregnancy test received this risk assessment. Providers interviewed claimed the test was duplicative with their standard of care and few community resources existed to address risks found, so the tool was discontinued from clinics.
- **Strategic Planning**
  - Project leaders formed a small working committee of divisions related to preconception health, including teen pregnancy, early childhood and WIC and used Title V funds to support strategic planning.
  - A resident completing his MPH degree conducted more than 50 in-person key informant interviews with a variety of providers, including Ob-GYNs, pediatricians, internists, family medicine, residents/resident educators, college

health center staff and community health center staff, to determine best practices, barriers and community referral resources. Interviews revealed that providers: delivered preconception care to women who were “looking to become pregnant;” face issues keeping long-acting contraceptive methods in stock and confidentiality for adolescent’s seeking birth control; felt there may not be time to provide preconception care during the clinic visit; and were more likely to cover these topics at the annual visit, missing patients who came in only when they were sick.

- Residents felt more training was needed on preconception care and felt more comfortable having these discussions with women who were planning pregnancy and less comfortable with adolescents.
- Staff members will review recommendations from CDC, DHHS Equity Pyramid, and North Carolina, California, and Hawaii strategic plans. They also will contact United Health and Neighborhood Plan of Rhode Island about reimbursement for preconception care and for postpartum IUD insertion.
- Staff members will set up four focus groups with women ages 18-35 who are uninsured or underinsured and at a low educational level. Public data show this population at higher unintended pregnancy and prematurity rates. Focus group participants will be recruited from community health centers, WIC and core cities where 15 percent or more of the population are at or below FPL.
- Staff members will hold a series of strategic planning meetings with key stakeholders and other state agencies that interact with these populations.

### **Success Factors**

- Key informant interviews have been “hugely informative.”
- Key support included an intern to work on key informant interviews and Title V funding to hire a consultant to guide the strategic planning process.

### **Challenges/Lessons learned**

- Understanding providers and consumers perspectives is important.
- Rhode Island does not have a law addressing adolescent access to birth control, so confidentiality is a concern.
- The political climate nationally makes federal funding uncertain, but the recent IOM report recommending preventive services for women and the growth of “patient-centered medical homes” may help get people engaged.
- Providers are hesitant to take much more on given their existing time constraints, despite the importance of preconception health.
- Department of education does not enforce sexual health curriculum and many health educators are uncomfortable presenting these topics. Schools are facing pressure to meet certain academic standards, making health education a lower priority.

## SOUTHEAST REGION

<b>Project/Initiative Name:</b>	<b>Every Woman Southeast Coalition</b>
<b>Contact:</b>	Sarah Verbiest, Center for Maternal and Infant Health, Campus Box 7181, Chapel Hill, North Carolina 27599-7181; sarahv@med.unc.edu; 919-843-7865
<b>Target Audience:</b>	Multiple age groups, ethnicities and genders
<b>Focus Areas:</b>	Improving all areas of preconception health with a life course approach addressing the social determinants of health
<b>Outreach Strategies:</b>	Social media, systems building, policy
<b>Setting for Implementation:</b>	N/A
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Yes
<b>Website:</b>	<a href="http://everywomansoutheast.org">everywomansoutheast.org</a> (website) and <a href="http://www.everywomansoutheast.com">www.everywomansoutheast.com</a> (blog)
<b>Funding Source/s:</b>	March of Dimes
<b>Budget:</b>	\$15,001 - \$25,000

### Key Strategies

- Every Women Southeast allows state program managers to collaborate with each other. The group pulled together funding to conduct a survey to discover other states' work on preconception health and convened eight states in Atlanta to plan Every Women Southeast next steps and establish four priority areas:
  - Improving programs using the life course model and addressing the social determinants of health.
  - Addressing racism and disparities given the unique history in the South
  - Leadership training
  - Advocacy/policy changes

The group developed a website, Facebook page, blog and a series of webinars. More than 300 people participated in the last webinar, which focused organization of preconception health efforts in each of the eight states.

## **Success Factors**

- Strong webinar attendance
- Develop a strategic plan with four priorities at first meeting
- Growing network
- Website helpful
- Leveraged limited funds to do a lot of marketing
- Regional collaborative validated nationally and received well locally

## **Challenges/Lessons Learned**

- Lack of funding (basically had \$22,000 from March of Dimes over the past year).
- There are challenges associated with building a regional network and state teams.
- Recommendations:
  - Leverage existing networks before developing regional collaborative.
  - Try to think outside of MCH box in forming partnerships.
  - Every Women California/Every Women Florida website helps organize information and promote access to information.
  - Review community-level policies adaptable to state-level policies.

## **Key Partners**

- March of Dimes – eight states
- States' Departments of Health
- AMCHP – credibility and monitoring
- CDC - emotional partner
- Healthy Start Coalition – representative provided regional data research

## **Evaluation**

- Logic model is in place.
- Tracking Facebook, websites and list serve participation
- Build evaluation plans into grants

## UTAH

<b>Project/Initiative Name:</b>	<b>Power Your Life</b>
<b>Contact:</b>	Cathy Schechter, SUMA, Orchard Social Marketing, 200 East 30th Street, Austin, TX 78705, cathy@sumaorchard.com, 512-371-7585
<b>Target Audience:</b>	Ages 18-24 years, multiple ethnicities, female, health care providers
<b>Focus Areas:</b>	Substance and alcohol abuse, Folic Acid and vitamin intake, obesity/healthy weight, tobacco, reproductive life planning, intended pregnancy,
<b>Outreach Strategies:</b>	Provider education, social marketing, social media
<b>Setting for Implementation:</b>	Communities, universities, direct mail, advertising, partnerships
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	TBA
<b>Website:</b>	www.poweryourlife.org
<b>Funding Source/s:</b>	State funding, Federal grant
<b>Budget:</b>	\$500,001.00

### Key Strategies

- **Formative research** - A Prenatal Task Force made up of health care providers, public health, Department of Education and Labor conducted formative research that included 27 interviews with community-based organizations, ten focus groups and interviews with more than 100 women around the state, and four focus groups with health care providers. The group narrowed its focus and determined a target population, analyzing an epidemiological database to determine population most at risk of poor pregnancy and birth outcomes.
  - The group decided to focus on women ages 18-24 years because they were the most vulnerable to unintended pregnancy and the least knowledgeable about preconception health, including the importance of vitamins (folic acid) prior to and during pregnancy, how to track the menstrual cycle (ovulation), and birth control and nutrition. Women in this age group were least likely to take folic acid, and most interested in learning about their sexuality and birth control, nutrition, mental health, sleep and vaccinations.

- The group partnered with community-based organizations that serve American Indians, Latinas, Tongans, African Americans and Mormons to recruit individuals for focus groups and interviews.
- Research found providers do not think of “preconception health” as a package of behaviors, so providers were a secondary audience of the campaign.
- **Social Marketing Campaign** - Traditional television and radio spots in English and Spanish and social media were employed. The campaign focused on messaging about the importance of nutrition and vitamins for health before pregnancy, supported by \$10,000 bottles of free vitamins from “vitamin angels.” Campaign tag line was “Power your Life.”
  - *Power Bags*, containing a preconception health focused magazine pre-tested with Utah youth, a Power Your Life bracelet, and a free bottle of vitamins were distributed.
  - Traditional and social media, community-based partner “Pow Wow” summits and health fairs were used to distribute the Power Bags. They also sent Power Bags to individuals covered by Medicaid on their 18<sup>th</sup> birthdays or through registration on the Power Your Life website.
  - An ovulation and birth control video was available on the website. The website was designed for people at different phases of their life (single, married, in a relationship) because research found phase of life determined type of content desired.
  - Utah Department of Health staff created a reproductive health plan available on the website.
- **Provider Education** - Suma Orchard planned and organized a three-hour continuing education conference in partnership with Intermountain Health Care and University of Utah School of Medicine to educate more than 150 providers on preconception health. Providers downloaded presentations and other materials from the website.

These strategies were designed to address health disparities by targeting populations most at risk of unintended pregnancies and higher infant mortality rates, such as American Indians, Tongans’, Mormons, African American, and Hispanic women. However, the basic information provided on the website and in the magazines applied to all ethnicities.

### **Success Factors**

- Power Bag distribution - magazine, free vitamins, ovulation video, and reproductive health plan were well received.
- Provider education
- Utah Task Force members cared deeply about addressing disparities, worked together well and were committed to evidence-based interventions that recognized target audience preferences.

### **Key Partners**

- See above strategies.

## **Challenges/Lessons Learned**

- While Utah had a First Time Motherhood grant, it was challenging to work with a low budget; however, it forced staff members to narrow their focus.
- Most providers are focused on pregnancy and the prenatal period; they do not discriminate between prenatal/pregnancy and preconception. Alternatively, women in this younger age group do not listen to messages about preconception health if the messages are only focused on pregnancy. Indeed, many young women believe since they are not actively planning pregnancy, they don't need to listen to the messages about nutrition, vitamins, smoking, etc. It is important to not focus the campaign on pregnancy and keep it more on being healthy.
- Because many women in their target audience were not regularly going to OB-GYNs for birth control, the project expanded to Adolescent Medicine, Family Medicine and Internal Medicine providers. However, it was challenging to get Planned Parenthood providers, in particular, to think about preconception health as part of their "jobs" because they were focused on birth control and STD testing.
- Carefully consider preconception health messaging and narrow the focus and priority populations. However, providers still need to be educated on the difference between prenatal care and preconception health and care.

## **Evaluation**

To assess the impact and determine the efficacy of the preconception health media campaign targeting young women in Utah, a quantitative telephone survey was crafted. This is a classic pre-wave/post-wave telephone survey, with the advertising campaign taking place from July to September of 2010, between the two waves. Social Science Research Solutions (SSRS) conducted a telephone survey. During the pre- and post-wave studies, interviews were conducted with 804 women (402 per wave) between 18 and 32 years of age living in Utah. Specifically, current health behaviors, knowledge of health behaviors, attitudes and opinions about health behaviors, and baseline awareness of advertisements relating to health behaviors among women ages 18 to 32 were measured. In the post-wave survey, behavioral changes resulting from the advertising campaign were identified.

UDOH researchers conducted an Internet survey with women who had previously ordered vitamins from the *Power Your Life* website. These data were collected between Nov. 15, 2010, and January 31, 2011, from 873 women who responded to an offer for an additional 90-day supply of vitamins.

Google Analytics enabled a detailed analysis of the behaviors of people who visited the website, including average time spent on the site, number of pages viewed, content viewed, and pathways. Key findings:

- Approximately 10,000 Power Bags with vitamins were distributed to Utah women.
- Television was the best source of information: individuals who saw the ads on TV recalled the ads the best.

- *Power Your Life* had a direct positive impact on target audience attitudes toward and intake of folic acid. Those post-wave respondents who were aware of the campaign rated folic acid intake as more important than did those who were not aware of the campaign. Telephone survey respondents who were aware of the *Power Your Life* campaign or of folic acid advertisements in general, were significantly more likely to say they are currently taking a daily vitamin with folic acid.
- Of the 409 respondents who received a free bottle of vitamins directly from the web site, 94 percent (384) took them an average of six days per week.
- These data strongly indicate that the campaign hit its target audiences. While overall folic acid intake remained flat between the pre- and post-wave telephone surveys, the percentage of cohorts saying they take vitamins with folic acid changed. Members of the campaign's target audiences (women ages 18-24, non-white and/or pregnant women) scored significantly higher on daily vitamin intake in the post-wave than in the pre-wave.
- Folic acid intake specifically, and vitamin supplement use in general, was not seen as particularly important to pre-pregnancy health in either the pre-wave or the post-wave survey.
- The media campaign led to a steady flow of website traffic. Large spikes in website traffic were seen on days on which websites advertising "freebies" reached the public, as links were further distributed via e-mail to friends and family members.

## WISCONSIN

<b>Project/Initiative Name:</b>	<b>Wisconsin Healthiest Women’s Initiative</b>
<b>Contact:</b>	Katie Gillespie, Department of Health Services, 1 West Wilson St. Madison, WI 53711 Kate.gillespie@wi.gov, 608-166-1538
<b>Target Audience:</b>	Age 18-45 years, all races, ethnicities and genders
<b>Focus Areas:</b>	Folic Acid, Reproductive Life Planning
<b>Outreach Strategies:</b>	N/A
<b>Setting for Implementation:</b>	Family Planning, Medical Practice, Public Health Agencies
<b>Evaluation Methods:</b>	Yes
<b>Publications:</b>	Yes
<b>Website:</b>	N/A
<b>Funding Source/s:</b>	MCH Block Grant
<b>Budget:</b>	\$5,001 - \$15,000

### Key Strategies

- **Strategic Planning** – In collaboration with a number of statewide partners, Wisconsin is hosting forums and culling data to develop a strategic plan. A first forum set goals and a second forum will identify priorities. The group will cull data from several sources and focus on creating an action plan during the scheduled third forum.
- **Preconception Health Pilot** – In collaboration with Wisconsin Association for Perinatal Care, MCH is working on a pilot that integrates preconception health into existing clinic services. The association is working with a women’ health clinic in Milwaukee and two HMOs to integrate preconception messages/information/tools into existing services for Medicaid patients.
- **Milwaukee Medical Home Clinic** – The clinic is implementing a tool called, “Prescription for Healthy Future” to be used by midwives, residents and receptionists in high-risk areas to improve healthy pregnancies through smoking cessation, weight management and stress management.

- **Preconception Health Pilot** – In collaboration with Health Care Education Training, Inc, Wisconsin is working on a pilot project with a few family planning clinics (rural and urban) to gauge smoking and weight control messages that can be communicated during family planning visits, using tools developed by Wisconsin’s Women’s Foundation.
- **“Women’s Health Now and Beyond Pregnancy”** – Five local public health departments providing Medicaid prenatal care coordination services to women during pregnancy and postpartum focus on working with women to develop a postpartum contraceptive plan during the prenatal period and making sure they had vitamins after pregnancy.

Wisconsin strategies in continued collaboration with partners and as a result of 18 focus groups with African Americans. The focus groups found that issues such as depression, smoking, lack of physical activity, violence, and issues with contraception are significant. Wisconsin’s 2010 MCH Needs Assessment and State Health Plan informed the focus on preconception health.

### **Success Factors**

- The Women’s Health Now and Beyond Pregnancy pilot implemented a few years ago achieved some success in making contraceptive planning a standard of care statewide for women during prenatal care.
- The Prescription for a Healthy Future pilot is going so well that the clinic is moving forward with integrating the tool into its Electronic Medical Record System and, potentially, to EPIC, a larger system used by several clinics in Wisconsin.
- The HMO Medicaid Medical Home Pilot, a statewide initiative designed to reduce premature births and infant mortality through adoption of OB medical homes has been the most significant success factor.

### **Challenges**

- It is hard to make a paradigm shift from a prenatal focus to a life course perspective.
- Because preconception health is such a huge topic, it is helpful to pull together a group to narrow the focus and come up with a set of priorities.
- There is some tension between focusing on targeted high-risk population and serving all women statewide.

### **Partners**

- Healthy Birth Outcomes
- Wisconsin Healthy Initiative
- Wisconsin Alliance for Women’s Health
- Association for Perinatal Care - develops tools for perinatal care, including “Prescription for your Future,” a preconception health tool being used in a prenatal clinic
- Health Care Education and Training - regional provider for Title X training and technical assistance for family planning clinics
- March of Dimes

- Wisconsin Women's Health Foundation - developed tools for smoking cessation (First Breath) and avoiding alcohol during pregnancy called (Baby and Me).
- Title X North Carolina program – technical assistance