

## Health Care Providers and Preconception Counseling: An Evaluation of a Folic Acid Education Program in North Carolina

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### And...Next Steps

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## Acknowledgments

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## Why a statewide Folic Acid Campaign?

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- North Carolina has had historically high rates of neural tube defects (NTDs)
- Up to 70% of which can be prevented if women of childbearing age take adequate amounts of folic acid prior to pregnancy
- Only one-third of women ages 18-45 report that their provider has discussed folic acid with them



## NC Folic Acid Campaign

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- Folic Acid Council includes an active board, partners, members, and staff
- Statewide coordinator, Latino coordinator, a Communications Coordinator and 4 Regional Coordinators (health educators)
- Innovative initiatives include:
  - Community Ambassador Program
  - Office Champion Program
  - Latino Campaign
  - Media and Materials



## Office Champion Program

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- Regional coordinators contact Family Practice and Ob/GYN offices to offer an in-service regarding folic acid
- The training for all staff includes basic folic acid facts and how and when to talk with female patients about this topic
- A nurse or other staff member is appointed the "Office Champion"
- The Office Champion helps remind clinicians to talk to female patients about folic acid and keeps the practice stocked with educational materials for patients



## Evaluation goals

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- Determine effectiveness of different program components
- Compare effectiveness to resources expended
- Provide baseline data on private providers' current practices in North Carolina for development and monitoring of our state preconception health action plan



## Evaluation components

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- Regional Coordinator key informant interviews
- Office Champion key informant interviews
- Pre and post survey with in-service participants at private practices



## Results: Regional Coordinator interviews

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- Challenges include:
  - Convincing office staff that it is worth their time to listen to the message
  - Convincing office staff that NTDs are a real health care problem because folic acid must compete with other health prevention messages
  - Lack of time: Some offices won't schedule in-services because they are overwhelmed by pharmaceutical sales representatives (rural better vs. urban)
  - The OCP is set up to visit once and then keep in touch. It may take more than one visit to see behavior change among staff



## Results: Regional Coordinator interviews

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- RCs feel supported by having the following:
  - The option of bringing lunch/snacks
  - Someone make the cold calls to practices for them
  - A master list of private offices
  - Flexibility in the presentation protocol (trainings should be no more than 15-20 minutes)
  - A statewide Communications Director to make materials look professional



## Results: Office Champion interviews

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- *Great program- I hope you keep doing it!*
- *When I hear the receptionist talking about a reminder item with a patient I chime in as I sit right next to her. The freebies are a great way to get the conversation started- especially with front desk staff.*
- *I love my job, I'm the first contact for most pregnant women who call in. The first thing I ask them is 'are you taking a prenatal or multivitamin?'*
- *We love having refreshers. Just the other week our RC came to our staff meeting to visit with us. We know the biggest focus of folic acid is to take it early in pregnancy but we like hearing about the other added benefits too.*



## Health Care Providers Survey Methods

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- Random selection of private practices from statewide database
  - Limited to OB-GYN and family practice offices
  - By perinatal region
  - Practices that had already received intervention excluded
- Selected practices were “cold-called” and offered a free folic acid education in-service provided by a professional health educator



## Methods, cont.

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- Confidential, written surveys administered before in-service by health educator
- Time 2 survey administered by mail 3-4 months after in-service
- Incentives provided for participation in both surveys



## Time 1 sample description

Provider Type	
Nurses	62% (n=173)
Physicians	24% (68)
Mid-level providers	11% (30)
Health educators	3% (7)
Years in practice	
Less than 10	41% (n=114)
More than 10	59% (166)
Gender	
Female	83% (n=228)
Male	17% (46)



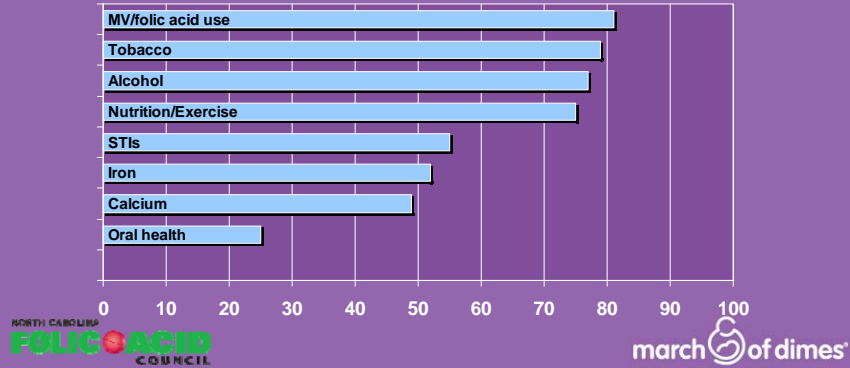
## Time 2 sample description

Provider Type	
Nurses	56% (n=57)
Physicians	28% (29)
Mid-level providers	14% (14)
Health educators	2% (2)
Years in practice	
Less than 10	60% (n=62)
More than 10	40% (42)
Gender	
Female	81% (n=83)
Male	19% (20)



## Results: "Preconception" visit

Percent of health care providers who discuss the following preconception topics at a visit when a female patient expresses interest in pregnancy



## Results: "Preconception" visit

Percent of health care providers who discuss the following preconception topics at a visit when a female patient expresses interest in pregnancy

Physicians	Mid-level providers	Nurses
1. Tobacco use (93%)	1. Tobacco (93%) Alcohol use (93%)	1. Multivitamins/FA (78%)
2. Alcohol use (90%) Multivitamins/FA (90%)	2. Multivitamins/FA (90%) Nutrition/exercise (90%)	2. Tobacco (74%) Nutrition/exercise (74%)
3. Nutrition/exercise (84%)	3. STIs (77%)	3. Alcohol (71%)

## Results: Knowledge

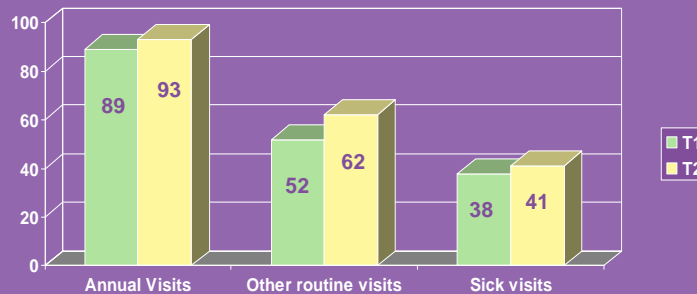
Percent of health care providers who correctly identified:

	T1	T2	%Δ
Unintended pregnancy rate in U.S.	63%	66%	3%
Proper timing for folic acid supplementation to prevent NTDs	87%	94%	7%
Recommended dose of daily folic acid for women of childbearing age	53%	73%	20%



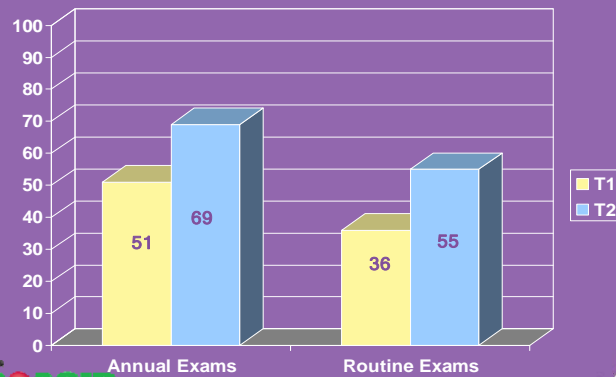
## Results: "Typical Practice"

Percent of health care providers who find out about folic acid/multivitamin use at:



## Results: "Typical Practice"

Percent of health care providers who discuss multivitamins with at least half of all female patients



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## Results

- In-service Recall
  - Provider recall of the actual in-service was 71%
  - Mid-levels found it the most useful (89%) followed by nurses and doctors, both 63%
- Recall of the Office Champion staff person
  - 60% of nurses could identify their Office Champion
  - 50% of physicians could identify their Office Champion

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## Discussion

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In-office education for private providers about a preconception health topic can:

- Be used to promote preconception health messages via health care providers (each nurse, mid-level and physician reaches hundreds of women each year)
- Increase provider knowledge
- Change provider preconception health counseling behaviors



## Recommendations for public health

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- Facilitate cross-disciplinary discussions among providers to determine who is counseling about what and how preconception counseling can happen effectively
- Give providers innovative tools to provide effective preconception health counseling in the course of routine primary care in an effort to decrease lost opportunities
- Educate providers about effective counseling strategies, not just health topics
- Empower nurses to take ownership and provide leadership in preconception health counseling



## Recommendations for providers

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- Thoughtfully package preconception health/women's wellness messages into existing practice structure to minimize lost opportunities
- Incorporate reproductive life planning into routine care for women
- Work with public health professionals to promote preconception health



## Moving the program forward

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- Next, focus on strengthening/investing in current OC practices and laying the groundwork for future linked preconception health messages - capitalize on appeal of "coming soon" trainings
- Media campaign efforts should encourage women to ask their doctor/health care provider about multivitamins/how to stay healthy for a pregnancy someday, etc.



## Switching gears...

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## Next Steps for the NC FAC and the Office Champion Program

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- NC Folic Acid Campaign is a leader in the preconception health movement in North Carolina
- NC's state preconception health plan and progress to date
- NC Folic Acid Campaign's movement toward preconception health
- NC Folic Acid Campaign's plans for the future

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## Focusing on the women in the middle Women ages 18-44

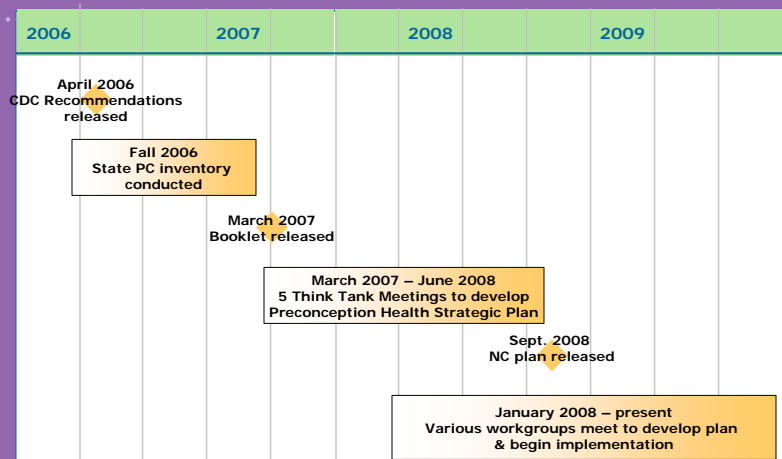


- Many programs in our state address the needs of children and adolescents
- Others address the needs of women as they age and face the impact of chronic disease
- Many others care for pregnant women and new mothers
- What's missing are the women in between!

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## Timeline of planning process



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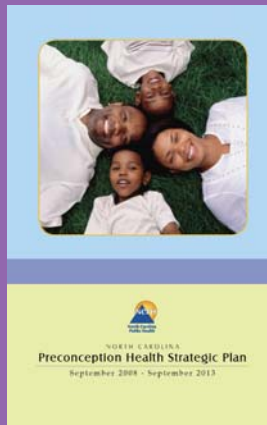
# NC preconception health strategic plan

Released September 2008

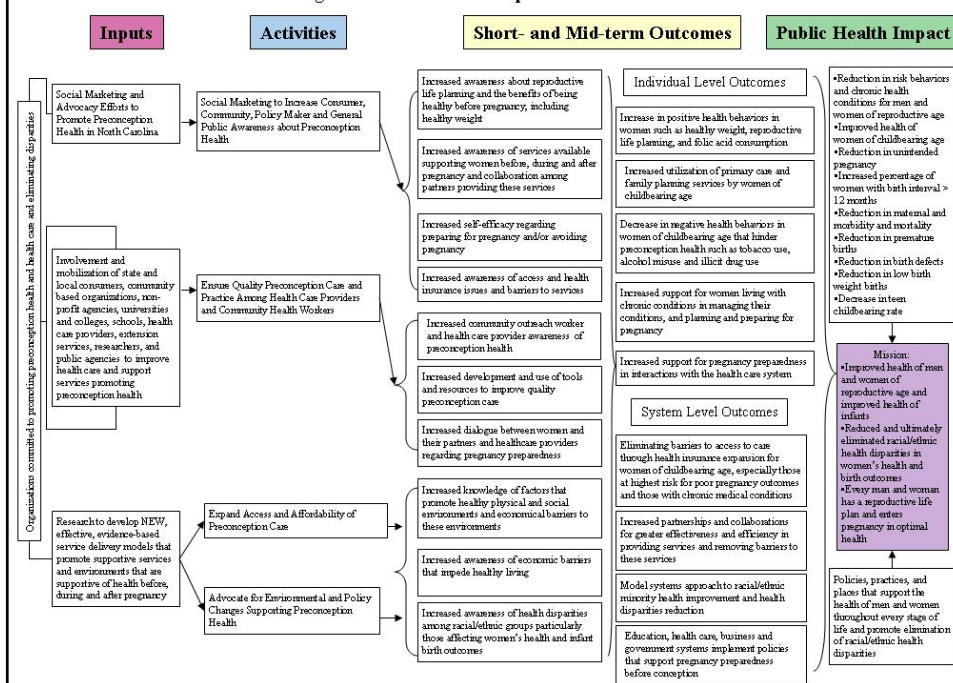
Chapter 1: Background - The case for preconception health, state initiatives, NC's history

Chapter 2: Strategic plan development process, priority areas, data review

Chapter 3: Goals and strategies



## Logic Model – N.C. Preconception Health Initiative



## What's happening now in NC?

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- Four work groups continue to meet to address the 2 primary areas of interest (intendedness and healthy weight) within the context of 4 main goals identified by the strategic plan:
  - Increase *Consumer* and Community Awareness About Preconception Health
  - Ensure Quality Preconception Care and Practice Among Health Care *Providers* and Community Outreach Workers
  - Expand *Access and Affordability* of Preconception Care
  - Advocate for Environmental and *Policy* Changes that Support Preconception Health



## What's happening now in NC?

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- 2-year HRSA grant received Fall 2008:
  - First-time parenthood initiative, focusing on resource-poor 6-county area of state
  - Marketing campaign to promote reproductive life planning
  - Preconception health training for health care providers, community workers and faith-based groups



## Folic acid & preconception health

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- State planning process allowed Folic Acid Campaign to develop & maintain strong relationships with potential collaborators in the NC preconception health “world”
- As new preconception projects begin, Folic Acid Campaign is invited to contribute folic acid content, program expertise, etc.



## Perspective: The Folic Acid Campaign & preconception health

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## What's next for the NC Folic Acid Campaign?

- A "transition team" met over several months to discuss additional messages that would allow Campaign to 1) secure additional funds, and 2) add a second preconception message to Campaign
- In May 2009, board approved the addition of healthy weight to folic acid campaign
- Currently meeting with potential funders, partners, conducting NC literature/program review, staff training, updating strategic plan, etc.



## What's next for the NC Folic Acid Campaign?

- We will continue to lead with the folic acid/multivitamin message
- Build on established target population of women of childbearing age
- Underlying goal will stay the same - healthy birth outcomes



## Why healthy weight?

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- Natural link between nutrition, folic acid & weight
- Logical grouping of topics for providers & consumers - both folic acid & weight viewed as “lifestyle changes” (CDC/UGA research)
- 2006 CDC recommendations for primary care providers suggest risk assessment in area of “nutrition, folic acid intake and weight management”
- Health care providers have expressed need for assistance in counseling women about healthy weight - health care provider education is our specialty!



## Opportunities

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- With additional funding, the Folic Acid Campaign can continue & grow
- Infrastructure & relationships already in place - can add new message without extensive “building” phase
- Grants provide opportunities to implement innovative programs without “starting over” (hiring new staff, developing new relationships, etc.)



## Opportunities

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- Evidence-based healthy weight curricula & materials already exist that can potentially be adapted to our outreach models
- Can incorporate lessons learned from our folic acid program evaluations & social marketing experience to strengthen healthy weight initiatives
- Potential to improve birth outcomes and the health of women in a comprehensive, less traditional (“silo-ed”) way



## Challenges

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- Embracing change is difficult during a successful period in the Folic Acid Campaign
- Securing additional funding
- Maintaining strong brand recognition while incorporating a new message
- Finding programmatic evidence for a dual-message preconception health campaign



## Challenges

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- Finding evidence-based models that build on our strengths - health care provider education and established relationships around the state
- Focusing on healthy weight while simultaneously keeping our options open



## Thanks!

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Questions...  
Thoughts...  
Ideas...

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