

Promising Practices in Adolescent Preconception Health

Integrating Life Course Theory into Local Health Department Adolescent Preconception Health Programs

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Acknowledgements

Metro Public Health Department
Family, Youth and Infant (FYI) Health Bureau

- ❖ **Dr. Kimberlee Wyche-Etheridge, MD, MPH**
- ❖ **D'Yuanna Allen, MPH**
- ❖ **Program Coordinators and Staff**

Overview

1. **Adolescent health programming at MPHD**
2. **Program assessment process**
3. **What we learned**
4. **Recommendations**
5. **Implications for use**

Nashville/Davidson County

- ♪ **Capitol of Tennessee/2nd most populated county in TN**
- ♪ **Metropolitan area with a population of 626,681** (2010 census)
- ♪ **61.4% Caucasian, 27.7% African American, 9.8% Hispanic, 5.9% other races** (2010 census)
- ♪ **TN's infant mortality rate ranks 44th nationally** (2010 kids count)
- ♪ **TN's teen birth rate ranks 43rd nationally** (2010 kids count)
- ♪ **Metro Public Health Department protecting and improving health**

Adolescent Preconception Programs

1. Journeys

- Self-esteem, body image, future planning
- Minority, middle school age females (8 - 12 years of age)

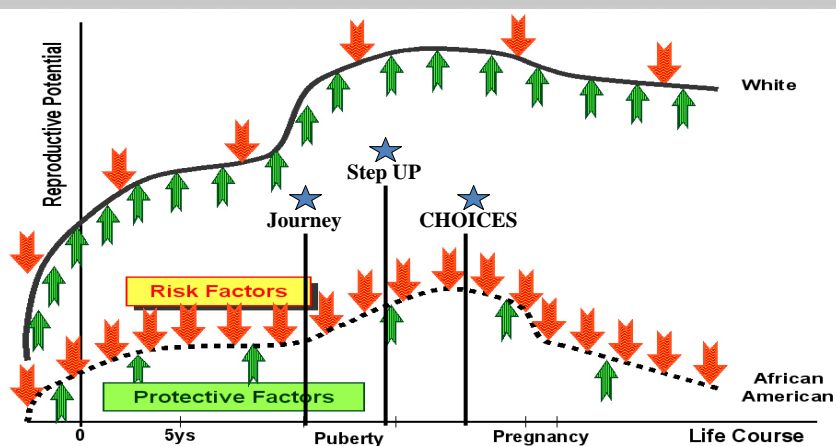
2. Step UP to Health

- Diabetes, obesity, academic excellence
- Minority, middle school age youth (10 - 13 years of age)

3. CHOICES

- Risk reduction, reproductive life planning, pregnancy prevention
- Minority, high school age youth (13 - 18 years of age)

Life Course Approach



Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J.* 2003;7:13-30.

Why Assess Our Programs?

1. **Opportunity to pin point gaps in programming and internal processes**
2. **Identify strategies to strengthen programs**
3. **Build capacity**
4. **Improve health outcomes**

Program Assessment

A 2-Step Process

1. **Alignment** with preconception health recommendations
2. **Integration** of life course concepts

Step 1: PCH Alignment

1. Identified CDC preconception recommendations
2. Developed measures and instrument
3. Collected data through interviews with program coordinators
4. Used a 3-point likert scale to record responses

Preconception Health Recommendations

1. Individual Responsibility Across the Lifespan
2. Consumer Awareness
3. Preventive Visits
4. Interventions for Identified Risks
5. Interconception Care
6. Pre-pregnancy Checkup
7. Health Insurance Coverage for Women with Low Incomes
8. Public Health Programs and Strategies
9. Research
10. Monitoring Improvements

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Data Collection

1. Individual Responsibility Across the Lifespan

- Male and female preconception education
- Use of reproductive life plans

2. Consumer Awareness

- Program reach
- Broadening range of partners

3. Interventions for Identified Risks

- Priority populations
- Addressing risks

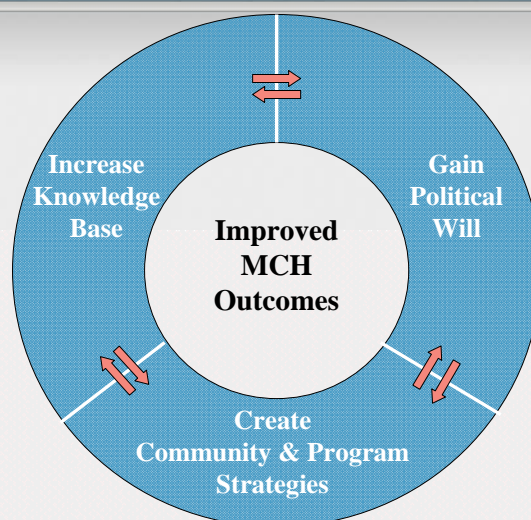
4. Public Health Programs and Strategies

- Increasing self-efficacy
- Addressing barriers

Step 2: Life Course Integration

1. Framed around 3 arenas of change
2. Developed criteria to measure integration
3. Collected data through interviews with program coordinators and adolescent health program managers
4. Summarized results

Arenas for Change



Adapted from Richmond, J.B. & Kotelchuck, M. "Political Influences: Rethinking National Health Policy." Handbook of Health Professions Education.

Data Collection

1. To what extent are we expanding the **KNOWLEDGE BASE** within our adolescent health unit?

Providing staff development & training

Collecting and interpreting data longitudinally

2. To what extent are we implementing **COMMUNITY/PROGRAM STRATEGIES** that reflect LC concepts?

Creating pipelines of education and services

Broadening range of partners

3. To what extent are we leveraging resources and support to increase **POLITICAL WILL** in advancing LC within our work?

Assessing organizational policy

Making organizational learning opportunities available

What We Learned

PCH Recommendations

Strong Alignment

- ✓ Building PCH messages into program materials and curricula
- ✓ Providing male and female PCH education
- ✓ Addressing 7 preconception risk factors
- ✓ Increasing knowledge AND skills
- ✓ Including reproductive life planning or goal setting activities

Partial Alignment

- * Limited use of media campaigns and social networking to deliver health messages
- * Limited reach of programs to families and community
- * Collecting & interpreting data to gain better longitudinal perspectives

Life Course Integration

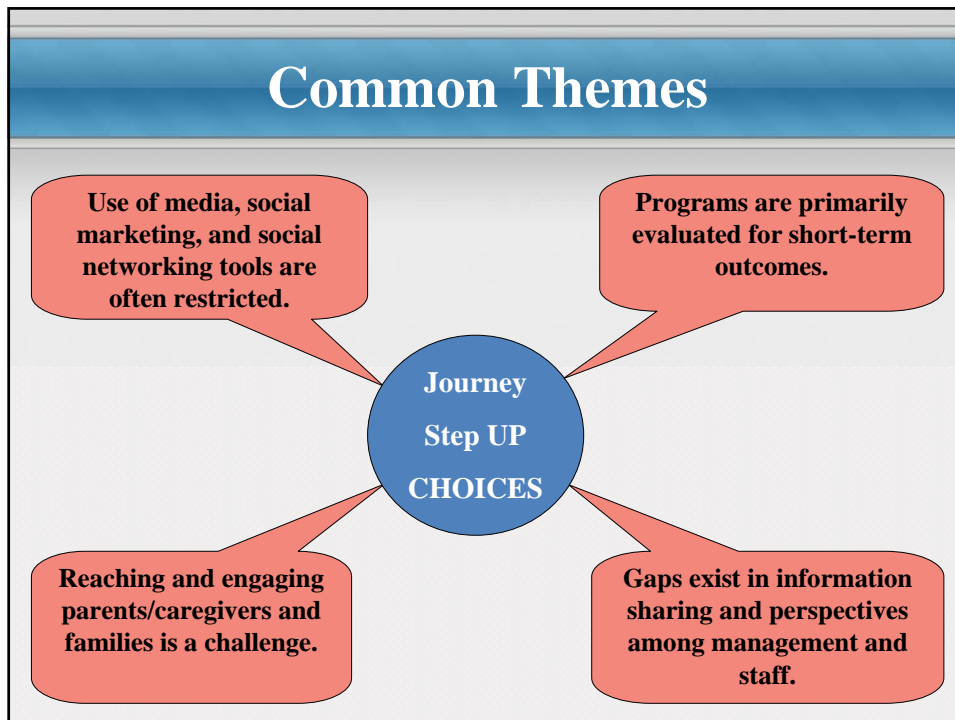
Strengths

- ✓ Strategic alignment of programs along LC continuum (critical periods of dev.)
- ✓ Ensuring messages focus on health over the lifespan
- ✓ Creating a shared vision within the work unit
- ✓ Leveraging resources
- ✓ Working with partners that can address community barriers to good health

Opportunities for Growth

- * Additional staff development
- * Utilizing media, social networking, and businesses to communicate messages
- * Examining policies for gaps and/or inequitable practices
- * Creating organizational learning opportunities

Common Themes



Next Steps

Community Awareness

- Brainstorm additional ways to communicate with parents.
- Review organizational policies that place stringent limitations on program communications/marketing
- Continue seeking non-traditional partners (beyond public health)

Program Evaluation

- Employ evaluation strategies that will measure intermediate outcomes and yield longitudinal data
- Assess readiness for expansion

Knowledge Base

- Increase information sharing within the program unit and organization
- Engage the organization in learning/developmental activities

Implications for Use

- **Starting point for assessing your current agency/program alignment with PCH and approach to life course**
- **Identify program strengths and areas for growth when prioritizing and planning**
- **Develop leadership and make your work unit/program a resource for preconception/life course work**
- **Document progress and growth**

Thank You!!

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