

MCH Social Marketing Campaigns in Action

MCHB DHSPS Webcast

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JOHANNIE ESCARNE: Good afternoon, my name is Johannie Escarne from HRSA's Division of Healthy Start and Perinatal Services in the Maternal and Child Health Bureau. I would like to welcome you to this webcast titled "MCH Social Marketing Campaigns in Action", cycle one of the First-Time Motherhood/New Parents Initiative. Before I introduce our presenters today I would like to make some technical comments. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speakers' presentations. You can use the slide delay control at the top of the messaging window to control the slides. A 12 second delay provides optimal performance. We encourage you to ask questions of the speakers at any time during the presentation. Simply type your question in the white messaging window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you're participating from. On the left of the interface is the video window. You can adjust the volume of the audio by using the volume control slider, which you can access by clicking the loudspeaker icon. Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast, the interface will close automatically and you'll have the opportunity to fill out an evaluation. Please take a couple minutes to do so. Your responses will help us plan future broadcasts and

improve our technical support. We're pleased to have several presenters with us today. Lieutenant Rhoden will introduce our presenters. Makeva.

MAKEVA RHODEN: Thank you, Johannie. Good afternoon to everyone. The First-Time Motherhood/New Parents Initiative began in 2008 by Congress to fund states to increase public awareness of resources available to women preparing for child birth and new parents through advertising campaigns and toll free hot lines. This grant program has been used by states to December emanate information about on going social services so men and women can understand their role as new an expect ant parent. It can guide practitioners to begin the conversation with patients on reproductive life plans and educate the community on how they can assist parents in reducing adverse health outcomes for their unborn child. In September 2008 cycle one of the First-Time Motherhood/New Parents Initiative began and it included 13 states who created social marketing approaches that promote pre-conception, interconception health, prenatal care, the Life Course prospect and new parent education. 11 new states were awarded funding for this initiative.

The following speakers will provide an overview of their projects from the first cycle of the First-Time Motherhood/New Parents Initiative. First I would like to state that Ms. Lois Bloebaum, the manager of the maternal and infant health programs at the Department of Health scheduled to be with us today unfortunately is not able to attend. She had a family emergency. Although she is not able to present her project

information today, her presentation slides are available for view and download on the mchcom.com website.

Speaker one will now be Ms. Patrice Onheiber. She is the project director for Wisconsin's First-Time Motherhood/New Parents Initiative. She has worked in maternal and child health at the Wisconsin Department of Health Services for more than 20 years and is currently the director of the department's disparities in birth outcomes program. This multi-year initiative to eliminate racial and ethnic disparities include public awareness and social marketing. Quality improvement measures, community and evidence-based practicing. Monitoring trends in low birth weight. Prematurity and SIDS and evaluating the effectiveness of interventions. Assisting Patrice with the presentation is miss Lorraine. She has served as the co-investigator for Wisconsin' First-Time Motherhood/New Parents Initiative. She is the president of Jump at the Sun Consultants LLC and a health advocate with the majority of her career centered on public health and social marketing. Our second speaker is Toni mean. She works in the in Arizona. She resumed the role of state adolescent health coordinator and provides oversight of teen pregnancy prevention programs, family planning, domestic violence, sexual violence prevention and direct services in Healthy Start and fetal alcohol spectrum disorders. She leads the bureau's pre-conception health effort and works in women's health. We have a wonderful webcast planned today and I'm very excited to begin. So Patrice, I will now turn the floor over to you.

PATRICE ONHEIBER: Thank you. It is a privilege to be able to share our story with all of you. So thank you for that opportunity. We are very happy to be here. So I will start with our first slide, ABCs for healthy families and that is the name we gave to our First-Time Motherhood/New Parents Initiative and as we talk about our story, you'll see how we came to choose that name. This project was truly a partnership between Federal, state and local agencies. I'm with the Wisconsin Department of Health Services and our partnership with the new concept self-development center, a community-based agency and Jump at the Sun Consultants was tremendous in allowing us to blossom this program over the last two years. And not to be the last mentioned is the community and this picture of this little girl, I just adore her. You'll here how we involved communities from Lorraine in a community photo shoot. This is one of the little girls that was at that shoot so we just have been so fortunate to have them with us all along the way. Next slide, please.

So let me start with a little bit of background. The infant mortality disparity crisis in Wisconsin preceded our being awarded this grant. For the last 20 to 30 years, we have had approximately three times the African-American death rate than the white rate in infant mortality. In 2004 that was a watershed year for us. Wisconsin actually met the Healthy People 2010 goal of 4.5 deaths per 1,000 live births for white infants but we were the highest in the nation for African-American infant mortality at 19.4 per 1,000 live births with a disparity ratio in that year of 4.3. The somber facts are that if the disparity were eliminated one African-American infant could be saved each week in

Wisconsin. So this definitely helped us know how to focus and where we wanted to work on this project. Next slide, please.

This is a map of Milwaukee infant deaths that is provided to us by our fetal and infant mortality review program in Milwaukee. These deaths in these zip codes are for the time period of 2002-2004. And similar deaths occur yet today. The stark reality is that each of these dots represents the death of an infant and you can see where the concentrations lie. And so it was incumbent upon us to work in this area for our First-Time Motherhood/New Parents Initiative grant. So we implemented it in Milwaukee, the largest county in the state, and in Racine, which is directly south of Milwaukee. There is a home visiting program that we started in 2005 and those zip codes are noted and that project continues today. Next slide.

This is another geographical distribution of the deaths and there is a lot of information so I'll try to explain what is on here. I think I'll go counter clockwise on this pie chart so that those zip codes that I mentioned to you about the home visiting project, 29% of the deaths for African-American infants occur actually in those zip codes and then if you then combine that with the yellow part of the chart, that is all of the deaths of the African-American deaths in the City of Milwaukee over a three-year period. So actually 75% of the African-American deaths in Wisconsin occur in the City of Milwaukee. And in that city. Then if we move to the magenta color that's our remaining southeastern region. We have five regions. The southeastern region actually contains Racine, the other community in our project, and although the number of deaths are fewer, the rate

is extremely high. And then finally in all the rest of the regions, southern, western, northern and northeastern, 12% of African-American deaths occur. So for the southeast region, which is where we focused our grant, 88% of the African-American deaths occur. Next slide, please.

This is a snapshot of the cover of our framework for action to eliminate racial and ethnic disparities. This is the second version of that framework. We began in 2006 with a written framework and we have several components to that, as depicted in the puzzle pieces. This social marketing grant really fit so well within our communication and outreach and community capacity building portions. We were very fortunate, actually, in 2003 to have Dr. Michael Lu come to Wisconsin to the healthy baby summit where the Life Course was first introduced to Wisconsin and we joined with other MCH advocates and Healthy Start program to began to work on this issue. And this report and framework is available on our website, which is noted at the bottom of this slide. Next slide, please.

So as I mentioned, this -- the disparity in birth outcomes has been known to us and it became so urgent to us as we saw it widening that we were very fortunate to join with a couple of other programs within our department to do ABCs for healthy babies. This preceded the project that we're describing today. But I just wanted to give you by way of background that we were able to join with a minority health program and our tobacco program with blended funding for a public information campaign and focus group research. And this is where Lorraine LATHAN comes in and you'll hear from her

shortly and she conducted 18 groups of 180 African-American mothers, fathers and grandmothers in five of our communities. In addition to Milwaukee and Racine, it was also in Kenosha, Beloit and Madison where the rates of African-American infant deaths were the same and we learned so very much from this first project and the final report is also on our website. And you can read the entire report. Next slide, please.

The ABCs and lessons learned are just a few of the findings from the focus group research that Lorraine did. But her expertise and wisdom helped us get to the name of our projects and so the ABCs refers to applied behavior change both at the individual and community level that is focused on improving birth outcomes. Therefore, the first name of the project that preceded us was healthy babies and helped us get to the name of our current products. Some of the key findings is that women felt isolated and very often expressed feelings of depression. An unexpected finding is that men were very engaged during the pregnancy and would support the women by going to prenatal care appointments, helping to quit smoking. However, once the baby was born, they were less involved and Lorraine might have some observations to tell you about that. And finally, stress emerged as a major barrier to improved outcomes and therefore that really helped guide our First-Time Motherhood/New Parents Initiative campaign. So I think that is the background I wanted to share with you and now I will turn it over to Lorraine.

>> Thank you, Patrice. And thank you all. I wanted to share with you that the photos that you've been seeing are actually members of women and children in our

communities and building upon the research that was conducted -- I'm sorry, next slide, ABC's for healthy families. Built upon the lessons learned from research that was conducted under ABC's for healthy babies we realized we needed to focus on the family and not just the mother. We certainly got that loudly and clearly through our focus groups and as a result we changed the name to ABCs for healthy families and related to the state's overall goal of eliminating racial disparities in birth outcomes. The goals of the project were to improve birth outcomes in African-American communities in both Milwaukee and Racine and we wanted to raise awareness within the public and our providers around the concept of Life Course perspective and the importance of its integration into looking at both preconception and after conception care and I would say what again we wanted to focus on taking advantage of the fact that fathers were engaged during pregnancy and how do you keep them engaged? So one of our goals was to maintain or increase father involvement. Next slide.

The work that we did was done through the lens of Life Course perspective as well as social determinants of health. We wanted to again raise awareness in the community. I think intuitively the community members knew that being healthy even before pregnancy was important for a positive birth outcome. But we wanted to raise awareness on that looking at a Life Course model. Next slide.

So although our project was with a social marketing project, we took advantage of the funds that were available. We did not want to use social marketing or commercial marketing techniques to create demand and then not provide a service. So in addition

to all of our media activities, we had a host of activities that really focused on trying to support families and individuals and also engaging the community. So to begin with we had our community advisory board as well as our technical advisory board. I'll share more with you about those two groups but they really did guide the development of the campaign. They gave texture to the campaign, as well as relevancy to the campaign that it really could -- the community could connect with the campaign. And then we involved the community throughout. So surveys of community members and data collection, we actually trained people in the community to go out and collect information to see where people's knowledge was around Life Course, where their knowledge was around stress and the impact of stress on birth outcomes. So we in both communities, we trained community interviewers who were paid to collect surveys. They did it at the beginning of the project and then they did it again at the end of the project. We developed a way to disseminate our messages. We tried to use the conventional marketing techniques as well as some of the new social media, which I'll be speaking on. And again, we conducted a number of trainings for not only the general public, but also healthcare providers. In terms of trying to keep men involved, we developed support circles for mothers and fathers. And part of our support circles, they actually completed a reproductive life plan. That life plan focused on not only their health, but it focused on all the other things in terms that helps reduce stress. They focused on their plan for employment, their plan for homeownership, education, and these were sessions that ran -- we had eight sessions that ran. We ran our cycles in eight sessions. Okay, next slide.

This is the community advisory board. They were all volunteers. They were made up of people from all walks of life. We had a retired nurse, we had students, we had health providers, and they came together on a monthly basis to help us design the campaign and they worked -- next slide, please -- they worked in collaboration with our tag, our technical advisory group. Dr. Michael Lu, his background on Life Course. Mario Drummonds brought the experience and how communities can work together on disparities in birth outcomes and Dr. Jackson also has been working on this issue and brought her expertise. Dr. Cowins helped us to have African-Americans have healthy birth outcomes. Dr. Gutting has this concept of shifting what happens, African-Americans shift in terms of an attitude depending on the environment in which they're in in order to fit in and how much stress does this shifting cause that it could, in fact, have an impact on some birth outcomes? Next slide.

So now moving to the campaign we developed a logo, which is a tree and an acorn and really speaks to the circle of life, and the logo was developed from the input of our community advisory board and received an ADDY award. It's similar to I guess I would say an Oscar or a Tony award for the actual logo. So that was our logo and the name of the campaign was journey of a lifetime and that again looked at the fact that you really have to take care of yourself and that it's a journey to take care of yourself in order to be healthy for a number of reasons, to be healthy for your family and also to have a healthy birth outcome. Next slide.

What we did is we wanted to focus on -- we wanted this to be a campaign of the community. So we conducted a photo shoot at the Parklawn YMCA, which is one of the only, I think -- there might be two in the country, where section 8 housing is integrated into the YMCA. And so we did a call for -- to do a photo shoot and we had parents in the neighborhood show up with their kids. And as it turns out, one of the parents that showed up, the infant was born prematurely, extremely very low birth weight and she ended up being on our posters and billboards and that was not planned and then her mother ended up actually being a spokesperson for the campaign. So all in this slide, all of the people you see in this slide are from the community and that was very important to our community advisory group that we include people from the community and that we did not use stock photography. Next slide.

Some of the materials that we produced were posters and brochures. The posters were posted all over in clinics and social service agencies and then they were the smaller brochures for our target population which really talked about Life Course in a way that people could understand it and they could act on it. And then we also provided them with referrals to services in the community. Next slide.

We produced 3,500 brochures or provider fact sheets. These were for our healthcare providers as well as for some of the social service agencies. Again, it was a way to talk about Life Course and the role that they played in helping women in our community to have a healthy birth outcome. Next slide.

And this is a billboard and it is the infant that I was telling you about that ended up being on all of our billboards. The tag for our campaign, journey of a lifetime, was let's deal with stress in ways that don't stress our babies. And we referred people to our text messaging because we had a text messaging campaign as part of this. Originally we started out with my space and then we moved to using Facebook because we knew that that was what our audience was using more often. One thing I will say about the campaign, preliminary data, we just recently collected 600 surveys in each of the sites and the recall for our campaign is very high. It is about 37% recall that people will say yes, I saw the billboard or I heard the radio spot. That's very high considering the amount of -- the frequency that our radio spots were able to run. Next slide.

These are post cards that were develop and again, this is a way of referring people. This is the linkages to healthcare services that are provided in the community and then we also promoted the text for baby as well as our own texting program. Next slide.

So this was original -- this is Facebook, as I said, we started with my space but ended with Facebook and we have 722 people or friends or Facebook and it was a way for us -- we sent out email blasts and a way for us to communicate. There are many, many, many lessons learned. The largest one is if you take time and you involve the community, you can design a campaign that they take ownership of. So we had our community advisory board working in collaboration with our technical advisory group and we are able to design something that the community took ownership of. And then

another key finding is that the messaging needs to really focus on stress reduction and providing support. Any type of support that we can provide both to mothers and fathers. So that we can remove this feeling of being isolated or feeling isolated. And then also that using the social marketing campaign and the approach that we took allowed us to strengthen relationships with other groups that were working on this issue in the community as well. And dealing with some of the tough issues. One being racism. And then finally we learned a lot in terms of social media because we started thinking it was my space and it turned out that it was Facebook. Twitter for our population was not being used. We're hearing more of usage of Twitter by our population but at that time it was not being used. And I think again the text messaging is something that's evolving. The text for baby, integrating our texting program with text for baby was a very positive thing to be able to do. And then finally, and Patrice you can chime in in terms of lessons learned. But finally one of our key findings is really that there is more work that needs to be done to connect healthy birth outcomes to social determinants of health. So with that said, next slide is our contact information for further information but I would like to turn it over to Patrice to fill in if there is something that I have omitted.

>> I think you've covered it, Lorraine. I think that, just as I said at the beginning, it galvanized and mobilized us and provided a lot of momentum for the entire issue we're grappling with. It put faces to the issue and we are just looking forward to finding ways to keep it going. Thank you.

>> Thank you.

>> Thank you, Patrice. And thank you, Lorraine. Now we will hear from Ms. Toni Means.

ANTOINETTE MEANS: I'll start with the goal of our social marketing campaign which was titled LiveitChangeit.com and it was basically to increase awareness around pre-conception health and the Life Course perspective among African-American men and women ages 18 to 30. Health disparities related to infant mortality and morbidity rates in Arizona reflect the national trends we're all aware of. And there are about 250,000 African-Americans who live in Arizona. The majority reside in the Phoenix metro area. Also in Maricopa county. We also have populations in Tucson, Sierra Vista and Yuma. We have had people say they don't have an African-American community. This grant was a wonderful opportunity to turn that around and get communities to work together around issues that impact us across the state. So health disparities affecting our health of African-Americans are highlighted in grant applications to seek funding to address MCH issues. When the applications are successful and money comes into the state we're to quickly identify the target population because we are as a whole represent like 4% of the state's population and there is a belief that it's hard to reach, conducting outreach to reach African-Americans in Arizona. Next slide.

Our planning activities began with contracting with Riester, our social marketing company and they conduct a secondary research. In addition they interviewed seven stakeholders and those stakeholders included national and local experts like Dr. Lu, Dr. COONROD and community members who have been successful in mobilization. They were each interviewed for an hour and a half. The African-American community in Arizona and organizations serving this population. Riester also conducted 12 other interviews conducted with mothers and daughters in the target population, best friends, heterosexual couples together for at least six months and the participants discussed healthcare, healthy living, pregnancy, family planning, preconception care and any social marketing campaigns that were currently going on targeting African-Americans. And some of the things identified in the -- there is a lack of trust in the medical community. There is also lack of discussion regarding sexual health issues in families or in the community as a whole. And that there is a negative perception of birth control. In addition, the church typically preaches abstinence, which does not encourage folks to look at or have a positive viewpoint around birth control. Some of the other advice we were given was give it to us straight. We need all the information and facts and use the approach. Target all ages but focus the majority on men and they also said don't be preachy or too articulate. Be relatable and speak in a voice that works for young people. Don't be matronly.

More planning activities took place over the six to seven month in terms of development of the campaign from April 2009 to October 2009. And during this time we issued an RFP to solicit an agency to provide community-based presentations to

our target population. TCDC and black nurses association were selected as part of the strength of their proposal was the fact they had already implemented a program called heart and soul that worked with the African-American churches on hypertension and cardiovascular disease. So their proposal described how they would build on those existing relationships to provide the presentations. In addition, about four or five years ago BNA had received a short term Title V funding to develop a presentation on preconception health and make presentations to primarily African-American groups. So TCDC and BNA recruited participants for the interviews and they provided input on the development of the Power Point for the community presentations to make sure they were culturally appropriate. Next slide.

The campaign LiveitChangeit.com was launched November 28, 2009 and I'll back up. Riester after getting the contract recruited a college intern who is representative of the target population to assist with account management services. The intern coordinated with a popular radio station called jams and DJ around the launch event which was the premier of the movie "precious." We had 175 people attend the campaign launch. The radio station included our campaign on their website which resulted in a minimum of 124 hits. The intern also reached out to the graduate chapters of the black fraternities and sororities at Arizona state university to have them staff LiveitChangeit.com booths at public events. The volunteers shared information with anyone stopping by the exhibit table. The exhibit also included child-size chairs to illustrate how many classrooms of children would not reach their first birthday. Some of the events they exhibited. Black poetry festty -- festival, and others. Components of the campaign

consisted of a website and the website tabs include healthy living, preconception health, events and news, get involved and advocacy. During the exhibits and community based presentations we collected email addresses and sent out monthly E-blasts with with a culturally appropriate message. We had radio spots, one male and one female spot and they're also available on the website on the events and news tab section and then we had billboards in all the target communities that used pictures taken from the posters that were created. We with had print ads put in the informant, a weekly African-American newspaper for Maricopa county and an article was placed in print during black history month. It talked about the address infant mortality and morbidity and encourage good health. A new piece was developed used at the beginning of the community presentations to establish the reason why the information is so important. And it can be viewed on the tab for the home page at the LiveitChangeit.com web with -- website. We've gotten awesome response to the piece. It does what it was intended to, the touch on the emotions around the issues addressing infant mortality and infant death and morbidity. In addition an ASU student who writes poetry resernd health statistics and created a five-minute poetry piece that encourages young people to -- we have promotional materials as part of the campaign Riester developed in conjunction with TCDC and BNA the community education Power Point. Next slide.

So our partners were essentially TCDC, BNA, the informant newspaper and the graduate chapters of the panhellenic council. This is one of the posters. We had two females and one male poster and they essentially discuss what will you pass down

heredity, inherited? We have some positive aspects and we go into some of the health aspects that can be passed down from generation to generation. There is the male and the next slide is one of the female spots. And then the next slide we have the lead into the Power Point presentation that BNA did in the community. And then next slide.

It's the first slide that is a portion of the presentation, why are we here? What is going on in our community? How can we influence change? And impacting the future.

LiveitChangeit.com was selected because it was intended to encourage our community and our young people to model behavior that would have a positive impact on future generations. And to encourage that dialogue that we continue to hear that doesn't happen. So we're asking folks to live the change they want to see in our future generations. Next slide. The TCDC conducted outreach to African-American churches and other agencies that serve the population. They also administer the pre and post tests and reached out to barbers and beauticians in all the communities that were targeted. And next slide.

For challenges and barriers, part of the thing we learned about is getting young people to come to church for a presentation on a public health topic that may not take priority over other activities their lives and also experienced significant procurement delays for a variety of reasons. And so that meant our campaign did not run as long as we would have hoped. It might have had a larger impact, a positive impact. Staffing we had an epidemiologist to assist with the evaluation. He left to attend medical school three months before the end of the grant because our office chief add to add those duties to

his additional duties. In addition, I underestimated the time commitment needed during the creation and development of the campaign. And because this was something I personally wanted to see happen, I took ownership of it and not complaining at all because it was a very gratifying experience seeing the campaign come together and I learned a lot, an amazing amount of information. But I think having someone totally dedicated or able to dedicate more time on an ongoing bases would have given the campaign more justice and more support. Next slide.

Challenges and barriers. Building relationship with churches in rural communities. TCDC had a network of churches they worked with in Maricopa County and had some associations with churches in Tucson and one in Sierra vista. However, it takes much time and these areas are from two to four hours away from Maricopa county. So it takes time to develop that trust in some of the other churches that they haven't been doing ongoing business with around education and developing and getting them to understand we aren't going to say anything in the church that might be offensive. The pre and post test was a challenge. I won't say a barrier. The length of the pre- and post tests. We got feedback from BNA that's one of the challenges they faced is trying to get people to complete both the pre and the post test. For Arizona in our summer heat, nothing happens between June, August, sometimes September when the temperatures hit triple digits. So in terms of community presentations, that's kind of a down time and next slide. Evaluation. We have preliminary results. We had some social marketing campaign we've conducted focus group interviews with three groups of women and three groups of men who were between 18 to 30 years of age and they

-- the first interview took place before the campaign was launched and then in February of last year and August of last year. The transcript from the third focus group will be analyzed by May of this year but the information we have at this time is just what we have through our second interview with participants. And the interview guide addressed other topics in addition to recall in terms of their perceptions of what health and well-being means, their own health behaviors, whether they felt like they lived in a safe environment and other social determinants of health. In terms of recall, it was not very successful. I'm glad to hear Wisconsin had a very high rate and I'm sure there are lessons to be learned there. What we did find is that there was -- those who had attended a community presentation in addition to seeing the social media campaign did recall the message and knew what it was trying to convey. Those who had not been exposed to both, even when prompted, had poor recall. The community presentations did increase participants' understanding of health disparities in the African-American community and the seriousness of the issues. In addition, they increased their knowledge of preconception health and care and however it didn't influence their view on positive or negative health behaviors and measures of health. The barbers and beauticians, the goal was to have them have epidemiologists visit them and assess how they use the information they received and whether they distributed any of the brochures that were left behind. And at this point our plan is to, since he's now gone, recruit an intern from ASC who will do that assessment and evaluation. We started off with about 90 participants and in our focus groups for the campaign and that went down to about half by the time we got to August. Some of the unexpected outcomes of what we have been doing is we were surprised that bringing

folks back over and over again even just to discuss their views resulted in bonding among the participants and the facilitator and we used the same facilitator each time as well. And they didn't want to go. The male facilitator has actually asked about trying to bring the men back together and do some next steps because they had bonded. And also as a result of that, during the conversation it was clear there was some needs in terms of job search, health issues, and there are no identified resources that we could leave with them. So we talked to BNA, our department and TCDC talked to St. Luke's health initiative and they funded an intern to conduct asset mapping of small non-profits that are probably unknown but that were at the time didn't have a lot of visibility and we've conducted that process and identified 50, a minimum of 50 agencies that address Health and Social Services in our community and for others as well. The campaign was awarded the health education award from the Arizona public health institution during their falcon interference. It is called HEMI and next slide. You have my contact information. And I would encourage you to visit our website. It really has a lot of good information and the videos are amazing.

JOHANNIE ESCARNE: Thank you, Toni, for that presentation. We have now entered into the question and answer period. We have not received any questions yet but sometimes it takes a couple minutes for people to type them in. So if any of the presenters have any other final comments they would like to make while I wait for some questions, you can do so now. Do you have anything you wanted to add, Makeva?

MAKEVA RHODEN: No, I don't have anything to add. I do want to thank Patrice and Lorraine and also Toni for presenting today. I love everything about the First-Time Motherhood/New Parents Initiative. I thought it was a wonderful first cycle and the projects are just fantastic. I've been reading about each of the projects and I just love the outcomes that we have received from the grant program.

JOHANNIE ESCARNE: Thank you. Anything else anyone would like to share?

ANTOINETTE MEANS: This is Toni. I just want to say our marketing campaign developed, we have a tab called advocacy on the website and that is to look at sustainability so as others in the community want to do these presentations, they can without -- once the funding is gone. Right now BNA is still doing community-based presentations. Once they cease doing that, then anybody would be able to use the information on the power points and conduct the education.

>> This is Lorraine. I just wanted to add we also developed a PowerPoint that we use with providers and social service agencies to educate them around Life Course. And then the other thing -- and I think it was very helpful in having that particular tool. And then in terms of mobilizing the community, the one thing I want to really share with people is that our project kind of took on a life of its own in terms of our community advisory group. They participated -- they walked in the fourth of July parade in their T-shirts. Were part of Juneteenth. They took initiatives on their own to get the word out. We made the materials from the campaign available to them to distribute but they took

the initiative. So I think part of our success was the word of mouth campaign that occurred as a result of involving the community at every step in the development all the way through implementation and evaluation of our campaign.

JOHANNIE ESCARNE: Thank you, Lorraine and Toni. You guys did such a fabulous job that we have no questions. Just one general comment that just said thank you for sharing your experience with us.

>> Okay.

PATRICE ONHEIBER: This is Patrice. I just had another comment. When I heard Toni mention about the bonding that wasn't expected and that people wanted to continue, when we talked about the focus groups that we did for ABCs for healthy babies. That's what Lorraine found as well is that people bonded during this focus group testing and so that was why we developed the support circles for the ABCs for healthy families and we would just really like to be able to find ways to continue that. It was sort of an unexpected finding from our first work and wanted to continue it.

JOHANNIE ESCARNE: Thank you, Patrice. Questions. Well, we may be ending a little early today. Did we have anything else? Okay. Well, on behalf of the Division of Healthy Start and Perinatal Services I would like to thank our presenters and audience for participating and thank the contractor for the University of Illinois at Chicago School of Public Health for making this technology work. Today's webcast will be archived

and available in a few days on the website mchcom.com. We encourage you to let your colleagues know about this web with site. Thank you and we look forward to your participation in future webcasts.