

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Preconception Care:

Achieving Healthy Communities

ARLENE CULLUM: Good afternoon. Dr. Atrash and Kay gave you kind of the framework nationally. And I'm going to give you just a snapshot of what's happening in California as an example. And I hope that there will be other states that will come up and share after our presentation today so that we can have a discussion and learn about what's happening in other states as well. I'll be talking about demographics in California very, very quickly, thanks to Dr. Shabir Amad with DHS in California. I'll be talking a little bit about what's in our California Title V plan as it relates to preconception care, then tell you about the formation of the Preconception Care Council of California, and end with a summary of the March of Dimes funded projects in California that relate to preconception care.

Whoops, let's go back here. Well, as you all know, we're pretty big in California. With over 36 million people, over half a million births, we have a huge, you know, ethnic diversity among our population. We have a lot of Californians who are uninsured. It's a real challenge to do anything in California. And right now it's a very exciting time. There are about five major healthcare reform proposals on the table, one of which is Governor Schwarzenegger's. And, you know, most of these healthcare reform proposals, as they're happening in other states, are proposing

to, you know, cover all of the uninsured in that state, in California, the governor's proposal is for employers that have over 10 employees to put up to 4% of the annual salary of those employees towards health plans. I think what's most exciting for me in Governor Schwarzenegger's proposal are the prevention, health promotion, and wellness elements, which include initiatives to incentivize Californians to try to make healthy choices. So for example, there are elements in this proposal that have to do with obesity, with diabetes, with patient safety, and incentivizing things like gym membership if you are actually in a weight control program, things like that. We have an opportunity, and this is an amazing opportunity, to infiltrate preconception here, and well women care into some of these proposals right now. And even though they are right now listed by disease, they're disease specifically listed, we're hoping to provide more holistic input into these proposals.

Dr. Atrash talked about why we need preconception care. In California, we haven't made great efforts in trying to really, really, really reduce or make an impact on the number of low birth weight and very low birth weight infants that are born. It continues to be a struggle for us, and yet we know that there is primary prevention efforts that can happen with preconception care.

Our disparities also in adverse birth outcomes and, you know, here this slide shows that we have, you know, a three-fold disparity between African-American pregnancy-related mortality rates with other ethnicities in California. Again, we

have a lot of work to do, but we think that we can make a difference with preconception care.

The Department of Health Services in California brought together a diverse group of stakeholders, and of course, I was thrilled to see that priority goal number one out of our workings had to do with preconception care, to enhance preconception care and work toward eliminating disparities in maternal and infant morbidity and mortality.

And so how are we going to do this? Well, it's really to develop systems to work with women and their healthcare providers, about the importance of preconception care, to collaborate with stakeholders and groups, to implement the national recommendations for the nation, to work with provider organizations to enhance their own systems of preconception care, and integrate preconception care strategies across the board into all maternal and child health programs. In California, we have a number of programs, such as the California Diabetes and Pregnancy Program. We have pregnant and parenting teen programs, we have a number of Title V funded programs, in which we can actually incorporate preconception care messages and just as Dr. Atrash talked about, we have to start somewhere, and there are places that we can start already without additional funding. And we want to make sure that we're providing coordinated approaches, so that we're, you know, providing clear, accurate age and culturally appropriate health information. Some other methods

for doing this, you know, include really focusing on how to remove barriers to care, and sponsoring prevention and health programs that promote a continuum of care.

Back at the Select Panel Meeting, which was about two years ago, I remember at the end of that meeting, we were given a charge. And we were told, "Okay, you're going to come back together in a year, and we want to hear from you what you have done in your states." And so, I took that really seriously, and approached, decided, okay, I don't want to be embarrassed a year later, so we have to do something this year. So, joined forces with the March of Dimes, who are ready, willing, and able partners. They probably are in your state as well. And we put together what is now called the preconception Care Council of California. It is hosted by the March of Dimes, and it acts in advisory capacity to our California Department of Health Services, the State March of Dimes in California, and CDC. We've been meeting quarterly for about a year now, and, let me read our mission statement to you. Engaging individuals and communities to optimize the health and well being of women and their partners, leading to healthier infants and families.

The functions of our State Committee include promoting and expanding best practices in California, as I said, providing that advisory function, and to really prioritize and develop plans in accordance with the recommendations for the nation.

We developed a charter, which really acts as kind of our basis for how we work together as a group. And, that charter denotes what our composition is, and as you can see there from the long list of participants, we have many, many elements from the Department of Health Services, we actually have, you know, Mental Health represented, we have Office of Family Planning, we have Maternal Child Health, we have a, you know, broad-based Health Department representation, and then we have private, you know, professional organizations, American College of OB/GYN, California Academy of Family Physicians, and others. Hospital health systems, we have Kaiser and Sutter Health, both represented, which really represent, between the two health systems, they represent a huge number of births in the state of California. And then we have CVO's, and we hope to add consumers. We don't have them on yet. We've divided up into committees that actually reflect some of the committees at the national level, in hopes of taking some of the national recommendations and being able to make them our own in California, and to align ourselves also with some of the national initiatives.

Our progress thus far is that our committees are in the process of coming up with their action plans. We're going to be rolling all three action plans together into one action plan. And, that will be submitted to the Department of Health Services, to CDC, to the March of Dimes, and to others. We are also taking, in our finance and Public Policy Committee, we have decided to take a role of advocacy. We

are hoping to introduce a legislative resolution to deal with preconception here. The messaging of that is going to be a little bit tricky. We know we can't actually call it Preconception Care because there's a lot of sensitivity to some of the issues that Dr. Atrash talked about. But there is some legislation that has been submitted already. It's Assembly Bill 741, introduced by Karen Bass, which deals with inter-pregnancy care, and it's a pilot project, really focusing on very low birth, women who have had very low birth weight infants who are also African American, and to do case management with that population that come out of two county hospitals in California. So that's like a baby step, and we're looking incrementally at how we can start in California. Because we're so big that it's okay for us to just start incrementally and to do things in baby steps. We've also joined forces with CDC and HRSA in the co-sponsorship of our next national Summit on Preconception Care, which we're very, very thrilled about, and you have fliers on your tables about that. And let me end with just describing to you some of the March of Dimes Pre-maturity Prevention Projects that relate to preconception and inter-conception health in California. We're really thrilled that the California chapter, that March of Dimes has offered up an open RFA to agencies in California and really let out RFA that's really focused on preconception and inter-conception care. The RFA was for three years, and up to \$100,000 per year, they did get a lot of applicants, and these projects are just in their infancy stages right now. They haven't actually begun yet, but the three that were chosen are the California Family Health Counsel, which is really going to be focusing on looking at preconception and inter-conception care within the Title X

Office of the Family Planning, funded clinic projects. And they're going to be focusing specifically on L.A., San Francisco, and Yolo Counties. And then, within the WIC program in South Central LA, they're going to be focusing on inter-conception care and really tracking and monitoring women who are on WIC between pregnancies, which hasn't been done before. And then the third program is one that we're going to be doing with Sutter, and we're going to be doing risk assessment to pregnant and parenting teens. There are about 1800 in Sacramento County, and they're going to be doing online risk assessment, and then linkage through problem knowledge couplers, which is PKC to interventions for them over the course of, you know, in between pregnancies. We hope there's not a second pregnancy. (laugh)

So what are our challenges that we face? Even though we been talking in California about preconception care for a number of years, and we had the California Preconception Care Initiative, which started seven years ago, providers still don't know what preconception care is, and the public doesn't really know about it. And so we see that as a big challenge that we face, and how to message preconception care. We hope that we'll play a part in helping to field test and adopt some of the national tools that will be coming out from the workgroups. We also eventually hope that we can expand access to preconception care for all women, and include that in all the healthcare proposals that are coming out for healthcare reform. Is this California dreaming? Yes it is.

But we think that we have an infrastructure that we've set up to help support some of these issues. So, thank you very much.