

From Concept to Measurement: *Core State Indicators for Monitoring Preconception Health*



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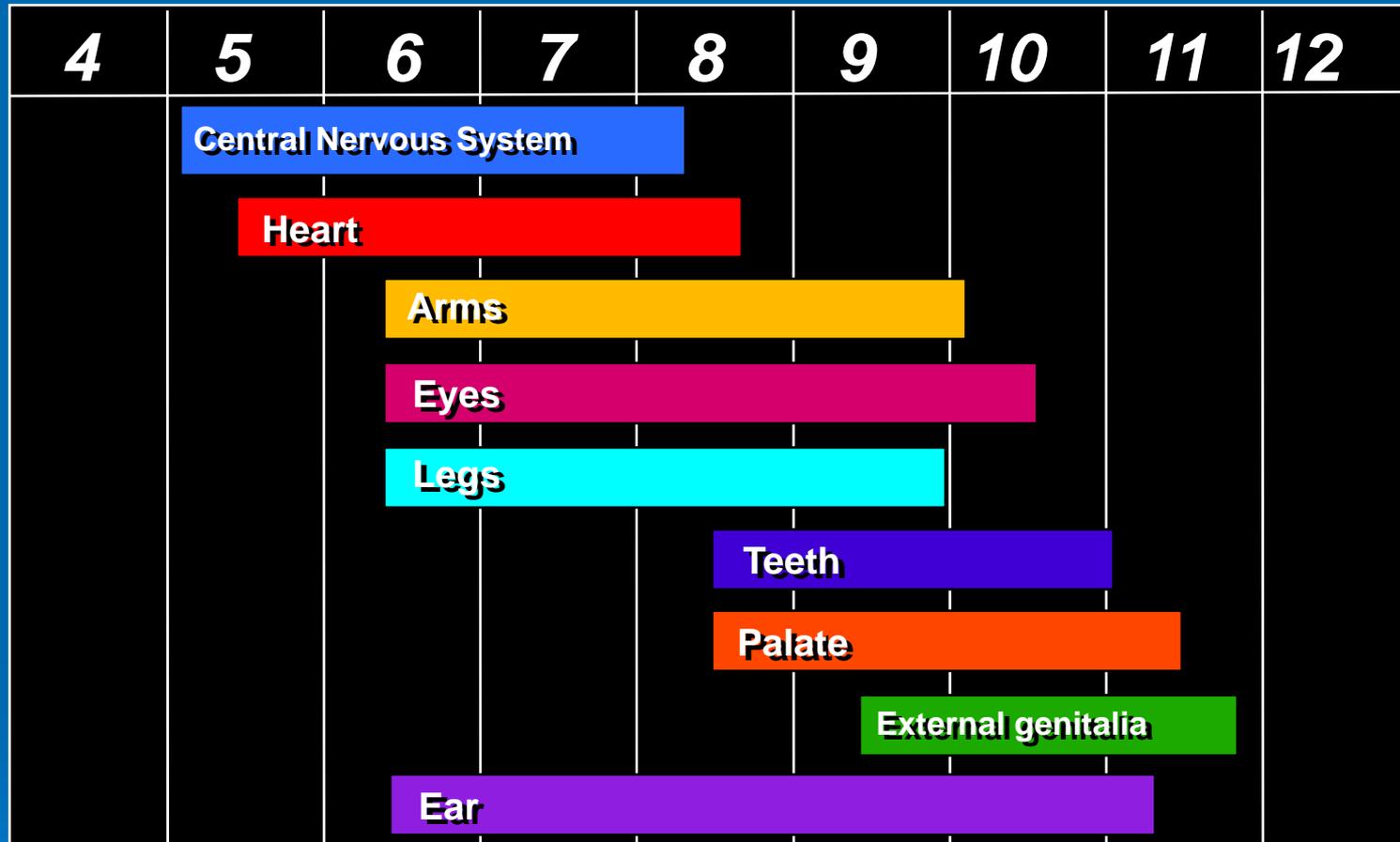
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Topics to be Discussed

- Purpose
- Process
- Product
- Possibilities

We Currently Intervene Too Late

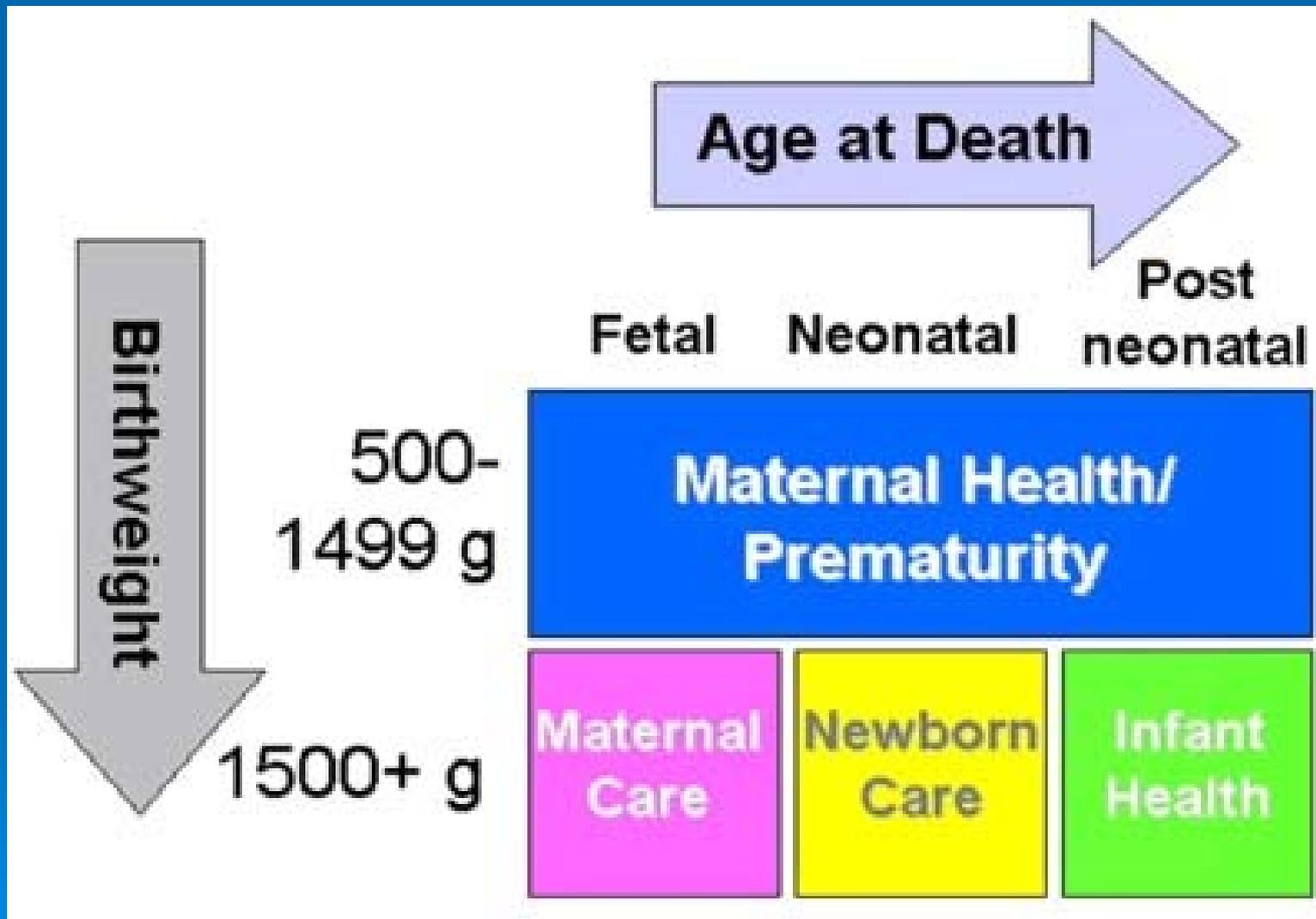


Missed Period

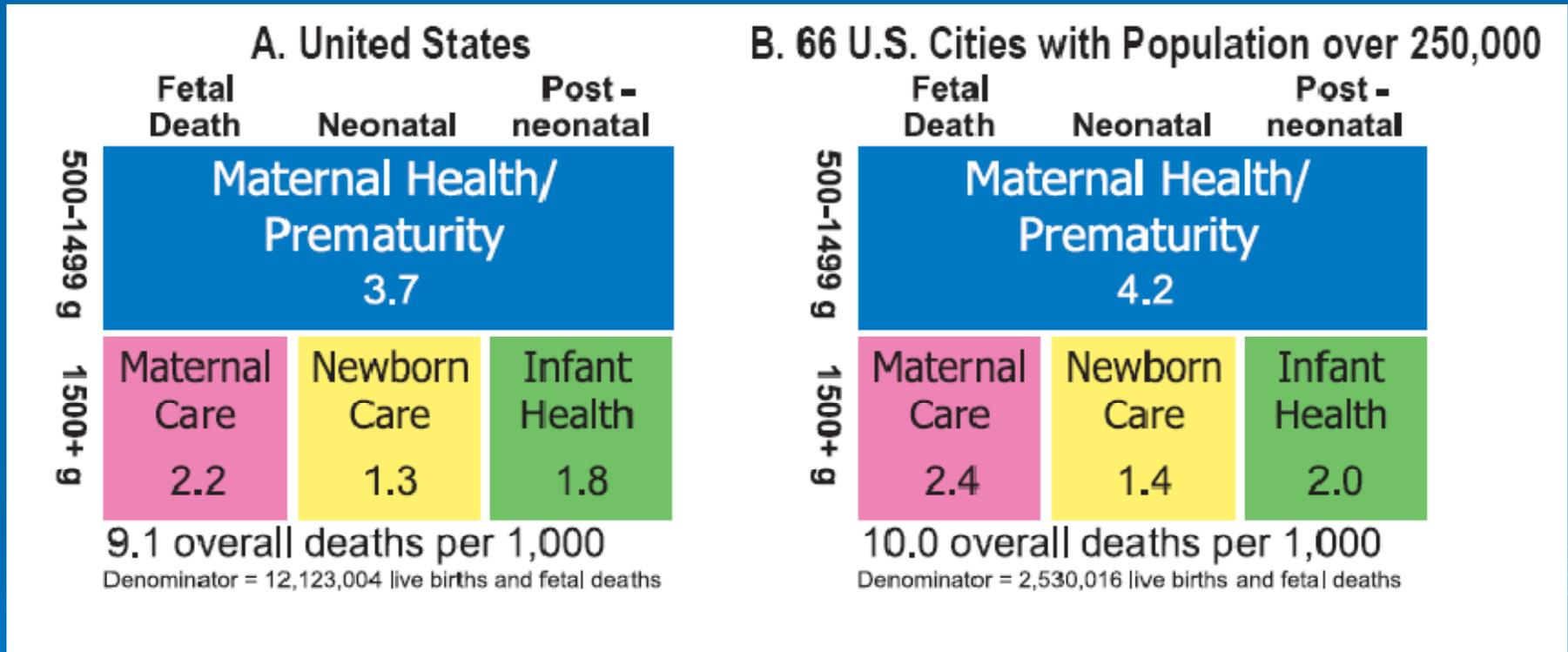
Mean Entry into Prenatal Care

Critical Periods of Fetal Development

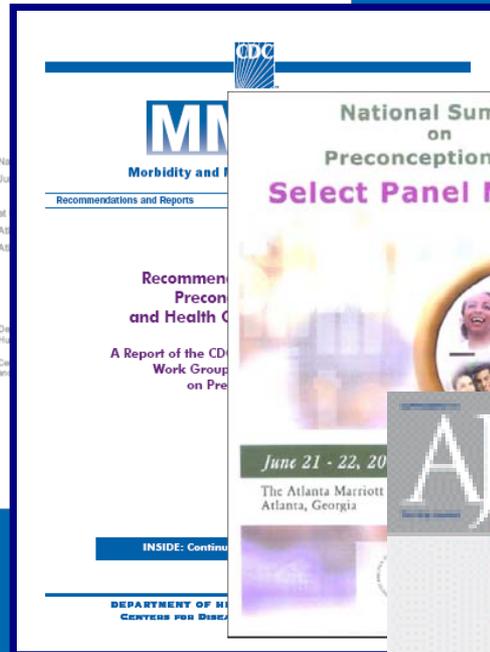
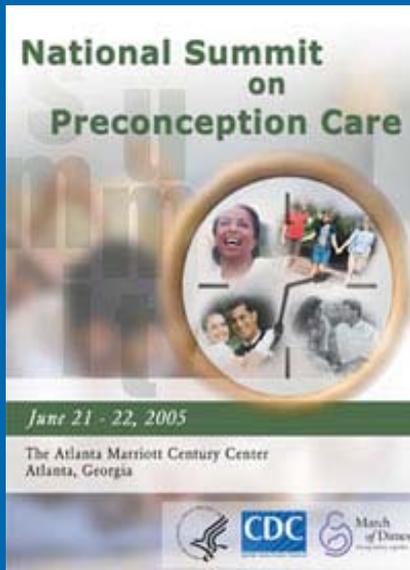
Perinatal Periods of Risk



PPOR Analysis of 2000-2002 of data from the 66 largest cities, suggests that preventive action must address maternal health prior to conception and early in pregnancy



CDC Preconception Efforts



- Summit
- Select Panel Meeting
- Recommendations
- Supplement
- Lectures/Speakers' Bureau
- Evaluations/Best Practices
- Workgroups to develop implementation strategies
- TA to programs
- Journal publications

Preconception Health

Concept  Measurement

“How do we measure preconception health?”

Background

- FDOH wanted to assess, monitor and evaluate preconception health and interventions
- CA had previously developed a preconception health report including indicators
- No real consensus existed as to appropriate preconception health measures

CORE State Preconception Health Indicator Initiative

Purpose

- 7 states formed the initiative
 - CA, FL, MI, NC, RI, TX & UT
- Review and evaluate potential indicators
- Recommend an initial set of available core state indicators

CORE State Preconception Health Indicator Initiative

California

- Moreen Libet, PhD
- Kiko Malin, MPH, MSW

Delaware

- Charlan Kroelinger, PhD

Florida

- Danielle Broussard, PhD
- Bill Sappenfield, MD, MPH

Michigan

- Violanda Grigorescu, MD, MSPH
- Chris Fussman, MS

North Carolina

- Alvina Long Valentin RN, MPH
- Sarah McCracken Cobb

Texas

- Gita Mirchandani, PhD, MPH
- Charlotte Brooks, MEd

Utah

- Nan Streeter, MS, RN
- Lois Bloebaum, MPA
- Shaheen Hossain, PhD

CORE State Preconception Health Indicator Initiative

Assumptions

- Indicators must be currently measurable on an annual basis(?)—either core or optional component.
- Indicators need to be population-based and state level.
- Indicators must be reasonably accurate & useful.
- Indicators should not be unnecessarily duplicative.
- Outcomes should not be included as preconception health indicators—previously defined.
- Adolescents and men need their own set of indicators; therefore not included.

CORE State Preconception Health Indicator Initiative

Process

- Identify preconception health domains
- Review the literature and available state data sets for potential indicators in key domains
- Identify potential indicators
- Evaluate proposed indicators based on 5 criteria
- Score indicators for selection based on 5 criteria
- Select and recommend CORE indicators
- Provide for public review and comment

Expert panel input & comment at decision points

CORE State Preconception Health Indicator Initiative

Domains

- General Health Status
- Chronic Conditions
- Emotional/Social Support
- Genetics/Epigenetics
- Health Care
- Infections
- Mental Health
- Nutrition/Physical Activity
- Reproductive Health / Family Planning
- Social Determinants
- Tobacco, Alcohol and Substance Use

CORE State Preconception Health Indicator Initiative

State Level Data Sets

- Abortion reporting
- ART Surveillance System
- BRFSS
- Census / Current Population Survey
- Cancer registry
- PRAMS
- Pregnancy Nutrition Surveillance System
- STI reporting
- Vital records

CORE State Preconception Health Indicator Initiative

Indicator Evaluation Criteria

- Public health importance
- Policy/program importance
- Data availability
- Data quality
- Indicator complexity

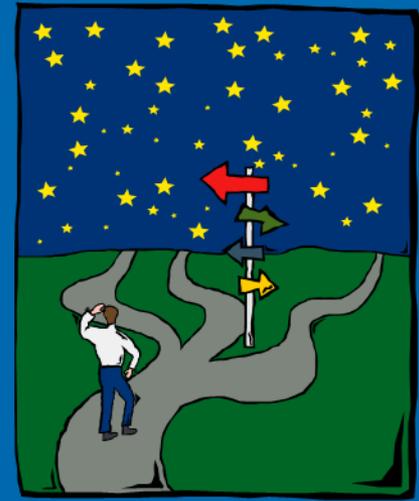
CORE State Preconception Health Indicator Initiative

Propose 45 Indicators in 11 Domains

- General Health Status
- Chronic Conditions
- Emotional/Social Support
- Genetics/Epigenetics
- Health Care
- Infections
- Mental Health
- Nutrition/Physical Activity
- Reproductive Health / Family Planning
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“Turn to your handout table”

CORE State Preconception Health Indicators Challenges & Issues



- Still emerging field
- Preconception health versus women's health
- Adolescents, older women and men
- Linkage of MCH to chronic diseases
- True population "at risk"
- Limited services data by risk factor
- Initial proposal already has 45 indicators
- Competing surveillance priorities