AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

Preconception Health: From Concept to Measurement to Action

March 6-10, 2010

LOIS BLOEBLUM: So you were up late as I was. Good morning. Thanks for your interest in the course Preconception Health Indicators. I'll be talking with you today about program and policy implications related to the core indicators.

In regards to the Academy Awards I just can't resist feeling very excited about the nomination of the young African American woman for the film, Precious. I think Hollywood is making great strides in educating America about the work that we do every day so that was a huge step to see her competing against the incomparable Meryl Streep. I was very excited about that.

As MCH program administrators we're faced with assessing and insuring the health of women and their infants in one of the most vulnerable time periods of their lives. Because there are a multitude of issues competing for priority, we're faced every day with making hard decisions about allocation of funding and staff to those that are most critical. And because it's become apparent that preconception health is a top priority to be addressed if we want to improve our stagnant and increasing trends of poor

pregnancy outcomes, being able to rely on a set of vetted indicators to measure preconception health is extremely valuable for program planning and policy development. As well as MCH public administrators have many responsibilities that don't often allow for time for careful review of the data nuances which are important for assuring reliable data for planning and evaluation. So I was excited to be able to participate in this project and it was a long project and a laborious project but I can see that the work will be very useful for the important work that we do. I guess I do need to advance the slides. Sorry about that. And I apologize for the ends. I created this in Microsoft, in Office 2007 and so you don't get the pretty bullets, you get the ends instead. Oops, I think I went too far. There now I'm in synch. So how do we prioritize? I like to think of preconception health as being similar to a fruit basket analogy. All of the issues in the fruit basket are important for optimal preconception health. But it's a very hard…it's a very broad concept. So how do we get our arms around it? The core set of indicators provide a valuable starting point from which to assess preconception issues which may be highest priority for our state. As you all know especially in the current economic climate we have to target the most critical issues because we can't possibly do it all. So is there an impact of the interventions that we develop? Again especially in times of limited dollars we have to assure that programs and interventions that we implement are effective. And these core indicators provide a framework for consistent data from which to do that. To me this is one of the…probably the most important areas that the core indicators will address and that is the standardization of measures. As bill alluded to preconception health is a burgeoning area and I think having a standard set of measures from which states can assess where they're at, will provide both us and our

national colleagues with a template if you will for benchmarks which is critical in our work.

I'd like to provide a few examples of how we use the core indicators in Utah starting with the MCH block grant. Of the five population A measures which is the population that I'm responsible for at the Department of Health, three of our state performance measures that we've been tracking and working on over the past five years are part of the core preconception indicators. So the percent of women of reproductive age who are uninsured, the proportion of pregnancies that result in a live birth that are intended and the percent of women with a normal pregnancy rate who deliver a live born infant all are part of the core set. As many of you we are in the throws of working on our five year needs assessment for the block grant where those five priority measures will be reassessed and possibly re-established and so I would consider that the core measures that are part of the core indicator set will quite possibly be looked at a little bit more closely again to standardized measures across the country and to have appropriate benchmarks. I'm going to present the set of core indicators that will be included in our MCH needs assessment over the…in these next few slides. So in the domain of general health status and life satisfaction we'll be looking at the percent of women who report good or very good or excellent health. In Utah that percentage happens to be almost 94%. We come from a very healthy state. So this will obviously be one of the indicators that we will be stratifying and looking at higher risk groups. In the domain social determinants of health we've got indicators for education and poverty. Again in Utah, almost 94% of women have a high school education or equivalent gauging from BRFSS

data rate we're very lucky to come from a very healthy state so I would like to say that it's something that we in the health department and public health are doing. As you all know it's all about your population so in the area of poverty we actually probably will not be using the indicator that was selected because we are not particularly familiar with that data set so we'll be probably using Prams data and possibly BRFSS data for that indicator. In the domain of health care we know that lack of health care insurance contributes to poor preventative health practices as well as late entry into prenatal care. These two critical measures will help to estimate the extent of that problem. Again in Utah, almost 85% have some kind of health coverage and about 70…only about 72% of women who have a live birth have health coverage in the preconception period. So obviously a different population of women being skewed by the older more insured women. Henry's telling me I just have ten minutes so I'm going to flip through these pretty quickly. Again in health care domain post partum check ups and preconception counseling we actually don't have data yet on the post partum indicator. We used that indicator in phase five of the Pram…I'm sorry phase four of the Pram survey and we've adopted it again in phase six of the Pram survey but currently don't have that data. We'll probably be using old data in our needs assessment from that. And then preconception counseling only about 25% of women in Utah receive preconception counseling which is an issue. In the area of reproductive health and family planning we'll be reporting that on the percentage of women who had an unintended pregnancy and also of those women who were not trying to get pregnant what they and their partners were doing for contraception and that percentage among the women who reported not trying to get pregnant, 48% reported not using contraception. This is a really important indicator for

helping us to reduce unintended pregnancy even though it's only about 33% in our state we may have some issues with women not wanting to identify their pregnancies as being unattended for cultural reasons, but in looking at these data we can understand that almost 50% of women didn't want to use contraception and what we have done in response to this is to try to publicize types of family planning that may be more agreeable for our populations so therefore we're promoting natural family planning through public and provider education in that area. Looking at …I'm sorry I just told you about post partum contraception use whereas…I'm sorry that was preconception contraception use and this slide is looking at post partum contraception use and again we know that the largest percentage of women in Utah are using post partum contraception that live birth is…birth experience is a good motivator if you will from our last session for using contraception post partum. A growing problem across the country and in Utah as well is the increasing trend of fertility treatments to conceive. We in Utah have been tracking this indicator for some time. Laurie Bact who also participated in this core indicator project has been working with some of our academicians at the University of Utah to publish a peer review article using these data from the Pram states that do collect this indicator. And while that number in Utah or that percentage in Utah is small it's growing about 4% of women in Utah sought fertility treatment for their pregnancies. In the domain of tobacco, alcohol, and substance abuse we'll be looking at these indicators in Utah our rates are relatively low, only 10% of women smoked cigarettes in the preconception period so this will be another indicator we're going to stratify and look at the higher risk groups. And almost 25% of women in Utah reported drinking any amount of alcohol prior to pregnancy and I think from our…some of our presentations

yesterday we can appreciate that you know so many pregnancies are unintended that's a critical issue. In the domain of nutrition and physical activity Utah hasn't escaped the growing epidemic of overweight and obesity. While we're probably better than many states, it's still an increasing trend. About 37% of women are overweight or obese prior to pregnancy in Utah. Also the trend of folic acid has been on the decline since the March of Dimes birth defect prevention campaign ended. This is an area that we're focusing heavily on. Only about 30% of women in Utah reported taking a multi-vitamin every day. In the domain of mental health we will be reporting about the percent of women having a live birth who experienced depressive symptoms during pregnancy which in Utah is about 12.3%. We've done a lot in this area trying to de-stigmatize if you will mental health issues in Utah. And so an important measure to track. In the domain of emotional and social support we'll be looking at the percentage of women who were physically abused during pregnancy. Again a small percentage but this might be an indicator to stratify and look at the higher risk groups. About 4% of women reported interpersonal violence. In the area of infections Utah Prams was funded by the CDC as I'm sure many of other Prams projects in the room were to carry out flu surveillance during calendar year 2010. This is an indicator in the core set that we are taking from the behavioral risk factor surveillance system but we'll also be looking at that Prams indicator which several Prams indicators which include eight or ten questions as an add on to the regular Pram survey asking about flu immunizations as well as H1N1. So another way in which we'll be…we have and will be utilizing the core indicators is in our first time motherhood, new parent initiative. Utah was one of the 12 states to receive funding from HERSA to develop a social marketing campaign around pre and inner

conception care. We feel very lucky to have received that funding as many of you were doing a lot more with a lot less and it's nice to have some money to develop messages that work. We've used…we used the core indicators in writing the grant. Several of our impact outcomes were pieces of this core set. And we'll also be using these for evaluation of the campaign. So the three core indicators that we used for the first time motherhood grant include pregnancy intention, tobacco, alcohol and substance use and folic acid supplementation and all of these indicators have been analyzed by race, ethnicity to illustrate higher risk for…of populations for targeting of grant activities and as you can imagine I've shared with you some of our overall general population rates and it becomes clear that in order to effect change we have to address these higher risk populations. We're also very interested in addressing inner conception health in the campaign. And one that we're particularly interested in is birth spacing. We've analyzed our vital records using this indicator and we know that in Utah we not only have the highest birth rate in the nation but almost half of our women have short inner pregnancy intervals so this is an area that we will be targeting especially in our campaign.

In summary these indicators will be useful in helping us to identify what our most pressing needs are, how those needs are worsening or improving over time and how our policies and programs and interventions are working. So I think we're going to hold questions to the end. Thank you for your attention.