Campaign Background

- Utah has one of the lowest infant mortality rates in the nation
- However, minority populations remain at risk for poor birth outcomes
- Preventable risk factors
  - Low folic acid intake
  - Obesity
  - Tobacco, alcohol and drug use
  - Close pregnancy spacing

Campaign Background

- In 2008, the Utah Department of Health was motivated by CDC preconception health guidelines to create a campaign
  - HRSA First-Time Motherhood funding
  - Campaign broadly targeted (women 18-40yr)
  - Later narrowed
- Goal: raise awareness about “basket” of preconception health behaviors
**Social Marketing Process**

- **Formative Research:**
  - Define target populations
  - Segment & prioritize target audiences
  - Conduct research on target groups
  - Qualify current beliefs, attitudes, behaviors

- **Pre-Test:**
  - Evaluate
  - Current knowledge, beliefs, attitudes, behaviors, etc.
  - Field-test materials

- **Draft Campaign Materials**

- **Refine & Implement Campaign**

- **Post-Test:**
  - Evaluate
  - Awareness
  - Behavior & Change
  - Quality
  - Campaign experience with key audiences
  - Recommendations for strategy

---

**Campaign Process**

- **Stakeholder interviews**
  - June 2009

- **Research with Women and Physicians**
  - July 2009 - December 2009

- **Campaign Development and Field Test of Materials**
  - January 2010 - June 2010

- **Campaign Live**
  - June 2010 - December 2010

- **Evaluation**
  - December 2010 - February 2011
Formative Research

- In-depth one-on-one interviews with 27 stakeholders from social service agencies, health care organizations and community-based providers
- Ten focus groups + 8 in-depth interviews with Utah women 18-34yr (N=106)
- Baseline telephone survey 402 Utah women 18-34yr
- Four provider focus groups with MDs, RNs, residents, PAs

Respondent Populations

- Caucasian/general audience
- English dominant Hispanic
- African American
- Urban American Indian
- Rural American Indian
- Pacific Islanders
- College students
- Spanish dominant Hispanic
Stakeholder Lines of Inquiry

- Organizational efforts to promote preconception health
- Perceptions of the campaign’s priority target audiences
- Perceptions of types of tools stakeholders need to promote preconception health
- Feedback on Reproductive Life Plan
High Level Finding: Familiarity with Issue

- Providers view aspects of preconception health – nutrition, immunizations, sexual health, etc. – separately, not as one “bucket”
  - This is reinforced by lack of presence in electronic medical records
- With exception of those working closely with issue, most are only vaguely familiar with “preconception”
- Preconception often confused with “pre-natal”

High Level Findings: Stakeholder Concerns

- Expressed a high level of concern about women have multiple children very close together
- High level of concern about those without consistent access to health care
- Most believe preconception health education should begin in early teens
- No code or method to be reimbursed for preconception health
High Level Findings:
Stakeholder Needs to Promote Preconception Health

- Templates and guides for bringing people together in small groups for community-based education
- Professional training about preconception health
- Culturally competent messages for diverse audiences

Outcome of Stakeholder Interviews

- Most stakeholders enthusiastic about the campaign and express a willingness to help
- Community-based partnership opportunities abound
  ✷ Used throughout campaign
Minority Group Partnerships

- Community partnerships were central to the campaign
- Conducted trainings with minority group leaders on recruitment
  - American Indian, Hispanic, African American, Pacific Islanders, multicultural groups

Findings from Focus Groups & Interviews with Utah Women

GOOD HEALTH:
PASS IT ON!

Your Plan For The Good Life.
Lines of Inquiry

- Identification of lifestyle choices relevant to preconception health
- Exploration of women’s health behaviors
- Salience of preconception health messages
- Determination of attractiveness and appeal of the Reproductive Life Plan magazine format

Telephone Survey

- N=402
  - 46% never pregnant, 43% past pregnancies, 11% currently pregnant
  - 48% some college, 33% HS or less, 19% college degree or more
  - 86% White, 14% non-White
  - 22% live with parent, 26% rent, 51% own homes
  - 46% ages 18-24, 54% ages 25-32
Reproductive Life Plan: Information Favorably Received

Response to Reproductive Life Plan

- Many women in preconception tune out pregnancy or prenatal messages; there is higher interest in general women’s health (nutrition, exercise, stress, etc.)
- Messages contained in the Reproductive Life Plan as presented are relevant and important to participants
- Mom is the number one influencer
- Some messages surprised women (vaccinations up to date, menstrual cycle)

Life is a journey made of balance and flow.

When we talk about good health, we’re really talking about preparing for a long and happy life. A life full of good relationships, healthy children, and plenty of energy to do the things you want to do. And it’s a fact that the better you feel, the better you look. Good health means options, and rewards – studies show that healthy people are often more successful. Just as important, when you live a healthy life, you set an example for your friends, your family, and someday, if you decide to become a mom, for your children. And it just makes sense that healthier women have healthier children.

In the following pages you’ll find some guidelines to be the healthiest you possible. Chances are you’re doing many of these things right now, but if not, there’s no time like the present! First, let’s get an idea of what you already know about good health.
KNOWLEDGE ABOUT PREGNANCY SPACING: ACCORDING TO MEDICAL RESEARCH IT IS BEST FOR A WOMEN TO WAIT ONE YEAR TO EIGHTEEN MONTHS BEFORE GETTING PREGNANT AGAIN.

JUST UNDER ONE-THIRD OF RESPONDENTS GAVE THE CORRECT ANSWER

---

Request for More Information

- Birth control chart of options
- Vitamin safety and necessary food intake + vitamin
- Reproductive cycle: Visual + Language to explain
- Folic Acid: Direct language explaining the need and role in birth defects prevention, health benefits for skin, nails and hair
- How to mitigate stress & healthy lifestyle choices
- When & why of annual check-ups
- Eating disorders
FOCUS GROUPS LED US TO FORMULATE QUESTIONS FOR ...

TELEPHONE SURVEY

What Should a Woman Do to Stay Healthy Before Pregnancy?

- Exercise regularly: 70%
- Healthy diet: 66%
- Take vitamins: 37%
- Quit smoking: 24%
- Avoid illegal drugs: 18%
- Drink in moderation or abstain: 16%
- Get a regular checkup: 15%
- Take folic acid: 10%
Principal Finding

Folic Acid Consumption is Relatively Low

Findings on Folic Acid Consumption

- Only two out of five respondents report taking a daily vitamin with folic acid
- Only 53% of currently pregnant respondents report daily consumption of folic acid
- Non-white respondents lag considerably behind whites in daily vitamin use (18% vs. 44%)
- Persons earning under $20,000/year are half as likely to take a daily vitamin with folic acid (25% vs. 57%)
Vitamin Use Not Seen as Important

- Only one in ten respondents said that taking folic acid is an important way to stay healthy pre-pregnancy
- Only over a third mentioned vitamin consumption as important
- Both measures ranked in the bottom half in importance of all preconception issues asked about in the survey

YET: In Focus Groups

- Vitamins and folic acid were not top of mind
- BUT, the vitamin chart was the most popular item in the RLP
- Women voiced numerous concerns about vitamins (what to take, when to take, whether they are really necessary or if diet alone works)
- Even women in interconception groups did not clearly state the correlation between folic acid and birth defects.
Is it the right kind of vitamin? Are there any health risks? You know there are certain vitamins that are not approved by the FDA, and you don’t know if you should be taking those. So you could ask somebody if this is the right vitamin I should be taking, how much I should take, because you know you get that one pill, you need more than that certain one vitamin in your body.

Would it cause a growth, a weird abnormal growth if you had too much folic acid or something?

Mental Health

How often do you have the blues?

Nobody is happy all the time, and everybody is stressed out part of the time. But it’s important to know the difference between “having the blues” and being depressed. If you’re not interested in things you normally enjoy, if you can’t sleep too much or too little, if your appetite changes, if you have a feeling of worthlessness, and especially if you have a desire to harm yourself or others, you need to seek help. Help is available, and there is no shame in asking for it.

• 62% report having some feelings of depression or anxiety in the past 6 months

• Significantly greater problem among Whites with college, with mid-range ($20-50K) income.

• 62% of those reporting depression sought counseling. Older respondents much more likely to seek counseling; married respondents seek counseling more than unmarried.
28% of respondents uncertain as to whether they are up-to-date

Pregnant women and non-White women are more certain of being up to date than those who have never been pregnant/White respondents

Women in focus groups expressed surprise that they still needed vaccinations
I haven’t gotten a shot since I was a little kid. I didn’t know you were supposed to keep getting them.

• Only 9% of respondents report being smokers.

• Twice as many 18-25 year olds smoke than 26-32 year olds.

• The uninsured and with less than High School are more likely to smoke.
Women in focus groups responded favorably to the information about why they should know their family’s health history.

**KEY FINDINGS**

**KNOWLEDGE ABOUT HEALTH PRACTICES**
Number of Drinks Considered Binge Drinking

- 35% gave the number 4 or 5
- 14% did not know
- 22% said “3” and 10% said “6”
- 10% gave numbers from 7-10

- Low income, less educated non-Whites were more likely to offer the correct answer

Knowledge about Pap Smears

- 69% correctly said Pap smears detect cervical cancer
- 16% said Chlamydia, 14% said Gonorrhea, 6% said herpes, 3% each said STDs or HIV, 2% said “cysts”
- Low income respondents significantly less likely to correctly answer question about Pap smears (44%) vs. 85% higher income
**Knowledge about Reproduction**

- Only 43% of respondents correctly identified the ovulation period as taking place between 10 days and 2 weeks after their menstrual period.
- Women 18-25 significantly less likely to know than 25-32 (33% vs. 52%).
- Less educated women half as likely to know than those with college (33% vs. 69%).
- White women more than twice as likely to know than non-Whites (47% to 21%).
- Income comparisons equally significant (24% to 50% in mid-range, and 65% in $50K+).

**How many days a month can a woman get pregnant? (4-6)**

- 21% of respondents provided the correct answer.
- Currently pregnant and never pregnant respondents were half as likely to know than those who have been pregnant in the past.
- Income, education, ethnicity also show significant differences.
Preference for Providers

• One third of respondents said their health care provider was their preferred medium for receiving information on health, more than any other response.
• Respondents prefer to go to health care providers for health information
  • Followed by email and regular mail
Lines of Inquiry

- Top-of-mind perceptions of preconception health
- Current ideas & practices
- Concerns about their patients in preconception phase of life
- Response to campaign concepts and materials
- Ideas for materials distribution/willingness to participate

Top Line Findings: Providers

- Lack of routine care
  - Women in college have not learned how to take care of their health care needs
  - Insurance gaps for Medicaid participants
They’re there for immunization years. They’re all there at the 12-year old mark, and then after that, unless they’re sexually active or coming in for birth control, they don’t get routine care.”


- Prenatal vitamins
- Birth control
- Weight control
- Pregnancy planning
- Alcohol & drug prevention
- Abstinence
- Healthy relationships
“I have to admit, unless it’s a medication I know is a pregnancy issue, it doesn’t pop into my head.”

“We get bits and pieces everywhere. I mean when the studies on folic acid came out, we all got it from different sources. In medical school of course family planning is big... But as far as having a dedicated course on that, probably not. It’s just bits & pieces”

Provider Concerns

- Timing of visits; lack of opportunity
- Ignorance & lack of awareness among patients
- Parents do not teach their children about preventive health care
- Limited time during visits
- Lack of access for uninsured or under-insured patients
- Perceived lack of referral sources
What do you do if the patient can’t afford this?
What do you do if the patient has this barrier, because there are programs, many of you work in them. There are programs out there and a lot of that is not talked about with formal education...like community access, government funded programs, privately funded programs.

If there was a website that was comprehensive or had everything on it. Our care manager hands us papers all the time. Well, I can’t keep track of papers, you know? There’s no one area that you can go to and get everything you need, and that’s what we need.
Pregnancy Spacing Brochure

- Tested will with all providers except for one, who objected on religious grounds

CONCLUSIONS & RECOMMENDATIONS
“Preconception health” comprises many different components.

It needs to be distinguished from “Prenatal Health” so that it attracts the attention of all young women, regardless of their immediate future plans.
Target Audience

- Limited campaign resources required
  prioritization of sub-target audiences
  - Women 18-25
  - Women 26-34
  - Women who have never been pregnant
  - Women who have been pregnant and will be pregnant in the future

Calls to Action: Learn More

- Take your vitamins
- Check your health
- Know yourself, know your body
- Check your relationship
- Maintain a healthy diet
- Plan ahead for healthy pregnancies
- Family History
Place: Health Care Provider or Virtual

- Campaign requires a strong web presence to offset the lack of access to regular preventive care as well as lack of knowledge
- Health care providers must be included

Price: Time & Acquisition of Knowledge

- Women must be persuaded to take the time to exercise, eat properly, sleep, and take a vitamin
- Campaign should emphasize the small things women can do (or small facts they should know) that really make a difference
Respondents to the quantitative survey indicated they were only slightly likely to seek information about preconception health. Therefore, the call to action to “Learn More,” or “Get Information,” needed to be augmented.

Fortunately, somewhere in Salt Lake City, there was a warehouse full of vitamins...

Campaign Centerpieces

• Website
• Printed “Reproductive Life Plan”
• Vitamins and other giveaways
• Community partnership
Addressing These Topics

- Healthy Habits (diet, nutrition, exercise, sleep)
- Self-Knowledge (family history, vaccination record, menstrual cycle)
- Mental Health (dealing with stress, anxiety, depression, relationship health)
- Things to Avoid (alcohol, tobacco, substance abuse)
- Reproductive Health (birth control options, information about STDs)

CAMPAIGN ELEMENTS

WHAT WE CREATED
FOR WOMEN AND FAMILIES...

Advertisements to Draw Traffic to Website

• Television Commercial
• Radio Commercials (English/Spanish)
Interactive Website

- **Look:** Youthful and Fun
- **Information:** To Audience Preferences
  - Ovulation and Birth Control Video
  - Mental Health
  - Vitamin and Nutrition Information
- **Entry Point:** Something for Everyone
  - Single, Couple, Family
- **Bilingual**
- **Providers:** Preconception Information and Material Downloads

Website

- **Interactive Reproductive Life Plan: Where are you?**
  - Pregnancy is the farthest thing from my mind and I want to do everything I can to avoid it right now
  - I have a great partner and we dream of having children soon
  - I have kids and want more
Interactive Website

Ovulation/Birth Control Video
Offering the “Power Bag”

• Containing:
  ▪ 90 Day Supply of Vitamins with Folic Acid
  ▪ Reproductive Life Plan (disguised as a fun magazine)
  ▪ Campaign Bracelet

Power Bag Contents
Reproductive Life Plan

• Disguised as a youthful, fun health magazine (not as a “reproductive life plan,” because terminology turned girls off)

Reproductive Life Plan

Topics Women Asked For

• Exercise

• Family History

• What to Avoid
Reproductive Live Plan

Topics Women Asked For

• Nutrition
• Vitamins
• Birth Control
• Mental Health
• Resources

Community Outreach

Power Your Life
Power Your Health
poweryourlife.org
Micro-Campaigns through Trusted Community Sources

- Targeted narrowly to hard-to-reach audiences through trusted sources
  - Community-Based Organizations
  - Governmental Agencies (Medicaid, Workforce, Head Start, Juvenile Justice)

Community Outreach and Partnerships

- Indian Walk-In Center
- Utah Center for Multicultural Health
- Comunidades Unidas
- Indian Health Liaison
- The Queen Center
- Harambee: Utah African American Network
Community Outreach

Community Service Organizations
- For distribution of print RLP and other collaterals advertising website
  - March of Dimes
  - Utahmarriage.org
  - Prevent Child Abuse
  - Women’s Center of Weber Co and other DV agencies
  - St. Benedicts Foundation
  - Junior League
Community Outreach
Where Power Your Life Went

Partial List Includes:
• Health Summit for Pacific Islanders
• Ventanilla de Salud (HealthBooth) at the Mexican Consulate
• Smoke-Free Festival Rose Park Area
• Horizonte Health Fair Salt Lake City
• Mestizo Festival West Side of Salt Lake City
• Festival Latino Americano Provo, Utah
• Junior League’s CARE Fair
• Samoan Cultural Event
• Juneteenth
• Heber Valley Pow-wow
• Native American Festival in the Park
• Recovery Day (SLC and St. George)
• Be Well” Health Fair

Medicaid Targeted Mailing

• RLP magazine to 4,986 currently eligible women turning 18.
For Providers...

Over 70 Health Care Professionals Attended a Continuing Education Event

*Preconception Health: A Life-Course Perspective to Treating Women in Utah*

- Guidance received from Dr. Joseph Stanford and Dr. Michael Varner
- Partnership with Intermountain Healthcare
Continuing Education Learning Objectives

• Recognizing the need to provide preconception care at every encounter with women of child-bearing age.
• Integrating preconception care components in every encounter with women of childbearing age.
• Providing tools and resources to women of child-bearing age to learn more about their care and components of preconception care.

Continuing Education Event

• Presentations from National Experts
  • Dr. Stanford
  • Dr. Michael Lu
  • Merry-K. Moos, RN, FNP, MPH, FAAN
• 100% of attendees indicated that educational experience was “good” to “excellent”
As a result of this conference how well are you able to:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the need to provide preconception care at every encounter with a woman of child-bearing age.</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>34.50%</td>
<td>65.50%</td>
</tr>
<tr>
<td>Integrate preconception care components in every encounter with a woman of childbearing age.</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>57.10%</td>
<td>42.90%</td>
</tr>
<tr>
<td>Provide tools and resources to women of child-bearing age to learn more about their care and components of preconception care.</td>
<td>0</td>
<td>0</td>
<td>10.30%</td>
<td>41.40%</td>
<td>48.30%</td>
</tr>
</tbody>
</table>
Website

- Over 12,500 unique visitors to the website
- Distribution of nearly 10,000 Power Bags

Campaign Results

- Random-digit-dial telephone survey n=400
- Internet survey of women who ordered vitamins n=873
Campaign Results
What We Look For

• Change in Awareness

• Change in Behavior

Campaign Results: Awareness

• *Power Your Life* had a direct positive impact on target audience attitudes toward folic acid
  • Respondents aware of the campaign were 50% more likely than those who were unaware of the campaign to offer “taking folic acid” as an important health behavior
Campaign Results- Behavior

• *Power Your Life* had a direct positive impact on intake of folic acid

  *Respondents aware of the campaign were seven times as likely to be taking a daily vitamin with folic acid as respondents who were not aware of the campaign.*

Campaign Results: Behavior

Members of the campaign’s target audiences (women ages 18-24, non-white and/or pregnant women) scored significantly higher on daily vitamin intake in the post-wave than in the pre-wave.
Campaign Results
Target Audience

Take a Daily Vitamin with Folic Acid, by Age (in years) and by Pre-/Post-Campaign (Total Respondents, N = 804)

Campaign Results
Target Audience

Take a Daily Vitamin with Folic Acid, by Race and by Pre-/Post-Campaign (Total Respondents, N = 804)
**Campaign Results**

**Target Audience**

Take a Daily Vitamin with Folic Acid, by Pregnancy Status and by Pre-/Post-Campaign (Total Respondents, N = 804)

![Graph showing the percentage of respondents taking a daily vitamin with folic acid by pregnancy status and pre/post-campaign.]

**Campaign Results**

Important to Take Folic Acid, by Age and by Power Your Life Campaign Awareness (Total Post-Wave Respondents, N = 402)

![Graph showing the percentage of respondents aware of the importance of taking folic acid, categorized by age and campaign awareness.]

---

6/1/2011
Power Bag Girls: What motivated you to take/reorder the vitamins?

• “Free is free!”
• Desire to be healthy
• Curiosity
• Planning a pregnancy
• Perceived a “need” for vitamins
• Obtained new information that persuaded them of the importance

QUESTIONS?