

Strategies to Understand and Improve Preconception Health in your County

FHOP: Public Health Topics, Issues, and Resources Webinar
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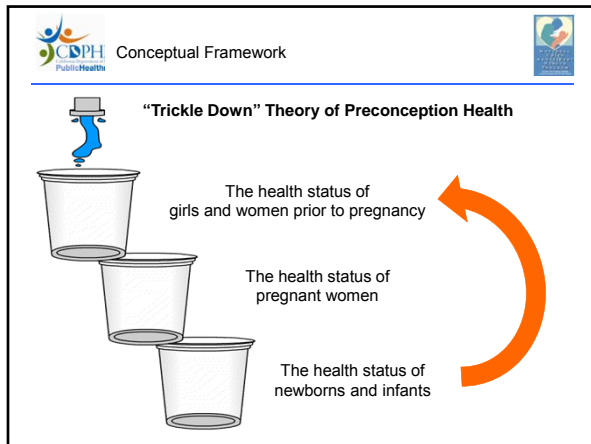


Presentation Objectives

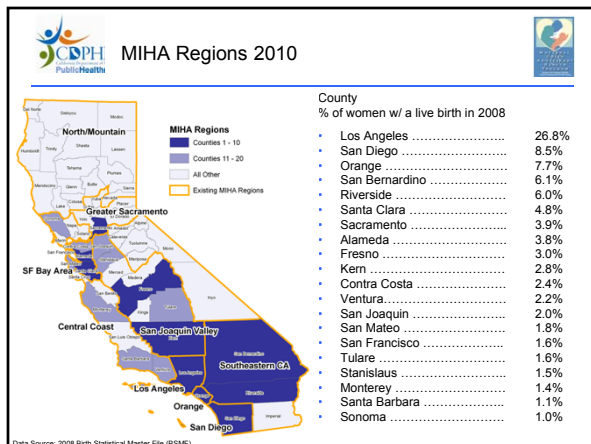


The participant will be able to:

- Identify data sources to measure preconception health among California women
- Interpret data from the sources to describe preconception health in California and explain how indicators have may be used to identify statewide and local needs
- Describe the value of the state-wide Preconception Health Council of California
- Describe California Department of Public Health initiatives that were developed from the indicator surveillance



- Maternal & Infant Health Assessment (MIHA)**
- **Annual population-based survey of California women with a recent live birth, since 1999**
 - ~ 7000 women since 2010 with WIC funding; before ~ 3000-3500
 - Mailed survey with telephone follow-up to non-respondents
 - Available in English and Spanish
 - Ages 15 and older
 - Random stratified sample
 - **Regions include top 20 birthing counties**
 - Response rates ~70%
 - **Based at MCAH**
 - **Similar to CDC's Pregnancy Risk Assessment Monitoring System (PRAMS)**





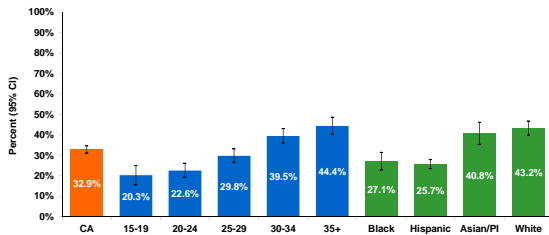
Healthy People (HP) 2020
Preconception/Interconception Health Indicators



- "Healthy People provides science-based, 10-year national objectives for improving the health of all Americans" (HP 2020 website)
- Provided benchmarks and monitored progress for 3 decades
- Joint PRAMS/MIHA indicators new with HP 2020
 - Represents 87% of live births in the U.S.
 - Without MIHA, would cover only 74%, deemed insufficient
 - Allows preconception/interconception health indicators for the population of women with a recent live birth
 - Risk factors that can affect pregnancy-related outcomes



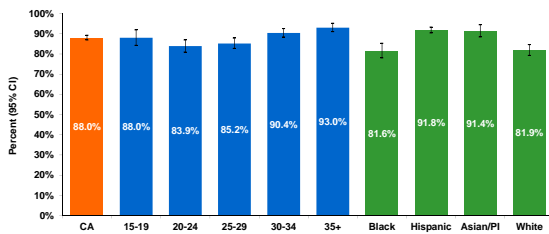
Daily folic acid use during the month before pregnancy
California Maternal and Infant Health Assessment 2009



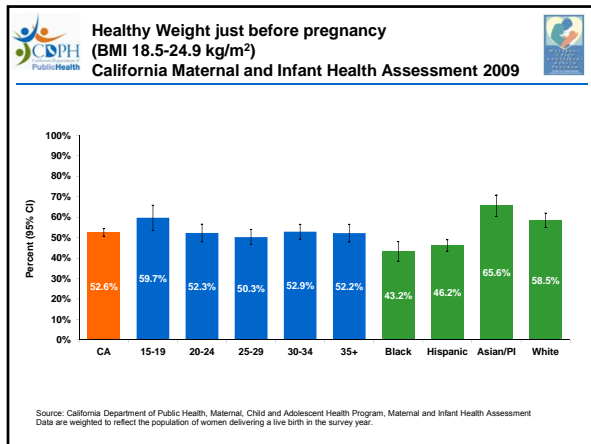
Source: California Department of Public Health, Maternal, Child and Adolescent Health Program, Maternal and Infant Health Assessment
Data are weighted to reflect the population of women delivering a live birth in the survey year.

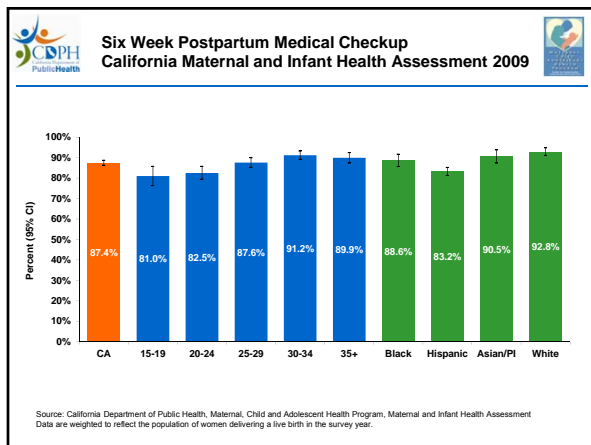


Did not smoke during the three months before pregnancy
California Maternal and Infant Health Assessment 2009



Source: California Department of Public Health, Maternal, Child and Adolescent Health Program, Maternal and Infant Health Assessment
Data are weighted to reflect the population of women delivering a live birth in the survey year.









MIHA Summary



- **MIHA is useful in identifying areas of need and guiding program development**
- **Strengths**
 - MIHA response rate is 70%
 - Reflective of the annual population giving birth in California
 - Regional and County-level estimates
- **Limitations**
 - Snapshot of preconception immediately prior to pregnancy
 - **Preconception period is long and variable**
 - Difficult to measure impact of targeted campaigns
 - MIHA only assesses live births



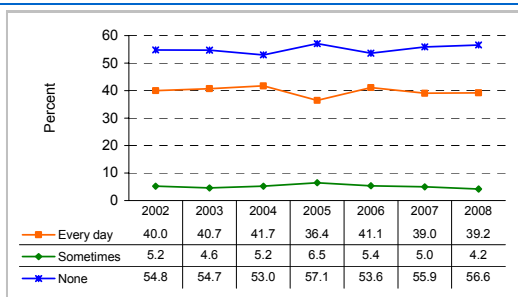
California Women's Health Survey (CWS)



- **Ongoing monthly population-based survey of California women since 1997**
 - Random-digit-dialed telephone survey
 - California women 18 years old and older
 - English & Spanish languages only
 - Response rates ~ 65%
 - Similar questionnaire wording to CDC's Behavioral Risk Factor Surveillance System (BRFSS)
- **Parameters of Analysis**
 - 18-44 years old ("reproductive age")
 - Not pregnant
 - N ~ 1900-2100



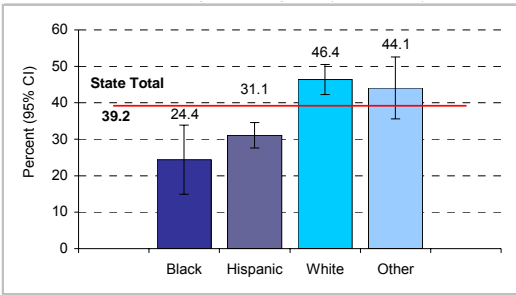
Folic Acid Use, Ages 18-44 CWS 2002-2008



Data source: California Women's Health Survey (CWS)



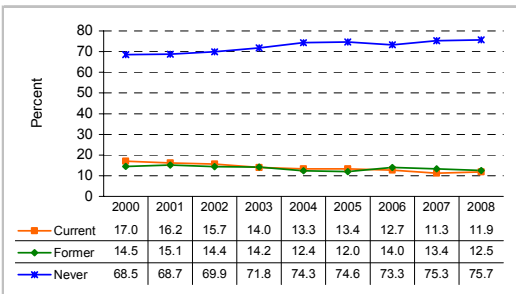
Daily Folic Acid Use by ethnicity, Ages 18-44
CWHS 2008



Data source: California Women's Health Survey (CWHS)



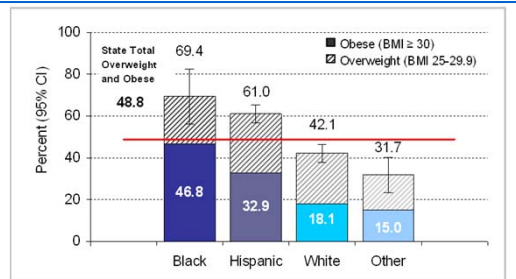
Smoking Status, Ages 18-44
CWHS 2000-2008



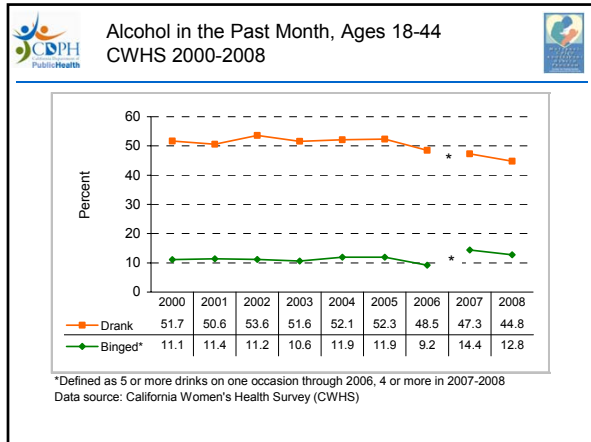
Data source: California Women's Health Survey (CWHS)

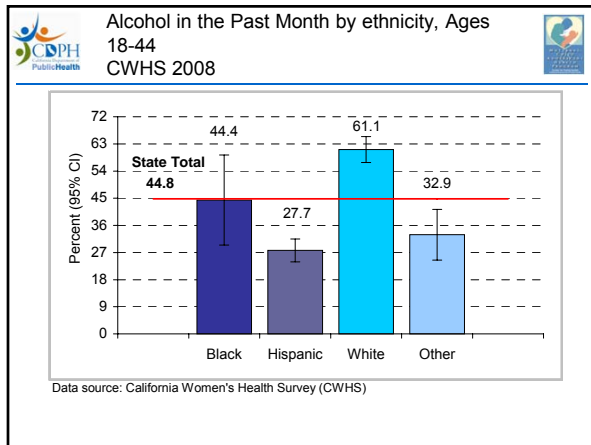


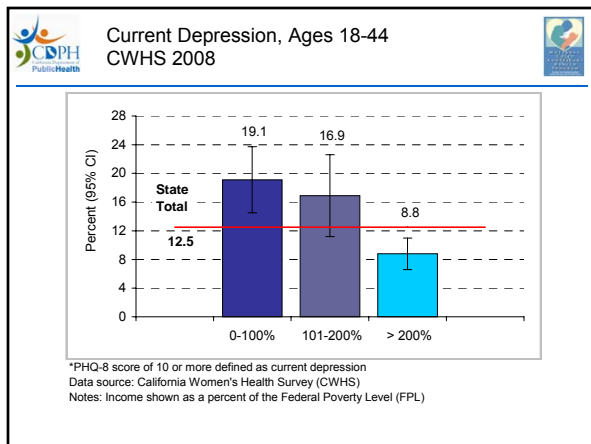
Overweight and Obesity, Ages 18-44
CWHS 2008

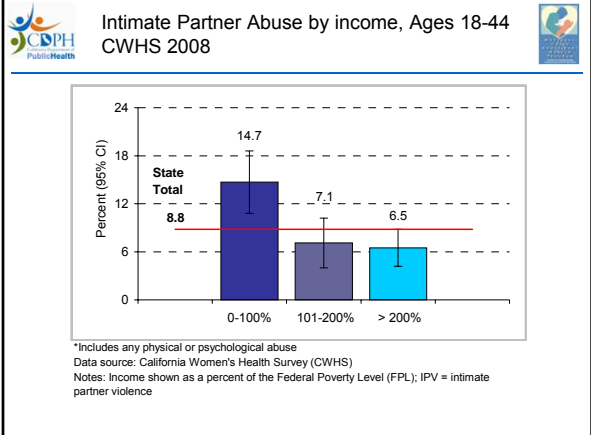


Data source: California Women's Health Survey (CWHS)
Notes: BMI = Body Mass Index









- CWHS Summary**
- **CWHS is useful in identifying areas of need and guiding program development**
 - **Strengths**
 - Women of Reproductive Age, not just those giving birth
 - Monitor trends in the population prior to pregnancy
 - **Contraception Use, HPV vaccination, well-women visits**
 - Comparable to BRFSS
 - New parameters
 - **Preconception health counseling/Reproductive life planning, Reproductive coercion**
 - **Limitations**
 - Completion rate is lower than MIHA (telephone survey)
 - Difficult to measure impact of regional campaigns
 - Lack of geographic data
 - Smaller sample size

- Other Data Sources**
- **California Health Interview Survey**
 - County and Statewide data
 - Asked intermittently
 - **Behavioral Risk Factor Surveillance System**
 - Statewide but not county level data
 - **Youth Risk Behavior Survey**
 - Analytic Unit: School
 - No county or statewide estimates
 - **Office of Statewide Health Planning and Development**
 - Local, county and statewide data
 - Hospital discharge and emergency data

Every Woman California

For Health Care Professionals

www.everywomancalifornia.org

follow us on **twitter**

<http://twitter.com/#!/PHCCalifornia>

California Department of Public Health Activities

- Social Marketing Campaigns
 - HRSA First Time Motherhood Grant
 - Latina Folic Acid
www.CadaMujerCadaDia.org
 - African American
www.bewellwomen.org
 - Youth (ages 15-24)
www.todayisfortomorrow.org

For Additional Information or Questions Contact:

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