

Catalog of Preconception Health Initiatives in Region V States

**Developed for the Office on Women's Health,
Region V, U.S. Department of Health and Human Services**

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Introduction

Preconception health is most simply defined as the health of a woman of reproductive age. Interconception health, defined as the health of a woman between pregnancies, is included in preconception health. Preconception health care takes a “continuum of care” approach to the health and well being of a woman throughout her reproductive years. If a woman’s health needs are addressed, then if and when she becomes pregnant, she is likely to have a healthier pregnancy and an improved birth outcome. By addressing health-impacting behaviors like smoking, drinking and diet, as well as chronic illness and the barriers to care women face in accessing comprehensive health care, preconception health care can improve the health of a woman, reduce infant mortality and poor birth outcomes and drastically reduce health care costs.

Purpose

With an increased need to focus on preconception care in the United States and in Region V, this project aims to catalog programmatic efforts in Region V states (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin) that provide direct health care services, enabling services, population-based services, and infrastructure-building services related to preconception/interconception care. The aim of this project is not just to catalog local, state and government supported programs and resources related to preconception care, but to display the variety of initiatives that have been taken to improve the health of women of reproductive age and their families. Furthermore, this project seeks to act as a resource by which Region V states can learn of work being done in the Region and create opportunities for learning and collaboration.

Methods

Prior to information collection, a cataloging tool was developed to capture a collective picture of the programs including: funding sources, program administration, target population, types of services provided (direct health care services, enabling services, population-based services, and infrastructure-building services), and program

contents (education, screening, intervention/risk reduction). The tool was based upon recommendation developed by the CDC working group (CDC, 2006).

This project aimed to catalog preconception/interconception care initiatives in Region V. Research methods include interviews with federal, state and local health agencies and non-profit organizations that focused on aspects of women's health and preconception health, literature reviews, and internet based research on Region V and national initiatives.* From initial contacts and references, a snowball approach was taken to learn of and catalog programs. The following catalog includes programs and resources that specifically identify as preconception initiatives as well as those that have preconception efforts as a component of their program. Lastly, an index of national resources including research articles, educational material, funding sources and health care policy-related material was compiled.

Source:

CDC. (2006). Recommendations to Improve Preconception Health and Health Care-- United States: A report of the CDC/ASTDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*. 55, No.RR-6, 1-22.

* For further detail of federally funded grants, see Appendices A-F

Region V, State Catalog

Annual Women's Health Conference, Office of Women's Health, Illinois Department of Public Health

The annual conference is geared towards health professionals in Illinois and provides information and sessions on women's health and continuing education credits for providers.

Contact:

Brenda Blasko

217-524-1844

brenda.blasko@illinois.gov

Sources:

Illinois Department of Public Health. (n.d.). Women's Health: Events. Retrieved from <http://www.idph.state.il.us/about/womenshealth/events.htm>.

Illinois Department of Public Health. (n.d.). 2009 Illinois Women's Health Department. Retrieved from http://www.idph.state.il.us/calendar/2009/10-28_OWH_Registration.pdf.

Closing the Health Gap on Infant Mortality: African American-Focused Risk Reduction, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>Closing the Health Gap on Infant Mortality: African American-Focused Risk Reduction</u>	
MCHB Program	Closing the Health Gap: African American Infant Mortality
Type of Service(s)	Population-Based Services, Infrastructure Building Services
Project Period	7/1/2004 to 6/30/2008
Grantee	ILLINOIS DEPARTMENT OF HUMAN SERVICES
Project Director	Beverly English
Address	400 W Lawrence Ave, Springfield, IL 62704
Phone	(217) 782-9923
Fax	(217) 557-2595
Email	<input type="checkbox"/> nglish.english@illinois.gov
Website	www.marchofdimesillinois.org; www.ilmaternal.org; and www.sidsillinois.org

Illinois’ Maternal and Child Health program will reduce the disparity between Black and White infant mortality rates by working with existing city, state, and federally funded infant mortality, prematurity, and SIDS prevention programs in four Chicago Community Areas with a high number and rate of Black infant deaths.

Source:

HRSA. (n.d.). Abstracts Annotations. Retrieved from <https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=IL&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on the Closing the Health Gap: African American Infant Mortality, see Appendix A

IL- Family Case Management

Region V Preconception/Interconception Programs	
Family Case Management (FCM) - provides eligible Illinois pregnant women, children and women of reproductive age with comprehensive case management and linkage to medical and social services with the aim of reducing infant mortality in the State (http://www.dhs.state.il.us/page.aspx?item=30517).	
State	IL
City	Statewide
Program Title	Family Case Management
Program Period	Pregnancy, Postpartum
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Illinois Department of Human Services
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Enabling Services
Contact Person/ Information	Glendean Sisk, 312-793-8234, Glendean.Sisk@illinois.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	State approved agencies including community health clinics and health departments
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	case manager
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Pregnant women, mothers of infant or child with special health care needs that have an income below 200% FPL
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes

IL- Family Case Management

Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No

IL- Family Case Management

Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Illinois Department of Healthcare and Family Services. (n.d.). Family Case Management. Retrieved from http://www.dhs.state.il.us/page.aspx?item=30517 .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Healthy Behaviors in Women, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> Healthy Behaviors in Women	
MCHB Program	Healthy Behaviors in Women
Type of Service(s)	Population-Based Services
Project Period	8/1/2006 to 7/31/2009
Grantee	ERIE FAMILY HEALTH CENTER, INC.
Project Director	Dr. Lee Francis
Address	1701 West Superior Street, Chicago, IL 60622
Phone	Not Available
Fax	Not Available
Email	lfrancis@eriefamilyhealth.org
Website	www.eriefamilyhealth.org

The Humboldt Park Healthy Women Network (HPHW Network) is a community-based program with the Humboldt Park Community of Wellness, a grassroots coalition of community agencies who are working to improve health in the Humboldt Park community of Chicago. The purpose of the Network is to promote a healthy weight in low-income Latina women by providing nutrition counseling and education, fitness education, access to healthy foods and fitness programs, wellness programs and motivational support through a eight-session program. Through promoting healthy behaviors, Erie’s program will track reductions in blood pressure, cholesterol, waist circumference and body mass index.

<input type="checkbox"/> Healthy Behaviors in Women	
MCHB Program	Healthy Behaviors in Women
Type of Service(s)	Infrastructure Building Services
Project Period	8/1/2008 to 7/31/2011
Grantee	University of Illinois at Chicago
Project Director	Laura Miller, MD
Address	1737 W Polk St, Chicago, IL 60612
Phone	Not Available
Fax	Not Available
Email	ljm@psych.uic.edu
Website	Not Available

The overall goal of the Illinois MotherCare Project is to develop, implement, evaluate and disseminate a model for integration of mental health and healthy eating into perinatal care clinic settings. Among the health issues linked closely with depression and posing substantial risks to women and their offspring, the most central is disordered eating. The project proposes to (1)

develop a self-care tool and guided self-care process for women with perinatal depression and/or eating problems; (2) incorporate this self-care tool and process, along with evidence-based treatments, into a stepped-care disease management model that coordinates mental health care with prenatal care.

Source:

HRSA. (n.d.). Abstracts Annotations. Retrieved from <https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=IL&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Behaviors in Women, see Appendix B.

IL- Healthy Births for Healthy Communities

Region V Preconception/Interconception Programs	
Healthy Births for Healthy Communities (HBHC) - HBHC focuses on African American women in the Austin and North Lawndale communities of Chicago. The Interconceptional Care Program (ICCP) provides services and case management for women with a previous adverse pregnancy outcome to improve future birth outcomes. HBHC also includes a postpartum evaluation. The aim of HBHC is to improve healthy birth outcomes by 20% (http://www.dhs.state.il.us/page.aspx?item=32855).	
State	Illinois
City	Chicago (Austin and North Lawndale communities)
Program Title	Healthy Births for Healthy Communities (HBHC)
Program Period	postpartum up to 18 months (for participants)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State, Foundation (Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, the Steans Family Foundation, the Harris Foundation, the Michael Reese Health Trust, the Illinois Children's Healthcare Foundation)
Funding Period	6/2006-2010
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Stephanie Townsell, HBHC Project Coordinator, 312-996-0940, stowns1@uic.edu
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	FQHC, WIC agencies
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Case Managers
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women living on the West side of Chicago who had an adverse pregnancy outcome in the last 6 months.
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes

IL- Healthy Births for Healthy Communities

STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	Yes
Stress Reduction	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Testing (Mammogram, Pap etc)	Yes

IL- Healthy Births for Healthy Communities

Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid (Provided)	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	Yes
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Illinois Department of Human Services. (n.d.). Healthy Births for Healthy Communities (HBHC) Fact Sheet. Retrieved from http://www.dhs.state.il.us/page.aspx?item=32855 .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services
Project Period	7/1/2001 to 5/31/2014
Grantee	AUNT MARTHA'S YOUTH SERVICE CENTER, INC.
Project Director	Roshanda Jackson
Address	233 WEST JOE ORR ROAD, CHICAGO HEIGHTS, IL 60411
Phone	Not Available
Fax	Not Available
Email	rjackson@auntmarthas.org;ctesterman@hrsa.gov
Website	Not Available

Aunt Martha's **Healthy Start** program will improve perinatal outcomes and address disparities in perinatal health. Aunt Martha's proposes a comprehensive approach to include: case management (including a Doula component), out reach workers, transportation, education, and support. Aunt Martha's will work with our Consortium, the state Title V Maternal and Child Health agency, consumers and providers to enable high-risk participants receive coordinated quality, affordable, and culturally-sensitive health and social services.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	SOUTHERN ILLINOIS HEALTHCARE FOUNDATION
Project Director	Paula Brodie
Address	8080 STATE STREET, East Saint Louis, IL 62207
Phone	Not Available
Fax	Not Available
Email	pbrodie@sihf.org;ctesterman@hrsa.gov
Website	Not Available

Healthy Start seeks to reduce infant mortality, increase access to health care, and close the gap in health disparities among African Americans. Program services include outreach, case management, health education, and transportation.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH
Project Director	Agatha Lowe
Address	333 SOUTH STATE STREET STE 200, CHICAGO, IL 60604
Phone	Not Available
Fax	Not Available
Email	lowe_agatha@cdph.org
Website	Not Available

The Greater Englewood **Healthy Start** Initiative is implementing a targeted, comprehensive case management program for high-risk pregnant women, families and infants; flexible outreach; and provider and community capacity-building efforts to reduce infant mortality in Chicago's Englewood and West Englewood communities. Health concerns addressed include maternal depression, smoking cessation, substance abuse, domestic violence, HIV, immunization, congenital abnormalities, male involvement, family planning and interconceptional care. A Project Director and an Evaluator from the University of Illinois at Chicago will track the achievement of goals and objectives. A Consortium is critical to program development, implementation and evaluation.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	ILLINOIS DEPARTMENT OF HUMAN SERVICES
Project Director	Glendean Sisk
Address	535 West Jefferson Street, Springfield, IL 62702
Phone	Not Available
Fax	Not Available
Email	glendean.sisk@illinois.gov
Website	Not Available

The Chicago Healthy Start Initiative supports four Family Centers, which are one-stop centers for medical care and care coordination activities. The Centers provide case

management, health education, interconceptional care, and screening and intervention for maternal depression. The Centers also provide transportation services and episodic child care to remove access barriers. The Chicago **Healthy Start** consortium advises the Department on the management of the project.

<input type="checkbox"/>	<u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	ACCESS COMMUNITY HEALTH NETWORK
Project Director	Peg Dublin
Address	1501 SOUTH CALIFORNIA AVENUE, CHICAGO, IL 60608
Phone	Not Available
Fax	Not Available
Email	dubp@accesscommunityhealth.net;ctesterman@hrsa.gov
Website	Not Available

Westside **Healthy Start** is an established program managed and organized by ACCESS to improve birth outcomes in four Chicago community areas. These communities experience significant disparities in health outcomes. Program participants receive comprehensive assessment and a complete continuum of care, through an integrated model of case management, health education, mental health care and substance abuse treatment, complemented by primary care support. ACCESS' program consists of a partnership to implement a shared strategy and system of care for pregnant women and infants at eleven primary care delivery sites in the target area operated by four partnering PHS 330 organizations, and at one residential substance abuse treatment agency.

<input type="checkbox"/> HEALTHY START INITIATIVE COMPETITIONS	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services
Project Period	7/1/2001 to 5/31/2014
Grantee	HEALTHCARE CONSORTIUM OF ILLINOIS
Project Director	George R. Smith
Address	1350 EAST SIBLEY BOULEVARD, DOLTON, IL 60419
Phone	Not Available
Fax	Not Available
Email	gsmith@hcionline.org
Website	Not Available

The purpose of **Healthy Start** Southeast Chicago is to conduct a comprehensive program in the targeted community areas in Southeast Chicago utilizing enhanced and coordinated case management, outreach, health education, consortium activities, screening and treating depression, and providing interconceptional care. The goals and objectives are to reduce infant mortality, to reduce low birth weight births, very low birth weight and pre-term births, to increase initiation of prenatal care in the first trimester for all pregnant women and include with these goals an emphasis to decrease those areas in which there exist racial disparities.

Source:

HRSA. (n.d.). Abstracts Annotations. Retrieved from <https://perfdata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=IL&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Start, see Appendix C

Region V Preconception/Interconception Programs	
Illinois Healthy Women- The Program provides reproductive health screening and care for low-income Illinois women. The program provides preconception care, birth control, reproductive health screenings, and treatment from STIs. The program is administered through local reproductive health clinics (http://www.illinoishealthywomen.com/).	
State	Illinois
City	Statewide
Program Title	Illinois Healthy Women
Program Period	Ongoing (Waiver Expiration: 1/31/10)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State, Federal
Funding Period	Ongoing (Waiver Expiration: 1/31/10)
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Linda Wheal, Manager, Maternal Health Programs Bureau of Maternal and Child Health Illinois Department of Healthcare and Family Services 1-800-226-0768
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Local Family Planning Clinics
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Doctors, nurse practitioners
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women age 19-44 who are at or below 200% of the federal poverty level
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No

IL- Illinois Healthy Women

Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	Yes
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid Use	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No

IL- Illinois Healthy Women

Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Illinois Healthy Women. (n.d.). Illinois Healthy Women. Retrieved from http://www.illinoishealthywomen.com/ .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Preconception Care Screening Tool Pilot Project, The Illinois Department of Healthcare and Family Services (HFS).

In 2008, with funding from the Michael Reese Health Trust, HFS piloted a preconception care screening tool to be implemented in six Chicago-area health provider agencies (FQHCs and Title X). Through collaboration with the State Title X program at the Illinois Department of Human Services (IDHS), the tool was piloted for 6-8 weeks at each agency. The screening tool, which included an assessment of medical, behavioral and social factors, was administered to women of reproductive age to assess issues that could impact future pregnancy and birth outcomes.

Through coordinated support from a nurse consultant, concerns and progress of each agency was evaluated during a site visit. Throughout the pilot period, agencies evaluated the intervention in regards to implementation and administration. Upon completion of the pilot program, a contracted agency evaluated the program's effectiveness. Coinciding with the pilot intervention and its subsequent evaluation, an effort to develop a method of reimbursement by which providers were compensated for administering the preconception screening tool to patients on a yearly basis, was being developed. Furthermore, to promote preconception health among its statewide efforts, in 2008, IDHS convened a Preconceptional Planning Group. "The statewide Preconception/Interconception Care Committee has developed a comprehensive training curriculum on pre/interconceptional health, and began conducting trainings for FCM, WIC, Family Planning and FQHC provider groups in April 2009. The modules will then be posted on the IDHS website along with various tools and handouts as a resource for anyone who wishes to use them (Title V, 2010)."

Contact:

Glendean Sisk
Bureau of Maternal and Infant Health
Illinois Department of Human Services
312-793-8234
Glendean.Sisk@illinois.gov

Sources:

Illinois Department of Human Services. (n.d.). *Preconceptional*. Retrieved from <http://www.dhs.state.il.us/page.aspx/Sites/OneWeb/Images/page.aspx?item=44435>

Illinois Department of Human Services. (2010). *IL- State Title V Block Grant Narrative*. Retrieved from <https://perfddata.hrsa.gov/mchb/tvisreports/Documents/2010/Narratives/IL-Narratives.html#IVD>.

Best Intentions: Unplanned Pregnancies and the Well-being of Indiana Families, Indiana Perinatal Network (IPN) and the Indiana State Department of Health (ISDH)

In 2007, the Indiana Perinatal Network and the Indiana State Department of Health published *Best Intentions: Unplanned Pregnancies and the Well-being of Indiana Families*. The document outlines state goals to be achieved by 2017 as well as recommendations for providers, community organizations, and public policy makers. The ISDH plans to implement recommendations from the Document into an activity for a Title V Performance Objective for FY2010 (ISDH, 2009). The document has been endorsed by the Indiana Section of the American College of Obstetrics and Gynecology and the Indiana Chapter of the American Academy of Pediatrics.

10 YEAR GOALS

- I: Assure access to comprehensive and culturally appropriate preconception and interconception health care for all adolescents, women and men.
- II: Ensure that parents, the general public, media, schools, faith-based organizations and other community organizations are aware of the incidence and potential consequences associated with unplanned pregnancies and involved in preventive strategies.
- III: Ensure that federal, state and local policies encourage access to primary health services that support women and men in achieving reproductive health plans (IPN, 2007).

Contact:

Indiana Perinatal Network
317.924.0825

Sources~

Indiana Perinatal Network. (April 2007). *Best Intentions: Unplanned Pregnancies and the Well-being of Indiana Families*. Retrieved from http://www.indianaperinatal.org/downloads/Unintended_CTA_120507.pdf.

Indiana State Department of Health. (June 2009). *INDIANA MATERNAL AND CHILD HEALTH TITLE V BLOCK GRANT. Title V – Maternal and Child Health Block Grant FY 2010 Application/FY 2008 Report*. Retrieved from http://www.in.gov/isdh/files/Title_V_Block_Grant_Executive_Advisory_Panel_Summary_2008-2010.pdf.

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Infrastructure Building Services
Project Period	2/1/2002 to 1/31/2010
Grantee	NORTHWEST INDIANA HEALTH DEPARTMENT COOP
Project Director	Rise Ross Ratney
Address	7854 INTERSTATE PLAZA DRIVE, HAMMOND, IN 46324
Phone	(219) 989-3939
Fax	(219) 989-3930
Email	rrratney@comcast.net
Website	www.nwihs.com

Four diverse cities in Northwest Indiana have joined forces to combat the contributing factors that often lead to infant mortality. The Northwest Indiana Healthy Start project has focused on improving access to medically appropriate and culturally sensitive care, care coordination and health education to improve the health status of women, infants and families. A consortia of maternal/child providers, consumers, Title V consultants provide input and guidance to meet the wide range of medical, mental health and social objectives the project has set.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	HEALTH & HOSPITAL CORP OF MARION COUNTY
Project Director	Yvonne Beasley
Address	3838 North Rural Street, Indianapolis, IN 46205
Phone	Not Available
Fax	Not Available
Email	ybeasley@hhcorp.org
Website	Not Available

In Marion County, the leading causes of infant deaths relate to prematurity/low birth weight, birth defects, and accidents, respectively. This is in comparison to overall US infant mortality where birth defects is the overall leading cause for infant mortality. Interventions are designed to assess risk for poor birth outcomes, improve access to medical care and social services, and provide

IN-Healthy Start

preventive health education aimed at reducing infant mortality. The target population is the lower socio-economic underserved pregnant women who have a disproportionate share of poor birth outcomes. In the catchment area, African Americans experience the greatest racial disparity.

Source:

HRSA. (n.d.). ELIMINATING DISPARITIES IN PERINATAL HEALTH - Fiscal Year 2009.
Retrieved from

<https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=IN&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U06&lbMchbProgram=H5M&lbMchbProgram=H59&lbMchbProgram=G23&lbMchbProgram=H67&lbMchbProgram=H49&lbMchbProgram=U1H&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Start, see Appendix C

Region V Preconception/Interconception Programs	
Heart to Heart is a statewide education initiative by the First Lady of Indiana and the Office of Women's Health, Indiana State Department of Health Office. The program's main initiative is to promote awareness of heart disease among Indiana women. The program, which is open to all Indiana women, includes an online pledge to improve personal health, a monthly newsletter, and presentations throughout the year (http://www.in.gov/gov/firstlady/2331.htm).	
State	Indiana
City	Statewide
Program Title	Heart to Heart
Program Period	Ongoing
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Population Based Services
Contact Person/ Information	Tanya S. Parrish, Director, Office of Women's Health Indiana State Department of Health 317-233-2170
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	web-based http://www.in.gov/gov/firstlady/2331.htm
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	the First Lady of Indiana and the State Department of Health Office of Women's Health
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Indiana women
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes

IN- Heart to Heart

Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No

IN- Heart to Heart

Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	Yes
Indiana First Lady Home. (n.d.). Heart to Heart. Retrieved from http://www.in.gov/gov/firstlady/2331.htm .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Indiana Perinatal Network (IPN)

Founded in 1998, the Indiana Perinatal Network is a non-profit organization that advocates for maternal and child health in Indiana. The organization provides information, continuing education and resources for consumers and providers and advocates for MCH in state legislation. IPN presents forums, conferences, and publications throughout the year and advocates for the integration of preconception and interconception care during routine clinical visits. Of their numerous publications, IPN has revised their *Indiana Prenatal Care Guide* for health professionals to include a life course perspective towards prenatal care ([IPN](#), 2008).

http://www.indianaperinatal.org/downloads/CTA_Unintended_040207.pdf

<http://www.indianaperinatal.org/downloads/2008annualreport.pdf>

Contact:

Caitlin Finnegan Priest, MPH
Director of Special Projects & Public Policy.
Indiana Perinatal Network
1991 East 56th Street
Indianapolis, IN 46220-3411
317-924-0825 x4231
cpriest@indianaperinatal.org.

www.indianaperinatal.org

Sources:

Indiana Perinatal Network. (April, 2007). Best Intentions: Unplanned Pregnancies and the Wellbeing of Indiana Families. Retrieved from http://www.indianaperinatal.org/downloads/CTA_Unintended_040207.pdf.

Indiana Perinatal Network. (2008). 2008 Annual Report. Retrieved from <http://www.indianaperinatal.org/downloads/2008annualreport.pdf>.

Indiana Perinatal Network. (2008). *Indiana Prenatal Care Guide: The Life Course Perspective to Prenatal Care*. Retrieved from http://www.indianaperinatal.org/downloads/Prenatal_Care_Guide_10-22-08.pdf

Region V Preconception/Interconception Programs	
Indiana Women's Diabetes Initiative- Is a program administered through the Office of Women's Health at the Indiana State Department of Health. The program focuses on Indiana women over 18 that have Type I or II Diabetes. Located in 3 Indiana counties, patient navigators will "assist females with diabetes in successfully managing their diabetes by helping them overcome barriers to accessing health care services and community resources. Evidence-based strategies will be focused on specified Healthy People 2010 objectives (http://www.in.gov/isdh/19701.htm & http://www.in.gov/isdh/23782.htm)."	
State	Indiana
City	3 Counties (Elkhart, Howard, Lawrence)
Program Title	Indiana Women's Diabetes Initiative
Program Period	9/1/07-8/31/10
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Federal (DHHS)
Funding Period	9/1/07-8/31/10
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	enabling services, infrastructure-building services
Contact Person/ Information	Laura Mosier, 317-234-3378, Imosier@isdh.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Grantee: Office of Women's Health, Indiana State Department of Health. Delivery Sites: County Health Department, Community non-profits (Elkhart County health Department, Hoosier Uplands, Partners for a Healthier Community, Howard County)
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	community health worker
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women over 18 diagnosed with either Type I or II Diabetes
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No

IN- Women's Diabetes Initiative

Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	No
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	No
Oral Care	Yes
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes

IN- Women's Diabetes Initiative

Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	Yes
Physical Activity	Yes
Folic Acid (Provided)	No
Oral Care	Yes
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	Yes
Indiana State Department of Health. (n.d.). Diabetes and Prevention Control Program. Retrieved from http://www.in.gov/isdh/19701.htm .	
Indiana State Department of Health. (n.d.). Indiana Women's Diabetes Initiative. Retrieved from http://www.in.gov/isdh/23782.htm .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

MI- Building Capacity to Improve Environmental Health

Region V Preconception/Interconception Programs	
Building Capacity to Address Environmental Health Issues during Pregnancy Project- Through funding from the EPA, the Michigan Inter-tribal Council will provide "training, education and home assessments to reduce exposure to lead, mercury, environmental tobacco smoke, and unsafe drinking water among Healthy Start Program clients" and healthy care providers. Evaluation of the Intervention will also be done (http://www.itcmi.org/services/health-services/environmental-health-during-pregnancy-project).	
State	MI
City	Michigan Inter-Tribal Council
Program Title	Building Capacity to Address Environmental Health Issues during Pregnancy Project
Program Period	10/1/2007 - 9/30/2009
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	EPA
Funding Period	10/1/2007 - 9/30/2009
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	direct health care services, enabling services
Contact Person/ Information	Rick Haverkate, Michigan Inter-Tribal Council, 906-632-6896 X134. Shakeba Carter-Jenkins, (202) 564-4355, carter-jenkins.shakeba@epa.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Michigan Inter-tribal Council
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	community health workers, health care providers
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Healthy Start Clients
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No

MI- Building Capacity to Improve Environmental Health

Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	Yes
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	Yes
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No

MI- Building Capacity to Improve Environmental Health

Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	Yes
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Michigan Inter-Tribal Council. (n.d.). Environmental Health During Pregnancy Project. Retrieved from http://www.itcni.org/services/health-services/environmental-health-during-pregnancy-project .	
Michigan Inter-Tribal Council. (December 30, 2009). "Building Capacity to address Environmental Health Issues during Pregnancy" Project. Retrieved from http://yosemite.epa.gov/ochp/ochpweb.nsf/content/Final_Grant_Report_Michigan_Inter_Tribal_Council_PDF.htm/\$File/Final_Grant_Report_Michigan_Inter_Tribal_Council.pdf?Open&preview .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Closing the Health Gap on Infant Mortality: African American-Focused Risk Reduction, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>Closing the Health Gap on Infant Mortality:African American-Focused Risk Reduction</u>	
MCHB Program	Closing the Health Gap: African American Infant Mortality
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2004 to 6/30/2008
Grantee	Michigan Dept of Community Health
Project Director	Brenda Fink
Address	Post Office Box 30195, Lansing, MI 48909
Phone	(517) 335-8863
Fax	(517) 335-8294
Email	finkb@michigan.gov
Website	Not Available

This project is a culturally competent, community designed effort to help at-risk African American families navigate the health care system in Genesee County, Michigan to receive **preconception** care, early prenatal care, and improved parenting skills. By coordinating resources and services, the project hopes to reduce black infant mortality. The Interconception Care Project is a nurse home visiting program that emphasizes interconception care and health for women who have had a poor pregnancy outcome.

Source:

HRSA. (n.d.). Abstracts Annotation. Retrieved from <https://perfdata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=MI&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on the Closing the Health Gap: African American Infant Mortality, see Appendix A

Healthy Behaviors in Women, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> Healthy Behaviors in Women	
MCHB Program	Healthy Behaviors in Women
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	8/1/2006 to 7/31/2009
Grantee	Spectrum Health Hospitals
Project Director	Linda D Heine
Address	100 Michigan St NE, Grand Rapids, MI 49503
Phone	(616) 486-2531
Fax	(616) 486-2540
Email	linda.heine@spectrum-health.org
Website	www.spectrum-health.org/sistersinaction

Sisters in Action acts collaboratively with the YMCA to provide the tools for overweight and obese African American women to initiate and maintain healthy lifestyle behaviors that will positively improve their physical and emotional health. Its purpose is to address obesity in African American women in our community. Nationally, 78% of African American females are identified as overweight or obese. The goal of the program is to improve the physical and emotional health of 100 program participants per year. Case management has been crucial to success, as this population often needs assistance to overcome challenges due to poverty and other issues that affect their health.

<input type="checkbox"/> Healthy Behaviors in Women	
MCHB Program	Healthy Behaviors in Women
Type of Service(s)	Enabling Services, Population-Based Services
Project Period	8/1/2006 to 7/31/2009
Grantee	THE REGENTS OF THE UNIVERSITY OF MICHIGAN
Project Director	Edith C Kieffer
Address	3003 S. State Street, Ann Arbor, MI 48109
Phone	(734) 647-2739
Fax	(734) 763-3372
Email	ekieffer@umich.edu
Website	Not Available

Pregnancy weight gain and postpartum weight retention contribute to obesity and diabetes. A culturally tailored healthy lifestyle intervention conducted with pregnant and postpartum Latinas

MI-Healthy Behaviors in Women

by community health workers promotes healthy eating, regular physical activity and is being integrated with prenatal and postpartum services provided by a Federally Qualified Health Center. Outcomes include recommended physical activity, dietary composition, pregnancy weight gain and postpartum weight reduction. Process evaluation will assist with dissemination of successful methods for clinic and community providers.

Source:

HRSA. (n.d.). Abstracts Annotation. Retrieved from <https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=MI&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Behaviors in Women, see Appendix B

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>HEALTHY START INITIATIVE</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	Inter-Tribal Council of Michigan, Inc. Consortium of Michigan's Federal Tribes
Project Director	Sharon L. Teeple
Address	2956 Ashmun Street, Sault Sainte Marie, MI 49783
Phone	Not Available
Fax	Not Available
Email	steeples@itcmi.org;rickh@itcmi.org
Website	Not Available

Coordinated by the Inter-tribal Council of Michigan, the project seeks to reduce infant and maternal mortality and morbidity among American Indians in 14 counties in Michigan, including 6 rural tribal and 2 urban communities. We seek to increase access to and use of perinatal services, including screening for depression, decreasing the incidence of high risk behaviors, and making improvements in the perinatal systems that serve the target area. Included are the provision of Healthy Start core services of outreach and recruitment, case management and health education. Community education, provider training, collaboration with State Title V and activities of the project consortium are designed to promote systems improvement.

<input type="checkbox"/> <u>HEALTHY START INITIATIVES</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	DETROIT PUBLIC HEALTH DEPARTMENT
Project Director	Carolynn Rowland
Address	1151 TAYLOR STREET RM 449C, DETROIT, MI 48202
Phone	Not Available
Fax	Not Available
Email	rowlandc@health.ci.detroit.mi.us
Website	Not Available

The purpose of the Detroit Healthy Start project is to improve the health and well being of women and families living in the project area. The area has a high infant mortality rate with significant racial disparities. Birth outcomes will be improved through the provision of comprehensive individual and community based educational and support services.

<input type="checkbox"/> <u>HEALTHY START INITIATIVE</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	KALAMAZOO COUNTY GOVERNMENT
Project Director	Luz del Carmen Sweezy
Address	Post Office Box 42, Nazareth, MI 49074
Phone	Not Available
Fax	Not Available
Email	lcswee@kalcounty.com
Website	Not Available

The purpose Healthy Babies **Healthy Start** project is to address the problem of infant mortality and racial disparities in perinatal health in a high risk area in the City of Kalamazoo with high infant mortality rates and great racial disparities in maternal and infant health. This is accomplished through empowerment and education of individuals and families and by improving access to services and program linkages to maximize existing resources.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services
Project Period	7/1/2001 to 5/31/2014
Grantee	GENESEE COUNTY HEALTH DEPARTMENT
Project Director	John D McKellar
Address	630 SOUTH SAGINAW STREET, FLINT, MI 48502
Phone	Not Available
Fax	Not Available
Email	JMCKELLAR@GCHD.US; Cratza@gchd.us
Website	Not Available

The purpose of the project is to reduce infant mortality, perinatal depression, and improve neonatal outcomes among the participants. The major needs and problems of the participants and the project area are: access and barriers to health care and human care services; economic barriers

to improved quality of life; lack of continuity of care in the perinatal health care system; depression and other mental health issues; and behaviors interfering with optimal maternal and child health. The goals, objectives, and methodology include: improving access and continuity of the health and human care system, and providing education, support, and advocacy for the purpose of improving maternal and child health outcomes of program participants.

<input type="checkbox"/>	<u>Healthy Start Initiative-Eliminating Racial/Ethnic Disparities</u>
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Infrastructure Building Services
Project Period	8/1/2004 to 5/31/2012
Grantee	SPECTRUM HEALTH
Project Director	Peggy Vander Meulen
Address	100 Michigan Street NE, GRAND RAPIDS, MI 49503
Phone	Not Available
Fax	Not Available
Email	peggy.vandermeulen@spectrum-health.org
Website	Not Available

The Strong Beginnings program has identified four major goals to reduce the high African American infant mortality rate in Grand Rapids, Michigan: 1) reduce barriers to the delivery of care for pregnant and interconception women; 2) address psycho-social risk factors that affect pregnancy outcomes; 3) improve the system of care for children and women of child-bearing age, and 4) advocate for culturally-competent care. Methods used include outreach, case management, social support, health education, mental health care and assistance obtaining resources for women during pregnancy and for two years after delivery, and improvement of the health care system through partnership with community coalitions and African American leaders.

<input type="checkbox"/> GREAT BEGINNINGS SAGINAW COUNTY HEALTHY START	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH
Project Director	Dawn M. Shanafelt
Address	1600 NORTH MICHIGAN AVENUE, SAGINAW, MI 48602
Phone	Not Available
Fax	Not Available
Email	dshanafelt@saginawcounty.com
Website	Not Available

Through collaborative partnerships, the Great beginnings **Healthy Start** program: identifies African American women who are at risk for poor perinatal outcomes, who may be reluctant to use existing health services and those for whom meeting basic living needs preclude participation in preventive health services, addresses through case management, interconceptional care, education and referrals, builds a coordinated system of care that addresses currently unmet needs including, but not limited to, depression, substance abuse, domestic violence, housing and transportation and engages members of the African American community who deal with poverty and racism to participate in the consortium and Great Beginnings **Healthy Start** program.

Source:

HRSA. (n.d.). Abstracts Annotation. Retrieved from <https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=MI&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=U19&lbMchbProgram=H59&lbMchbProgram=H49&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Start, see Appendix D

MI- Maternal Infant Health Program

Region V Preconception/Interconception Programs	
<p>Maternal Infant Health Program- "MIHP is a Home Visiting program for pregnant women and infants with Medicaid insurance. MIHP provides support service to women and to parents so they have healthy pregnancies, good birth outcomes, and healthy infants." Clients are referred to comprehensive services available to Medicaid recipients and thus MIHP does not directly provide the services, but coordinates them (http://www.michigan.gov/documents/mdch/MIHP_Beneficiaries_Brochure_print_301577_7.pdf & www.michigan.gov/mihp).</p>	
State	MI
City	Statewide
Program Title	Michigan Infant Health Program (MIHP)
Program Period	Medicaid clients during pregnancy and 60 days postpartum
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Michigan Department of Community Health
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Ingrid Davis, 517-335-9546 , davis1@michigan.gov Joni Idzkowski Detwiler, 517-335-6659, detwilerj@michigan.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Statewide: federally qualified health centers, hospital based clinics and private providers, and local and regional public health departments
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Registered Nurse, Licensed Social Worker and Registered Dietician
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Michigan pregnant women (including up to 60 days postpartum) and infants with Medicaid insurance
Program content/focus:	
Education	
Preconception Health Education	Yes

MI- Maternal Infant Health Program

Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes

MI- Maternal Infant Health Program

Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Michigan Department of Community Health. (n.d.). Maternal Infant Health Program. Retrieved from http://www.michigan.gov/documents/mdch/MIHP_Beneficiaries_Brochure_print_301577_7.pdf .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Interconception Care Program, Michigan Department of Community Health

Eleven counties in Michigan have been funded to implement Interconception Care Projects in their communities (Berrien, Genesee, Ingham, Kalamazoo, Kent, Macomb, Oakland, Out-Wayne County, Saginaw, Washtenaw, Wayne). The Interconception Care Program aims to decrease the high rate of infant mortality and improve pregnancy outcomes specifically among African Americans. The program enrolls women with a previous poor birth outcome and provides case management and resources to improve their health and future birth outcome. Program development began in 2004, but due to state budget cuts the program will effectively be eliminated July 1, 2009.

Contacts:

Sophia Hines
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hinessop@michigan.gov

Cheryl Lauber
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lauberc@michigan.gov

Rosemary Fournier
(517) 335-8861
fournier1@michigan.gov

Sources:

Michigan Department of Community Health. (n.d.). Michigan's Interconception Care Program. Retrieved from www.asip1.org/Shanafelt%20Interconception%20MI.ppt.

Lu, M. (May 5, 2008). Preconception & Interconception Care: Clinical Components. Retrieved from <http://learning.mihealth.org/mediasite/infantmortalitysummit/PreconceptionandInterconceptionCare.pdf>.

MI- Kent County Interconception Care Program

Region V Preconception/Interconception Programs	
Interconception Care Program -Kent County is one of 11 counties funded through the Healthy Michigan Fund to implement an Interconception Care Program to reduce infant mortality in their community and improve pregnancy outcomes. Women receive case management and are referred out for services not provided in the program.	
State	MI
City	Kent County
Program Title	Interconception Care Program
Program Period	12-18 months postpartum (depending on client)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Michigan Department of Community Health, Kent County Health Department
Funding Period	FY October 1, 2008- September 30, 2009
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Teresa Branson, 616-632-7121, Teresa.Branson@kentcountymi.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Kent County Health Department
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	nurse case manager, nutritionist, social worker
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Kent county residents who have had a poor pregnancy outcome in the past 12 months, but that are not currently pregnant
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes

MI- Kent County Interconception Care Program

Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No

MI- Kent County Interconception Care Program

Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	Yes
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	Yes
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Michigan Council for Maternal and Child Health (MCMCH)

The MCMCH was established in 1983 as an advocacy coalition founded to inform lawmakers on policies and issues regarding the MCH population.

MCMCH Purpose:

- MCMCH’s purpose is to advocate for public policy that will improve maternal and child health outcomes through prevention programs, access to care and adequate funding/reimbursement for providers.
- Maternal is pre-conception, prenatal, post-natal and nurturing;
- Child is prenatal through age 21;
- Health means physical, mental, developmental, spiritual, and socialemotional well-being of a person or family ([MCMCH](#), n.d.).

Contact Information:

1627 Lake Lansing Road
Lansing, MI 48912
Phone: 517-482-5807
Info@mcmch.org

Source:

Michigan Council for Maternal and Child Health. (n.d.). Michigan Council for Maternal and Child Health Policy Agenda 2010. Retrieved from <http://mcmch.org/resources/MCMCH+Policy+agenda+2010.pdf>.

Michigan Healthy Mother, Healthy Babies (MHMHB)

MHMHB is a statewide coalition established in 1984 focused on education, coalition building and policy advocacy. The goals of the organization include:

- Supply information on healthy behaviors for preconceptional care, pregnant, and breastfeeding women.
- Increase understanding of risks that impact women's health.
- Empower women to promote their health through regular preconceptional and prenatal care and good nutrition.
- Promote understanding among men of the integral role they play in pregnancy, infant care and family development.
- Provide information and education to service providers.
- Advocate for change that will increase the availability and accessibility of comprehensive care for women, infants, children and families (MHMHB, 2009).

Contact:

Midge McCaustland

Michigan Healthy Mother, Healthy Babies

midge9007@comcast.net

Sources:

Michigan Healthy Mother, Healthy Babies. (December 07, 2009). Goals. Retrieved from http://www.hmhbmi.org/?page_id=41.

Region V Preconception/Interconception Programs	
Plan First! is Michigan's Family Planning Waiver Program- The Program provides reproductive health screening and care for low-income Michigan women. The Program provides preconception care, birth control, reproductive health screenings, and treatment from STIs. The program is administered through local reproductive health clinics (http://www.michigan.gov/mdch/0,1607,7-132-2943_4853-146295--,00.html).	
State	Michigan
City	Statewide
Program Title	Plan First!
Program Period	Ongoing (Waiver Expiration: 3/1/11)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State, Federal
Funding Period	Ongoing (Waiver Expiration: 3/1/11)
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Plan First!, PO Box 30412, Lansing, MI 48909, 1-800-642-3195
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Local Family Planning Clinics, FQHCs, RHCs
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Doctors, Certified Nurse Midwives and Nurse Practitioners
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women age 19-44 who are at or below 185% of the federal poverty level
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No

Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No

MI-Plan First

Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Michigan Department of Community Health. (n.d.). Family Planning Services: Plan First. Retrieved from http://www.michigan.gov/mdch/0,1607,7-132-2943_4853-146295--,00.html .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Sisters Together: Move More, Eat Better, Michigan Department of Community Health

“*Sisters Together: Move More, Eat Better* is a national initiative of the Weight-control Information Network (WIN) designed to encourage Black women 18 and over to maintain a healthy weight by becoming more physically active and eating healthier foods.” (<http://www.win.niddk.nih.gov/sisters/index.htm>). Sisters Together is a campaign initiated by the National Institute of Diabetes and Digestive and Kidney Diseases.

Sisters Together Detroit, a faith-based health promotion program for black women in Detroit is a culturally appropriate, community-based program. The program promotes weight loss or maintenance through a variety of healthy choices. It was initially piloted in three Detroit churches and was then expanded to 14 churches (2007–2008).

<http://www.cdc.gov/obesity/stateprograms/fundedstates/michigan.html>

Contact:

Gwendoline Imes
Program Coordinator, Division of Chronic Disease and Injury Control
Michigan Department of Community Health
Telephone: 517-335-9492
Fax: 517-335-8593
E-mail: imesg@michigan.gov
Web site: www.michigan.gov/preventobesity

Source:

CDC. (July 21, 2009). Obesity and Overweight: Michigan. Retrieved from <http://www.cdc.gov/obesity/stateprograms/fundedstates/michigan.html>

Michigan Department of Community Health. (n.d.). Nutrition, Physical Activity and Obesity Program Retrieved from http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2959_52710--,00.html.

NIDDK, Weight-control information Network. (December 20, 2006). Sister Together. Retrieved from <http://www.win.niddk.nih.gov/sisters/index.htm>.

Annual Preconception Health Conference

Sponsors: Minnesota Department of Health; March of Dimes Minnesota Chapter;
Center for Leadership Education in Maternal and Child Public Health,
School of Public Health, University of Minnesota

The annual Preconception Care Conference is targeted towards health care providers in Minnesota providing care to women of reproductive age. The conference focuses on preconception and interconception care with an emphasis on providing comprehensive, integrated care. Past conferences have focused on the lifespan approach and providing care to special populations.

Educational Objective from the 2009 Conference: "*Achieving Preconception Health: Optimizing Family and Physical Environments*" were as follows:

Upon completion of this conference, participants should be able to:

1. Discuss how the family can optimize preconception health.
2. Describe the types of environments that promote a healthy conception and pregnancy.
3. Identify strategies to integrate preconception health into social and health services (<http://www.health.state.mn.us/divs/fh/mch/preconception/brochure.pdf>).

The past conference and conference materials can be viewed at:

<http://www.health.state.mn.us/divs/fh/mch/preconception/index.cfm>

<http://www.health.state.mn.us/divs/fh/mch/preconception/documents/Givingeveryoneahealthystart.pdf>

Contact:

Cheryl Fogarty
Cheryl.Fogarty@health.state.mn.us
651.201.3760

Marianne Keuhn
Minnesota Chapter, March of Dimes
952-835-3033
Mkeuhn@marchofdimes.com

Source:

Minnesota Department of Health. (n.d.). 3rd Annual Preconception Health Conference: *Achieving Preconception Health: Optimizing Family and Physical Environments*. Retrieved from <http://www.health.state.mn.us/divs/fh/mch/preconception/brochure.pdf>.

MN- Family Home Visiting

Region V Preconception/Interconception Programs	
The Family Home Visiting Program provides home visitations to families and targets the specific needs of the health and wellbeing of family members (http://www.health.state.mn.us/divs/fh/mch/fhv/).	
State	Minnesota
City	Statewide
Program Title	Family Home Visiting
Program Period	Ongoing
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Various funding streams--federal, state, local, grants, foundations, health plans
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Local public health departments provide direct health care services, State provides infrastructure building services
Contact Person/ Information	Mary Jo Chippendale, 651.201.3773, MaryJo.Chippendale@state.mn.us
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Local public health home visits
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	PHNs, RNs, CHWs, other professionals and paraprofessionals
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Varies according to local community needs. Family Home Visiting statute provides some guidance as to at risk populations to be served.
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No

MN- Family Home Visiting

Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	No
Folic Acid Use	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	Yes
Stress Reduction	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes

MN- Family Home Visiting

Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	Yes
Minnesota Department of Health. (n.d.). Family Home Visiting, Retrieved from http://www.health.state.mn.us/divs/fh/mch/fhv/ .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

MN- Fond du Lac Parent Mentor Program

Region V Preconception/Interconception Programs	
The Fond du Lac Parent to Parent Mentor Program is based on the Fond du Lac Reservation. Parents and public health nurses provide education to parents on topics including preconception and personal health.	
State	MN
City	Fond du Lac
Program Title	Fond du Lac Parent to Parent Mentor Program
Program Period	CY2008
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	March of Dimes- MN Chapter
Funding Period	CY2008
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Services, Enabling Services
Contact Person/ Information	Marianne Keuhn, 952-835-3033 ext. 304 mkeuhn@marchofdimes.com
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Fond du Lac Public Health Nursing Program
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Public Health Nurses
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Native American women of reproductive age in the Fond du Lac service area
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No

MN- Fond du Lac Parent Mentor Program

Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No

MN- Fond du Lac Parent Mentor Program

Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	Yes
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	No
Public Awareness Campaign	No
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Healthy Minnesota Women, Minnesota Department of Health

Healthy Minnesota Women (www.healthymnwomen.org) is a website developed by the Minnesota Department of Health and the Powell Center at the University of Minnesota. The website focuses on prevention and well being and aims to provide Minnesota women with health tools, resources for living a healthy lifestyle, and targeted information for special populations.

Contact:

Minnesota Healthy Women
health.CFHcommunications@state.mn.us

Source:

Minnesota Department of Health. (n.d.). Minnesota Healthy Women. Retrieved from www.healthymnwomen.org.

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/>	<u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services
Project Period	7/1/2001 to 5/31/2014
Grantee	CITY OF MINNEAPOLIS
Project Director	Doriscile Everett-O'Neal
Address	350 SOUTH 5TH STREET RM 301M, MINNEAPOLIS, MN 55415
Phone	Not Available
Fax	Not Available
Email	ctesterman@hrsa.gov; Doris.O'Neal@ci.minneapolis.mn
Website	Not Available

Twin Cities **Healthy Start** reduces infant mortality and improves perinatal health outcomes among at-risk African American and American Indian women and infants in Minneapolis and St. Paul, Minnesota. The project's intervention, conducted at project clinics and community-based agency sites, consists of systemic screening of all pregnant women to identify psychosocial or medical risk factors, individualized care coordination, and postpartum follow-up. The Twin Cities **Healthy Start** Consortium, which has membership of project participants, the grantee organization, and contracted and non-contracted agencies, is a resource for the grantee agency and the project on community engagement, program development, and systems improvement.

Source:

HRSA. (n.d.). ELIMINATING DISPARITIES IN PERINATAL HEALTH - Fiscal Year 2009. Retrieved from https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractDetails.aspx?cbAbstractSummary=H49MC00073_2009_NonResearch_2&tbKeyword=healthy%20start&rbKeyword=All&lbStateRegion=MN&rbTimePeriod=1&ddlResultsBy=ProjectTitle&rbSortedBy=ASC.

* For Further Detail on Healthy Start, see Appendix D

MN- Minnesota Family Planning Program

Region V Preconception/Interconception Programs	
The Minnesota Family Planning Program- The Program provides reproductive health screening and care for low-income Minnesota women. The Program provides preconception care, birth control, reproductive health screenings, and treatment from STIs. The program is administered through local reproductive health clinics (http://www.health.state.mn.us/divs/fh/mch/familyplanning/waiver.html).	
State	Minnesota
City	Statewide
Program Title	The Minnesota Family Planning Program
Program Period	Ongoing (Waiver Expiration: 6/30/11)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State, Federal
Funding Period	Ongoing (Waiver Expiration: 6/30/11)
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Gary Greenfield, 651-201-3743, gary.greenfield@state.mn.us .
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Qualified Medicaid Provider or Clinic, Local Family Planning Clinics
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Doctors, Certified Nurse Midwives and Nurse Practitioners
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women age 15-50 who are at or below 200% of the federal poverty level
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No

MN- Minnesota Family Planning Program

Adverse Pregnancy Outcome	Yes
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No

MN- Minnesota Family Planning Program

Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Minnesota Department of Health. (n.d.). The Minnesota Family Planning Program (1115 Medicaid Family Planning Waiver). Retrieved from http://www.health.state.mn.us/divs/fh/mch/familyplanning/waiver.html .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Region V Preconception/Interconception Programs	
The Smart Women Smart Choices pilot program was an initiative to target college-aged women (18-24) to make responsible decisions in their alcohol consumption and use of birth control. Participants received tailored education and receive a \$50 gift card at the end of the program. The program included an interactive website (http://ipartysmarter.net/), which is no longer available to the public as the grant funded period was completed on 9/29/08.	
State	MN
City	Statewide
Program Title	Alcohol Exposed Pregnancy Prevention Project- Smart Women Smart Choices
Program Period	Ended on 9/29/08
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	CDC Fetal Alcohol Syndrome (FAS) prevention grant, Minnesota Department of Health, MN Department of Health and Human Services
Funding Period	9/30/2003 through 9/29/2008
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct health care services (client directed)
Contact Person/ Information	Mary Jo Chippendale, 651.201.3773, MaryJo.Chippendale@state.mn.us, MN Department of Health- Maternal Child Health
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Online web education site: www.ipartysmarter.com
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Health educators
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Sexually active women between the ages of 18-24 who drink and want to change their behaviors
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No

MN- Smart Women, Smart Choices

Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No

MN- Smart Women, Smart Choices

Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	Yes
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	No
Public Awareness Campaign	Yes
Minnesota Department of Health. (n.d.). Smart Women, Smart Choices. Retrieved from http://ipartysmarter.net/ .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Birth Outcomes Improvement Initiative, Ohio Department of Health

Based on the Division of Family and Community Health Services' (DFCHS) recent analyses of disparities, contributing factors, and opportunities for improvement in birth outcomes, a Division-wide Birth Outcomes Improvement Initiative (BOII) has been developed. This Initiative is about refining the message of pre/interconception care in DFCHS maternal and child health serving programs. The initiative will focus on a few really important evidenced-based strategies that include existing programs as well as new approaches identified in the review of best practices to improve birth outcomes. This initiative brings together Ohio's Maternal and Child Health programs, Early Intervention, WIC, Genetics and Birth Defects programs, along with community partners to collaborate on the strategies listed below.

1. Conduct focus groups of women of childbearing age and providers for women of childbearing age:
2. Partner with Ohio Section of the American College of Obstetricians and Gynecologists (ACOG) to develop or modify and implement Preconception/Interconception service protocols:
3. Pilot MOM focused interconception visits:
4. Focus all programs on populations at greatest risk:
5. Partner with Ohio Department of Mental Health to conduct a Maternal Depression Screening Pilot Project:
6. Implement 5 A's Prenatal Smoking Cessation Program:
7. Advance use of the Perinatal Data Use Consortium (PDUC):
8. Support Ohio Partners for Birth Defects Prevention:
9. Support the Fetal Alcohol Spectrum Disorders (FASD) Statewide Initiative:
10. Convene an Ohio Summit for Pre/Interconception Health ([ODH](#), n.d.).”

Contact:

Beverly Wargo
Ohio Department of Health
Bureau of Child and Family Health Services
614-644-0139
Beverly.wargo@odh.oh.gov

Source:

Ohio Department of Health. (n.d.). E. Health Status Indicators LBW & VLBW. Retrieved from <http://www.odh.ohio.gov/ASSETS/77CB035781064073923196A205944A17/IVEf07.pdf>

OH- Building Capacity to Address Environmental Health Issues

Region V Preconception/Interconception Programs	
Building Capacity to Address Environmental Health Issues during Pregnancy Project- Through funding from the EPA, the Ohio Department of Health piloted an environmental risk assessment tool for health care providers to be administered to women of reproductive age. "The objectives of ODH's project included assessing prenatal care systems capacity to support an environmental risk reduction program; assessing provider awareness of environmental risks; training providers; following-up with providers to gauge behavior change and opinions of the risk assessment tool; and assessing the knowledge of women of childbearing age (http://yosemite.epa.gov/oehp/ochpweb.nsf/content/Final_Grant_Report_Ohio_PDF.htm/\$File/Final_Grant_Report_Ohio.pdf?Open&preview)."	
State	OH
City	4 Pilot sites (Athens County, Lucas County, Dayton and Montgomery County and Stark County Health).
Program Title	Building Capacity to Address Environmental Health Issues during Pregnancy Project
Program Period	11/1/2007 - 10/31/2009
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Environmental Protection Agency (EPA)
Funding Period	11/1/2007 - 10/31/2009
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	direct health care services, enabling services, infrastructure building services
Contact Person/ Information	Melissa Mathias, 614-466-4113, melissa.mathias@odh.ohio.gov Shakeba Carter-Jenkins, (202) 564-4355, carter-jenkins.shakeba@epa.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Ohio Department of Health
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	ODH staff, health care providers
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Health Care Providers and Women of Reproductive Age
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No

OH- Building Capacity to Address Environmental Health Issues

Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No

OH- Building Capacity to Address Environmental Health Issues

Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No

OH- Building Capacity to Address Environmental Health Issues

<p>EPA. (February 11, 2010). Building Capacity to Address Environmental Health Issues During Pregnancy Awards. Retrieved from http://yosemite.epa.gov/ochp/ochpweb.nsf/content/prenatalgrants.htm.</p>	
<p>Ohio Department of Health. (January 28, 2010). Report on the U.S. Environmental Protection Agency Grant, Building Capacity to Address Environmental Health Issues during Pregnancy. Retrieved from http://yosemite.epa.gov/ochp/ochpweb.nsf/content/Final_Grant_Report_Ohio_PDF.htm/\$File/Final_Grant_Report_Ohio.pdf?Open&preview.</p>	
<p>(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)</p>	

Healthy Behaviors in Women, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> Healthy Behaviors in Women	
MCHB Program	Healthy Behaviors in Women
Type of Service(s)	Enabling Services, Infrastructure Building Services
Project Period	8/1/2008 to 7/31/2011
Grantee	ST. VINCENT MERCY MEDICAL CENTER
Project Director	Connie Cameron
Address	2213 Cherry St STE ACC #307, Toledo, OH 43608
Phone	Not Available
Fax	Not Available
Email	connie_cameron@mhsnr.org
Website	Not Available

The Healthy Connections for Women's Health project will implement and demonstrate a comprehensive model of care that integrates into the medical home perinatal medical care, mental health, and weight management services for pregnant and postpartum women who are overweight or obese and who are at risk for or experiencing depression.

Source:

HRSA. (n.d.). Healthy Behaviors in Women - Fiscal Year 2009. Retrieved from https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractDetails.aspx?cbAbstractSummary=H59MC09958_2009_NonResearch_4&tbKeyword=healthy%20behaviors%20in%20women&rbKeyword=All&lbStateRegion=OH&rbTimePeriod=1&ddlResultsBy=ProjectTitle&rbSortedBy=ASC.

* For Further Detail on Healthy Behaviors in Women, see Appendix B.

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>CLEVELAND HEALTHY FAMILY/ HEALTHY START PROJECT</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	CLEVELAND DEPARTMENT OF PUBLIC HEALTH
Project Director	Lisa Matthews
Address	1925 ST. CLAIR AVENUE, CLEVELAND, OH 44114
Phone	Not Available
Fax	Not Available
Email	lmatthews@city.cleveland.oh.us
Website	Not Available

The Cleveland MomsFirst Consortium's goal is the reduction in the disparity of infant mortality rates between the city's African American and white populations, by improving access to care through outreach and client recruitment, care coordination, health education, interconceptional care and perinatal depression screening. The consortium's strategies include enrollment of high risk, African American, pregnant women and the enrollment of at-risk adolescents within the school system and education and advocacy on the part of incarcerated women.

<input type="checkbox"/> <u>HEALTHY START INITIATIVE: ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	6/1/2000 to 5/31/2014
Grantee	COLUMBUS HEALTH DEPARTMENT
Project Director	Grace M Kolliesuah
Address	240 Parsons Ave, Columbus, OH 43215
Phone	Not Available
Fax	Not Available
Email	gmkolliesuah@columbus.gov;teresal@columbus.gov
Website	Not Available

Caring for 2 (CF2) will contribute to an improved perinatal health care system and improved health statistics for the overall community in addition to the women served with direct services through the elimination of disparities in perinatal health for African American women in the 3

central city high risk neighborhoods where the IMR for 2003-3005 was 15.7. CF2 will provide outreach and recruitment; case management; health education; interconceptional care, depression screenings. LHSAP initiatives will focus on increasing prenatal care access, capacity and utilization; reducing sleep related deaths; improving access to Interconceptual care; eliminating racial inequities; and integration of a Life-course perspective.

Source:

HRSA. (n.d.). Abstracts Annotation. Retrieved from <https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=OH&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=G23&lbMchbProgram=H67&lbMchbProgram=H49&lbMchbProgram=U1H&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Start, see Appendix C

OH- Perinatal Smoking Cessation

Region V Preconception/Interconception Programs	
Perinatal Smoking Cessation Program- The Ohio Partners for Smoke-Free Families project is working with WIC sites statewide to implement the 5-A's Smoking Cessation program among women of reproductive age (http://www.odh.ohio.gov/odhPrograms/cfhs/psmok/presmoke1.aspx).	
State	OH
City	Statewide
Program Title	Perinatal Smoking Cessation Program
Program Period	2001-Ongoing
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Ohio Department of Health
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct health care services
Contact Person/ Information	Beverly Wargo, Birth Outcomes Improvement Supervisor Bureau of Child and Family Health Services (614) 644-0139 Beverly.wargo@odh.oh.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	60 Ohio Special Supplemental Nutrition Program for Women, Infants and Children (WIC) sites
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	WIC Providers
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women of reproductive age (both pregnant and not)
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No

OH- Perinatal Smoking Cessation

Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No

OH- Perinatal Smoking Cessation

Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	No
Curriculum for trainers	Yes
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Ohio Department of Health. (January 29, 2009). Perinatal Smoking Cessation Program. Retrieved from http://www.odh.ohio.gov/odhPrograms/cfhs/psmok/presmoke1.aspx .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Region V Preconception/Interconception Programs	
Small Change is a collaborative project to reduce the risk of repeat poor pregnancy outcomes and infant mortality specifically African American women already participating in the <i>Help Me Grow</i> program and promote positive health behaviors through education and motivational interviewing. <i>Small Change</i> is a CityMatCH Promising Practice Preconception Health (http://www.citymatch.org/07conf/07abstracts.pdf).	
State	OH
City	Cincinnati
Program Title	Small Change
Program Period	N/A
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Cincinnati Health Department, Cincinnati Children's Hospital, Health Improvement Collaborative of Greater Cincinnati, March of Dimes
Funding Period	N/A
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Enabling Services
Contact Person/ Information	Kathy Hill, (513) 636-8225 Kathy.hill@cchmc.org
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Social Service Agencies in Cincinnati serving pregnant women in the <i>Help Me Grow</i> Program (pilot agencies: Lighthouse Youth Services and Healthy Mom & Healthy Babes)
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Home visitors and health care professionals
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women with a previous preterm birth enrolled in the <i>Help Me Grow</i> program
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No

OH- Small Change

Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	Yes
Stress Reduction	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes

OH-Small Change

Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	No
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	Yes
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	Yes
Curriculum for participants	Yes
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Handel, P., Hill, K., Shank, M. (August 26, 2007). Small Change. [PowerPoint slides]. Retrieved from http://www.citymatch.org/07conf/presentations/PromisingPractices/PH%20-%20CM%20Promising%20Practice-Small%20Change%20-%20Kathy%20Hill%20et%20al.ppt .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

OH- Women's Health Services Program

Region V Preconception/Interconception Programs	
The Women's Health Services Program (WHSP) targets low income women with a focus on those at greatest risk for poor birth outcomes. WHSPs are funded through the state to 21 local health departments (http://www.odh.ohio.gov/odhPrograms/cfhs/womenhs/whs1.aspx).	
State	OH
City	Statewide
Program Title	The Women's Health Services Program (WHSP)
Program Period	Ongoing
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Ohio Department of Health
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct health care services, Enabling Services
Contact Person/ Information	Judith Hauser, Judith.Hauser@odh.ohio.gov, 614-644-1107
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	21 Local Health Departments throughout Ohio
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Physicians, Nurses, Social workers and Counselors
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Low income women in Ohio, target population: women at or below 100% FPL
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes

OH- Women's Health Services Program

Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid (Provided)	No
Oral Care	No

OH- Women's Health Services Program

Contraception/ Family Planning	Yes
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	No
Public Awareness Campaign	No
Ohio Department of Health. (January 29, 2009). Women's Health Services Program. Retrieved from http://www.odh.ohio.gov/odhPrograms/cfhs/womenhs/whs1.aspx .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-Course Perspective, Wisconsin Department of Health Services

February 2009- “Wisconsin’s Department of Health Services (DHS) was awarded \$497,777 for a 2-year federal grant from the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau, for the *First Time Motherhood/New Parents Initiative*. The purpose of this grant, fully funded by HRSA, is to integrate the life-course perspective into a social marketing campaign to improve birth outcomes among African American women in Wisconsin.

The specific goals of *ABCs for Healthy Families* are the following:

1. Increase the public’s and providers’ knowledge of the importance of integrating the life-course perspective into preconception/interconception care to improve birth outcomes for African American infants in southeastern Wisconsin;
2. Integrate the life-course perspective into current MCH awareness campaigns;
3. Increase positive birth outcomes by providing linkages to preconception/interconception, prenatal, family support, and social services for low-income African American women and men in Milwaukee and Racine; and
4. Increase father involvement and support couples transitioning into their roles as new parents ([DHS](#), n.d.).

Contact:

Patrice Onheiber
608-266-3894
patrice.onheiber@wisconsin.gov

Source:

Wisconsin Department of Health Services. (n.d.). ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-Course Perspective. Retrieved from <http://dhs.wisconsin.gov/healthybirths/pdf/abshealthyfamilies.pdf>.

Region V Preconception/Interconception Programs	
<p>BadgerCare is Wisconsin's Family Planning Waiver Program- The Program provides reproductive health screening and care for low-income Wisconsin women. The program provides preconception care, birth control, reproductive health screenings, and treatment from STIs. The program is administered through local reproductive health clinics (https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/FamilyPlanningWaiver/index.htm.spagel).</p>	
State	Wisconsin
City	Statewide
Program Title	Wisconsin Family Planning Waiver Program (Badger Care)
Program Period	Ongoing (Waiver Expiration: 12/31/10)
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State, Federal
Funding Period	Ongoing (Waiver Expiration: 12/31/10)
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Services, Enabling Services
Contact Person/ Information	Michael Vaughn, 608-266-3959, vaughnml@dhfs.state.wi.us
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Local Family Planning Clinics
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Doctors
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Women age 15-44 who are at or below 200% of the federal poverty level
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No

Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	No
Physical Activity/Fitness	No
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	No
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	Yes
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No

WI- BadgerCare

Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Wisconsin Department of Health Services. (n.d.). Medicaid Family Planning Waiver. Retrieved from https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/provider/FamilyPlanningWaiver/index.htm.spage .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Region V Preconception/Interconception Programs	
First Breath is a program that helps pregnant women in Wisconsin quit smoking by integrating cessation strategies into existing prenatal care models, including public health services and private healthcare clinic appointments (http://www.wwhf.org/pg_firstbreath_1.asp#ProgramDescription) .	
State	WI
City	Statewide
Program Title	First Breath
Program Period	pregnancy and post partum
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Wisconsin Women's Health Foundation and Wisconsin Tobacco Prevention and Control Program
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	direct health care services, enabling services
Contact Person/ Information	Hilary Whitehorse Program Manager, First Breath hwhitehorse@wwhf.org
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	County health departments, WIC providers, community health centers, tribal health centers, private health care clinics, departments of public health
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	RNs
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Any Wisconsin woman who is pregnancy and trying to quit smoking
Program content/focus:	
Education	
Preconception Health Education	No
Pregnancy Planning /Contraception	No
Reproductive Life Plan	No
Child Spacing	No
Depression/ Mental Health	No
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes

WI- First Breath

Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	No
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	No
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	No
Oral Care	No
Contraception/ Family Planning	No
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	Yes
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	No
Folic Acid (Provided)	No

WI- First Breath

Oral Care	No
Contraception/ Family Planning	No
Counseling Services	Yes
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	Yes
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Wisconsin Women's Health Foundation. (n.d.). About First breath. Retrieved from http://www.wwhf.org/pg_firstbreath_1.asp#ProgramDescription .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

First Time Motherhood/New Parent Initiatives, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>First Time Motherhood/New Parents Initiative</u>	
MCHB Program	First Time Motherhood/New Parent Initiative
Type of Service(s)	Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	9/1/2008 to 8/31/2010
Grantee	Wisconsin Department of Health & Family Services
Project Director	Patrice Onheiber
Address	1 West Wilson Street RM 418, Madison, WI 53703
Phone	Not Available
Fax	Not Available
Email	patrice.onheiber@wisconsin.gov
Website	Not Available

The purpose of this project is to integrate the life-course perspective into a social marketing campaign to improve birth outcomes among African American women in Wisconsin. Wisconsin has one of the highest African American infant mortality in the country, as well as one of the greatest black/white infant mortality ratio.; however, this fact is not generally appreciated by the public. Through a social marketing campaign targeted to Racine and the central city of Milwaukee, where the rates are the highest, we will increase the knowledge and improve individual behaviors and community resources to address this problem.

Source:

HRSA. (n.d.). First Time Motherhood/New Parents Initiative - Fiscal Year 2009. Retrieved from https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractDetails.aspx?cbAbstractSummary=H5MM C10865_2009_NonResearch_4&tbKeyword=healthy%20behaviors%20in%20women&rbKeyword=All&lbStateRegion=WI&rbTimePeriod=1&ddlResultsBy=ProjectTitle&rbSortedBy=ASC.

* For Further Detail, see Appendix B

Healthy Mom, Healthy Next Baby- Demonstration Project

Focused on the prevention of future adverse pregnancy outcomes, *Healthy Mom, Healthy Next Baby* targets a woman and her family that had an adverse pregnancy outcome with a baby in the NICU. The program is based in Milwaukee, which has a high infant mortality rate. Using an empowerment model, the Program develops a relationship with the family in the NICU and uses a home-care partner to support women in becoming self-advocates. Designed as a 3 year project, each year includes 5 comprehensive care management visits. Aims of the program include addressing and managing participants' chronic illnesses and increasing birth spacing up to 24 months. The Program will longitudinally assess subsequent birth outcomes of participants.

Contact:

Chris VanMullem
Aurora Sinai Medical Center, Aurora Health Care
Milwaukee, Wisconsin 53233, USA
chris.vanmullem@aurora.org

Healthy Start: Eliminating Racial/Ethnic Disparities, Maternal and Child Health Bureau, Health Resources Services Administration, U.S.D.H.H.S.*

<input type="checkbox"/> <u>ELIMINATING DISPARITIES</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	BLACK HEALTH COALITION OF WISCONSIN
Project Director	Patricia McManus
Address	2801 W Wisconsin Ave, Milwaukee, WI 53208
Phone	Not Available
Fax	Not Available
Email	pmcmanus@bhcw.org;astokes@hrsa.gov
Website	Not Available

The goal of MHPB is to improve birth outcomes of African American women and to reduce health disparities. Lack of resources and severe social and economic conditions in the city of Milwaukee make progress very difficult. There is also a lack of political will. MHPB uses a community driven, family centered, culturally competent model of services to address the need.

<input type="checkbox"/> <u>ELIMINATING DISPARITIES IN PERINATAL HEALTH</u>	
MCHB Program	Healthy Start: Eliminating Racial/Ethnic Disparities
Type of Service(s)	Direct Health Care Services, Enabling Services, Population-Based Services, Infrastructure Building Services
Project Period	7/1/2001 to 5/31/2014
Grantee	GREAT LAKES INTER-TRIBAL COUNCIL INC
Project Director	Cynthia Weborg
Address	Post Office Box 9, Lac Du Flambeau, WI 54538
Phone	Not Available
Fax	Not Available
Email	mmetropolis@glitc.org;cweborg@glitc.org;
Website	Not Available

The project will address the high infant mortality rates of Wisconsin Native Americans by increasing access to care through collaboration with tribal and non-tribal health care systems. The model of delivery will be through outreach, health education, case management, interconceptional care and maternal health screenings including depression screening and referral client support services, consortia building, tribal and inter-tribal collaboration, and client and community education. Outcomes will be reported to the state, tribes and funding agency.

Source:

HRSA. (n.d.). Abstracts Annotation. Retrieved from

<https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/AbstractSummary.aspx?tbKeyword=&rbKeyword=Exact&lbStateRegion=WI&tbCity=&rbTimePeriod=1&tbGrantee=&tbProjectDirector=&lbMchbProgram=H59&lbMchbProgram=G23&lbMchbProgram=H67&lbMchbProgram=H49&lbMchbProgram=U1H&lbMchbProgram=H1S&ddlResultsBy=ProjectTitle&rbSortedBy=ASC&SearchAll=Search>.

* For Further Detail on Healthy Start, see Appendix C

Infant Death Center of Wisconsin (IDC)

The Infant Death Center of Wisconsin is a statewide program administered through Children's Hospital of Wisconsin. The center provides information, counseling and support groups for children, parents, grandparents and others affected by the sudden and unexpected death of an infant up to one year of age.

The IDCW is funded by Children's Hospital of Wisconsin and a MCH Title V Services Block Grant, through the Maternal Child Health Bureau of the Health Resources and Services Administration, Department of Health and Human Services (<http://www.idcw.org>).

IDC provides educational brochures which include Wisconsin area resources, for women to improve their health and well-being. IDC is also working with the *ABC's for Health Families* social marketing project to increase smoking/tobacco cessation during pregnancy and to educate consumer on the impact of second hand smoke on infant health ([IDCW](#), n.d.).

Brochures:

Take Control of your body

http://www.idcw.org/display/displayFile.asp?docid=10937&filename=/Groups/IDCW/Control_Body.pdf

Take Control of your health

http://www.idcw.org/display/displayFile.asp?docid=10937&filename=/Groups/IDCW/Control_Health.pdf

Take Control of habits that could shorten your life

<http://www.idcw.org/display/displayFile.asp?docid=10937&filename=/Groups/IDCW/ContlHabitShrtnLife.pdf>

Take Control of your mental health

<http://www.idcw.org/display/displayFile.asp?docid=10937&filename=/Groups/IDCW/ControlMentalHealth.pdf>

Take Control with a safe environment

<http://www.idcw.org/display/displayFile.asp?docid=10937&filename=/Groups/IDCW/ControlSafeEnviron.pdf>

WI- Infant Death Center of Wisconsin

Contact:

Vivian Jackson
Community services coordinator
(414) 266-2745
vjackson@chw.org

Source:

Infant Death Center of Wisconsin. (n.d.). Infant Death Center of Wisconsin. Retrieved from <http://www.idcw.org>.

WI- Prenatal Care Coordination

Region V Preconception/Interconception Programs	
The Prenatal Care Coordination Program supports pregnant women in having a healthy pregnancy and improving birth outcome. The program aims to provide a comprehensive resource for at-risk pregnant women by providing them with medical and social support (http://dhs.wi.gov/dph_bfch/MCH/pncc.htm).	
State	WI
City	Statewide
Program Title	Prenatal Care Coordination Program (PNCC)
Program Period	pregnancy and up to 60 days post partum
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Wisconsin Medicaid
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	direct health care services, enabling services
Contact Person/ Information	Katie Gillespie, 608-266-1538 Kate.Gillespie@dhs.wisconsin.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	local health departments and private agencies
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	PH Nurses, paraprofessional, registered Dieticians
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Pregnant women at high risk for poor birth outcome (High risk includes: less than 20, over 39, minority, less than 12 years of education, low/hi BMI, on WIC)
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes

WI- Prenatal Care Coordination

Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	Yes
Physical Activity/Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	No
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	No
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	Yes
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	Yes
Violence/Partner Violence	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	No
Folic Acid (Provided)	No

WI- Prenatal Care Coordination

Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Wisconsin Department of Health Services (August 7, 2009). Prenatal Care Coordination Program. Retrieved from http://dhs.wi.gov/dph_bfch/MCH/pncc.htm .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

WI- Wisconsin Association of Perinatal Care

Region V Preconception/Interconception Programs	
The Wisconsin Association of Perinatal Care (WAPC) is a non-profit organization charged with the mission to promote and coordinate perinatal care in Wisconsin. Along with improving professional education and public awareness related to perinatal care, the WAPC has a <i>Preconception and Prenatal Care</i> Committee and has developed a comprehensive Healthy Births Toolkit available to health professionals (http://www.perinatalweb.org).	
State	Wisconsin
City	Statewide
Program Title	Healthy Births Toolkit
Program Period	Ongoing
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	Wisconsin Association for Perinatal Care (WAPC)
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	infrastructure-building services
Contact Person/ Information	Kristine Casto, 608-417-5696 casto@perinatalweb.org
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	Literature and Media information
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	WAPC
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Health care providers
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes

WI- Wisconsin Association of Perinatal Care

Nutrition/ Diet	Yes
Physical Activity/ Fitness	Yes
Folic Acid	Yes
Oral Care	Yes
Safety (partner, helmets, smoke detectors, seatbelts)	Yes
Screening	
Depression/ Mental Health	Yes
Stress	Yes
STI/ HIV/Infectious Diseases/AIDS	Yes
Exposure to Environmental/ Occupational Hazards	Yes
Violence/Partner Violence	Yes
Preventive Screening (mammography, pap etc)	Yes
Substance abuse (Smoking, Drugs, Alcohol)	Yes
Chronic Illness	Yes
Diabetes	Yes
Obesity	Yes
Blood Pressure	Yes
Cholesterol	Yes
Immunization	Yes
Adverse Pregnancy Outcome	Yes
Nutrition	Yes
Physical Activity	Yes
Folic Acid Use	Yes
Oral Care	Yes
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	No
Nutrition	No
Physical Activity	No
Folic Acid (Provided)	No
Oral Care	No

WI- Wisconsin Association of Perinatal Care

Contraception/ Family Planning	No
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	No
Preconception/Interconception efforts totality of program	No
Preconception/Interconception efforts component of program	Yes
Curriculum for trainers	No
Curriculum for participants	No
Case Management	No
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
WAPC. (2008). Health Birth Toolkit: Letter of Introduction. Retrieved from http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/healthy%20birth%20toolkit%20cover%20ltr.pdf	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

WI- Women's Health Now and Beyond Pregnancy

Region V Preconception/Interconception Programs	
The Women's Health Now and Beyond Pregnancy program targets at risk women enrolled in the Prenatal Care Coordination Program (PNCC). The program aims to focus on preconception health and educate and provide contraception and family planning as well as child spacing (http://old.hcet.org/resource/nandb.htm).	
State	Wisconsin
City	Statewide (Milwaukee, 4 rural counties)
Program Title	Women's Health Now and Beyond Pregnancy
Program Period	3 time points: 3rd trimester, postpartum, 6-month follow-up
Funding Source/Sponsor/ Grant (federal, state local, non-profit, foundation)	State funding, Birth Defects Prevention
Funding Period	Ongoing
Type of Service (direct health care services, enabling services, population-based services, and infrastructure-building services)	Direct Health Care Service
Contact Person/ Information	Terry Kruse, 608-267-9662, Terry.Kruse@dhs.wisconsin.gov
Grantee/ Program site/ Delivery (FQHC, state funded clinics, private practices, Hospital, Community site)	County Health Department
Program Staff (Doctor, Ob/Gyn, Nurse Practitioner, community health worker)	Public Health Nurse
Demographic	
Target population - recruited for participation (age, income, race/ethnicity, previous adverse birth outcome, previous pregnancy, nulliparous)	Participants of PNCC (see PNCC chart)
Program content/focus:	
Education	
Preconception Health Education	Yes
Pregnancy Planning /Contraception	Yes
Reproductive Life Plan	Yes
Child Spacing	Yes
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No

WI- Women's Health Now and Beyond Pregnancy

Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition/Diet	No
Physical Activity/Fitness	Not currently, but planned
Folic Acid	Yes
Oral Care	No
Safety (helmets, smoke detectors, seatbelts)	No
Screening	
Depression/ Mental Health	No
Stress	No
STI/ HIV/Infectious Diseases/AIDS	No
Exposure to Environmental/ Occupational Hazards	No
Violence/Partner Violence	No
Preventive Screening (mammography, pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No
Physical Activity	Not currently, but planned
Folic Acid Use	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Intervention/ Risk Reduction	
Depression/Mental Health	No
Stress Reduction	No
STI/ HIV/Infectious Diseases/AIDS	No
Environmental/Occupational Hazards	No
Violence/Partner Violence	No
Preventive Testing (Mammogram, Pap etc)	No
Substance abuse (Smoking, Drugs, Alcohol)	No
Addressing Chronic Illness	No
Diabetes	No
Obesity	No
Blood Pressure	No
Cholesterol	No
Immunization	No
Adverse Pregnancy Outcome	Yes
Nutrition	No

WI- Women's Health Now and Beyond Pregnancy

Physical Activity	Not currently, but planned
Folic Acid (Provided)	Yes
Oral Care	No
Contraception/ Family Planning	Yes
Counseling Services	No
Program Guidelines	
Program specifically identifies as a Preconception/Interconception Program	Yes
Preconception/Interconception efforts totality of program	Yes
Preconception/Interconception efforts component of program	No
Curriculum for trainers	No
Curriculum for participants	No
Case Management	Yes
Program Recruitment	
Group Care	No
Outreach	
Community/Partner Collaboration	Yes
Public Awareness Campaign	No
Wisconsin Division of Public Health. (June 4, 2009). Women's Health Now and Beyond Pregnancy. Retrieved from http://old.hcet.org/resource/nandb.htm .	
(Promotion, Screening, Intervention from <i>Recommendations to Improve Preconception Health and Health Care-- United States, Section on Preconception Health and Care</i>)	

Wisconsin Women's Health Foundation (WWHF)

“The Wisconsin Women's Health Foundation is a statewide non-profit in Wisconsin dedicated solely to improving the health and lives of women and their families, through education, outreach programs and partnerships ([WWHF, n.d.](#)).”

Programs include:

[Badger Heart-](#)

The Badger Heart Program of the Wisconsin Women's Health Foundation educates women on cardiovascular disease (CVD) and provides them with free health screenings. The goal is to help women reduce their risk for CVD by providing them with free, confidential screenings, connecting women to their local health and wellness resources and raising awareness about CVD. Local healthcare partners in each Badger Heart Program community provide the screenings which include blood pressure, blood sugar, and cholesterol.

The Badger Heart Program offers a six-month intervention program. Monthly sessions focus on CVD basics, exercise and physical activity, diet and nutrition, gender differences in CVD, and stress reduction and depression in women. At each of the monthly sessions professionals present on the specific topic and participants are given materials to raise awareness about CVD and help them reduce their risk. The Program also provides smoking cessation for those women who smoke. The final session provides information on goal setting and lifestyle changes (http://www.wwhf.org/pg_badgerheart.asp).

[everywoman's journal-](#)

everywoman's journal is an education outreach program that teaches women how to use proactive health journaling techniques to increase individual awareness of their mental, physical, and emotional health, and guide them towards positive, effective action to improve their health and sense of personal well-being.

Journaling is commonly used in chronic pain management, recovery programs and adult learning, but journaling can also be used as a prevention tool. Proactive health journaling helps women translate personal reflection and feedback into actions that increase well-being by becoming in tune with physical messages our body give us and by using self-care techniques.

In a free, 2 hour workshop lead by a trained volunteer facilitator, participants learn and practice pro-active journal writing techniques, and receive information about mental illnesses, signs, symptoms, prevention and resources.

The *everywoman's journal* program covers five areas: nourishing awareness; scattered loss, relating to life, respectful caring, and pure joy.

WI- Wisconsin Women's Health Foundation

The insights gained from proactive health journaling - combined with creative self-care techniques and awareness of local health resources - can truly improve the quality of life and health for women.

Workshops can take place in a home, church, library, community center or any public meeting space. Workshops are designed for groups of 15 or less. Participants will receive a journal specifically designed for the program.

WWHF trains and provides materials for volunteer facilitators to present *everywoman's journal* workshops in communities throughout Wisconsin (http://www.wwhf.org/pg_womansjournal.asp).

First Breath

First Breath is a program that helps pregnant women in Wisconsin quit smoking by integrating cessation strategies into existing prenatal care models, including public health services and private healthcare clinic appointments. Our goals are to:

1. Increase the number of pregnant women who quit smoking
2. Reduce smoking among pregnant women who are not able to quit
3. Improve the health of newborns
4. Decrease the rate of relapse among mothers after they deliver (http://www.wwhf.org/pg_firstbreath_1.asp#ProgramDescription).

Sponsors: State of Wisconsin Division of Public Health, Bureau of Community Health Promotion and University of Wisconsin Center for Tobacco Research & Intervention

GrapeVine Project

The GrapeVine Project is a program that involves partnering with Parish Nurses to bring much needed health education and resources to women in underserved areas.

The program involves training Parish Nurses to present a series of women's health education units in communities throughout Wisconsin. WWHF provides Parish Nurses with a teaching "tool kit" of demonstration materials and incentives for participants. All information is gathered from local, state and national organizations with expertise in the specific health area, and is continually reviewed by medical advisors and partner organizations to ensure the most current information is being shared.

The six units include:

1. **Cancer:** Women receive information on cancer, learn how to perform breast self exams, and how to identify a lump in a breast model.
2. **Heart Disease:** Women receive information on heart disease, diet and nutrition, exercise, smoking cessation, and view "clogged artery" models. They also receive a pedometer as an incentive.

3. **Bone Health:** Women receive information on osteoporosis along with a photographic comparison of normal and osteoporotic bones. They also receive calcium supplements as an incentive.
4. **Mental Health:** Women receive information on mental illnesses and the stigma associated with them. They learn signs and symptoms of mental illnesses and ways to reduce stress. They also receive a relaxing music CD as an incentive.
5. **Domestic Abuse:** Women receive information on domestic abuse including a list of domestic abuse programs and shelters.
6. **Oral Health:** Women receive information on oral health, and a toothbrush and toothpaste as an incentive (http://www.wwhf.org/pg_grapevine.asp).”

Sponsors: the Wisconsin Department of Health Services, Division of Public Health, [Wisconsin Well Woman Program](#), the [Wisconsin Comprehensive Cancer Control Program](#), and the [Alliant Energy Foundation](#)

Contact:

Hilary Whitehorse
Wisconsin Women's Health Foundation
Program Manager, First Breath
hwhitehorse@wwhf.org

Source:

Wisconsin Women's Health Foundation. (n.d.). Retrieved from <http://wwhf.org>.

National Preconception Resources

California Department of Public Health

Preconception Health and Health Care Initiative Fact Sheet

<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/PreconceptionHealthandHealthCareInitiativeFactSheet.aspx>

Centers for Disease Control (CDC), Consumer Work Group of the Preconception Care Implementation Committee, *Preconception Screening and Assessment Tools*

Provides a catalog of existing preconception screening and assessment tools

<http://mombaby.org/PDF/Summary%20of%20Preconception%20Tools.pdf>

Journal Articles on Preconception Health:

<http://www.beforeandbeyond.org/index.php?page=key-articles-and-studies>

CDC and March of Dimes, California Chapter

Presentations and handouts from the 2nd National Summit on Preconception Health and Health Care, Oakland, CA

<http://cdc.confex.com/cdc/pcs2007/techprogram/MEETING.HTM>

CityMatCH

Development of State Preconception Health Indicators

In 2006, the CDC Select Panel on Preconception Health published 10 recommendations. A Public Health workgroup was convened to develop measurable preconception health indicators to be used at the state level.

A link to the presentation by Dr. Bill Sappenfield, a member of the Committee that developed the measures is available under the *Download Presentation* Header:

http://www.citymatch.org/eventcalendar/view_entry.php?id=117&date=20090922

CityMatCH Urban Practice Collaborative on Preconception Health (pUPC/PCH)

A CDC funded initiative, the Collaborative works with selected cities to integrate preconception health practices into public health programs. From 2006-2008, pilot programs were conducted in Hartford, CT, Los Angeles, CA, and Nashville, TN.

<http://www.citymatch.org/whealth.php>

AMCHP/CityMatCH Women's Health Partnership

With funding from the Centers for Disease Control and Prevention, AMCHP and CityMatCH have formed a Women's Health Partnership (WHP) to identify and promote unique state and local MCH roles and opportunities to ensure and improve women's health before and between pregnancies (CityMatCH, n.d.).

CityMatCH. (n.d.). Women's Health. Retrieved from <http://www.citymatch.org/whealth.php>.

Prior to implementation of the Women's Health partnership, the WHP developed the *AMCHP/CityMatCH Women's Preventive Health Framework*:

<http://webmedia.unmc.edu/community/citymatch/WomensHealthPaper.pdf>

Healthy Weight in Women of Reproductive Age Action Learning Collaborative (ALC)

The first initiative of the Women's Health Partnership (October 2006- February 2008) was focused on promoting health weight in women of reproductive age. A report of the eight-city initiative can be found at:

<http://citymatch.org/downloads/HW.pdf>

Contra Costa Health Services, Family, Maternal and Child Health Programs

Policy Brief: A NEW AGENDA FOR MCH POLICY AND PROGRAMS: INTEGRATING A LIFE COURSE PERSPECTIVE, October 2009.

This brief proposed ideas for a framework by which to integrate the life course model into MCH policies and programs.

http://www.cchealth.org/groups/lifecourse/pdf/2009_10_policy_brief.pdf

Guttmacher Institute, State Policies in Brief as of January 25, 2010: State Medicaid Family Planning Eligibility Expansions.

Current information regarding states with Medicaid family planning waivers and state specific eligibility requirements:

http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf

March of Dimes Foundation, Department Of Public Policy, The George Washington University School of Public Health and Health Services

Policy Research Brief, March 2009: Coverage and Payment of Quality Preconception and Interconception Care for Women of Child-Bearing Age Enrolled in Medicaid Family Planning Waiver Programs: Key Findings from a Pilot Study.

The Policy Brief outlines a pilot study on the preconception care coverage and payment provided in 6 states: Arizona, California, Florida, Illinois, Iowa, and New York.

http://www.marchofdimes.com/files/Family_Planning_Waivers_GW_Preconception_Coverage_Policy_Brief_2009.pdf

March of Dimes

Preconception Care:

<http://www.marchofdimes.com/professionals/preconception.asp>

Local State Chapter Grants

State priorities vary but may include:

- Providing or enhancing preconception health awareness, education and/or services with a specific focus on folic acid and/or achieving a healthy weight before pregnancy.
- Providing or enhancing risk reduction education and/or services.
- Organizing community discussions and/or focus groups that aim to address racial and ethnic disparities in birth outcomes.
- Increasing access to and quality of health care for women and infants
- Increasing availability of prevention services
- Increasing availability of genetics services and folic acid education (IL MOD, n.d.)

March of Dimes, Illinois Chapter. (n.d.). Chapter Grants. Retrieved from <http://www.marchofdimes.com/illinois/45752.asp>.

Region V States, Chapter Information:

Illinois: <http://www.marchofdimes.com/illinois/45752.asp>

Susan Knight, State Director, Program Services and Public Affairs
312-435-4007 or sknight@marchofdimes.com

Indiana: <http://www.marchofdimes.com/indiana/45945.asp>

Mary Alexander, State Director, Program Services and Public Affairs
317-262-4668 or malexander@marchofdimes.com

Michigan: <http://www.marchofdimes.com/michigan/38402.asp>

State Director of Program Services, 248-359-1550

Minnesota: <http://www.marchofdimes.com/minnesota/44025.asp>

Marianne Keuhn, State Director, Program Services and Public Affairs
952-835-3033 ext. 304 or mkeuhn@marchofdimes.com

Ohio: <http://www.marchofdimes.com/ohio/46786.asp>

Becky Johnson-Rescola, State Director of Public Affairs, 216-643-3330,
bjohnson-rescola@marchofdimes.com

Wisconsin: <http://www.marchofdimes.com/wisconsin/43234.asp>

Pamela Pfeffer, State Director, Program Services and Public Affairs
414-203-3118 or ppfeffer@marchofdimes.com

Minnesota Department of Health, *Preconceptional Care (PCC) Visit Recommendations*

This informational fact sheet compares preconception care guidelines of the American College of Obstetricians and Gynecologists (ACOG), American Academy Family Physician (AAFP), Mayo Clinic, Institute for Clinical Systems Improvement (ICSI), and March of Dimes (MOD).

<http://www.health.state.mn.us/divs/fh/mch/preconception/handouts/careguidelines.pdf>

Office of Minority Health, US Department of Health and Human Services

African American Infant Mortality Awareness Campaign: A Healthy Baby Begins with You

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=117>

Focusing on African American college students, the initiative aims to educate women 18 and older on preconception and interconception health and infant mortality. A pilot Preconception Peer Educator program was added to certify college students to educate their peers on issues related to preconception and reproductive health.

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=6878&lvl=2&lvlID=117>

The Preconception Health Council of California, *Every Woman California*

Every Woman California is a statewide initiative through the California Department of Public Health to provide residents with relevant and current information regarding preconception health. The website provides information for consumers and providers and includes information on developing a reproductive life plan and a preconception knowledge quiz.

<http://www.everywomancalifornia.org/>

Trust for America's Health (TFAH), *Healthy Women, Healthy Babies: An Issues Brief from Trust for America's Health*

TFAH finds that the deteriorating health of American women, due in part to wide-spread chronic disease epidemics like obesity and diabetes, is taking a toll on American infants, resulting in stagnated improvement when it comes to infant health. TFAH's report offers recommendations for Congress and the American health system to aggressively improve the health of new-born infants (TFAH, 2008).

TFAH. (June 2008). Reports: Healthy Women, Healthy Babies.
<http://healthyamericans.org/report/44/healthy-women-healthy-babies>

Access the Issue Brief at:

<http://healthyamericans.org/reports/files/BirthOutcomesLong0608.pdf>

UNC Center for Maternal Infant Health, Preconception Section

Provides information for consumers on health throughout the reproductive life course for men and women.

<http://mombaby.org/index.php?c=3>

Before, Between, and Beyond Pregnancy

In conjunction with the CDC Select Panel on Preconceptional Care, the website provides education and resources on preconception health for health professionals.

<http://www.beforeandbeyond.org/>

US DHHS, HRSA, *Bright Futures for Women's Health and Wellness*

The mission of the Bright Futures for Women's Health and Wellness Initiative (BFWHW) is to plan, develop, implement, and evaluate a variety of culturally competent, evidence-based consumer, provider, and community tools for women across their lifespan. Materials help women of all ages achieve better physical, emotional, social, and spiritual health by encouraging healthy practices

FREE copies of BFWHW Tools are available in limited quantities from the HRSA Information Center at 1-888-ASK-HRSA. Online versions are available below and at the [Maternal and Child Health Library: http://www.mchlibrary.info/BFWHW.html](http://www.mchlibrary.info/BFWHW.html) (HRSA, n.d.)

HRSA. (n.d.). Women's Health. Retrieved from <http://www.hrsa.gov/WomensHealth>.

Wisconsin Association of Perinatal Care (WAPC).

Becoming a Parent: Information to consider if you are thinking about becoming pregnant.

WAPC provides a free booklet aimed at consumers who are considering pregnancy. The booklet includes factors for individuals and couples to consider before pregnancy including readiness, health behaviors and establishing a relationship with a health care provider.

WAPC. (2005). *Becoming a Parent: Information to consider if you are thinking about becoming pregnant*. Retrieved from http://www.perinatalweb.org/images/stories/PDFs/Materials%20and%20Publication/becoming%20a%20parent_booklet.pdf.

Becoming a Parent: Preconception Checklist

This document is aimed at consumers considering becoming pregnant. The brochure includes a checklist for consumers to fill out regarding their physical, mental and social well being as well as concerns and expectations they might have about pregnancy and being a parent. The checklist is intended to be reviewed with a health care provider once the individual or couple has filled it out.

WAPC. (2005). *Becoming a Parent: Preconception Checklist*. (2nd ed.). [Brochure]. Madison, WI. WAPC.

A free copy is available at:
http://www.everywomancalifornia.org/content_display.cfm?contentID=65&categoriesID=7.

Women's Health Partnership (WHP), Women's and Children's Center, Rollins School of Public Health, Emory University

Any legislator, lobbyist or interest group may download existing fact briefs on a variety of topics from this website. Lobbyists and legislators (and their staff) may also request custom issue briefs and/or statistics related to specific pending legislation. These services are free of charge, and supported by the Rollins School of Public Health at Emory University and the Atlanta Women's Foundation (WHP, n.d.).

Women's Health Partnership, Emory University. (n.d.). Services. Retrieved from <http://www.sph.emory.edu/WHP/services.php>

Interconception Care, Fact Brief

A detailed fact brief was developed on Interconception Care for the 2007 Legislative Session. The fact brief outlines the issue of interconception care, what it is, its impact and cost, and examples of existing state programs related to interconception care.

<http://www.sph.emory.edu/WHP/documents/2007%20Session/InterconceptionCare.pdf>

Appendix

HRSA, MCHB funded Grants with Preconception/Interconception Care Components:

Each year the Maternal and Child Health Bureau (MCHB) awards nearly 900 discretionary grants that help to ensure that quality health care is available to the maternal and child health (MCH) population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs (HRSA, n.d.).

HRSA. (n.d.). Retrieved from About DGIS.
<https://perfdata.hrsa.gov/MCHB/DGISReports/AboutDGIS.aspx>.

The following MCHB program includes aspects of preconception, interconception and women's health:

Closing the Gap on Infant Mortality: African American-Focused Risk Reduction

The goal is to reduce African American infant mortality due to low birth weight/preterm birth and Sudden Infant Death Syndrome (SIDS), the primary areas of infant mortality disparities for the African American population.” The program aims to provide community awareness and education, while targeting women at risk for adverse pregnancy and infant outcomes (USDHHS, 2004).

USDHHS. (May 12, 2004). Testimony. <http://www.hhs.gov/asl/testify/t040512d.html>.

Further detail of each HRSA-MCHB funded program can be found by searching the program title and state at:

HRSA. (n.d.). Abstracts Search. Retrieved from
<https://perfdata.hrsa.gov/MCHB/DGISReports/Abstract/advancedSearch.aspx>.

HRSA, MCHB funded Grants with Preconception/Interconception Care Components:

Each year the Maternal and Child Health Bureau (MCHB) awards nearly 900 discretionary grants that help to ensure that quality health care is available to the maternal and child health (MCH) population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs (HRSA, n.d.).

HRSA. (n.d.). Retrieved from About DGIS.
<https://perfddata.hrsa.gov/MCHB/DGISReports/AboutDGIS.aspx>.

The following MCHB program includes aspects of preconception, interconception and women's health:

First Time Motherhood/New Parent Initiatives

First-Time Motherhood/ New Parents Initiative (FTM/NPI) shall be demonstration grants to fund States to increase public awareness of resources available to women preparing for childbirth and new parents through advertising campaigns and toll-free hotlines (HRSA, n.d.).

HRSA. (n.d.). HRSA Electronic Handbooks for Applicants/Grantee: FIRST TIME MOTHERHOOD/NEW PARENTS INITIATIVE. Retrieved from
<https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=233F65AD-FBDA-4DFD-AAC0-6E624BAD80B5&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup>.

Further detail of each HRSA-MCHB funded program can be found by searching the program title and state at:

HRSA. (n.d.). Abstracts Search. Retrieved from
<https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/advancedSearch.aspx>.

HRSA, MCHB funded Grants with Preconception/Interconception Care Components:

Each year the Maternal and Child Health Bureau (MCHB) awards nearly 900 discretionary grants that help to ensure that quality health care is available to the maternal and child health (MCH) population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs (HRSA, n.d.).

HRSA. (n.d.). Retrieved from About DGIS.
<https://perfddata.hrsa.gov/MCHB/DGISReports/AboutDGIS.aspx>.

The following MCHB program includes aspects of preconception, interconception and women's health:

Healthy Behaviors in Women~

The goal of this program is to develop and demonstrate creative and innovative approaches that are effective in reducing the prevalence of overweight/obesity in women by increasing the number of women who adopt positive, healthy, lifestyles. The interventions implemented must be substantive in nature, incorporate nutrition, physical activity and health/wellness components, while also positively impacting knowledge, attitudes and behaviors. These approaches should target women in communities who have limited access to preventive health services, and when appropriate linked to other relevant services to comprehensively address their health needs. Proposals must include women who are members of racial ethnic minority populations who are disproportionately affected by overweight/obesity (HRSA, n.d.).

HRSA. (n.d.). HRSA Electronic Handbooks for Applicants/Grantee: HEALTHY BEHAVIORS IN WOMEN. Retrieved from
<https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=5B56A976-9C6E-4DF6-A697-8E03453090B3&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup>.

Further detail of each HRSA-MCHB funded program can be found by searching the program title and state at:

HRSA. (n.d.). Abstracts Search. Retrieved from
<https://perfddata.hrsa.gov/MCHB/DGISReports/Abstract/advancedSearch.aspx>.

HRSA, MCHB funded Grants with Preconception/Interconception Care Components:

Each year the Maternal and Child Health Bureau (MCHB) awards nearly 900 discretionary grants that help to ensure that quality health care is available to the maternal and child health (MCH) population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs (HRSA, n.d.).

HRSA. (n.d.). Retrieved from About DGIS.
<https://perfdata.hrsa.gov/MCHB/DGISReports/AboutDGIS.aspx>.

The following MCHB program includes aspects of preconception, interconception and women's health:

Healthy Start

The Healthy Start (HS) Program is administratively located in the Health Resources and Services Administration's (HRSA), Maternal and Child Health Bureau (MCHB), Division of Healthy Start and Perinatal Service (DHSPS). As an initiative mandated to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high annual rates of infant mortality, the HS program focuses on the contributing factors which research shows influence the perinatal trends in high-risk communities (HRSA, n.d.).

HRSA. (n.d.). HRSA Electronic Handbooks for Applicants/Grantee: HEALTHY START INITIATIVE-ELIMINATING RACIAL/ETHNIC DISPARITIES.
<https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=22E5A20E-E0E4-4A4B-9B03-361612F885EF&ViewMode=EU&GoB>.

Eliminating Racial/Ethnic Disparities

Under this program, grants will be awarded to address significant disparities in perinatal health indicators. Eliminating disparities in Perinatal Health focuses on disparities in Hispanics, American Indians, African Americans, Alaskan Natives, Asian Pacific Islanders, Immigrant Populations or differences occurring by education, income, disability, or living in rural, isolated areas by enhancing a community's service system. Communities must provide a scope of project services that will cover pregnancy and interconceptional phases for women and infants residing in the proposed project area. Services are to be given to both mother and infant for two years following delivery

to promote longer interconceptional periods and prevent relapses of unhealthy risk behaviors (HRSA, n.d.).

HRSA. (n.d.). HRSA Electronic Handbooks for Applicants/Grantee: HEALTHY START INITIATIVE-ELIMINATING RACIAL/ETHNIC DISPARITIES. <https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=22E5A20E-E0E4-4A4B-9B03-361612F885EF&ViewMode=EU&GoB>.

Healthy Start Interconception Care Learning Community

The Interconception Care Learning Community is a partnership supported by MCHB's Division of Healthy Start and Perinatal Services. Partners include:

- All Healthy Start grantees, inclusive of consumers, providers and other partners within their Healthy Start communities;
- An Expert Work Group (EWG) of 18 leaders in women's health, primary care, public health, quality improvement, and Healthy Start; and
- Abt Associates Inc. and Johnson Group Consulting, Inc.

The purpose of the ICC-LC is to improve the health and well-being of women served by Healthy Start by advancing the quality and effectiveness of interconception care in their project area. The ICC-LC will focus on improving the health of high-risk woman served by Healthy Start grantees through the implementation of evidence-based practices and innovative community-driven interventions, which are a hallmark of Healthy Start (MCHB, 2009).

For further information:

Maternal and Child Health Bureau (MCHB). (April, 2009). Interconception Care Learning Community. Retrieved from <http://webcast.hrsa.gov/archives/mchb/dhsp/april232009/handout.pdf>.

Johnson Consulting Group. (July 2009). Preconception Health and Health Care Update. Retrieved from <http://archive.constantcontact.com/fs023/1102467033406/archive/1102672806787.html>.

Presentation slides from Interconception Care Learning Community (ICC-LC) can be retrieved from:

Maternal and Child Health Bureau. (n.d.). MCHCOM.COM Webcast Communications from MCHB. Retrieved from <http://www.mchcom.com/archivedSeriesWebcasts.asp?sid=35>.

Further detail of each HRSA-MCHB funded program can be found by searching the program title and state at:

HRSA. (n.d.). Abstracts Search. Retrieved from <https://perfdta.hrsa.gov/MCHB/DGISReports/Abstract/advancedSearch.aspx>

Maternal and Child Health Services Title V Block Grant, Maternal and Child Health Bureau, Health Resources Services Administration, U.S. Department of Health and Human Services

Goal: Improve the health of all mothers and children consistent with the applicable health status goals and national health objectives established by the Secretary of the U.S.

States and Jurisdictions

States and jurisdictions use Title V funds to design and implement a wide range of maternal and child health programs that meet national and State needs. Although specific initiatives may vary among the 59 States and jurisdictions utilizing Title V funds, all programs work to do the following:

- Reduce infant mortality and incidence of handicapping conditions among children
- Increase the number of children appropriately immunized against disease
- Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services
- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children under 16 years of age who are eligible for Supplemental Security Income
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs (MCHB, n.d.).

To read the most recent State Title V Block Grant Narratives, visit:

<https://perfdata.hrsa.gov/mchb/TVISReports/StateMchApps/StateNarrativeMenu.aspx>

Source:

Maternal and Child Health Bureau. (n.d.). *Maternal and Child Health Services Title V Block Grant*. Retrieved from <http://mchb.hrsa.gov/programs/blockgrant/overview.htm>.

Title X of the Public Health Service Act, Population Research and Voluntary Family Planning Programs, Office of Population Affairs, Office of Public Health and Science, U.S. Department of Health and Human Services

Title X provides women with reproductive, preventive and contraceptive health services and counseling.

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

The Title X Family Planning program is administered within the Office of Public Health and Science, Office of Population Affairs (OPA) by the Office of Family Planning (OFP). In fiscal year 2007, Congress appropriated approximately \$283 million for family planning activities supported under Title X. At least 90 percent of the appropriation is used for clinical family planning services as described in the statute and regulations (45 CFR Part 59).

In fiscal year 2006, 88 Title X grantees provided family planning services to approximately five million women and men through a network of more than 4,400 community-based clinics that include State and local health departments, tribal organizations, hospitals, university health centers, independent clinics, community health centers, faith-based organizations, and other public and private nonprofit agencies. In approximately 75% of U.S. counties, there is at least one clinic that receives Title X funds and provides services as required under the Title X statute.

Over the past 30 years, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as: patient education and counseling; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X program also supports three key functions, authorized under the Title X statute aimed at improving the quality of family planning services and assisting clinics with responding to client needs. These functions include: (1) training for family planning clinic personnel through ten regional general training programs and three national training programs that focus on clinical training, enhancing quality family planning services for males, and/or coordination of training activities on the national level; (2) data collection and family planning research aimed at improving the delivery of family

planning services; and, (3) information dissemination and community based education and outreach activities. These functions help to ensure that family planning services are evidence-based and of high quality.

The Title X family planning program is intended to assist individuals in determining the number and spacing of their children. This promotes positive birth outcomes and healthy families. The education, counseling, and medical services available in Title X-funded clinic settings assist couples in achieving these goals (USDHHS, n.d.).

Source:

U.S. Department of Health and Human Services. (n.d.). Family Planning. Retrieved from <http://www.hhs.gov/opa/familyplanning/index.html>.