**W.K. Kellogg Foundation Report – May 2017**

***The National Preconception Health & Health Care Initiative***

**PROJECT SUMMARY**

The overarching goal of The National Preconception Health and Health Care Initiative is to reduce maternal and infant mortality and morbidity by improving the health and wellness of young women and men *before* they become pregnant. While improving the health of all children and mothers is important, the PCHHC has focused its work on building equity in outcomes, underscoring the fact that young adults and infants of color have poorer health outcomes and less access to tailored information and resources than other populations in the US.

To work toward achieving this larger vision, we focused on integrating and implementing preconception care into clinic and community settings. This report summarizes the status of our work to achieve this goal. Specific metrics and numbers are provided in the evaluation report. Below is the original project summary:

**The overarching goal of the Initiative is to reduce maternal and infant mortality and morbidity by improving the health and wellness of young women and men before they become pregnant**. To work toward achieving this larger goal, we aim to integrate and implement preconception care into clinic and community settings. **Our first objective is to increase knowledge about preconception health and the adoption of healthy lifestyles among women and men of reproductive age.** We will achieve this objective by: a) reframing the word preconception to better engage our target audience; b) developing and promoting a national website for consumers; c) tailoring the Show Your Love campaign to reach more diverse audiences; and d) partnering with a diverse group of Preconception Peer Educators to ensure that the framing of the messages continue to be attractive, appropriate and developed in a way to support behavior change among young adults**. Our second objective is to increase the capacity of health care providers and health care systems to better integrate and monitor preconception services through routine preventive, primary, and specialty care.** We will achieve this objective by: a) developing a clinical screening tool; b) providing technical assistance to 4 clinic-based clinic demonstration sites to support implementation of PCC into practice; c) engaging, training and providing technical assistance to 10 accountable care organizations on integrating PCC into their health system; d) convening stakeholders to review lessons learned and publish collective strategies for effective integration of PCC into care; and e) identifying needed supports to encourage state-level utilization of population-based preconception indicators. Capitalizing on our existing partnerships, we will coordinate across the provider and consumer efforts to ensure that the messages are consistent and create increased consumer demand for PCC services and clinical provision of these services. We will work with public health partners to improve state ability to monitor progress in PCC health improvements.

**PROGRESS TOWARD GOAL & OBJECTIVES**

**ACTIVITIES AND OUTCOMES**

**Objective 1**: **Increase knowledge about preconception health and the adoption of healthy lifestyles among women and men of reproductive age**.

*Aims A & C) Reframing and Diversifying Messages*

The Consumer Workgroup has worked to expand and diversify their flagship program, [Show Your Love](http://www.showyourlovetoday.com). In the spring of 2016, the Consumer workgroup funded 14 organizations across the US to expand and diversify Show Your Love preconception messages and educational materials. These organizations tested preconception messages and Show Your Love materials with their communities to improve upon and revise/reframe those messages. They produced Show Your Love campaign materials that are more relatable to their population, including videos, public service announcements, posters, digital ads, doctor dialogue toolkits, healthy habits checklists, and more. The PCHHC Communications Manager worked closely with each organization to review materials, cross-promote work, and coordinate efforts with monthly webinars. While originally not expected, the grantees requested the opportunity to meet via webinar to share ideas and resources. The group enjoyed this format and asked for continued opportunities to share and connect with each other. As such, the grantees met online 4 times during the project period. This group has transitioned to becoming part of the Consumer workgroup, and they continue engage even though the grant period has ended. To learn more about the work of the projects, please view the slide deck located at <http://beforeandbeyond.org/wp-content/uploads/2017/01/PCHHC-Catalyzing-Change-Slides.pdf>. The Show Your Love Today website features grantee work, as do our social media properties. The April 2017 issue of the PCHHC newsletter features partner work, as have past and upcoming issues of the newsletters (access [here](http://myemail.constantcontact.com/PCHHC-Springs-Into-Action--Spring-Newsletter.html?soid=1110472552145&aid=QatwlpEtfxE)). All of the grantees met their goals and were successful. A manuscript summarizing valuable lessons learned is under development.

*Aim B) ShowYourLoveToday.com*

In 2016, the PCHHC Consumer Workgroup began rolling out the new Show Your Love consumer-facing campaign, beginning with [www.showyourlovetoday.com](http://www.showyourlovetoday.com), the first and only national, consumer-focused preconception health educational and community-building platform in the US. Show Your Love website objectives include: enabling young adults to efficiently manage their personal and family well-being by making realistic healthy lifestyle improvements daily; educating young adults and their loved ones about tools, resources, and specific options available to support healthy lifestyles; bridging the gap in access to and communication between young adults and their healthcare providers by helping them understand critical components about preconception health care, life planning, health insurance (including pre-and post-doctor dialogues, info about access to care); and empowering young adults to become health advocates in their communities by getting involved with Show Your Love.

Tied to the launch of the Show Your Love website, the Consumer Workgroup launched their social media properties on Twitter ([www.twitter.com/SYL\_Today](http://www.twitter.com/SYL_Today)) and Facebook ([www.Facebook.com/ShowYourLoveToday](http://www.Facebook.com/ShowYourLoveToday)), coining the hashtag: [#ShowYourLoveToday](https://twitter.com/search?f=tweets&vertical=default&q=%23ShowYourLoveToday&src=typd). The group also launched an Instagram page in April. We have coordinated national tweet chats, used paid press releases via PRNewire to promote key preconception health messages, and expanded the populations we reach by partnering via digital media with community influencers. While the formal Show Your Love website and social media launch took place summer 2016, the work has truly grown this past year as our Communications Specialist has developed new content with our grantees, met people at various conferences, and begun to connect and network partners. One example of this work has been the connections we have orchestrated among various states interested in using texting to reach young adults. La Familia is a texting program from Los Angeles supported by the WK Kellogg Foundation mini-grant. This texting program has been so successful that it is now being used across California. Several other states were developing or interested in creating similar programs. Our Communications Specialist connected these groups with each other so they could learn and co-create instead of wasting resources doing duplicative projects. For more information about the impact of this work, please see the evaluation report.

Grant resources have been used to develop a “step and repeat” board where partners and consumers alike can take pictures against the Show Your Love backdrop and post to social media. There are many examples of the board in use on our Facebook page. We have purchased info cards about our resources, sent our Communications Specialist to conferences to network and promote the website/preconception messages, boosted partner posts, submitted articles to newsletters about preconception health, and given webinars on communicating about preconception health. Our Communications Specialist also utilized her networks and paid press releases to attract the attention of reporters writing on PCC topics and connect them to PCHHC clinical leaders. While half of the articles have initially focused on prenatal health, our leaders have been able to answer their questions AND weave in preconception information as well. The Zika crisis provided unexpected but important opportunities to talk and write about preconception health. In fact, rapid responses to reporter calls with questions about Zika paved the way for calls later on different topics.

*Aim D) Partnership with Preconception Peer Educators*

Tied to the launch of our grassroots social media efforts, we launched the Show Your Love Community Ambassador Program in the second year of our project. We are supporting these young adults speaking locally or in niche-virtual communities that are important to them as they share their healthy journeys online and in their neighborhoods. This program has been promoted nationally – with an Office of Minority Health webinar, national and NC-based Preconception Peer Educators trainings, and community/campus events, to name a few. With nearly 25 ambassadors and counting, we are seeing authentic engagement online and an opportunity to elevate community voices. To become part of the program, ambassadors must complete an enrollment form that includes permission to share photos and repost social media messages. The partnership with the Office of Minority Health is proving to be very fruitful, with win / wins for both our groups as we engage young adults in talking with each other about health and wellness. Partnership with the PPE program has allowed us to elevate voices of young adults of color and make way for / promote them in this space.

**Objective 2**: **Increase the capacity of health care providers and health care systems to better integrate and monitor preconception services through routine preventive, primary, and specialty care.**

*Aim A) Screening Tool*

As part of this work, our clinical workgroup, led by Dr. Dan Frayne, worked with colleagues from the Oregon Foundation of Reproductive Health’s One Key QuestionTM (OKQ) initiative to discuss their simple screening question (Would you like to become pregnant in the next year?) and their provider response algorithm based on the woman’s answer to OKQ. This led to a redesign of their algorithm to better capture preconception health interventions, irrespective of response. We also provided input and guidance to the development of a Preconception Health App (RTI did the work in partnership with the CDC, PCHHC, and resources from Anthem Health) for women planning a pregnancy. The App includes screening questions and responses. We also have collected screening instruments and listened to the challenges inherent in trying to assess ALL the many preconception health risks/behaviors while not overwhelming consumers or providers. We encouraged all of our mini-grantees to experiment in using the CDC’s Show Your Love checklist and share with us what worked well and what did not. Finally, we had a session at our in-person meeting in December 2016, where we brought consumers and clinicians together to discuss the components of a quality tool. While we made progress toward developing a screening tool, there is still work to be done on this objective.

*Aims B & C) Engaging, training and providing technical assistance to 4 clinics and 10 health care systems*

In tandem with developing clinical measures, the Clinical Workgroup focused on identifying promising practices for integrating preconception health into clinic settings where women receive routine care and developing a series of recommendations for system-level engagement on preconception health. This was accomplished by partnering with individual clinics and larger health care systems in collaborative learning networks. Through this process barriers and facilitators to implementation of preconception care were identified, and new tools and resources developed to better support clinicians and systems in this work. Initial outcomes aim for leaders to assess utilizing measures to drive outcomes, improve quality, and support program development within their system, and to consider and propose possibilities for integrating preconception care components into their existing system.

We began the process in March 2016, scheduling phone calls and meetings with key leaders and champions in a variety of health systems across the United States with the goal of creating a cohort of both clinics and systems that were interested in and/or already working on prioritizing and integrating preconception healthcare into their organization. We were able to effectively engage more than 12 different health systems representing 12 states (MA, OR, FL, OH, NC, DE, CA, AL, RI, WA, IL, NY) through individual conversations accompanied by a structured didactic on importance of preconception health, the need for system level change to improve outcomes, and the opportunity for measuring preconception wellness to drive quality improvements. Then, we established our “Health Systems Collaborative” with the goal of sharing ideas, developing and disseminating best practices and strategies, defining barriers and challenges, and developing solutions, with the ultimate goal of developing a series of recommendations for system level integration of preconception health. We had five webinars with strong participation in each (50%+ of organizations) over a period of seven months. Through the webinars, on-site grand rounds and consultative visits, and many one-on-one strategic planning sessions, we successfully created synergy and momentum for advancing routine preconception healthcare provision and measurement in a variety of healthcare settings. The work culminated in December 2016, with our in-person meeting in Arlington VA, for a more in-depth dive into the work with at least one representative from each partner group and core clinical workgroup leadership attending. Below is a list of engaged partners:

1. Codman Square Community Health Center, Dorchester, MA (CLINIC)
2. Samaritan Family Medicine Residency Clinic, Corvalles, Oregon (CLINIC)
3. Grant Family Medicine Residency Clinic, Columbus, OH (CLINIC)
4. MAHEC Division of Family Medicine and OBGYN, Asheville, NC (CLINIC)
5. Magnolia Project and Agape FQHC, Jacksonville, FL (CLINIC)
6. Alabama State Department of Health, AL (CLINIC/SYSTEM)
7. Providence Community Health Centers and Neighborhood Health Plan of Rhode Island, RI (SYSTEM)
8. HealthShare of Oregon, OR (SYSTEM)
9. Samaritan Health Services, OR (SYSTEM)
10. Washington State Hospital Association, Safe Deliveries Road Map (SYSTEM)
11. County Care MCO and Cook County Health System, Chicago, IL (SYSTEM)
12. New York State Department of Health, NY (SYSTEM)
13. Mission Health Partners, Western North Carolina (SYSTEM)
14. Veterans Health Administration System, VA Central Office (SYSTEM)
15. Ohio State Hospital Association and the Ohio Perinatal Quality Collaborative and Columbus Medical Association, OH (SYSTEM)
16. UC Davis Health Center, Sacramento, CA (SYSTEM)
17. Lower Hudson Valley Perinatal Network, New York State, NY (SYSTEM)
18. Norther Navajo Medical Center, Indian Health Services Shiprock Service Unit (SYSTEM/CLINIC)
19. Westside Family Healthcare, Wilmington, DE (CLINIC) – *did not participate in collaborative*
20. Sutter Health, CA (SYSTEM/CLINIC) – *did not participate in collaborative*

Initially, we assumed it would be difficult to engage health systems on the importance of preconception health; surprisingly, this was not the case. We were overwhelmed by both the systems’ and the clinics’ support and interest in learning and being a part of the collaborative. By working through clinician champions, these clinics and health systems were ready for active assistance on how to integrate and improve preconception health on a system level and looking for answers to barriers and challenges to success. Systems were able to gain new ideas, garner support, and establish plans for moving their preconception health integration forward. Systems are interested in continuing to collaborate and really move the marker on systems preconception health integration.

Dr. Frayne presented to the Washington State Hospital Associations “Safe Deliveries Roadmap Safe Table Meeting” in Seattle, WA, to jumpstart their preconception health initiative in Sept 2015. He traveled to Dorchester, MA, to The Codman Square FQHC, gave a grand rounds presentation, and met with key stakeholders to advise next steps in terms of their clinic’s integration. We traveled to Jacksonville’s Magnolia Clinic to work with their partner FQHC in preparation for their staff to include preconception health as a standard of a care. We also partnered with the Oregon Foundation of Reproductive Health to create an enhanced algorithm for the “One Key Question” initiative – a need that many programs requested.

Two of the health systems in the collaborative are working on collecting the preconception wellness measures: Mission Health Partners and the US Department of Veterans Affairs. Both of these systems are using different modes for collection and are very interested in staying engaged to start looking at and using their data.

National presentations were given for the NICHQ COIIN and at AMCHP (Association of Maternal & Child Health Programs) 2016 conference on incorporating the preconception health measures into primary care and the debut of the Preconception Wellness Measures. Presentations at the Society of Teachers for Family Medicine (STFM) Meeting in April 2016, and the American Academy of Family Physicians (AAFP) Family Centered Maternity Care Course in Aug 2016 focused on an “every woman, every time” approach to preconception health in primary care. The presentation at the National Title X Reproductive Health Conference in July 2017 focused on the importance of preconception Health in family planning clinics. Much work was also done locally in Buncombe County, North Carolina, achieving a countywide prioritization of preconception wellness led by the county department of health and human services and local social service agencies. A presentation about the preconception health measures and importance of “every woman, every time” will be delivered at a statewide summit in North Carolina in June 2017.

Our engaged systems and clinics requested that our Clinical Director publish or create a mode of delivering his “preconception health talk” so that they may use it to get the buy-in from stakeholders within their organizations. In March 2017, this well-traveled preconception care talk was published in the March issue of the *ZERO TO THREE Journal* and will be readily available on the Before, Between, and Beyond website. The enhanced and practical clinical algorithm for responding to the One Key Question within the context of routine primary care was included in these educational experiences and improved upon through feedback from end-user clinicians.

In terms of what clinics and systems need in order to integrate and measure preconception health, we found that theidentification of and communication with champions are critical to success. We found that a champion needs to come from inside the organization and that the higher the influence of the champion, the more “system level” change occurs. Initially, we thought we would spend time “selling the idea” of preconception health to the systems and clinics we were engaging with, but we usually found an existing champion already invested in the work. The major issues in implementation were not buy-in, but rather systemic barriers such as inadequate or inflexible electronic health records, financing, time, and competing priorities.

We learned that many of the organizations we engaged with were interested in or already using “One Key Question” (OKQ). While OKQ is valuable tool for identifying pregnancy intendedness, it often limited their understanding of looking at more of the preconception health indicators. Implementers of OKQ end up focusing more on contraception rather than whole-woman preconception care. Clinicians remain very invested in the idea of prenatal health, and are still struggling with understanding the concepts behind preconception health.

When seeking to create change and foster momentum, we also learned that direct, one-on-one conversations and in-person presentations are the most powerful and effective, and that the more team members engaged, the stronger the program. A key takeaway from the final group conference is the complexity of reproductive health as it relates to reproductive justice and systemic issues with the way we see and screen patients. A summary of the learning collaborative partners, their work and the webinars is posted [here](https://beforeandbeyond.org/programs/clinical/) (at beforeandbeyond.org in programs, clinical).

Grant resources were used to update the beforeandbeyond.org website. The website is now more user friendly, has up-to-date information (e.g. Dr. Dan Frayne reviewed the entire clinical toolkit to assure content was current), and better show cases the work of the PCHHC and its partners. Module 5: Interconception Care for Women with Chronic Conditions and Pregnancy Complications was released and is available [here](https://beforeandbeyond.org/modules/module-5-interconception-care-for-women-with-chronic-conditions-and-pregnancy-complications/) with CEU credits. We are issuing a paid, targeted national press release to promote the importance of preconception health and strategies for integrating PCC into clinical encounters. The release will be aimed toward clinicians. Much of the work undertaken is summarized in a paper published by Dr. Dan Frayne in the *ZERO TO THREE Journal* – A Paradigm Shift in Preconception and Interconception Care, Using Every Encounter to Improve Birth Outcomes (<http://buff.ly/2pZaGDs>). We are promoting this paper nationally to prompt ongoing conversation.

*OBJ 1 Aim C and OBJ 2 Aims D & E: Catalyzing Change Meeting*

PCHHC coordinated a Preconception “Catalyzing Change” Meeting on December 13-14, 2016, in Arlington, VA. This meeting brought together over 100 people from 20+ states. Seven health systems were also able to dial-in, leading to a close to 100% participation from the learning collaborative health systems. There also was high participation from our Show Your Love Diversification Grantees, with 12 out of 14 able to join in-person. The Catalyzing Change Meeting goals were: 1.) Synthesize current preconception efforts in consumer education, clinical integration, and population measures; 2.) Develop plans for expanding preconception strategies across systems and population groups, including research; and 3.) Strategize about connecting with and amplifying Title V efforts around the well woman visit.

The meeting went very well, with an opportunity for the clinical and consumer groups to meet separately to address WK Kellogg grant deliverables as well as to come together to integrate the work. We also had a presentation from Cheryl Robbins from the CDC on their new preconception health population measures. The discussion that followed was rich, and a second session provided an opportunity for the group to set some direction for promoting and utilizing the new population measures in practice. We also heard a presentation from Arden Handler and the City MatCH team about the Well Woman Story work, also funded by WK Kellogg, and discussed the implications of those findings for our work. Feedback from the meeting was very positive – particularly around the unique opportunity to bring consumers and clinicians together for cross-collaboration. It was also exciting to see many new partners now alongside those who have been working on PCC for years. A full report from this meeting, as well as presentation slides and next steps, is available on beforeandbeyond.org [here](https://beforeandbeyond.org/about/strategies/).

**ENVIRONMENT/CHALLENGES/OPPORTUNITIES**

The ability to support time focused specifically on networking and connecting has been critical to our success, now and ongoing. From a consumer-focused perspective, beyond our ever-growing PCHHC Consumer Workgroup and new Show Your Love Grantee partners, we are regularly connecting with influencers in the field. We have identified a variety of organizations that have a shared mission and model, and they have been in conversations about partnering with us long-term. The same is true for our work with clinicians and health care systems. Having a dedicated physician champion for the movement has deepened conversations and allowed us to identify many organizations with an interest in preconception health.

Looking at the larger environment in the field of maternal and child health, the addition of the well-woman visit metric as a Title V National Performance Measure has been very beneficial to our efforts to promote preconception health. Likewise, resources from our WK Kellogg Foundation grant have afforded team members the time and travel resources to participate in federal meetings and collaboratives to support states (all states selected this measure) in successfully reaching their goals. Foundation funds have also allowed team members (Frayne and Verbiest) to work with the American College of Obstetrics and Gynecology (ACOG) on developing Bright Futures for Women and a new ACOG grant from HRSA MCHB on the well woman visit. With a renewed national focus on the importance of postpartum care and health, PCHHC leaders and partners have been able to lean in to this missed opportunity with a push toward expanding care to encompass interconception care for women for two years postpartum. Dr. Verbiest is part of an ACOG working group to develop a Postpartum/Interconception Care Bundle. Further, there have been opportunities for expanding preconception health messages through the long acting reversible contraceptive (LARC) movement, particularly in partnership with ASTHO and AMCHP, as well as increase screening for reproductive intention in partnership with One Key Question.

With resources from the WK Kellogg Foundation, in partnership with AMCHP and Innovate Carolina, we organized and executed a [TEDxUNC Salon, “What If…Reimagining Maternal and Child Health in the US.”](https://beforeandbeyond.org/about/partners/whatifmch/) The event was filmed in front of a live audience on January 17th 2017, in Chapel Hill, NC. Over 300 people from across the country tuned in to hear the eight TEDxUNC Salon presenters (in attendance or via live-stream). Select videos were premiered and discussed at the Association of Maternal and Child Health Programs National Conference on April 5th 2017, which included a live panel. The AMCHP premier had nearly 80 attendees. Both events had live social media coverage and included high quality promotional materials/programs and food served. *These videos have been archived online at* [*www.beforeandbeyond.org.*](https://beforeandbeyond.org/about/partners/whatifmch/)

The new federal administration has introduced new challenges to our work. Concerns focus on potential changes to access to health care services, strategies around reimbursement and incentives for providers and systems, and access to the full suite of contraceptive options – so critical in supporting reproductive life planning. Other policy changes that further stress and burden people of color and people with low wealth threaten to undo progress that has been made. At the same time, the political landscape has also generated tremendous interest in working across groups to support equity and the health of young adults – to connect and innovate.

**COLLABORATION & OBSERVATIONS**

PCHHC has broadened our partnership and reach by collaborating with national organizations, including: Young Families Connect, the National Campaign to Prevent Teen and Unplanned Pregnancy (Besider.org), Youth Health Tech, Black Women for Wellness, EveryWomanNC/LatinaSana, SisterSong, Latina Commission on AIDS, and Healthy Teen Network, to name a few. PCHHC is working with preconception health stakeholders to unify messages – from creating campaigns to engage all peer educators to supporting community ambassadors from other organizations to promote and share our important preconception health messages. PCHHC has recently partnered with NC DHHS Department of Public Health and NC-based universities on the peer education program. Our Show Your Love Diversification Grantees have become fundamental partners that have continued to stay engaged past their funding cycle. We would like to continue our partnership and support for the grantees. We plan to invite individuals from those organizations to join our Show Your Love leadership team to bring a fresh, community-based perspective. The Clinical Workgroup has doubled in size over the past two years, with over 70 clinicians from across the country now actively participating in calls. Health reporters are beginning to notice the expertise of our group, which continues to expand our reach and reputation.

Our PCHHC network now encompasses over 200 leaders across the country in public health, non-profit organizations, medicine, and research focused groups, etc. Travel funds provided through the WK Kellogg Foundation have facilitated increased connections and the ability to provide presentations and attend meetings to advance this work. We are working with new efforts out of the National March of Dimes, the University of Georgia in Athens, GA, and the AMCHP Well Woman Title V Indicator Group. The data and surveillance group at the CDC remains active and now includes several clinicians from the Clinical Workgroup as advisors. This group is developing a series of manuscripts on preconception health surveillance with a variety of populations. The Preconception Health Policy network is still in place, although in the current political times we are looking to large partner agencies such as AMCHP, NACCHO, ACOG, and ASTHO for advocacy leadership. Regular updates from experts such as Brent Ewig and Kay Johnson allow our network to support engagement, story sharing, and outreach on policy issues that affect young adults of childbearing age and their children.

**FUTURE PLANS**

Our goal in securing WK Kellogg funding was to build a foundation of work in reaching clinicians and consumers that would serve as a launching pad for seeking new partners and resources to advance this work. Support from WK Kellogg laid key bricks, including the development of social media properties, a social media presence and positive reputation, websites, clinical measures, growing visibility, connected networks, and new partnerships with different communities and health care systems. The December 2016 Catalyzing Change meeting brought together a new group of stakeholders and generated fresh energy and excitement for this work together. The dedicated time and attention of a communications specialist and a clinician have been essential to this work, adding new expertise to that of the senior advisor. Their time and expertise paired with resources for implementation have taken the PCHHC movement to the next level without question. The Catalyzing Change meeting in December 2016 helped set the stage for our work ahead.

Looking forward, the Centers for Disease Control and Prevention have indicated that they plan to continue to provide base funding for the PCHHC, which covers core convening and websites along with general networking and leadership team coordination. This is encouraging given the cuts they expect to sustain from the federal government. Continuing support for leadership to proactively weave together different movements (interpersonal violence, substance use, mental health, social justice) finding common ground and shared messaging around pregnancy intention and wellness care is important. The CDC will continue to support data and surveillance work, including development of preconception health care indicators, and bi-weekly updates on preconception health related research. Our team is reaching out to partners such as the March of Dimes to consider supporting national preconception health report cards to help promote population-based surveillance.

We are working with University Development and Innovate Carolina to develop pitches to unbranded pharmaceutical companies and other businesses for funding Phase III of Show Your Love – to include resources for high impact paid media. This would not have been possible without Kellogg support, which helped us develop an online brand and market. We are also planning to seek resources to fund our community partners (e.g. diversification grantees) to scale local and targeted preconception health programs. We are also seeking support for a preconception health quality collaborative that can collect and analyze the clinical wellness measures in practice in order to assess the preconception wellness of women in a system. We plan to continue to collaborate with “One Key Question” to help advance the uptake of this simple intervention and its follow up algorithm.

Our Catalyzing Change meeting in December identified several areas for future research, including: a) formative studies on messaging preconception health for men, b) formative studies for cultural and language messaging for Latinx populations / Spanish language, c) a major clinical effectiveness study, d) assessment tool testing and validation, e) Frameworks Institute (policy framing for PCC), f) messaging across generations, and g) research on implicit / explicit bias in reproductive health counseling and strategies to promote equity. Meeting participants also agreed to explore a more substantive partnership with City MatCH and the work they are doing around equity and reproductive justice.

*WK Kellogg Carry Forward Funding*

With permission from the Foundation, we hope to use carry-forward funding to continue to focus on our consumer outreach, brand development, message diversification, and dissemination. Allowing our Communications Specialist to continue to use her expertise on moving preconception health into the social space will be of great value. We will use remaining funds to build our brand ambassador work, formalize new partnerships, present at events across the country, continue to engage health reporter interest in this topic, complete upgrades to the ShowYourLoveToday.com website, boost posts and work by community partners, and work with influencers and new partners to amplify preconception health messages.

As a quick example of the impact we hope to have with her continued engagement, on May 16th we coordinated a national #MCH Chat to elevate key health messages on infant mortality prevention, including preconception health. Here is the [#MCHChat Storify](https://storify.com/UNCOBGYN/mchchat-brings-together-experts-on-what-women-need). In one hour we achieved the following results:

Total Accounts Reached = 194,135

Total Chat Impressions = 4,393,096

Total Chat Contributors = 105

On May 23rd we issued a national press release to elevate messages targeting clinicians around the importance of integrating preconception health into routine clinical care, using the manuscript by Dr. Daniel Frayne in ZERO TO THREE as our prompt. Clinical workgroup members were prepared to speak to reports and a wrap around social media promotion plan was developed. Stats on this outreach will be available shortly, however as of an hour of its release, 177 news outlets had picked it up to cover.

*Boost/Amplification Funding*

While we have accomplished a great deal with our grant, there are a few immediate follow up strategies that we would like the chance to implement in order to fully realize the impact of these foundational resources. First, we would like to coordinate a three-day retreat for a cohort of our community groups and clinicians to come together and use human design system thinking to focus on the transcreation of preconception screening / assessment tools and methods, improved patient-provider communication strategies, and the development of concepts for an online Shutterfly-esque, mix and match preconception resources/tools/images/video/message inventory for both consumer and clinic partners. We would then like to design, pilot test and promote these new resources across the country. Finally, we would like to contract with a clinician champion to conduct a retrospective chart review to determine if women who met all 9 clinical measures truly had improved birth outcomes and possibly which one or combination of risks is the highest predictor of a poor birth outcomes. The clinician would also review two of the most used clinical apps (e.g. Contraceptive Technology) to identify opportunities to weave in preconception health messages. While we could look for resources to further promote our Preconception Health Resource Guide for Clinicians, participants at our Catalyzing Change meeting suggested that we first make sure that the existing, highly utilized clinical tools contained critical preconception health messages.

**DISSEMINATION**

PCHHC is becoming a national authority on preconception health, with our work engaging consumers as well as health professionals. Our social media presence - PCHHC on Twitter ([@PCHHC](https://twitter.com/PCHHC)) | on [LinkedIn](http://bit.ly/PCHHCLI) and Show Your Love on Twitter ([@SYL\_Today](http://www.twitter.com/SYL_Today)) | Facebook ([Facebook.com/ShowYourLoveToday](http://www.facebook.com/ShowYourLoveToday)) and Instagram, as well as the newsletter, improved websites (BeforeandBeyond.org and ShowYourLoveToday.com), and increased social media activity of leaders and partners – has allowed us to build a wide national dissemination mechanism for key messages ongoing. Please see our evaluation report for more specific information and metrics.

We have also been active in presenting our real-time results at conferences. For example, at AMCHP 2017, Show Your Love had a featured session, attended by nearly 50 conference attendees. The session covered our PCHHC Catalyzing Change Meeting key lessons learned and best practices in engaging with diverse communities. Additionally, PCHHC work has been presented and had a very large presence at key conferences, including AMCHP 2016 + 2017, National Healthy Start Association Spring and Fall Conference (2016 + 2017), CityMaTCH (2016 + presentation/exhibit expected for 2017), European 3rd Congress on Preconception Health, Delaware Healthy Mother and Infant Consortium, Every Woman NC/March of Dimes Springing into Preconception Meeting, Office of Minority Health PPE Spring Training (expected to become a series), Society of Teachers of Family Medicine Annual Spring Conference, as well as several webinars and university site visits/events. Conference participation ranged from PCHHC featured presentations, exhibits, branded postcards and products, to our Show Your Love step & repeat (photo booth) and social media scavenger hunts.

PCHHC leaders and partners have also published a number of papers over the past two years, disseminating our work widely, including:

* [A Paradigm Shift in Preconception and Interconception Care: Using Every Encounter to Improve Birth Outcomes](http://beforeandbeyond.org/wp-content/uploads/2017/01/Zero-to-Three-Article-for-Dr.-Frayne.pdf), Zero to Three, April 2017
* [Promoting Maternal and Infant Health in the 4th Trimester](http://beforeandbeyond.org/wp-content/uploads/2017/01/Zero-to-Three-Article-for-Dr.-Verbiest.pdf), Zero to Three, April 2017
* [Advancing preconception health in the United States: strategies for change](http://buff.ly/2cC3Qtt), Upsala Journal of Medical Sciences, September 2016.
* [Using the Reproductive Life Plan in contraceptive counselling](http://buff.ly/2d5a4oY), Upsala Journal of Medical Sciences September 2016
* [MCH and Chronic Disease 1st Steps Towards a Life Course Aligned Agency](http://beforeandbeyond.org/wp-content/uploads/2014/03/MCH-and-Chronic-Disease-1st-Steps-Towards-a-Life-Course-Aligned-Agency.pdf) McClain, K., Brazeel, C., & Verbiest, S. (2016)
* [Reproductive Life Planning to Reduce Unintended Pregnancy](http://beforeandbeyond.org/wp-content/uploads/2014/03/Frayne_ACOT_654_ReproductiveLifePlanning.pdf) The American Congress of Obstetricians and Gynecologists, 2016
* [The future of preconception care in the United States multigenerational impact on reproductive outcomes](http://beforeandbeyond.org/wp-content/uploads/2014/03/The-future-of-preconception-care-in-the-United-States-multigenerational-impact-on-reproductive-outcomes.pdf), Upsala Journal of Medical Sciences, July 2016.
* [Recommendations for Health Systems to Measure and Index Preconception Wellness](http://beforeandbeyond.org/about-us/pchhc-in-the-news/new-recommendations-for-health-systems-to-measure-and-index-preconception-wellness/), Obstetrics & Gynecology, May 2016
* [Preconception Wellness and Healthcare: Can We Practice (and Measure) What We Preach?](http://www.jwatch.org/na41188/2016/05/03/preconception-wellness-and-healthcare-can-we-practice-and?query=topic_pregnancy&jwd=000101657588&jspc=), NEJM Journal Watch, May 2016 – [*PDF version*](http://beforeandbeyond.org/wp-content/uploads/2016/02/NEJM-Preconception-Wellness-and-Healthcare-May-27-2016.pdf)
* [Catalyzing a Reproductive Health and Social Justice Movement](http://download.springer.com/static/pdf/928/art%253A10.1007%252Fs10995-015-1917-5.pdf?originUrl=http%3A%2F%2Flink.springer.com%2Farticle%2F10.1007%2Fs10995-015-1917-5&token2=exp=1454696285%7Eacl=%2Fstatic%2Fpdf%2F928%2Fart%25253A10.1007%25252Fs10995-015-1917-5.pdf%3ForiginUrl%3Dhttp%253A%252F%252Flink.springer.com%252Farticle%252F10.1007%252Fs10995-015-1917-5*%7Ehmac=d9df2ca6c8f549522eb117d1adf4ce3915e6fe24d1ed696b9013f5ca4dbea8f1), Maternal and Child Health Journal, April 2016
* [Preconception Care in Publicly Funded U.S. Clinics That Provide Family Planning Service](http://beforeandbeyond.org/wp-content/uploads/2014/03/Robbins-2016_PCC-in-public-clinics.pdf) American Journal of Preventive Medicine, 2016
* [AAFP Preconception Care (Position Paper)](http://www.aafp.org/about/policies/all/preconception-care.html#Summary?utm_source=PCHHC+January+Newsletter+-+2016&utm_campaign=PCHHC+JAN&utm_medium=archive), American Academy of Family Physicians, December 2015

The manuscript Preconception Health Indicators for Public Health Surveillance with authors Cheryl L. Robbins, PhD, Denise D’Angelo, MPH, Lauren Zapata, PhD, MSPH, Sheree L. BouletDrPH, MPH, Andrea Sharma, PhD, MPH, Alys Adamski, MPH PhD, Sarah Verbiest, DrPH, MSW, MPH Charlan Kroelinger, PhD, was recently pulled from submission to the MCH Journal, due to their slow turn-around time (2 months and it still had not been reviewed by the editor). We are submitting to a women’s health journal. The timing is important, as the CDC will be releasing a December 2017 MMWR that reports on these population health measures nationally, and publication of the methods paper ahead of that MMWR is important. Dr. Verbiest has been invited to write a commentary for the *International Journal of Women’s Health and Reproduction Sciences* to summarize the findings from the December 2016 meeting. That manuscript is under development. Finally, Drs. Frayne and Verbiest, in partnership with the Clinical Workgroup, are developing a manuscript based on the WK Kellogg-supported work on integrating preconception care into health systems. Writing for this paper will take place over the summer, with a submission to a peer-reviewed journal planned for Fall 2017.

**PROJECT DIRECTOR’S OPINION**

Resources from the WK Kellogg Foundation have been essential in promoting maternal and child health in the U.S. The Foundation has demonstrated significant innovation and thought in supporting the work of local communities and health systems to advance the health of young adults and future parents. While preconception health is widely recognized as being critical to maternal and infant mortality and morbidity prevention, major federal funds and other foundations remain more likely to fund programs directed at pregnant women and children than young adults. Investments such as the one made by the WK Kellogg Foundation in preconception health have an intergenerational impact. Further, the Foundation’s clear advocacy and mission focused on equity and social justice gives license to its grantees to do the same. Resources from the WK Kellogg Foundation have given us the space to elevate issues around equity and justice in the fullest sense. Whether through the diversity of our mini-grantees or the truly honest space we created at the Catalyzing Change meeting, we were able to have important conversations about transcreation, reproductive justice and historic oppression. Bringing together the energy and perspectives of leaders such as Monica Simpson, Malika Redmond, Rend Smith and Gita Gulati-Partee elevated through the TEDxUNC Salon challenged our field to think differently and boldly if we are to fully lead for equity. We appreciate that the WK Kellogg Foundation supports projects from a life course perspective– whether infant feeding, infant mortality, maternal mortality, morbidity or equity – the resources provided to projects such as ours promote the interconnected stages of life and importance of working across generations.

In terms of learning around our specific project, the word “preconception” remains a challenge, as does the concept. We still need to invest significant resources to raise the general public’s awareness (consumers and clinicians) about the core idea that women and men’s health prior to pregnancy affects birth outcomes. While many Americans know that certain behaviors during pregnancy such as smoking are not good, they do not understand that a couple’s health before conception is perhaps even more important. We need to do this in a way that embraces feminism and reproductive justice AND can resonate across both liberal and conservative frames. We have also learned the importance of finding ways to advance an integrated, intergenerational women’s health perspective.

Looking forward, it is important that we create more opportunities for clinicians and consumers/community agencies to collaborate. This offers a unique role for PCHHC to generate workable solutions to challenges, develop resonant messages, and disseminate successful strategies. We were also reminded of the importance of learning from communities that have struggled with oppression for decades, seeking their advice and wisdom for current times instead of making up our own. We need to be intentional about developing and promoting materials for clinicians, public health workers, social workers, and home visitors on implicit bias, patent-led decision-making, cultural competency and quality communication. This is particularly important given public health interest in long acting reversible contraception and reproductive life planning. Likewise, we recognize that the field of maternal and child health must get more comfortable talking about human sexuality, relationships, housing, employment, racism and financial well-being if we are to fully support reproductive health and reduce infant mortality. One place to model this is among our own workforce.

Preconception health education and engagement needs to happen at a hyper-local community and clinic level, with images and messages that reflect the faces and concerns of the young adults being served. Likewise, this work must continue to be supported by a larger national effort to provide tools and supports along with evidence and science. The impact of having a young, talented Communications Specialist on board to elevate preconception health messages across social and digital media has been significant. The energy that Suzanne Woodward has brought to this work is not to be underestimated. She has skillfully woven new networks among preconception peer educators and young adults across the country, allowing us for the first time to launch conversations and dialogue with the community we need to reach. Her work with our mini-grantees has also elevated the beauty and necessity of targeted community-driven outreach. We strongly recommend that other grantees and leaders pay attention to the power of digital social media. Finally, we continue to embrace a concept elevated at the WK Kellogg funded Select Panel meeting in 2014 that we call “hitch a ride”. As we look forward we are challenging ourselves to identify more “unusual” partnerships and to reach out to business and industry. Partnerships are a necessity in this work as we all look for ways to advance preconception health messages, parlaying new science and emerging issues (such as the Zika virus, postpartum care and new Title V measures) into opportunities to promote this work.