

# Advancing Preconception Wellness in Health Systems:

Foundations, Lessons Learned, Next Steps

December 13, 2016

**Daniel J. Frayne, MD**

**Co-Chair, Clinical Workgroup, PCHHC**

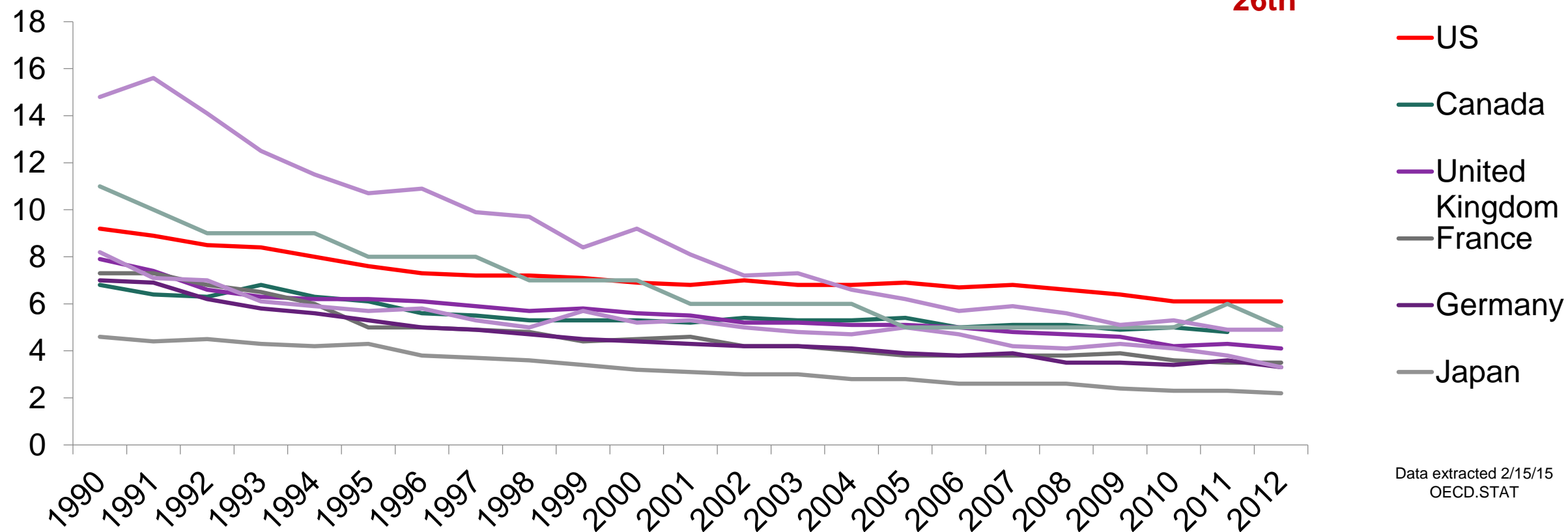
# Agenda

- Setting the Stage: The Need
- Preconception Wellness Measures
- Health System and Clinic Collaborative (Kellogg)
  - AIM
  - Systems and clinics engaged
  - Overview of initiatives
- Lessons Learned
  - Themes, Barriers, Best Practices?
- Next Steps

# The Big Picture

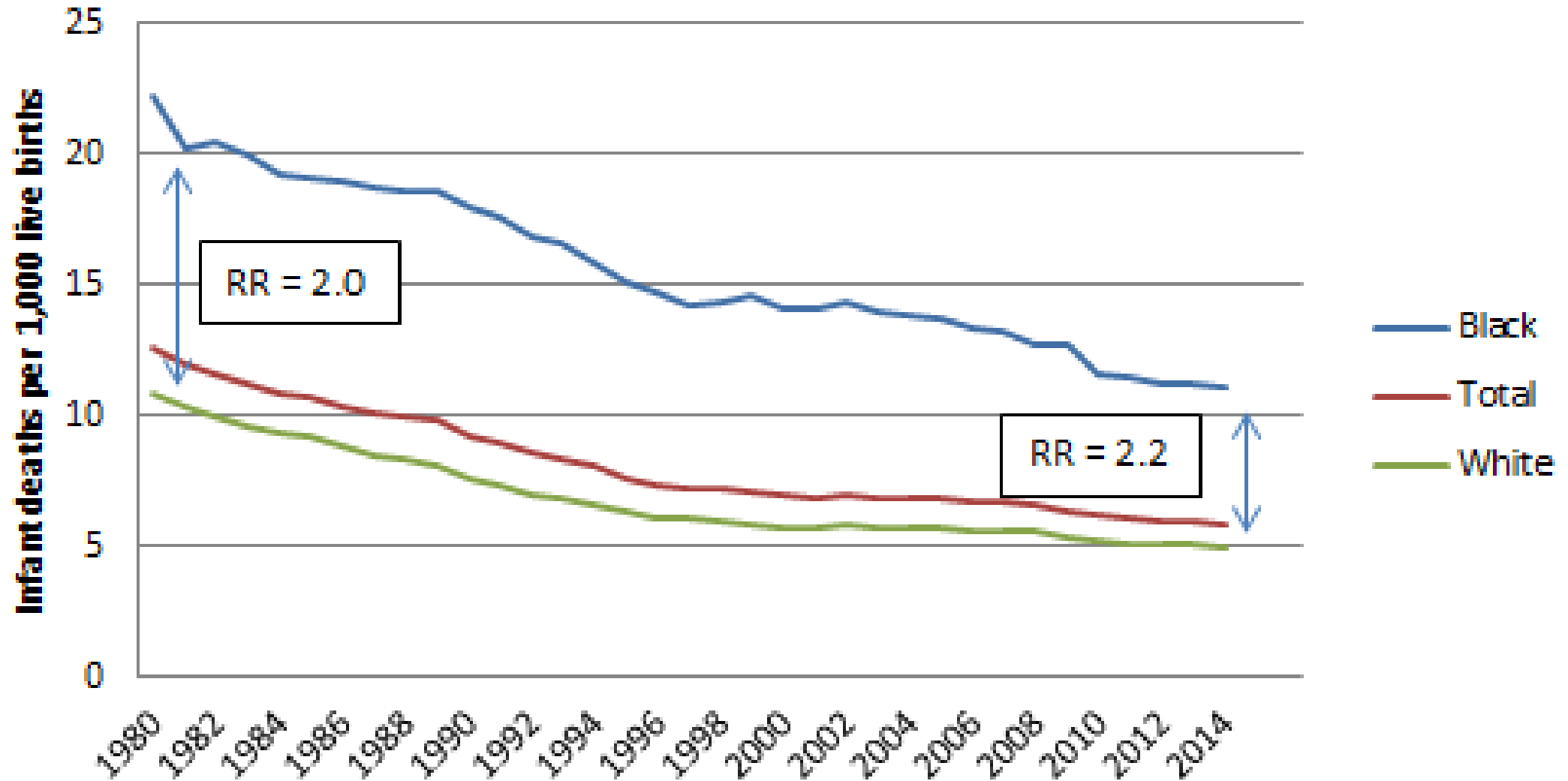
## 1990-2012 Country Comparison Infant Mortality (per 1000 live births)

**US Ranks  
26th**



Data extracted 2/15/15  
OECD.STAT

# US Infant mortality by race, 1980-2014

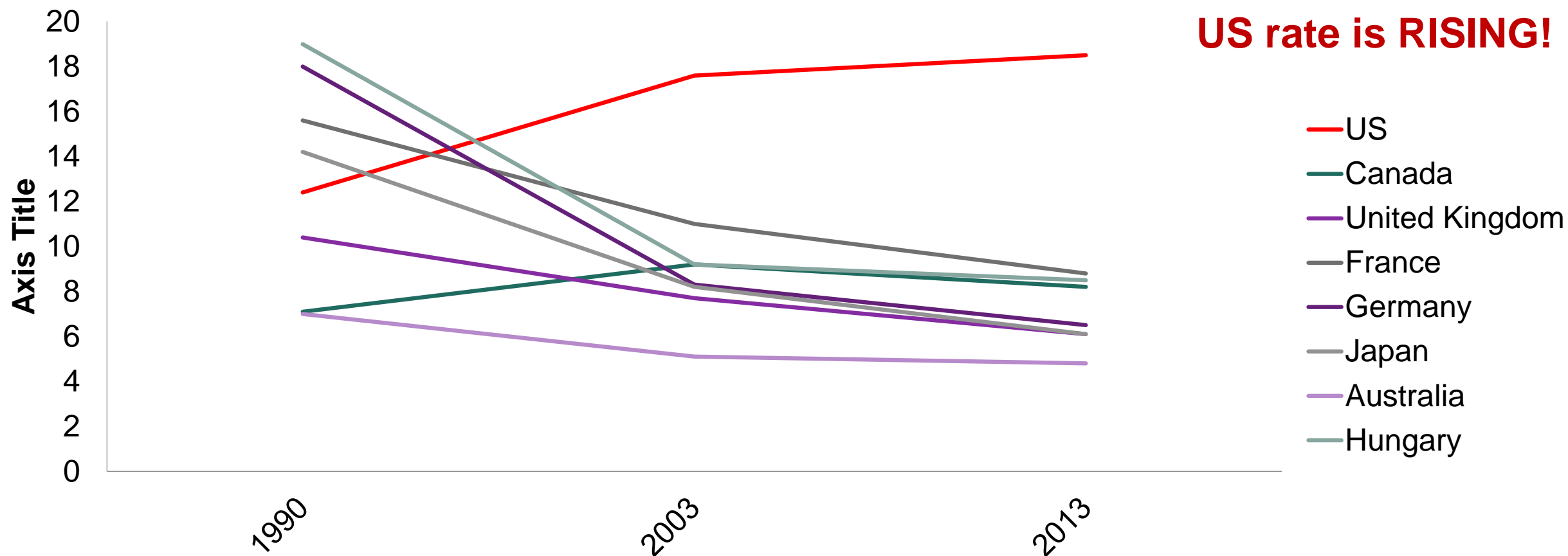


RR = Relative rate

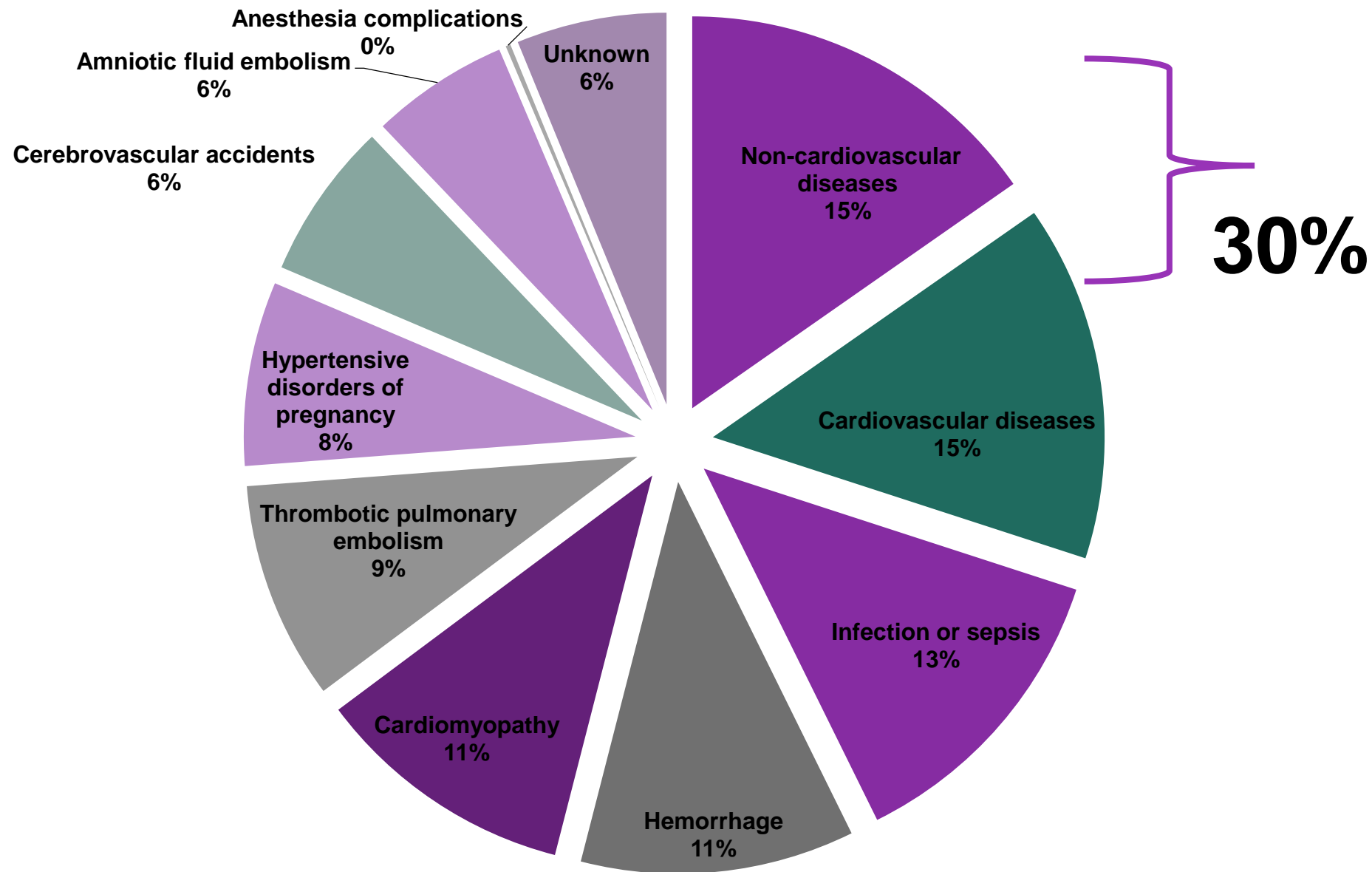


# The Big Picture: *Sense of Urgency*

**1990-2013 Country Comparison  
Maternal Mortality (per 100,000 live births)**



# Causes of pregnancy-related deaths, US 2011-2012



# Ten leading causes of infant mortality: US 2013

Rate per 100,000 live births

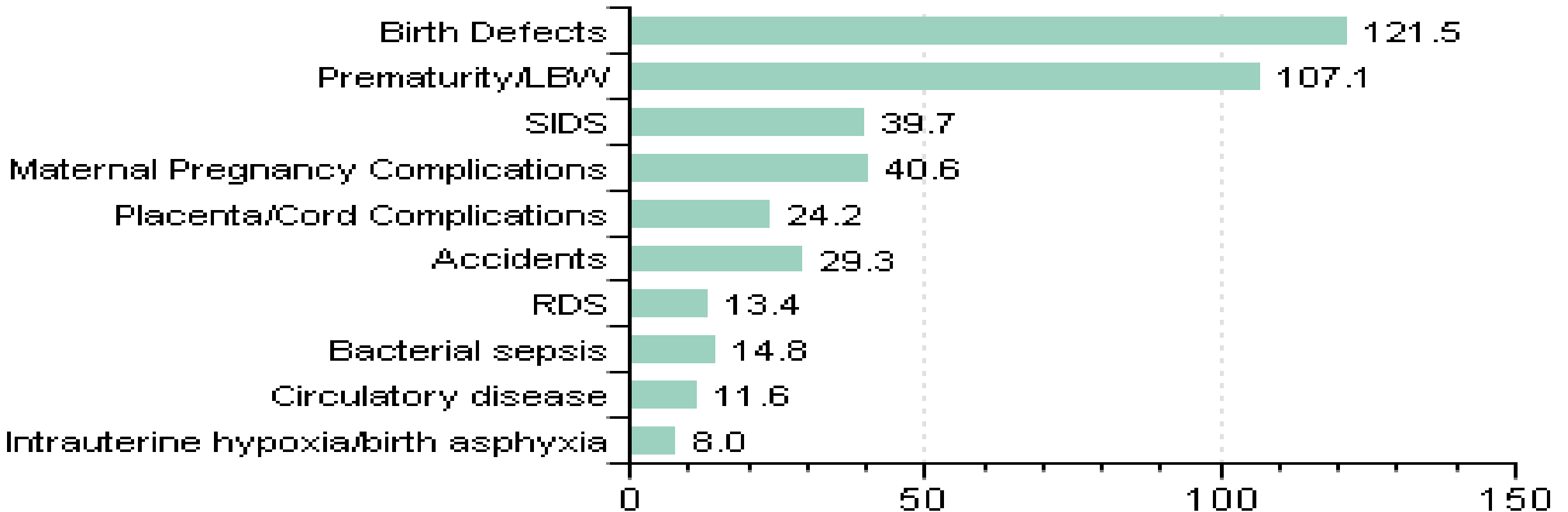
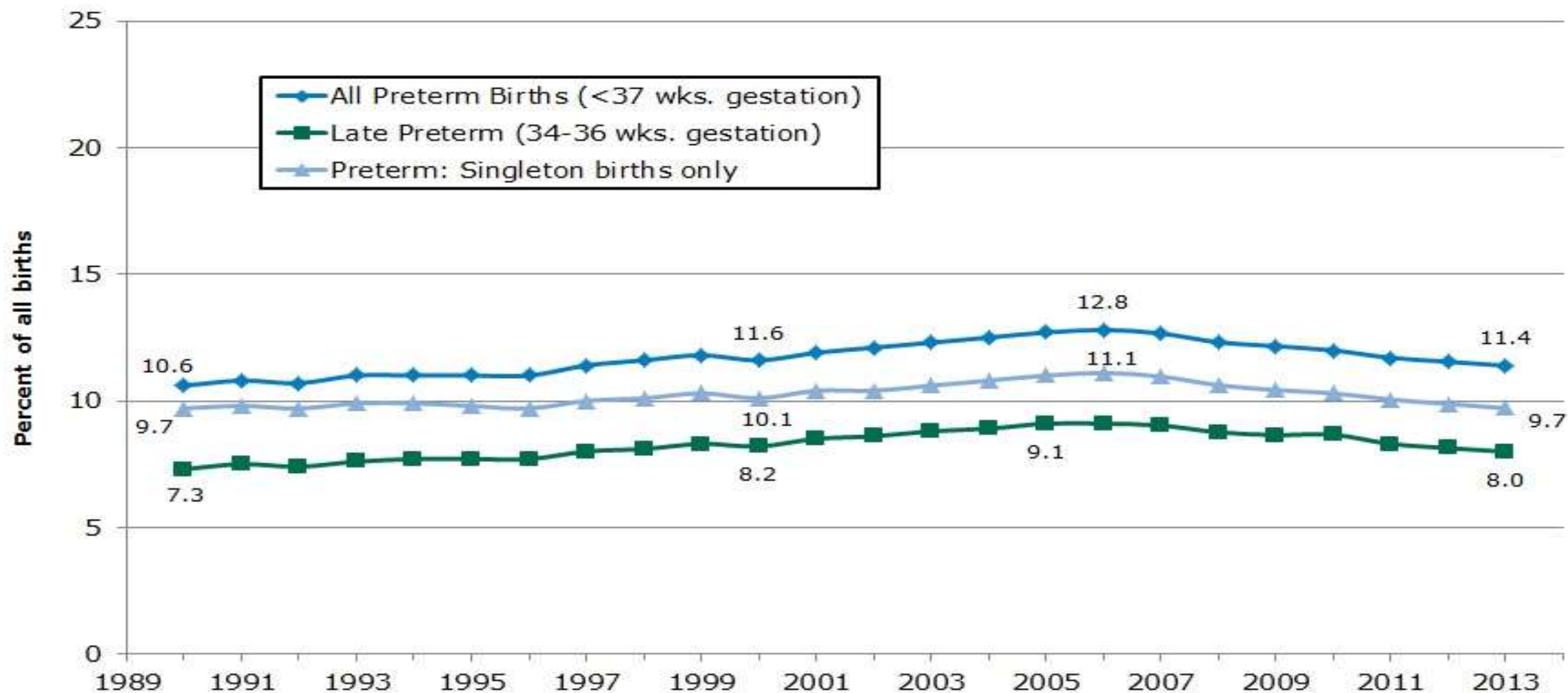


Figure 1

## All Preterm and Late Preterm Births, as Percentage of All Births, 1990-2013



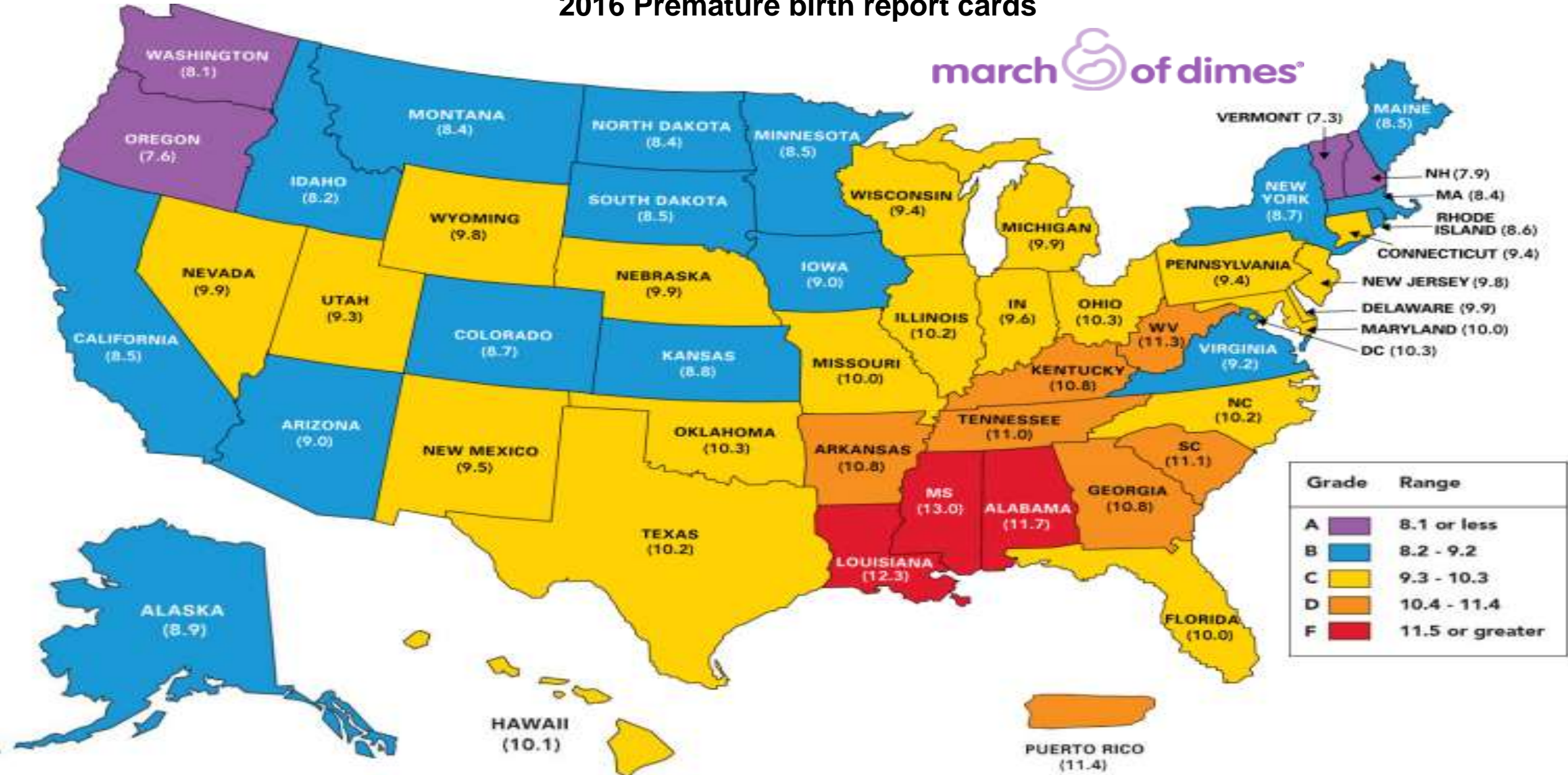
Note: Percentage calculations exclude records missing gestation period data.

Data for 1990-1995: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. *VitalStats* online tool. Available at [www.cdc.gov/nchs/data\\_access/vitalstats/VitalStats\\_Births.htm](http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm). Data for 1995-2013: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder online database. Available at: <http://wonder.cdc.gov/nativity.html>

# Where does your state stand?

2016 Premature birth report cards

march of dimes





# How to improve?

- Key drivers of maternal mortality
  - => **Cardiovascular and other chronic conditions**
- Main drivers of infant mortality
  - => **Preterm birth and birth defects**

# How to improve?

- Most efforts continue to focus on *prenatal or intrapartum care*
- Since 2000 (*after 40 years of improvement*) **infant mortality rates have stalled** and **maternal morbidity is increasing**
  - ***And the health equity GAP is widening***
- Further focus on just prenatal and intrapartum care is unlikely to change the trends.

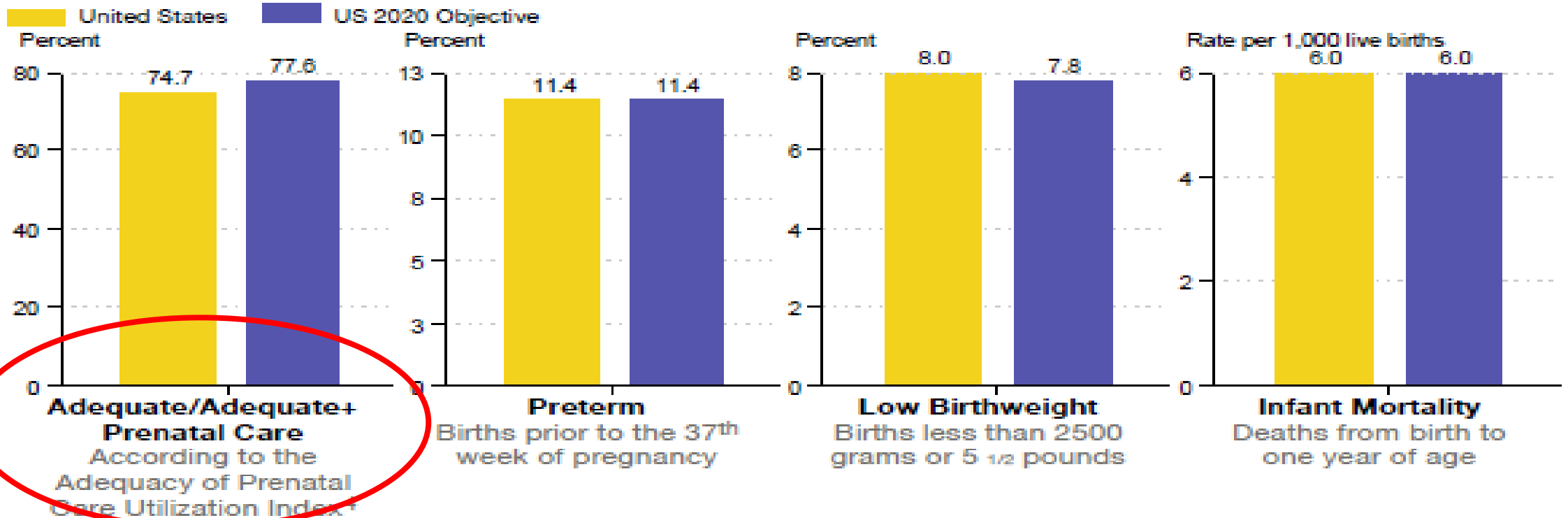
# PERINATAL DATA SNAPSHOTS:

United States  
Maternal and Infant Health Overview

## In an Average Week in United States<sup>1, 2</sup>

<b>75,619</b> babies are born	<b>5,252</b> babies are born to teen mothers (ages 15-19)	<b>24,699</b> babies delivered by cesarean section	<b>8,603</b> babies are born preterm	<b>6,060</b> babies are born low birthweight	<b>451</b> babies die before their first birthday
----------------------------------	--	---	---	---	--

## United States and US Year 2020 Objectives<sup>1, 2</sup>





# Preconception Health

Many of the modifiable risks for adverse pregnancy outcomes  
(for both moms and babies)  
occur BEFORE pregnancy

***BEFORE the 1<sup>st</sup> missed menses and BEFORE prenatal care begins***

## Examples of modifiable risks that determine birth outcomes (infant and maternal)

- Pregnancy intendedness
- Interpregnancy interval (<18 months or >59 months)
- Maternal age
- Exposure to teratogenic medications
- Exposure to substances (alcohol, tobacco, drugs)
- Chronic disease control
  - Diabetes, obesity, cardiovascular disease, hypothyroidism, etc
- Congenital anomalies
  - Neural tube defects related to folic acid

**"Every system is perfectly designed to achieve exactly the results it gets."**

**Dr. Donald M. Berwick**

(Former Administrator of the Centers for Medicare and Medicaid Services)

**For U.S. = high costs, rising maternal mortality and stagnate infant mortality and a widening health equity gap**

# What is the system solution?

## ***Devise a system to reduce maternal and infant mortality through PCC***

- Caveats:
  - Most women are not seeking this type of care
  - Many women have no insurance coverage
  - Most women have competing priorities for their attention (children, work, school, etc)
  - Almost half of all pregnancies are unintended
  - Half of unintended pregnancies were using some form of birth control

# 2006 CDC Select Panel

## *Recommendations to Improve Preconception Health and Health Care – United States*

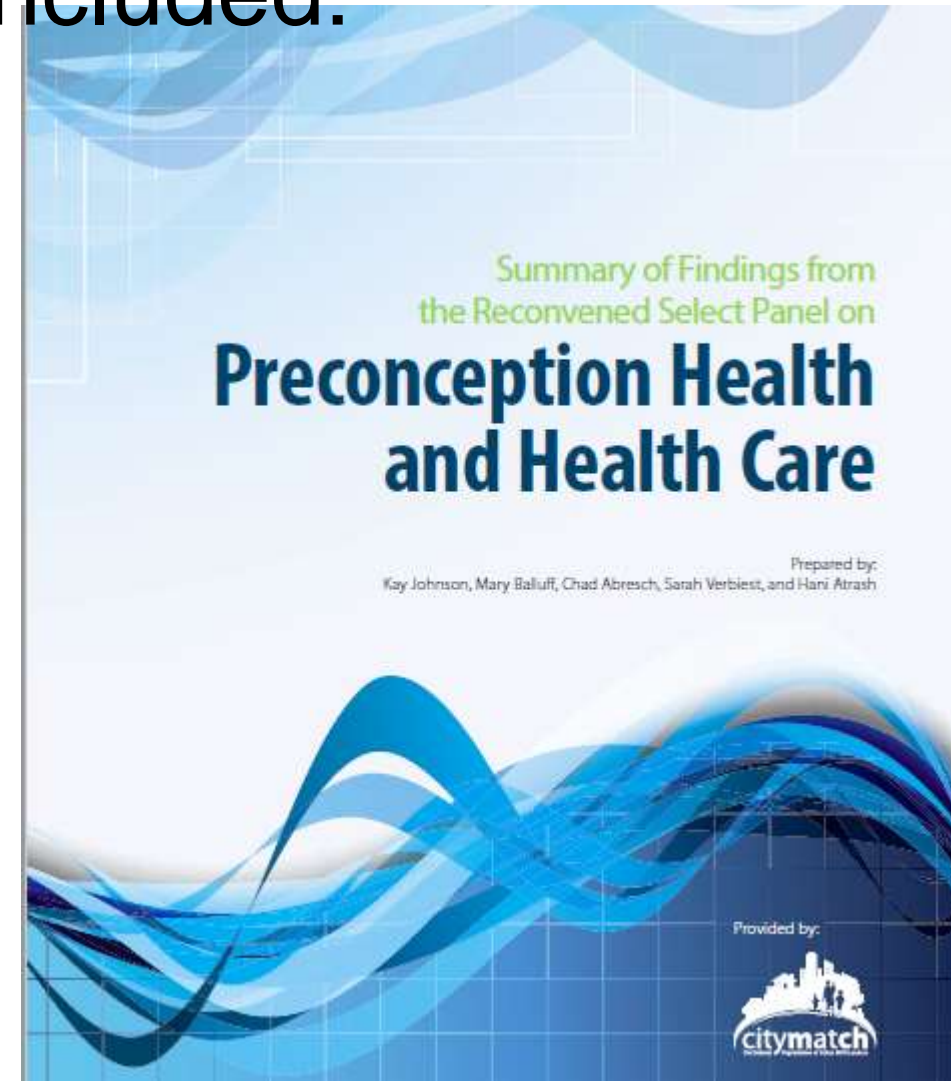
### Recommendation #3:

**“As a part of primary care visits**, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.”

# Select Panel Reconvened 2014

## Key recommendations included:

- Engagement of and social marketing to consumers
- Implementation of clinical care supports and tools
- Action to improve provider knowledge, attitudes, and behaviors, and **maximize changes in the health care system**
- **Increase focus on measurement of process and outcomes for accountability**
- Also needed to advance preconception health and health care:
  - Augmented resources
  - New partnerships
  - Clearer messages



# Content of PCC is well defined

## Clinical Work Group 2008

- Systematic review of the evidence in support of the clinical content of preconception care
- 59 experts reviewed > 80 topics using approach consistent with USPSTF



### **Preconception Health and Health Care: The Clinical Content of Preconception Care**

#### **GUEST EDITORS**

##### **Brian Jack, MD**

Co-Chair, CDC Select Panel on Preconception Care Clinical Committee  
Associate Professor and Vice Chair  
Department of Family Medicine  
Boston University School of Medicine/Boston Medical Center  
Boston, MA

##### **Hani K. Atrash, MD, MPH**

Director, Division of Blood Disorders  
National Center on Birth Defects and Developmental Disabilities  
Centers for Disease Control and Prevention  
Atlanta, GA



# www.beforeandbeyond.org

Before, Between  
& Beyond Pregnancy

[Home](#)

[CE Modules](#)

[Key Articles](#)

[Guidelines](#)

[Practice Resources](#)



THE NATIONAL PRECONCEPTION CURRICULUM AND  
RESOURCES GUIDE FOR CLINICIANS

NEW PRECONCEPTION CARE  
CLINICAL TOOLKIT

Tool Kit

Advancing women's  
health in the primary  
care setting.

Learn how to incorporate preconception health  
efficiently into routine well woman care.

[Read Toolkit >](#)



**NEW** Quality Family Planning Guidelines have recently been released by the Office of Population Affairs and the Centers for Disease Control

Before, Between  
& Beyond Pregnancy

Show  
Your  
Love  Preconception  
Health



“Measurement is the first step that leads to control and eventually to improvement.

If you can't measure something, you can't understand it.

If you can't understand it, you can't control it.

If you can't control it, you can't improve it.”

— H. James Harrington

# Current System Quality measures

Focused on chronic disease management and preventive service delivery, e.g.

- Immunizations (influenza, pneumococcal)
- BMI assessment and dietary counselling
- Tobacco screening and counselling
- HTN, diabetes, CHF evidence based screens, management, and target goals
- Colon, breast, cervical cancer screening

***But none focus on reproductive age women as a special group***

# Current system Quality measures

- For pregnancy outcomes...
  - **Prenatal care**
    - access, 17-P, STI screening
  - **Intrapartum management**
    - no elective deliveries <39 weeks, hemorrhage, NTSV rates
  - **Birth outcomes**
    - Apgars, prematurity, BW, neonatal and infant mortality, maternal morbidity and mortality

# Current system Quality measures

*For preconception care...*



Actually, there are! Just not being addressed in this way....

**Good PCC starts with good women's health...**

- Immunizations, BMI, depression screening, tobacco, STI screening, diabetes management...

# Preconception care vs. preconception wellness

- **Preconception wellness** is the state of a woman's health at the time of conception
- **Preconception care** is the care provided to promote and achieve preconception wellness
- Preconception care is provided in multiple settings across clinical and public health sectors
  - *Thus it is difficult to measure and difficult to hold any one group/domain accountable!*

# Accountability for Change

- Women are not achieving a high level of PC wellness
- An intermediate measure of a woman's "preconception wellness" **upon entering pregnancy** would serve as a surrogate marker of the state of preconception care in the community – this could drive decisions on processes, programs, and quality improvement



# PCHHC Clinical Workgroup Consensus PANEL

- Broad expert representation
  - MFM, FM, OB-GYN, CNM, Public Health, Nursing
- Reviewed available evidence based PCC recommendations
- Current quality measure crosswalk (HEDIS, NCQA, NQF, ACO, CMS, PQRS, etc)
- Current EHR collection practices and abilities
- Feasibility and reliability of collecting and reporting data through the EHR
- Impact for improving perinatal outcomes

# Clinical Measures for Preconception Wellness\*

## *At the first prenatal visit...*

- Intended/planned to become pregnant
- ★ Entered prenatal care in the 1<sup>st</sup> trimester
  - Daily folic acid/multivitamin consumption
- ★ Tobacco free
- ★ Not depressed (mentally well / under treatment)
- ★ Healthy BMI
- ★ Free of sexually transmitted infections
- ★ Optimal blood sugar control
  - Medications (if any) are not teratogenic

No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care

★ Current Quality Measure

\*Obstet Gynecol. 2016 May;127(5):863-72



# WOMEN'S HEALTH

CLINIC BASED DELIVERY OF HEALTH CARE

MEDICAL SYSTEM

PUBLIC HEALTH and COMMUNITY EFFORTS

SOCIAL DETERMINANTS OF HEALTH

SELF ACTIVATION

INFLUENCES  
ON HEALTH  
& WELL-BEING

INFLUENCES  
ON HEALTH  
& WELL-BEING

WELL WOMAN &  
PRECONCEPTION  
CARE

INTERVENTIONS

*Examples of Measures:*  
Chronic Disease Control  
Preventive Health Care

PREGNANCY

PRENATAL CARE

BIRTH

WELL WOMAN &  
INTERCONCEPTION  
CARE

INTERVENTIONS

*Examples of Measures:*  
Infant Mortality  
Maternal Mortality  
Preterm Birth Rate  
Elective Delivery < 39 weeks

INDICATORS/MEASURES OF PRECONCEPTION WELLNESS

intended  
pregnancy

prenatal  
care in the  
1<sup>st</sup>  
trimester

not using  
tobacco

folate for  
at least 3  
months  
prior to  
conception

not  
depressed

BMI >18  
and <30

no STI's

HgbA1C  
<6.5%

no  
teratogenic  
meds

# System & Clinic Engagement

- First we have to want to do it
- Next, we need to know what to do
- Then, we need to know how

# Thanks to the WK Kellogg Foundation grant funding to support the National Preconception Health and Healthcare Initiative



W.K.  
KELLOGG  
FOUNDATION™

---

*A Partner With Communities Where Children Come First*

**Purpose:** Develop a series of recommendations for system level engagement on preconception health

- **Aim 1:** Health system leaders see preconception care as a driver for achieving the triple aim and quality care / consider PCC to be of value (buy in)
- **Aim 2:** Leaders assess utilizing measures to drive outcomes, improve quality and support program development within their system
- **Aim 3:** Leaders consider and propose possibilities for integrating PCC components into existing system

# In seeking possible partners - found many interested champions...

- Initially thought we would spend time “selling the idea” as important
  - After a call for interested systems, the engaged champions found us...
  - ***The issue became more: How and what?***
- Lots of work and interest being done around the country
- But relatively silo'd
- Most organizations are working on their own and are unaware of other work being done

***Need for enhanced collaboration and spread of best practices***





# Engaged Organizations

- State Depts of Health
  - NY State
  - Alabama Title V
- Veteran's Affairs Health System
- Indian Health Service
  - Northern Navajo, Shiprock, NM
- Hospital Associations
  - Washington State Hosp Assoc
  - Ohio State Hosp Assoc and Perinatal Quality Collaborative
- MCO
  - CountyCare, Cook County, Illinois
- ACO/CCO
  - Health Share of Oregon
  - Samaritan Health Services, Oregon
  - Mission Health Partners, NC
- FQHC
  - The Providence CHCs, RI
  - Codman Square CHC, MA
  - Magnolia Project with AGAPE, FL
- Family Medicine Residencies
  - Grant Family Med, Columbus, OH
  - Samaritan Health, Corvallis, OR
  - MAHEC, Asheville, NC
  - Codman Square, Dorchester, MA

# A Common Strategy:

## Pregnancy Intention as a focus

- Momentum has grown across country
  - Clinic
  - System
  - State quality metric
- Foundational strategy of the toolkit
- A simple guide for framing the clinical encounter
- Highlights contraception access and promotes most effective methods





# ONE KEY QUESTION<sup>®</sup>

**Would you like to become pregnant in the next year?**

- **If YES:** Focus on maximizing preconception health and reducing risks
- **If NO:** Focus on contraception to reduce unintended pregnancy and general preventive health
- **If Unsure:** Focus on preconception health, risk reduction, and reproductive life planning

# Partners focusing on OKQ strategy

- Samaritan Health Services
- Health Share of Oregon
- NY State DOH, with provider education on PCHHC Toolkit
- The Providence Community Health Centers
- Codman Square Community Health Center

# Opportunities and Challenges with OKQ

- Opportunities:
  - Practical and straightforward strategy
  - Engages a systematic approach to routine reproductive care in primary care
  - Viewed as easy to measure
  - Lots of momentum, gaining widespread acceptance
  - In Oregon (and other locations) satisfies an “effective contraceptive use” quality measure
- Challenges:
  - Focused more on the contraception side, reducing unintended pregnancies
  - “We are doing OKQ, can’t do preconception care right now...”
  - EHR builds and reporting still a challenge
  - The measure is often “was the question asked?” – unsure how to measure what was done

Ask\*: "Would you like to become pregnant in the next year?"

**YES**

**OK EITHER  
WAY**

**UNSURE**

**NO**

Patient response  
will influence the  
medical decision  
making of  
prescriptions,  
follow up care,  
and preventive  
reproductive  
health services  
provided

Review Chronic Health Conditions, Urgent Psychosocial Concerns,  
Prescribe Multi-vitamin with Folic acid

Medication Review

Review birth spacing recommendations  
and optimal timing for wellness

Develop follow up plan for additional  
preconception care and assess  
contraception needs

Screen for current  
contraception use

Assess satisfaction of  
method and  
compliance of use

Review effectiveness,  
offer all options  
including LARC and  
Emergency  
Contraception

\*Patient already  
screened for  
medical eligibility:  
age 18-45,  
reproductive  
capacity, etc.

# Broader system approaches

- Washington State Hosp Assoc
  - Safe Deliveries Roadmap (but not yet able to incorporate the PCC and ICC components)
- Health Share of Oregon
  - Contraceptive and Preconception Care Quality Checklist for providers and clinics
- Magnolia Project and AGAPE
  - Partnership of Family Planning site and FQHC, reproductive life planning into primary care

# Readiness to use the PCW measures

- Mission Health Partners
  - Care Process Model
    - Diabetes
    - **Preconception Wellness**
  - County level priority engagement
- CountyCare MCO
  - **Claims based database and developing PCC quality metrics**
- VA Health System
  - Retrospective national data review
  - **Prospective data collection at entry assessment**
  - PCC visit template for designated women's health providers

# Lessons learned about engagement

- Identification and communication with champions
  - Outsiders need insiders
  - Insiders drive change
  - The higher the insider the bigger the influence
  - Admin leadership is crucial for buy-in
  - Providers are key to promoting culture change
- Direct conversations and presentations are most powerful in person!
- The more team members engaged - the stronger the program

# Common systems barriers/challenges to promoting PCW measurement

- EHR limitations, logistics of template building and reporting, variability within systems
- Time (clinical and administrative)
- Competing priorities
- Finances/incentives
  - Incentives not yet aligned with preconception care
- Data capture for certain PCW indicators will be difficult
  - Pregnancy intention
  - Preconception multivitamin with folate use
  - Teratogenic medications at time of conception



# Additional lessons learned in promoting adoption of the PCW measures

- Confusion on PCW “indicators” vs clinical care measures
  - Often focus continues to be on prenatal care
  - Hard to get people to think about “indicators” as the first step to developing programs and measures upstream
- Confused messaging around the use of “prenatal vitamins” rather than standard MVI with folate for all reproductive aged women
- Provider culture change and education
  - “I’m already doing that...”
  - “People still not understand what PCC is...”

# Our Story: MAHEC, Mission Health Partners, and Buncombe County, NC

- Physician champion: Dan Frayne, MD (Family Medicine)
  - Engaged MAHEC OB department to collect PCW measures
    - Interested QI and research department
    - Thought it might be fairly straightforward
    - Challenged with follow through
    - Not ready to change workflow
    - No dedicated physician champion
  - Engaged Jenni Mullendore, MD (Med Dir Health Dept) though initial didactic work for contraception, then at County Maternal Safety Net group

# Our Story: Mission Health Partners, MAHEC and Buncombe County, NC

- Engaged Valerie Garrett, MD (Internist, Diabetes Inpatient Lead)
  - Incorporate preconception measures into Diabetes CPM
  - Standardize the care of diabetes across system
  - Recognize the difference in quality care needs for women of reproductive age
  - Measure outcomes of OKQ, MVI use, MFM referral for those desiring pregnancy, effective contraception for those who do not; inpatient and outpatient
- Engaged Kellett Letson, MD (OB/GYN, Vice President, Women and Children's Services, Mission Health Systems)
  - Prioritize women's health and preconception wellness as a means to reduce unintended pregnancies, reduce infant mortality, and enhance domestic violence screening and intervention
- Buncombe County Board of Health engagement on community level due to infant mortality focus
  - PCW now a priority area for program development

# Mission Health Partners: CPM

- Care Process Model (CPM) System
  - Ensure that all care delivered by a hospital and its caregivers is medically necessary, the leading edge in medical science and the appropriate treatment intensity
  - Put into effect, these models will systemize treatment processes across all hospitals and practices, improving consistency as well as effectiveness
- What are the benefits of a CPM?
  - Reduces variation
  - Utilizes the best practice from literature and expert opinion
  - Improves care delivery repetition
  - More readily exposes errors
  - Variation study informs revisions to CPMs

# Mission Health Partners: Priority Setting

- Once a CPM was decided upon, the resources for system engagement in the IT world came into being
- Reworking existing data
  - Creating a reproductive age element to reporting modules
    - Diabetes, HTN, Chronic Pain, Depression, CHF, etc
    - Screening for tobacco, depression
    - Excluding women without a uterus
  - EHR template building – outpatient
  - Inpatient decision support alerts tied to age, A1C results
- System wide education built into CPM roll outs, CME credit and incentive for ACO participation

# Next Steps

- Need for enhanced platform for sharing system work across the country
- Prioritized incentives for PCW and PCC
- A universal framework to integrate and measure PCW and PCC on a clinic and system level
  - Serve as a guide for interested systems – the what and how ...

# The Task

I am a clinic or a health system who wants to incorporate PCC with quality metrics. How do I do it? Where should I start?

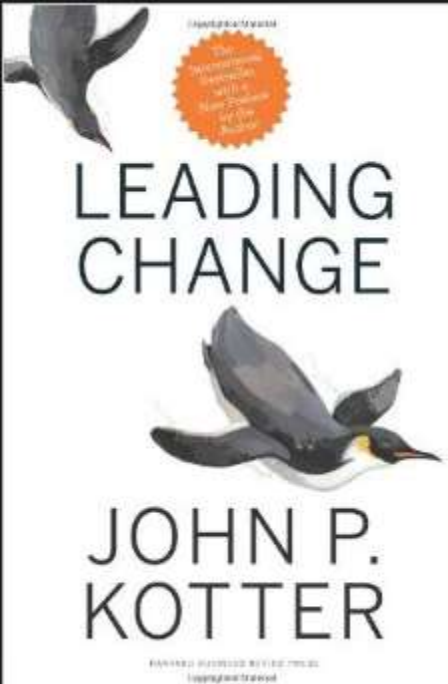
**Design a widely applicable framework of how to engage, implement, and measure preconception wellness in a health system**

# framework

*noun* | frame·work | \ˈfrām-wərkw\

A basic structure underlying a system,  
concept, or text





# "Kotter's Eight Steps of Change"



■ Kotter, John P. and Cohen, Dan S. The Heart of Change. Boston: Harvard Business School Press

# **Design a widely applicable framework of how to engage, implement, and measure preconception wellness in a health system**

- (1) What are the core categories that make up the framework  
e.g. Leadership, IT, incentives, education, etc.
- (2) For each category what are the key components?  
e.g. IT = EHR builds, data extraction and reporting, etc.
- (3) For each of the components what are granular elements?  
e.g. EHR builds – reminders, templates, OKQ, etc.

# Creating a universal recommendation for system integration of PCC - ideas

- **Step 1: Finding a champion – provider and system leadership**
  - Difficult to effect change from the outside
- **Step 2: Creating a sense of urgency**
  - Focus on infant and maternal mortality, need for system change to achieve different results, value based cost reimbursement, health equity
- **Step 3: Valuing data – and struggle to obtain it**
  - Much data already exists – report out for reproductive age women
  - Choose measures to focus on, but need to expand beyond contraception
  - Build on existing EHR template structures
- **Step 4: Provider education, systematic approach**
  - Incentives are key, tied to financials is even more important
  - Struggle to get past the difficulties of culture change and “time barriers”
  - Systematic, non-provider driven responses to identified risk, connection to resources
- **Step 5: Consumer engagement and shared decision making**
- **Step 6: Opportunity for multi-organization/community partnerships for shared goals**
  - Department of Health/local health department, community programs, medicaid MCOs

# Show YOUR Love on Social!



[Twitter.com/SYL\\_Today](https://twitter.com/SYL_Today)  
[#ShowYourLoveToday](https://twitter.com/SYL_Today)



[Facebook.com/ShowYourLoveToday](https://www.facebook.com/ShowYourLoveToday)

*\*Instagram & Pinterest coming late-2016*

# **Welcome!**

# **PCHHC Catalyzing Change**

**PCHHC Consumer Workgroup Breakout Session**

December 13, 2016 | 9-12PM ET

TAG US: #ShowYourLoveToday



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday

# Show Your Love Leadership Introductions:



Janis Biermann, SVP, Education & Health Promotion, March of Dimes



Carol Brady, MIECHV Project Director,  
Florida Association of Healthy Start  
Coalitions, Inc.



Suzanne Woodward, Communications Manager,  
UNC Center for Maternal & Infant Health



Betsy Mitchell, Associate Director for  
Communication, National Center on  
Birth Defects & Developmental  
Disabilities



Sarah Verbiest, Executive  
Director, UNC Center for  
Maternal & Infant Health





***Our Vision: All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.***

# Agenda

- Show Your Love – Phase I & II Overview
- Show Your Love Grantee Showcase & Group Discussion (Phase II)
- Tools to Consider / Spark Innovation
  - Show Your Love App Premier – Linda Squires

## Reconvene:

- Consumer Tools from The National Campaign to Prevent Teen & Unplanned Pregnancy – Katy Suellentrop
- Show Your Love – Phase III – Roll Up our Sleeves and Set our Next Steps!



# Today's BIG questions

1. HOW do we authentically – while being firm on science/accuracy – message and engage with all these different groups on preconception health?
2. WHO are the influencers in these communities? Who can help spark actual behavior change? How do we engage them?
3. WHAT do the grantees/our partners need to take their work to the next level (e.g. community campaigns)? What should Show Your Love Phase III look like?

# YOU are the Catalyst!

- Flipboards around the room, markers in your hands, get up & post:

What is your perspective?

What similarities do you see?

Where do you see opportunities?

# Some Basic History

Show Your Love, the first national consumer preconception health resource and social campaign, encourages young women and their support systems to show love to themselves, their loved ones, and future families by taking control of their health and wellness and becoming educated about optimal preconception health practices and accessibility to care.

# Show Your Love – Phase 1

- PCCHC and the Centers for Disease Control and Prevention (CDC) with support from Research Triangle Institute conducted formative research and convened thought leaders from across the country to develop the first campaign.
- Launched in February 2013 with a formal partner-based strategy, research-backed resources and campaign products as well an evaluation - [cdc.gov/preconception/showyourlove](http://cdc.gov/preconception/showyourlove). Campaign materials carry the valuable CDC logo and brand.



# Core Constructs

- Women are nurturing, juggling many things and caring for others
- Women need to love themselves by taking care of their health
- Good health can help a woman achieve her goals and dreams
- Women can show love to their future baby by loving themselves now



# Show Your Love – Phase 1

- The national campaign targets two main audiences: women ages 18–44 who are currently planning a pregnancy AND women 18–44 who are not currently planning to become pregnant (and the significant others of these “planning/non-planning” women)
- Launch Products Included: Preconception posters, check lists, e-cards, videos, PSAs, talking points, image library, etc.

# Show Your Love Phase 2

- Funded by the WK Kellogg Foundation 5/15-2/16 (extension to 10/16)
- Allowed PCHHC to hire our first communications director – Suzanne
- Resources to support small media buys, new website and campaign basics as well as mini-grants
- Hope was to change behavior (of course) AND to generate energy and action and PRESENCE to attract additional funding



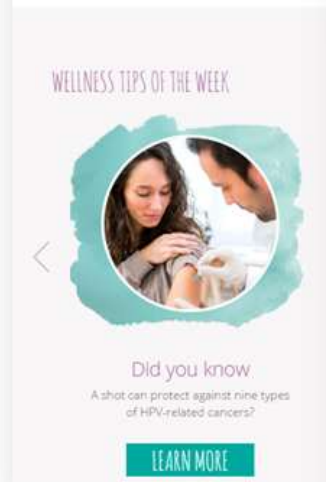


# SYL Public Relations 2016 Tactics

- Work to diversify materials with SYL mini-grants
- Expand our library of shareable multimedia
- Build and launch ShowYourLoveToday.com
- Launch Show Your Love Facebook and Twitter
  - Expand connections and virtually network with targets and influencers
  - Measure the impact of our online presence and conversations
- Unify PCHHC, Show Your Love, and Before & Beyond initiatives
- Raise SYL/PCHHC profile in national media
  - Establish key campaign KOLs



# ShowYourLoveToday.com



# ShowYourLoveToday.com

- ShowYourLoveToday.com website designed to activate consumers to:
  - **Show Your Love** to your friends and family today **by sharing** realistic healthy goals & tips (easy-to-share social media links).
  - **Learn** about women wellness, preconception health, life planning. Provide a trustworthy resource for men/women ages 18-44 about broad aspects of physical, mental, emotional and financial health.
  - **Talk to your healthcare provider** about your overall health, reproductive goals, and know what to expect before, during, after a doctor's visit.
  - **Join the campaign:** Show Your Love for yourself & your community by getting involved on social media or as a volunteer, ambassador, partner, donor, etc.

# Show YOUR Love on Social!



[Twitter.com/SYL\\_Today](https://twitter.com/SYL_Today)  
[#ShowYourLoveToday](https://twitter.com/SYL_Today)



[Facebook.com/ShowYourLoveToday](https://www.facebook.com/ShowYourLoveToday)

*\*Instagram & Pinterest coming in 2017*

# Reaching 90MM at Launch!

- Phase II was launched on June 14, 2016
- Over a single week, the Show Your Love launch press release was picked-up by 183 media outlets - reaching nearly 86MM Unique Monthly Visitors online.
  - SYL Facebook page posts reached 1,178 people
  - SYL Twitter handle had 33.4K impressions, 1,730 profile visits and nearly 200 followers (organic)
  - Partners across the US promoted news via blogs, newsletters, social
  - Tying Men's Health Week and Month with our Show Your Love launch, [PCHHC hosted a Men's Sexual Health Tweet Chat \(#PCHChat\)](#). Our [#PCHchat](#) had over 4.8 MILLION impressions, reaching nearly 325K accounts and had over 100 participants.

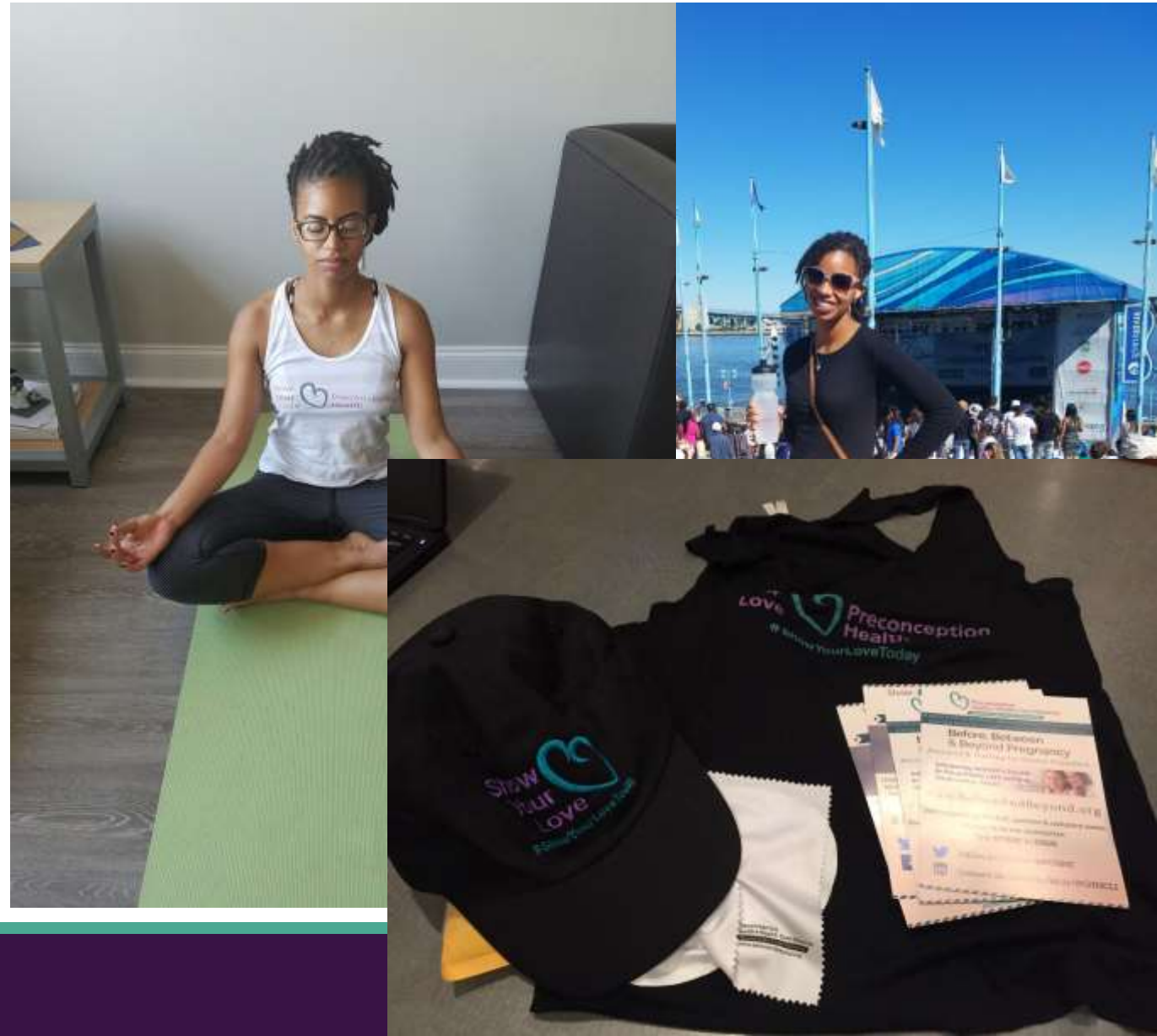


# Show Your Love Brand Ambassadors



# SYL Brand Ambassadors

- Diverse group of **young adults ages 18-30** who will help model and promote healthy behaviors and life choices online and in their communities.
- Ambassadors will receive SYL products, share their health journey on their social channels, and be prominently featured on the Show Your Love and partner sites. Very little time commitment.
- To nominate someone, email Sarah Verbiest ([SarahV@med.unc.edu](mailto:SarahV@med.unc.edu)).  
More:  
[www.showyourlovetoday.com/joinus](http://www.showyourlovetoday.com/joinus)





# PCHHC National Newsletter

- Want to be featured in the PCHHC newsletter? Submit updates, articles, content, suggestions to [Suzanne@med.unc.edu](mailto:Suzanne@med.unc.edu)
- To subscribe, send an email to [pchhcnews@gmail.com](mailto:pchhcnews@gmail.com) with Subscribe as the subject line. Or text PCHHC to 22828.



# PCHHC in the News

Check out our “PCHHC in the News” section on Before and Beyond

Medscape

Reader's  
Digest

SHEKNOWS®

the Stir

Healthline®  
The Power of Intelligent Health™

THE  
HUFFINGTON  
POST

ROMPER

Parents

cafe  
media

The Street

WHDT  
WORLD NEWS  
9

Boston

cafe mom®  
the meeting place for moms

West Palm Beach

Lamaze®  
International

THE NEWS & OBSERVER

the kitchn

fit pregnancy

BlackDoctor.org  
Your daily medicine for life

march  
of dimes

NICHQ  
National Institute for  
Children's Health Quality

The National Campaign  
to Prevent Teen and Unplanned Pregnancy

PRECONCEPTION PEER EDUCATOR  
Office of Minority Health Resource Center - minorityhealth.hhs.gov

BUSTLE

univision

dw

DAILY WORTH

viva!a



# Show Your Love App

*RTI / CDC / Anthem Health Developed a Preconception Health App for “Planners”*



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday

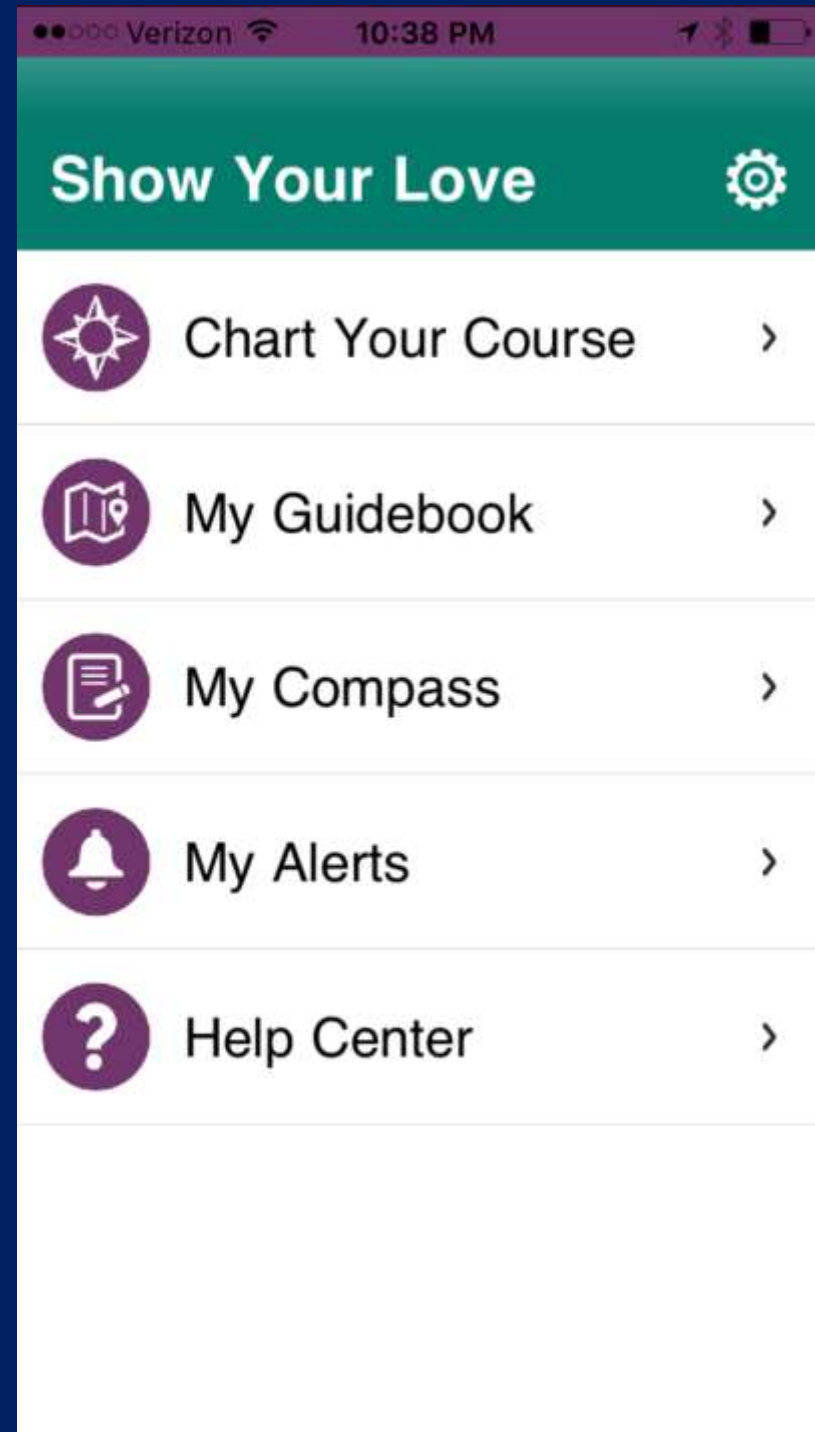
# Show Your Love App

Presented by Linda Squiers, PhD

RTI International

December 13, 2016







## Chart Your Course

**Tell us a little about your goals as you trek down this pathway to pregnancy.**

None of this information is stored or shared in any way. Answer honestly for your own information. We will suggest topics that you should discuss with a health professional.

**When would you like to start actively trying to get pregnant or conceiving?**

- ☒ I'm already trying
- ☐ I'm thinking about trying in the next 3 months
- ☐ It will be at least 6 months or more before I try to get pregnant



## Chart Your Course

**Now tell us about your lifestyle.**

**Are you getting at least 2 hours and 30 minutes of aerobic exercise each week?**

- ☐ Yes, I get the recommended amount of aerobic exercise each week
- ☐ No, I get exercise each week but not this much
- ☒ No, I rarely get exercise

Next >



## Chart Your Course

**Are you using reliable contraception (birth control) until you are ready to get pregnant?**

- ☐ Yes, I'm all set
- ☐ No, I'm letting nature take its course
- ☒ I'm not sure what reliable birth control is

Next >



## Chart Your Course

Do you smoke cigarettes or use any other tobacco products, including hookahs, smokeless tobacco, cigars, pipes, or electronic cigarettes (e-cigarettes)?

- ☐ Yes, I do on a regular basis
- ☐ Yes, but only socially
- ☒ No, never

Next >



## Chart Your Course

On an average day, how many servings of fruits and vegetables do you eat?

- ☐ 0
- ☐ 1
- ☐ 2-3
- ☒ 4 or more

Next >



## Chart Your Course

In the last six months, have you had an appointment with a doctor that focused specifically on what you need to do to be healthy before trying to get pregnant?

- ☒ Yes
- ☐ No
- ☐ I'm not sure

Next >





## Feedback

Your preconception health (health before pregnancy) can affect the health of your future baby. By making a plan before getting pregnant and taking the time to get healthy, you can increase your chances of feeling good during pregnancy and having a healthy baby.



## Feedback

Based on your answers to these questions, it looks like you're doing a great job on these important preconception health behaviors:

- Eating enough fruits and vegetables every day
- Getting enough sleep
- Living tobacco free
- Having a preconception health appointment with a doctor
- Talking to a doctor about any drugs or medications you use



## Feedback

We've noticed a few preconception health behaviors that you might want to work on to improve your health:

- Using a reliable method of birth control
- Getting enough aerobic exercise
- Doing enough muscle strengthening
- Taking folic acid
- Managing stress
- Monitoring your caffeine intake
- Limiting alcohol
- Staying away from harmful chemicals and substances
- Learning how to protect yourself from the Zika virus
- Having a regular doctor



## My Guidebook

Get the tips and support you need to achieve your goals.



Why Planning Matters



Get Pregnant On YOUR Terms



Preconception Health Visit



Move It!



Every Bite Matters



Take Folic Acid



Learn Your Family History



Improve Your Sleep





## My Guidebook



Learn Your  
Family History



Improve Your  
Sleep



Monitor Your  
Caffeine



Know Your  
Meds



Avoid Toxins



Make Sure  
You are Insured



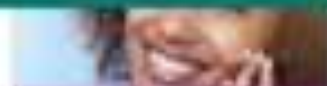
Manage Stress



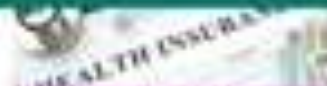
Keep Your  
Relationship Safe



## My Guidebook



Avoid Toxins



Make Sure  
You are Insured



Manage Stress



Keep Your  
Relationship Safe



Avoid Tobacco



Think Before  
You Drink



Stay Away from  
Illicit Drugs



Protect Yourself  
from Infections



Stay Safe  
from Zika





## My Alerts

If your sleep problems persist,  
keep a sleep diary for 10 days  
then see a doc.

[Go to Guidebook](#)



## Message Scheduling

If you do not select a time, we  
will send the messages at the  
default time.

I'd like to receive my messages  
at:

10 50

11 55 AM

12 00 PM

1 05

2 10

[Finished >](#)

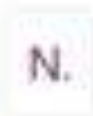


## My Compass

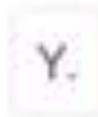
Your Compass will help you keep track of health-related behaviors that you may want to monitor. You can go to Settings to deselect any of these items you don't want to track. At the end of each day, you can see how well you are doing on your preconception health behaviors.

I got enough sleep last night

Goal: 7-8 hours

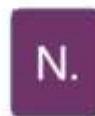


I took my folic acid today

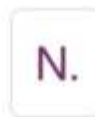


## My Compass

I did cardio exercise today



I did muscle strengthening exercise today

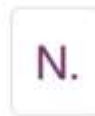


I had 0 alcoholic drinks today

1 drink = 12 oz of beer  
OR 5 oz of wine OR 1.5  
oz of distilled spirits  
(e.g. vodka, whiskey)



My stress level felt manageable today





## My Reminder

Remind me about



push ups

Remind me when



**Daily**



Turn off/on



Done

Delete this reminder



## Reminder Settings

Add New



**push ups**





## My Compass

I ate 4 servings of vegetables today

A serving is 1 cup of leafy vegetables or ½ cup of other vegetables

Y.

N.

I ate 2 servings of fruit today

A serving is 1 medium sized fruit (e.g. peach) or ½ cup of chopped fruit

Y.

N.

I drank enough water today (goal: 8 cups)

Y.

N.

I drank less than 200 mg of caffeine today

Y.

N.



## My Compass

**You met 5 of 10 of your goals today.**

Consider focusing on these behaviors tomorrow:

- Taking your folic acid
- Eating 2 servings of fruit
- Drinking 8 cups of water
- Having less than 200 mg of caffeine
- Getting in some cardio

Done

## For More Information

Amy David  
Anthem, Inc.

[Amy.david@anthem.com](mailto:Amy.david@anthem.com)  
(317) 287-6232

Turquoise Sidibe  
CDC Foundation

[tsidibe@cdcfoundation.org](mailto:tsidibe@cdcfoundation.org)  
(404) 443-1113

Betsy Mitchell  
CDC

[bhm0@cdc.gov](mailto:bhm0@cdc.gov)  
(404) 498-0251

Linda Squiers  
RTI International

[lsquiers@rti.org](mailto:lsquiers@rti.org)  
(919) 541-5128

# Real Talk...

How have we not cracked the code and authentically - while being scientific and accurate - been able to raise awareness that **what you do *before* you're pregnant matters?**

# The Word **“PRECONCEPTION”**

~~knowledge without action~~



# Show Your Love Diversification Grants

*WK Kellogg funded 14 organizations nation-wide to expand and diversify our messaging and materials*



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday

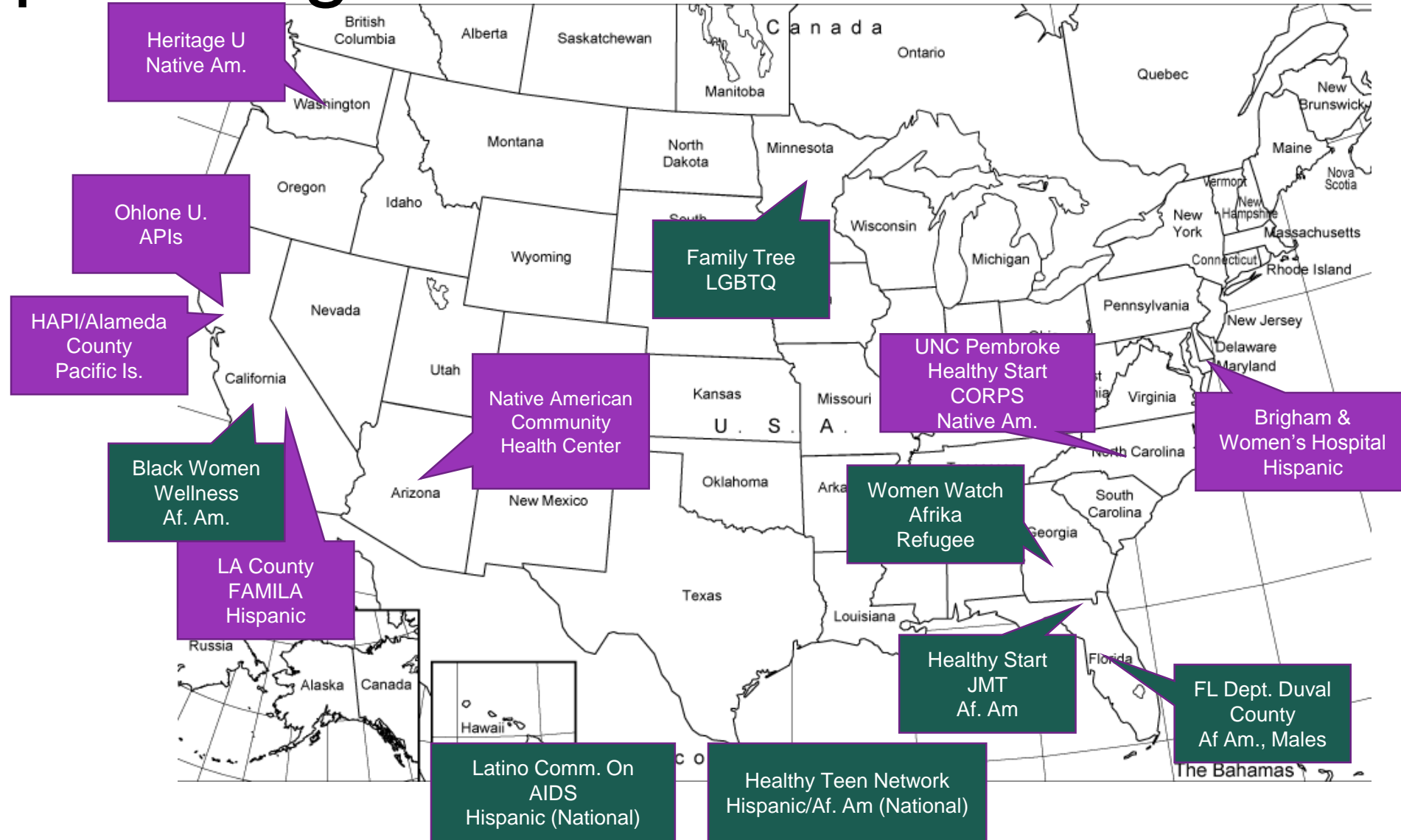
# Diversification Grantees

- PCHHC funded 14 organizations nationwide to expand and diversify Show Your Love preconception messages and educational materials for young adults, including videos, public service announcements, posters, digital ads, doctor dialogue toolkit, healthy habits checklists, and more.
- Read about the Show Your Love Diversification Grant Program here: [www.showyourlovetoday.com](http://www.showyourlovetoday.com)
- **WELCOME! We're thrilled to have you here!**

# How Grantees Diversified SYL

- Tailored / tested SYL core goals, messages, and materials to:
  - Build engagement and disseminate preconception health information to their target audience.
  - Encourage more interpersonal and community support programs to get involved in the Campaign.
- Made or deepened connections with the community they serve.
- Elicited involvement from the focus population to gauge the relevance and influence of messaging and facilitate the production and evaluation of relevant photos.

# Spreading love across the nation





Brigham & Women's Hospital  
 Target: Latinas ages 14-45 and their senior support systems ages 45+; Boston



Latino Commission on AIDS  
 Target: Latina women/cisgender, English and Spanish speaking, ages 18-29; U.S. and territories



LA County Dept. of Public Health  
 Target: Hispanic men and women ages 18-29 in/around Los Angeles (FAMILIA text campaign)



Healthy Teen Network  
 Target: Black and Latina teenage girls; National Membership Organization; Baltimore, MD (CRUSH APP)



Black Women Wellness  
 Target: Black young women ages 18-29; Los Angeles, CA

*A World of Cultures  
 United in Learning*



Ohlone Community College District  
 Target: Asian Pacific Islander and Latina female students at Ohlone Community College; CA



Health Advancement for Pacific Islanders (HAPI)  
 Target: Pacific Islander men and women ages 18-29; Alameda County, CA



Fl Dept of Health-Duval County  
 Target: Males ages 19-29, significant others of "planning/non-planning" women, Fathers; Northeast FL



Women Watch Afrika

Target: Refugees from African countries; Georgia



Ttaw'axt / Heritage University / Zero to Three

Target: Young women and children enrolled tribal members of Yakama Nation & other families in Yakima Valley; Washington State (Ttaw'axt, indigenous Native American community)



Native American Community Health Center

Target: American Indian women and men ages 18-44; Maricopa County and surrounding areas



UNC Pembroke & Healthy Start CORPS

Target: Native American and Hispanic women ages 18-29; Robeson County, UNC Pembroke and Community College



Healthy Start Coalition of Jefferson, Madison, Taylor Counties

Target: Young Black women and partners, low-income; Rural North Florida



Family Tree Clinic

Target: LGBTQ patients; Twin Cities, MN



# Black Women for Wellness



Get Smart B4 U Get Sexy



Before, Between  
& Beyond Pregnancy





# BLACK WOMEN FOR WELLNESS

SHOW YOUR LOVE PROJECT

BY: LASHEA BROWN



**Black Women For Wellness is committed to the health and well-being of Black women and girls through health education, empowerment and advocacy.**



# THE TWO UMBRELLAS OF SOCIAL CHANGE

## SISTERS IN CONTROL

- Reproductive Justice (RJ) Policy Work
- Get Smart B4 U Get Sexy
- Environmental Justice (EJ)
- VREAM

## SISTERS IN MOTION

- Kitchen Divas
- National Diabetes Prevention Program

## WORK TACTICS

- Recruit 12 Black women ages 18-30 to attend a focus group to test the Show Your Love messages
- Create focus group questions and written evaluations to measure the messages accessibility, usefulness and relevance to the group
- Photograph 10 Black Women

# MY FUTURE, MY CHOICE, MY HEALTH

- Overall the participants in the focus group felt that the message was that women are powerful and capable of taking control of their health.
- They were sure that this campaign material target demographic was African American women
- They were unsure of the target age and guessed between the ages of 13-50. It was unclear that this campaign was targeting women of preconception age.

# SHOW YOUR LOVE-YOUR BODY WILL THANK YOU FOR IT

- Some women were unsure about whether or not the model was Black.
- The majority of the participants said that this campaign material would be more relatable if she were a 'dark brown skin black women'
- The majority of the women didn't feel like they could identify with the woman in the campaign.
- They assumed that the campaign was for the general population or targeting the Latina community.
- The whole group agreed that the image of the model hugging herself in the Show Yourself Love campaign seemed 'forced' and contrived.

## POSTER-LIST FORM

- There is a such thing as too much information. The focus group felt that although it was good information it was a lot of information and wouldn't hold the readers attention for long.
- They would have liked to see more local health resources on it
- Majority of the women felt that adding Pan African colors( red, yellow, green) would make it more relevant.



# PRE- CONCEPTION NON-PLANNER PSA VIDEO CAMPAIGN

- This video was well received by the group
- 6 out of 8 of the women agreed that this campaign would help them positively change their health habits.
- However, only half of the women would be inclined to share this campaign with a friend or family member.
- They thought it would be more relevant if women of different body types and skin tones were present in the campaign
- The majority of the group agreed that it was not likely share this campaign on their social media pages.

## 2ND PSA CAMPAIGN

- The majority of the women in the focus group thought that this campaign video was pushing a specific agenda about vaccines.
- They also disliked the fact that the women in the campaign video stressed using birth control but didn't mention using condoms or getting an STD screening.
- The women in the group agreed that the video might exclude lower class women that don't have an advanced degree or have a car like the women in the campaign.
- The style and dress of the actress in the video was a major point of discussion. The participants thought that she would be a more relatable character with minor style changes for instance, hoop earrings and a necklace. The majority of the focus group thought that she was not dressed like a Black woman
- Still, the majority of group stated that they had learned something new from the PSA (6 out of 8).

# SUGGESTIONS FOR THE FUTURE

- The participants suggested using models that represent the range of Black women of darker skin tones as well as body types to make the campaign more relatable.
- Simple style changes were key to identifying with the characters in the campaigns (hair style, outfit color, earrings)
- Using vibrant Pan-African colors was also suggested to demonstrate that this campaign is for an African American audience.
- Showing the different women in different class backgrounds. (Baldwin Hills to the Hood)
- More information on STD screening and condom use in the campaign

# Ohlone College – Student Health Center

*A World of Cultures  
United in Learning*







How will you #ShowYourLoveToday?



Show Your Love Preconception Health

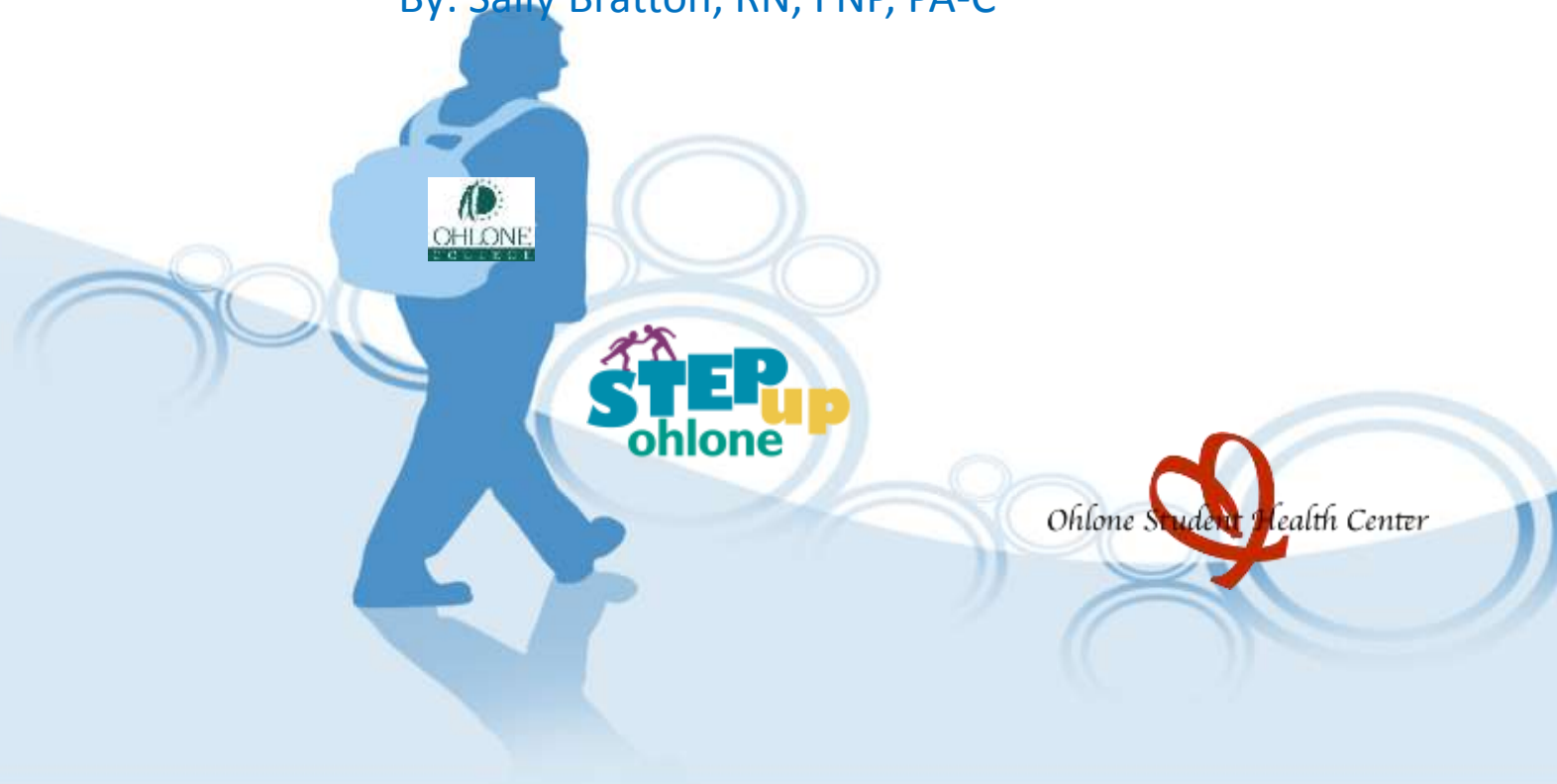
# “Show Your Love” Campaign



Ohlone College | February – October 2016

Presented at Preconception Health + Health Care Initiative  
Catalyzing Change Meeting, Washington DC  
December 13, 2016

By: Sally Bratton, RN, FNP, PA-C





# Ohlone College, Fremont, California



*A World of Cultures  
United in Learning*



- ❖ Located in Fremont, CA & Newark, CA
- ❖ Around 10,600 students enrolled per year at our two campuses and online
- ❖ Nearly 2 out of 3 students are young adults ages 18-24



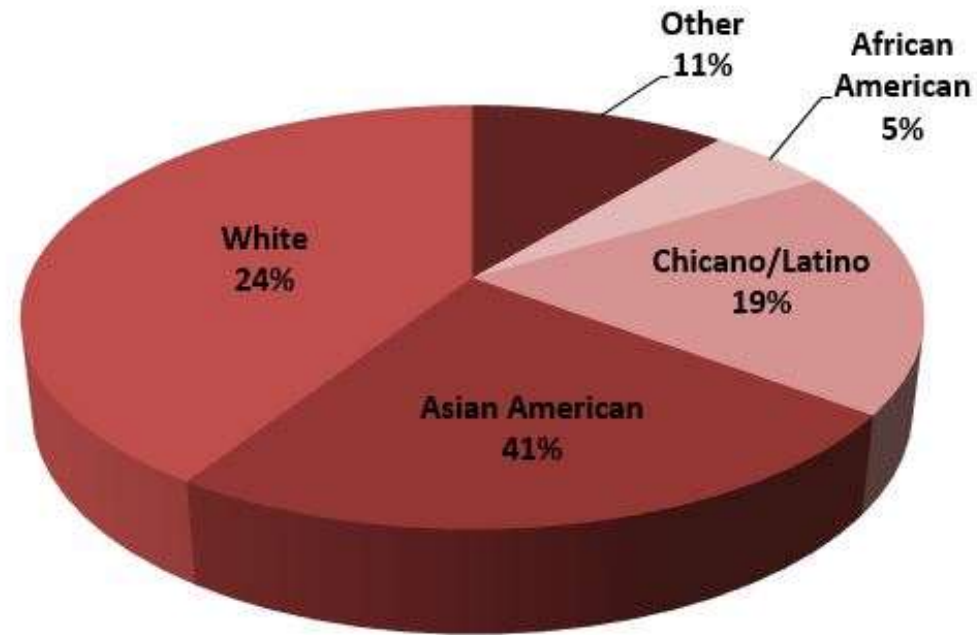
California Community Colleges  
2.1 million students

Ohlone College

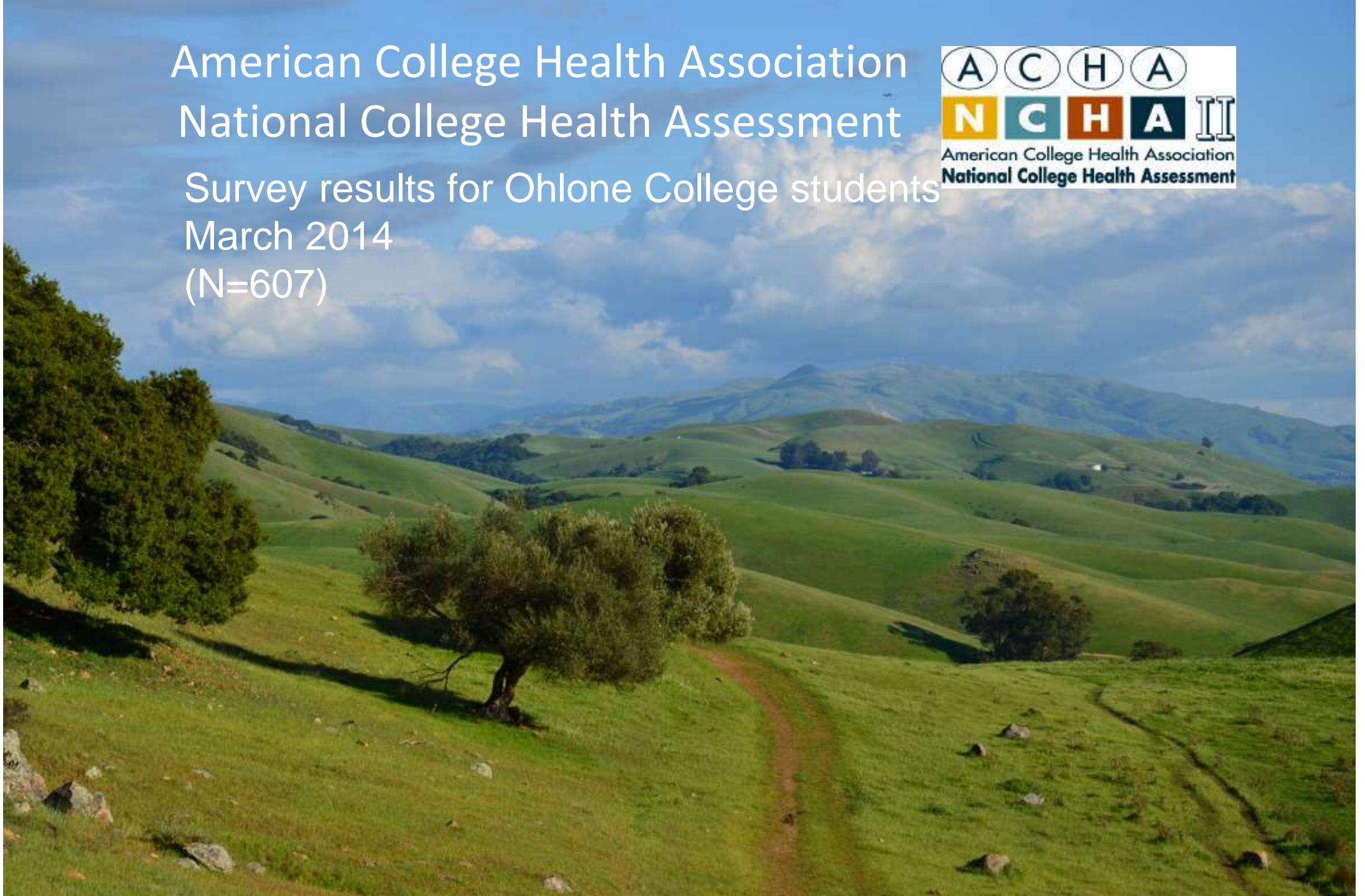


# Student Population

## Ethnically Diverse Student Population



American College Health Association  
National College Health Assessment  
Survey results for Ohlone College students  
March 2014  
(N=607)

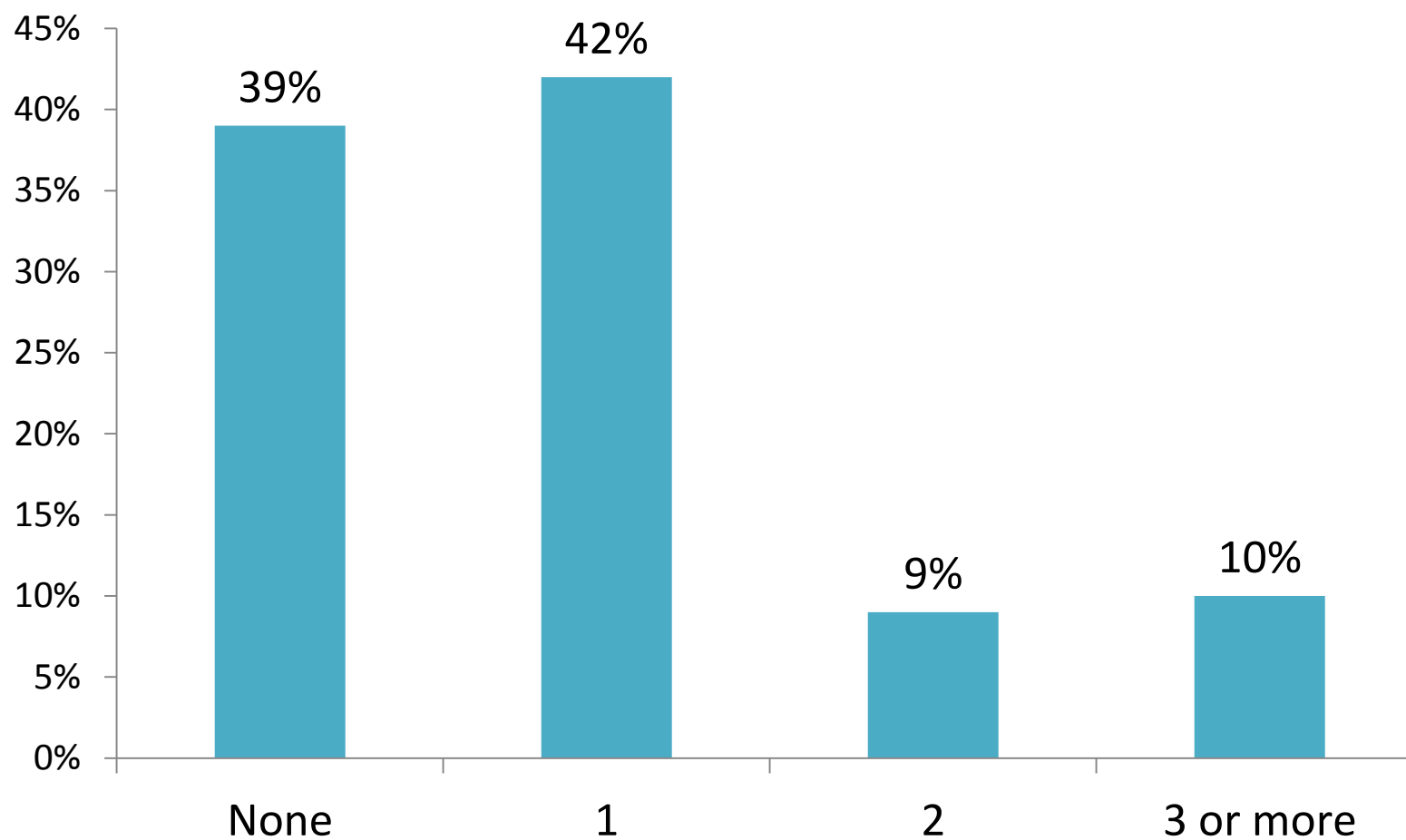




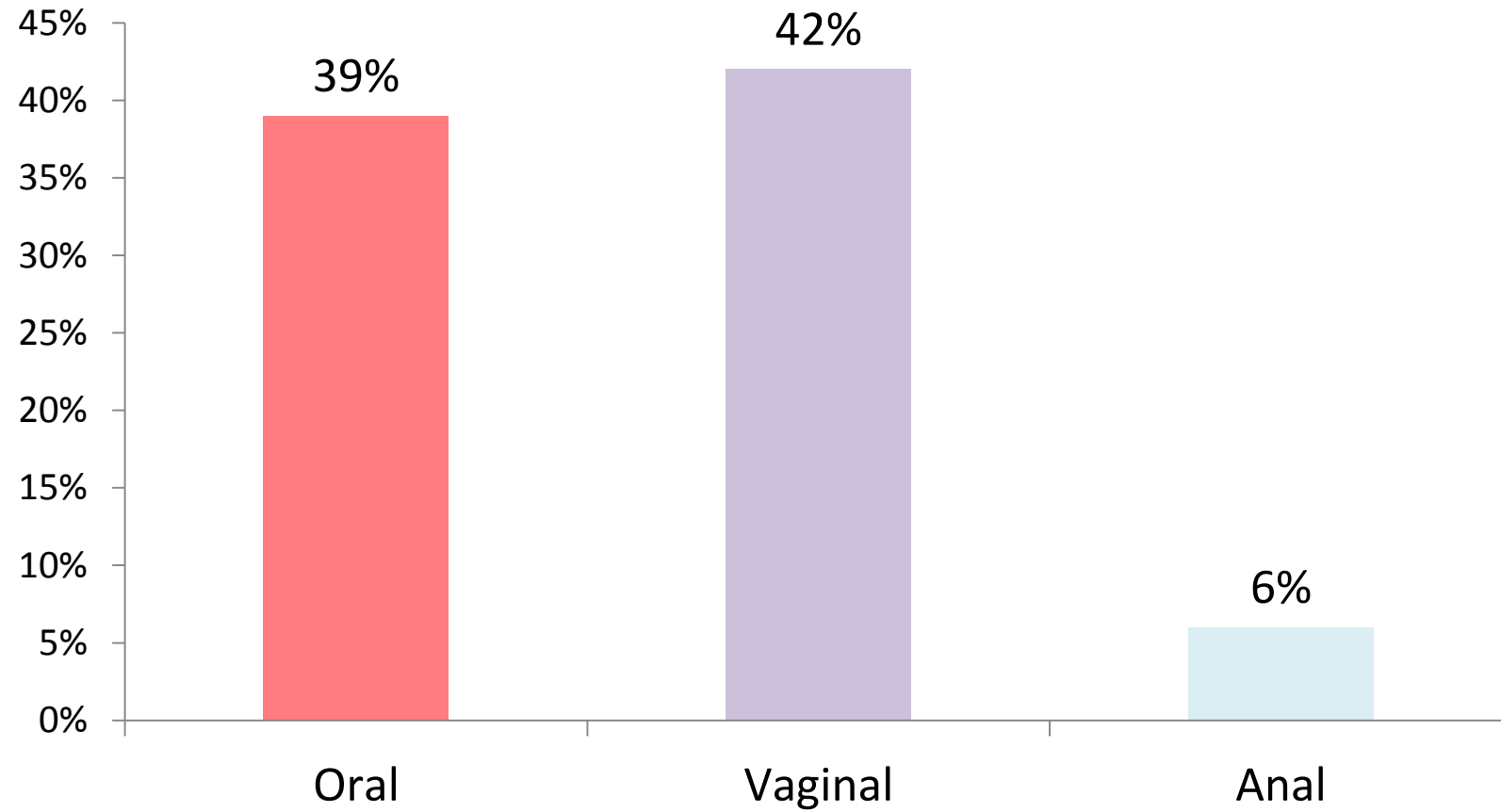
# Sexual Behavior



# Number of sexual partners within last 12 months

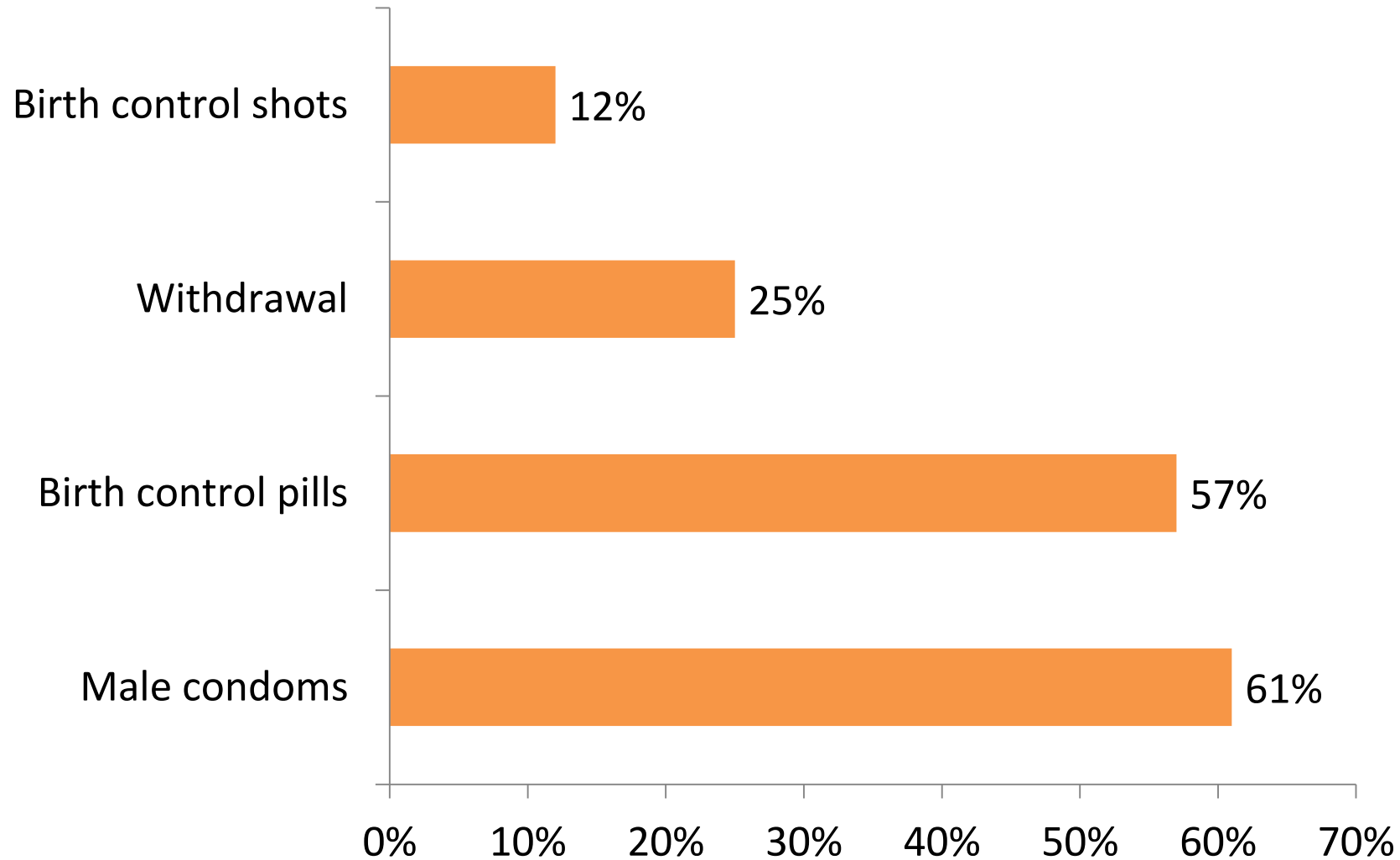


# Oral, vaginal, anal sex in last 30 days





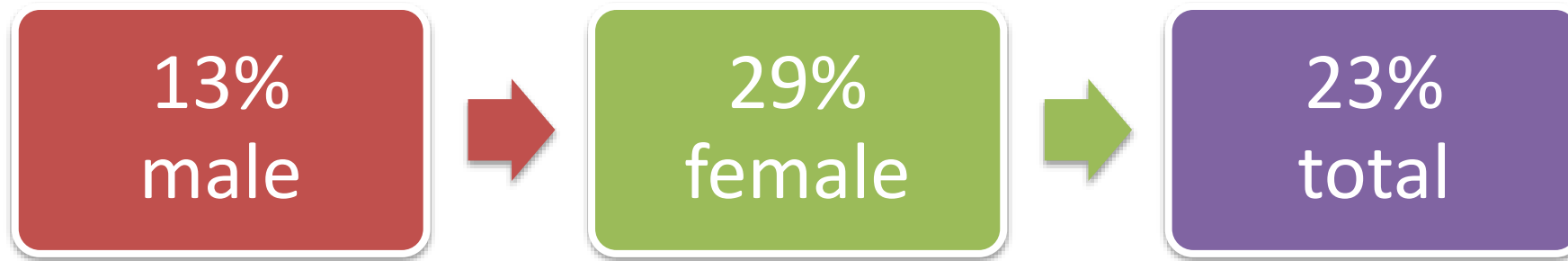
# Top 4 reported means of birth control



# Use of emergency contraception within last 12 months\*



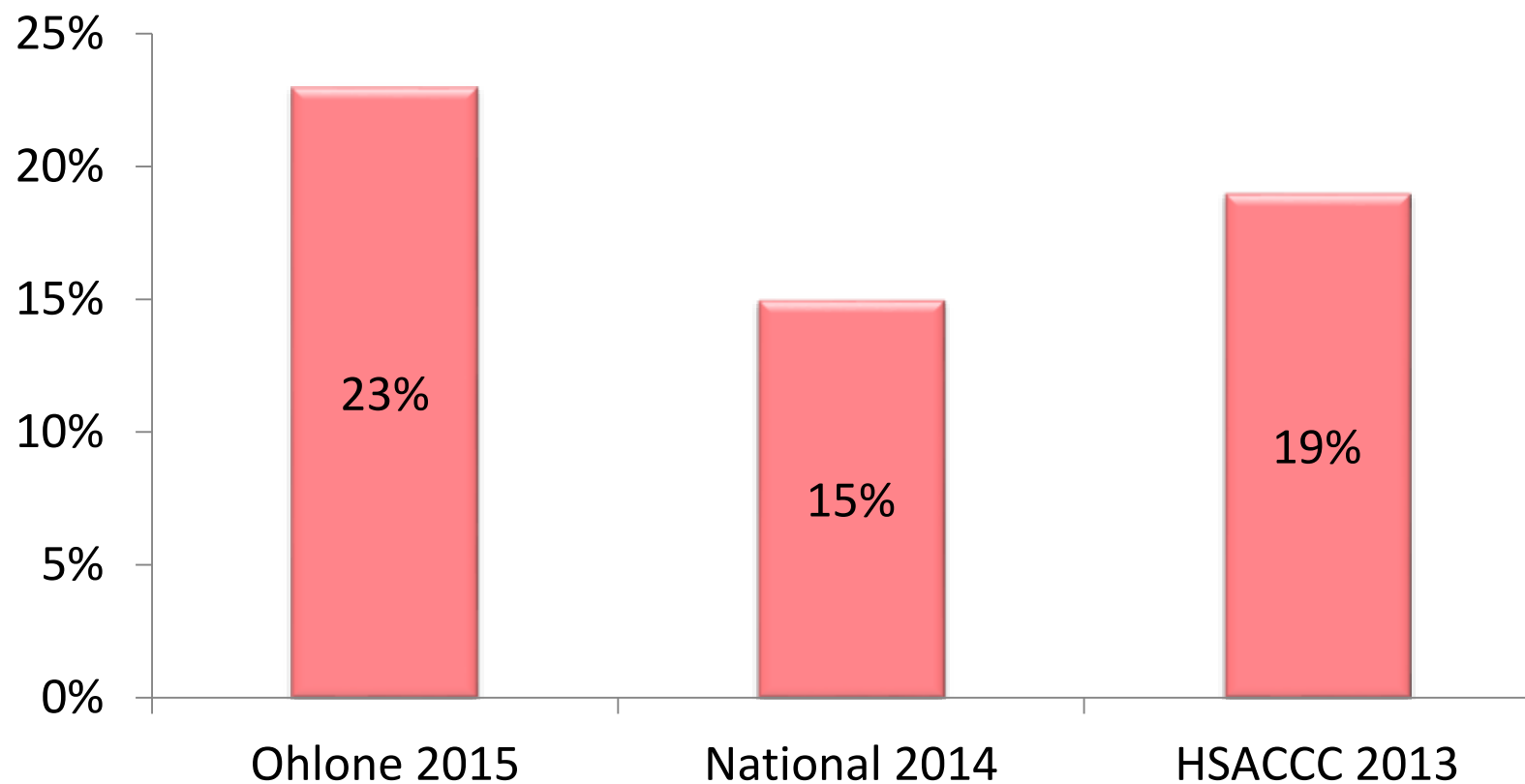
\*Among sexually active college students



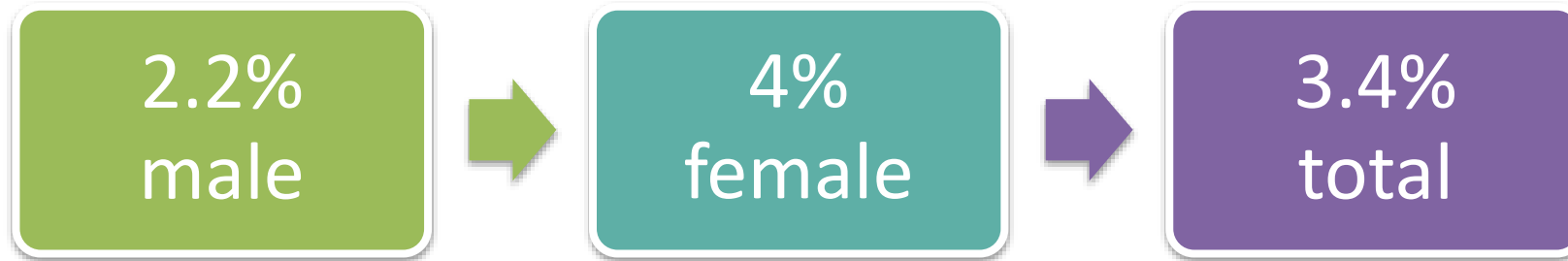
## Use of emergency contraception within last 12 months\*



\*Among sexually active college students



# Unintentional pregnancy or got someone pregnant\*



\*Among college students who had vaginal intercourse within last 12 months

# Building awareness: STEP Up Ohlone website



## Show Your Love



*Show Your Love* is a national campaign designed to promote wellbeing and support young women and men as they strive to achieve their goals and makes healthy lifestyle choices today. **Ohlone College is a proud partner in this campaign.**

*Show your Love* is about taking care of yourself by doing the following:

# Target population



Community college students, with an emphasis on Asian Pacific Islander and Latino students who fall in the “emerging adulthood” category of 18-29 years old



# What we are learning



- “Healthier Me” booklet distribution to patients during primary care visits
- Not as well received; students were hesitant to take them
- We’re moving away from paper-based health education materials



# Show Your Love – Questionnaire (females)



Anonymous questionnaire for females

1. Are you planning to get pregnant in the next two years?
  - a. Yes
  - b. No
  
2. How important is it for you to avoid pregnancy now?
  - a. Very
  - b. Somewhat
  - c. Not at all

# Show Your Love – Questionnaire (males)



Anonymous questionnaire for males

1. How important is it for you to avoid pregnancy now?
  - a. Very
  - b. Somewhat
  - c. Not at all
  
2. Are you and your partner planning to get pregnant in the next two years?
  - a. Yes
  - b. No
  - c. Maybe

# Show Your Love – key messages



## Show Your Love Campaign Key messages for a healthy lifestyle

### Stay Active

1. Stay active, stay attractive!
2. I take the stairs!
3. I love my body; I move my body.
4. I draw the line at 2 hours of screen time

### Eat Healthy Foods

1. You are what you eat -- be a colorful character!
2. I eat the way I live – colorfully!
3. Green, Orange, Yellow, Red – Eat a rainbow every day.
4. I “carrot” about myself.

### Planned Pregnancies

1. Planning is half the fun!
2. I decide when I’m ready!
3. We decide when we’re ready!
4. I plan my life; I plan my family.

### Update vaccinations

1. Vaccinate before you populate!
2. Protect yourself. Protect others. Vaccinate!
3. I get my shots to give myself the best shot

### Take 400 mg of folic acid

1. Folic acid is my friend.
2. “Orange” you glad you take folic acid?
3. Fruits, veggies, or vitamins. Get your 400.

### Manage and reduce stress and get mentally healthy

1. I breathe deep for wellness!
2. Healthy mind + healthy body = Healthy me
3. I’m worth meditating over!
4. Self-care is sexy.
5. Run, eat, sleep, repeat.
6. I sleep; I study; I play. I thrive.

# Most resonant messages included:



## **Stay Active**

- Stay active, stay attractive!

## **Eat Healthy Foods**

- You are what you eat -- be a colorful character!

## **Planned pregnancies**

- I decide when I'm ready!

## **Update vaccinations**

- Protect yourself. Protect others. Vaccinate!

## **Take 400 mg of folic acid**

(no message really resonated)

## **Manage and reduce stress and get mentally healthy**

- Healthy mind + healthy body = Healthy me





# Step & Repeat photograph backdrop





## Some select images



# Thank you



Sally Bratton, RN, FNP, PA-C  
Director, Student Health Center  
Ohlone College  
Student Health Center  
43600 Mission Blvd., Bldg. 7  
Fremont, CA 94539

510.659.6258  
sbratton@ohlone.edu

[www.ohlone.edu](http://www.ohlone.edu) (college website)  
[www.stepupohlone.org](http://www.stepupohlone.org) (mental health  
program website)



A black and white photograph of George Bernard Shaw. He is an elderly man with a full white beard and hair. He is looking directly at the camera with a serious expression. His hands are raised to his forehead, with his fingers spread, as if he is holding his head or feeling a headache. He is wearing a dark, textured jacket. The background is a plain, light-colored wall.

**"THOSE WHO CANNOT  
CHANGE THEIR MINDS  
CANNOT CHANGE ANYTHING."**

**GEORGE BERNARD SHAW**

# Brigham & Women's Hospital



BRIGHAM AND  
WOMEN'S HOSPITAL

| Center for Community Health and Health Equity |





# Show Your Love: Reaching Latina Women Across Boston

Ariel Childs, MPH CLC  
Program Manager, Health Equity Programs



# Presentation Overview

- **Brief Overview: Brigham and Women's Hospital, The Center for Community Health & Health Equity**
  - **Our Show Your Love Strategy**
  - **Project Outcomes and Deliverables**
  - **Successes, Challenges and Opportunities**
- 



# Brigham and Women's Hospital

## The Center for Community Health & Health Equity



We are committed to advancing systems of care, research, and community programs that elevate the health status of the communities we serve.



We believe that a person's health should not depend on where they live work or play, their socio-economic status, or their race,



We collaborate with community health center partners, community-based organizations, and other hospital departments to successfully implement programs aimed at serving those who need us most.

# Stronger Generations

A lifetime of health begins at birth

A multi-pronged approach designed to improve birth outcomes and address disparities among communities served by BWH.

## Clinical Programs

- Stronger Generations seeks to promote protective factors and reduce risk factors by leveraging individual, community and cultural assets to promote equity in:
  - Clinical Care
  - Health and Social Services
  - Social opportunity
- Educate, engage, and empower women and their families to enhance physical, mental, and social health outcomes through social support, patient engagement, leadership development and peer education.

### Stronger Generations: Priority Areas

Improving Health Outcomes	Building a Safe and Healthy Future
Connecting Communities to Resources	Enhancing Social Support Networks

# Show your Love:

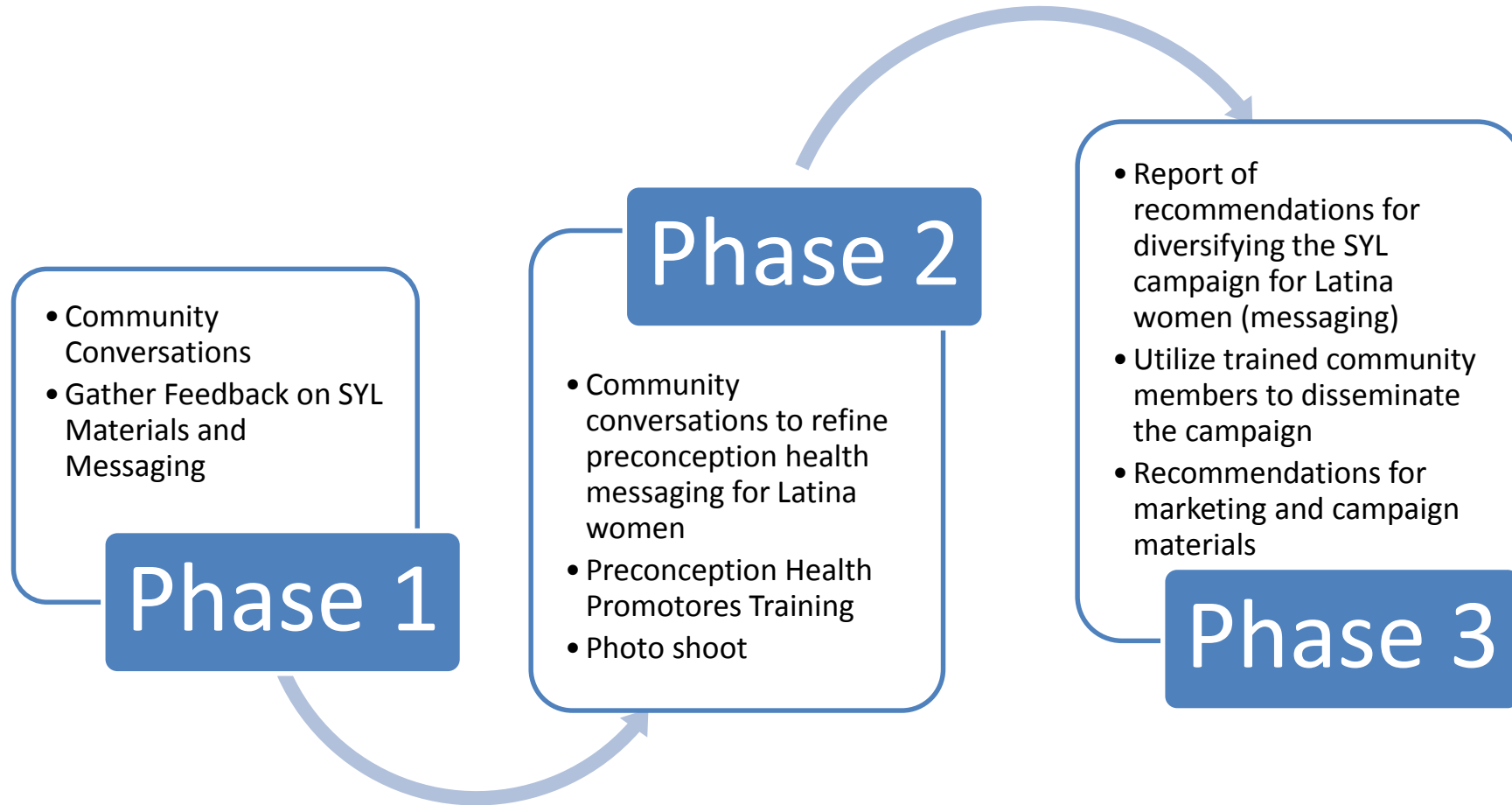
## Who did we try to reach?

- Boston-based Latina women (all ages)
- Started with women connected to our BWH licensed/affiliated health centers (via Stronger Generations)


### Show Your Love Participant Demographics:

- 30 women
- Represented 17 diverse urban neighborhoods across the city
- Self-identified Latina
- 85% Spanish primary language
- Age range 18 – 72 years old

# Our Show Your Love Strategy



# SYL Community Conversations


- Preconception Health—Understanding and Experiences
  - What is necessary for good health now and in 3 years
  - What does “Show Your Love” mean to you
  - What are your hopes and dreams for your daughters, nieces, granddaughters (etc.)? How does preconception health fit into your vision for these young women?
  - What is the most effective way to get health information?
  - Preconception Health Messages
  - Feedback on Show Your Love Marketing Materials
- 

# What did we learn?

- **Preconception Health—Understanding and Experiences**

- “I heard of all the things you’re supposed to do before you get pregnant but I didn't know, or didn’t think it mattered for the population that is of reproductive age that doesn't want children or isn’t trying to have children. I always thought that once you’re trying to get pregnant, then you need to start taking care of yourself.”

- **What is necessary for good health?**


- Education and awareness from parents, teachers, and providers.
  - Positive messages
  - “The number one thing is self-love. Because if you love yourself you’re going to try and take care of yourself in all the ways that make you healthy. If you don’t have a positive outlook in life then you aren’t going to care about keeping yourself healthy”
- 



# What did we learn?


- **What is necessary for good health?**
  - Community Resources (access to affordable food, exercise, healthy community spaces, transportation to get to health-related resources, etc.)
  - More opportunities for social cohesion and support
- **How does health affect your hopes/dreams for young women?**
  - Educational/professional goals, personal achievement, family goals, community service, stability
  - “When I talk to my daughter about her health I don’t talk at all about her physical body. I talk to her about what she wants for herself. I tell her ‘do you want to stay down here or do you want to come out on top? Look at your goals, your aims and stay healthy to get where you are going.’”

# What did we learn?

- **What does Show Your Love mean to you?**
    - Without your health you have nothing
    - Love yourself
    - If you do not love yourself, you will not show love to another person
    - Love yourself so you can transmit that love
    - Prepare yourself, physically, mentally, emotionally and when you are ready you will be able to give the love to someone else too.
    - Prepárate: Prepare yourself, Prepare for the future
- 

# What did we learn?

- **SYL Campaign Recommendations**

- Campaign needs accompanying information
    - Healthy Eating Example: Suggestions on sample meals, info on most important nutrients, cultural considerations like salt substitutions, community resources like local food pantries.
    - Should include a texting service, app, link to local website with resources by zip code, etc.
  - Pair taking care of your health with the other ways women practice self care—example: Visit your doctor after your mani/pedi
  - Needs to be paired with on-the-ground health education/information that incorporates social opportunity
- 

# What did we learn?

- **SYL Campaign Recommendations**
  - Acknowledge women through positive messaging and grounding campaign in reality
    - “The media gives these images of a lifestyle or image that is unachievable and it makes you feel hopeless. It not only makes you ignore what they are advising, but it affects your mental health. It actually makes everything harder.”
    - Acknowledge prioritization of needs—people often have to choose between food and medication (short term versus long term needs).

# Messaging Recommendations

- **Messaging Feedback:**
  - Where do people get health information: Word of mouth, providers, technology


Top Preconception Health Messages	Missing Messages
Plan Pregnancies	Learn about your body so you can notice changes
Eat Healthy	Align your physical health, mental health and your personal goals
Protect against STI	Healthy relationships (communication, education)
Stay Active	Get enough sleep
Take Folic Acid	Build your social support system
Stop smoking and Reduce alcohol before trying to get pregnant	Always continue to educate yourself and seek out information from trusted sources

# Marking Recommendations

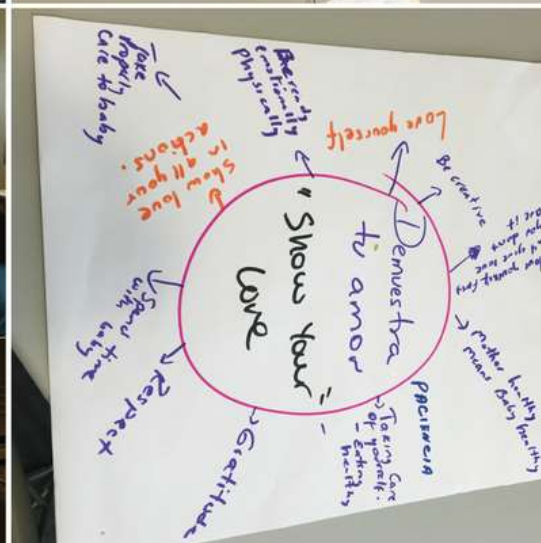
- **Images**

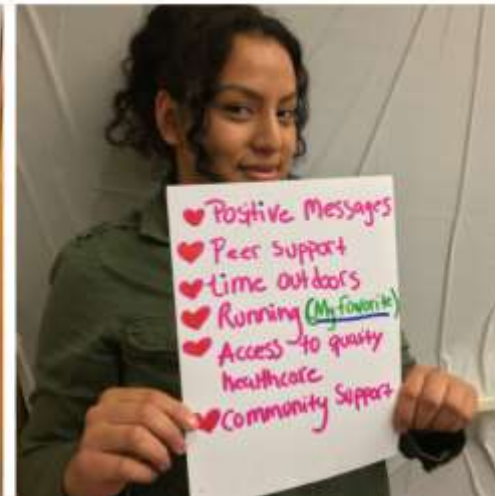
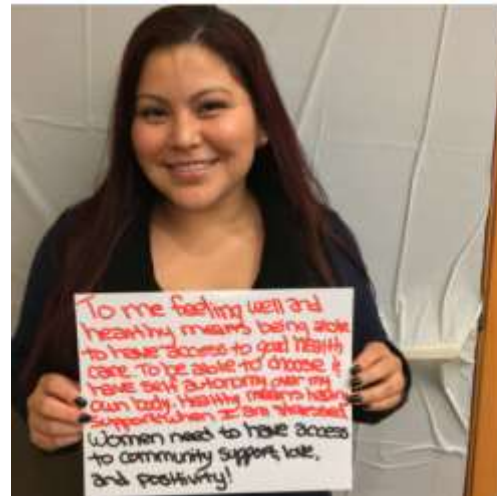
- Photos featuring healthy eating, doctor visits and self-care were well received
- Want more images featuring women supporting each other, younger women, and women practicing good health behaviors with their teens

- **Marketing Materials**

- Love colors, love catchy phrases, love goal-setting component
  - More diverse, fewer tips (only top 6), more information about what Show Your Love is, more youth-friendly, bilingual
- 







# Successes, Challenges & Opportunities


- **Successes**

- Rich community conversations
- Intergenerational discussion
- Information sharing/myth busting

- **Challenges**

- Logistical Challenges
- Translation
- Incorporating SDOH frame in solutions

- **Opportunities**

- Program Development
  - Enhanced Show Your Love Campaign
- 

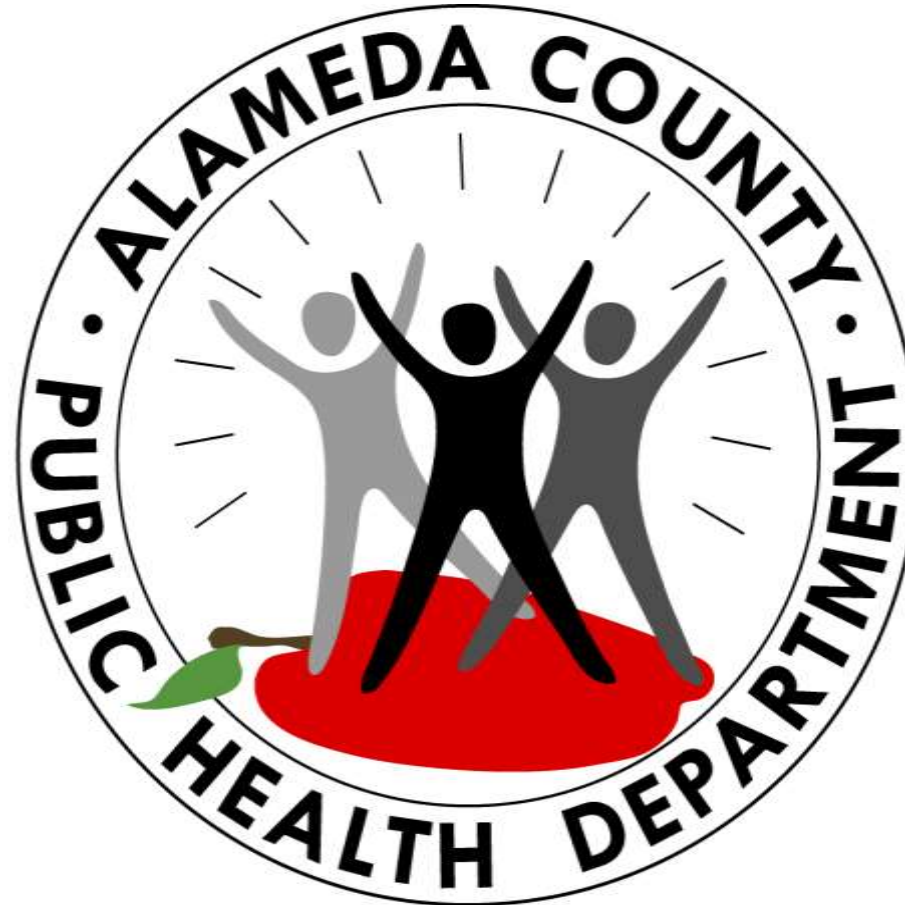




# Latino Commission on AIDS



# Health Advancement for Pacific Islanders





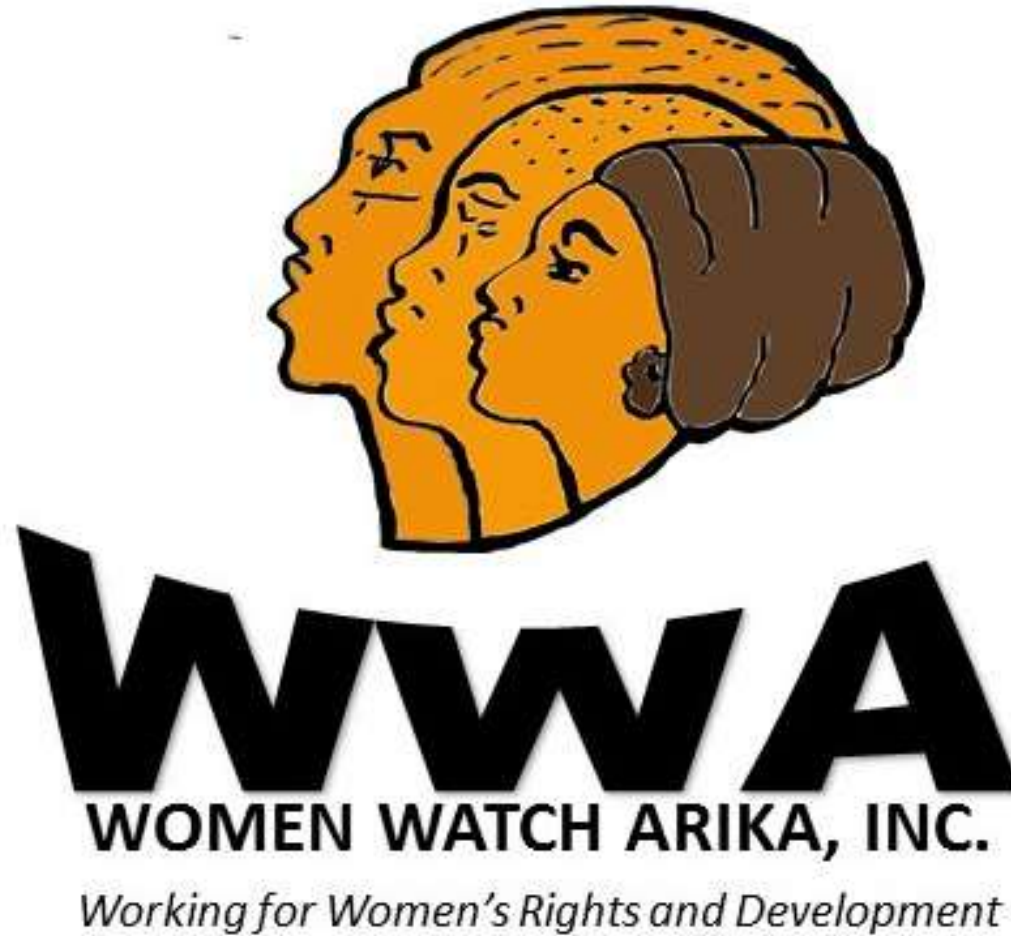
# Florida Health Dept. of Duval County





[https://www.youtube.com/watch?v=AHosVQDNTic&feature=youtu.be&utm\\_source=PCHH  
C+Summer+Newsletter+-  
+July+2016&utm\\_campaign=PCHHC+JULY&utm\\_medium=archive](https://www.youtube.com/watch?v=AHosVQDNTic&feature=youtu.be&utm_source=PCHH+C+Summer+Newsletter+-+July+2016&utm_campaign=PCHHC+JULY&utm_medium=archive)

# Women Watch Afrika



# Women Watch Afrika, Inc. **Show Your Love Campaign** Presentation

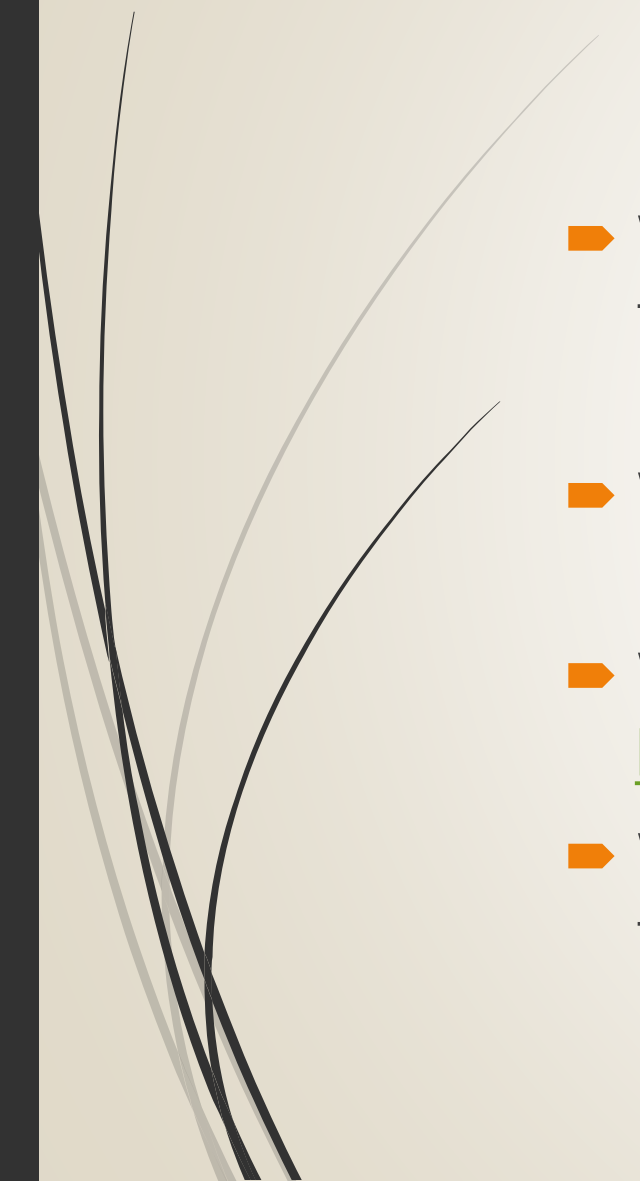
National Preconception Health and Healthcare Initiative Meeting

December 13, 2016





# WWA SYL Campaign Grant Outcomes

- 
- ▶ We were able to introduce preconception “concepts” to a cohort of 20 African Refugee women through the Preventative Health Leadership Program
  - ▶ WWA implemented their first annual “Show Yourself Love” Day in the spring of 2016
  - ▶ WWA was able to create a new website <https://womenwatchafrica.org/>
  - ▶ WWA developed health communication products for the targeted communities

# WWA SYL Products

- Products for Public Use:
  - WWA SYL Campaign Video
  - WWA SYL Infographics
  - WWA SYL Healthy Living Brochures





# HOW do we authentically message and engage with all these different groups on preconception health - while being firm on science/accuracy?

- ▶ Using our Healthy Family Healthy Relationship techniques, to discuss the benefits of child spacing and small family size, leading to healthy family and good quality education for the children, and healthy family as a whole.
  - ▶ This helps to improve the knowledge, attitudes and behaviors of low income underserved refugee and immigrant women related to preconception health.
- ▶ "Steps to a Healthier me and Baby to be". Participants were taught how to take proper care of themselves and their babies, before, during conception and after birth.
  - ▶ In a refugee friendly culture and language we encouraged women to take proper care of their bodies, and allow it to heal in the same manner of time it took before delivery.
- ▶ Physical Activity for Healthy Living Everyday: Eat healthy foods, drink plenty of water, eat more fruits and vegetables and exercise 30 minutes a day 5 days a week.
  - ▶ Program address cultural and religious barriers that negatively affect the health of women, youth and children

# WHO are the influencers in these communities? Who can help spark actual behavior change? How do we engage them?

- ▶ The influencers in the Clarkston, GA African refugee communities are the women that participated in the past three cycles of WWA's Preventative Health Community Advocates program
- ▶ As participants in the program, they not only learn about health issues that impact their community but also learn culturally appropriate techniques in community health education
- ▶ They are best engaged through stipend programs administered by organizations like WWA





# WWA SYL Next Steps & Future Activities

- ▶ Finalize WWA SYL products to be translated in Arabic and Swahili
- ▶ Make plans to implement another SYL Day in 2017 and to include social media activity
- ▶ WWA would like to engage previous program participants to serve as FGM/violence prevention Community Advocates
  - ▶ Subject matter includes preconception health, family planning, general reproductive health, and FGM prevention awareness training
  - ▶ Topics require a higher literacy level and experience from program participants in engaging in community health promotion activities
  - ▶ Stipends to compensate Community Advocates and properly engage them in qualitative evaluation activities





**Show Love to Yourself and Your Children by practicing Good Nutrition!  
Eat Fruits and Vegetables instead of Junk Food!**

Kuonyesha Upendo kwa Yourself na Watoto Wako na kufanya mazoezi Lishe nzuri  
Kula Matunda na mboga badala ya Junk Food

من خلال ممارسة التغذية الجيدة. أكل الفواكه والخضروات بدلا من الوجبات السريعة  
'iizhar alhubb l nafsak w 'atfalak min khilal mumarasat althghadawat  
'aki alfawakih walkhadarawat badalaan min alwajabat alsriya

Show Your Love  Preconception Health



 Preconception Health+Health Care Initiative  
A National Public-Private Partnership



**Engaging in Cultural activities and participating in community events is how we  
Show Love to Ourselves and our Community**

Kushiriki katika shughuli za kitamaduni na kushiriki katika matukio ya jamii ni jinsi sisi  
Onyesha Upendo kwa Ourselves na Jumuiya zetu

شاركة في الفعاليات المجتمعية هو كيف يمكننا ان اظهـار الحب لـ أنفسنا و مجتمعاتنا  
alainkhirat fi al'anshitat alththaqafiat walmusharakat fi alfaealiat almujt  
yumkinuna 'ann 'iizhar alhubb l 'anfusina w jamaeatuna

Show Your Love  Preconception Health



 Preconception Health+Health Care Initiative  
A National Public-Private Partnership


# Ttaw'axt / Heritage University / Zero to Three







Show  
Your  
Love



Preconception  
Health

How will you #ShowYourLoveToday?



# Native Health Community Health Center



**your healthcare home**



How will you #ShowYourLoveToday?



# UNC Pembroke / Healthy Start CORPS



# Healthy Start Coalition of Jefferson, Madison, Taylor Counties - FL





# HEALTHY START COALITION

of Jefferson, Madison and Taylor Counties, Inc. (Rural Florida)





The Healthy Start Coalition set out to improve poor birth outcomes in Jefferson, Madison, and Taylor Counties, Florida using the original CDC Campaign "Show Your Love" materials at women's health workshops





In February 2016, the Coalition teamed up with PCHHC to evaluate preconception knowledge and attitudes and tailor preconception messages and materials for African American females, ages 18-24.



83 individuals participated in the Coalition's preconception events during April-June; a subset of 34 individuals completed the entire course and an evaluation.



Participants were given four pamphlets to evaluate messaging and elements of each:

- The “A Healthy Baby Begins with You,” National Office of Minority Health
- Show Your Love – “Steps to a Healthier Me” 6-part glossy workbook, CDC
- A new, locally developed tabbed handout “Taking Care of Me”
- Additional handouts supporting the “Steps to a Healthier Me,” cited in the workbook





After the workshops, 82% of the participants felt their understanding of unplanned pregnancy prevention was 'Excellent.' Over 80% also marked their understanding the harm of drugs/alcohol and smoking topics as 'Excellent.'





The Coalition sent a follow up evaluation to participants.

After the workshop, 73% of participants agreed that how a woman feels is a good measure of her health.



Consumer Testimonials





“I feel like the “Show Your Love Campaign” is very helpful! I love the fact that it teaches how to work towards being a better “you”! I would love to see younger adults having a chance to experience the group and the instructor. I think having the appropriate resource and someone to talk with would make a major difference, for the better!” – *Kayla Williams*



“It gave me knowledge about how to take [care] of myself better.” – *L’Kerah H.*

“ I can write in my personal goals. When I write it down I’m more accountable.” – *Tomica S.*









“Solutions are offered for the problem”. – C. Allen

“This handout breaks down the certain things (steps) to a healthier life.” – K. Davis





**Show Your LOVE!**  **Steps to a Healthier me!**




Life offers many opportunities. Take time to think about your goals for school, for your job or career and for your health. Your physical and mental health are important in helping you achieve the goals you set for yourself. This is a tool to help you set your goals and make a plan.


Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

Date plan made or revised: \_\_\_\_\_

**My top 3 goals for this year are**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

 Centers for Disease Control and Prevention  
National Center on Birth Defects and Developmental Disabilities

 Show Your LOVE! Preconception Health

Taking feedback from the workshops and follow up survey, the Coalition provided recommended edits to the Show Your Love “Steps to a Healthier Me” resource and messages.





The Coalition created an informational kit specific to their target audience and community.

This pamphlet incorporates information from the Show Your Love guide and CDC website.





## Taking Care of Me

**We're happy to help, but please  
don't ignore your health!**

**Annual well-woman visit with a doctor or nurse:**  
Document your health habits and history • Get a  
physical exam • Set health goals • Health Education

**Gynecological Services and Screenings:** Annual Pap  
test and pelvic exam • Diabetes • Blood pressure  
Cholesterol • STDs • Pregnancy Planning

**Health Insurance:** If you or your family doesn't have  
health insurance, please ask us how we can help.

### Find the doctor and medical home that fits your needs.

Finding a local doctor or nurse who can help you maintain your best health is  
the foundation of a medical home. From annual check-ups to gynecological and  
pregnancy services, a good medical home will provide guidance to women for  
both basic and special services, including their future family.

## Before and During Pregnancy

### Be Prepared.

**Take 400 mcg of Folic Acid**  
Folic acid is a vitamin that is found in  
breakfast cereals and green leafy vegetables.  
It helps prevent birth defects and also stops  
miscarriages.

**Ask Your Doctor** about prenatal vitamins  
you do that could be harmful to your baby.

**I decided to get pregnant, so I  
make sure our baby is healthy.**

**Hey girls! I'm Tonya.**  
**With so much going on, we sometimes  
forget about ourselves. Meet me on the  
next page and let's talk about...**  
**taking care of you!**

**Scan this QR Code to  
view my video:**



**Or check it out on  
my website:**

[healthystartjmt.org/tonya](http://healthystartjmt.org/tonya)

**Need help using a QR Code?**  
**It's easy; just see the back cover!**

### Taking Care of Me

As a Certified Community Health Worker with  
Healthy Start, Tonya makes it a practice to find  
solutions for you and your family's needs. For  
your baby, you can qualify for free car seats,  
portable cribs, and other items. No matter what  
you need, you're never alone.

### Take Care of Yourself!

### Take care of me anytime!

Tonya Bell, CCHW  
Certified Community Health Worker  
Jefferson, Madison & Taylor Counties, Inc.  
850-253-5355  
tonya@healthystartjmt.org

### Easy to Use!

#### For Android Phones and Tablets:

1. Open Google Play Store
2. Search for "QR"
3. Download "QR Code Reader" by Scan, Inc.
4. Open the Application
5. Scan the QR code!



Show  
Your Love  
Preconception  
Health



HEALTHY  
START

To view their Show Your Love tailored messages & pamphlets, log-on to:  
[www.healthystartjmt.org/preconception-campaign](http://www.healthystartjmt.org/preconception-campaign)



Get Involved!

[www.ShowYourLoveToday.com](http://www.ShowYourLoveToday.com)

[www.Facebook.com/ShowYourLoveToday](https://www.facebook.com/ShowYourLoveToday)

[www.Twitter.com/SYL\\_Today](https://www.twitter.com/SYL_Today)



Learn more!

<http://healthystartjmt.org/preconception-campaign>

Email Tonya Bell for information about the workshops and preconception pamphlets:  
[tbell@healthystartjmt.org](mailto:tbell@healthystartjmt.org)

# County of LA Public Health





 LAFAMILIA [Send](#)

Message and data rates may apply

### Adobe Reader Download Example



#### Adobe Reader

Note: PDF documents on this site were created using Adobe Acrobat 5.0 or later. If you are using an earlier version of Adobe Acrobat Reader (4.x or less), document functionality may be reduced. [Please Click Here](#)

### Contact Information

Los Angeles County  
Department of Public  
Health  
Maternal, Child, and  
Adolescent Health  
Programs  
600 S. Commonwealth  
Ave., 8th Floor  
Los Angeles, CA 90005  
Tel: (213) 639-6416  
FAX: (213) 639-1034

[FAMILIA@ph.lacounty.gov](mailto:FAMILIA@ph.lacounty.gov)

[Privacy Policy](#)  
[Terms of Use](#)

## Welcome to FAMILIA!

### To join, text LAFAMILIA to 55000

The FAMILIA text messaging program focuses on family planning, active living, maintaining a healthy weight, improving nutrition, reducing stress, and addressing abuse. Each message links here to the FAMILIA website, which has more information, apps, blogs, and videos related to that topic. You'll receive three healthy living texts each week for three months. You can choose to receive messages in English or Spanish.

By taking charge of your health, you are taking charge of your future.



### FAMILIA Topics:



#### [Contraception Options](#)

#### Active Living

[Tips for an Active Life](#)

[Stretching and Soreness](#)

#### Maintain a Healthy Weight

[What is a Healthy Weight and](#)

[Why Should You Achieve It?](#)

[Healthy Ways to Lose Weight](#)

[Achieve a Healthy Weight by](#)

[Managing Stress and Sleeping](#)

[More](#)

#### Improve Nutrition

[Recommendations for Eating](#)

[Healthy](#)

[Healthy Eating Out](#)

[Healthy Beverages](#)

#### Less Stress

[What is Stress?](#)

[What is Depression?](#)

[What is Anxiety?](#)

#### Address Abuse

[Healthy Relationships](#)

[Abusive Relationships](#)

Questions? Contact us:

[FAMILIA@ph.lacounty.gov](mailto:FAMILIA@ph.lacounty.gov)

(213) 639-6416

Show  
Your  
Love  Preconception  
Love Health

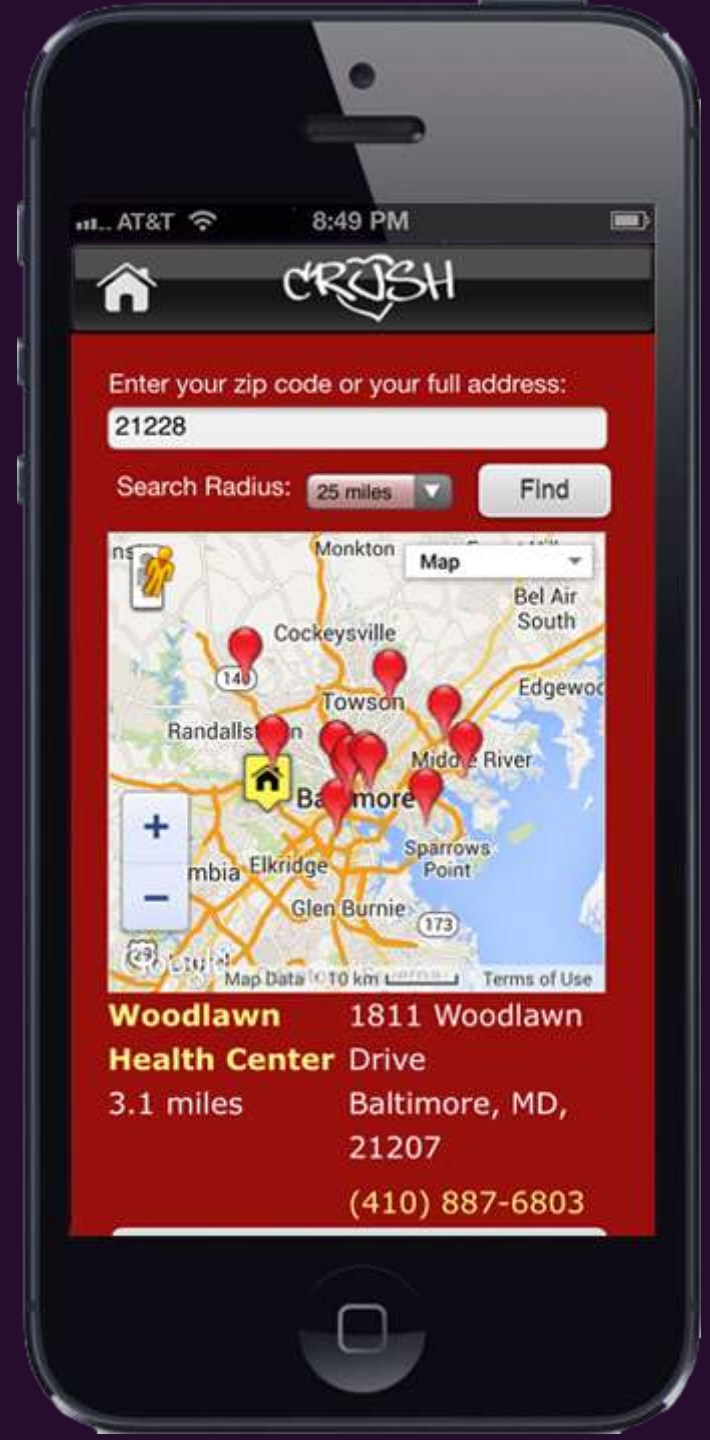
# Healthy Teen Network



## Healthy Teen Network

MAKING A DIFFERENCE IN THE LIVES  
OF TEENS AND YOUNG FAMILIES





# Family Tree Clinic



**Family Tree  
Clinic**



# Show Your Love

Show Your Love  Preconception Health

You're ready to get pregnant. It's time to nurture and love yourself by planning and preparing your body for pregnancy. Take these steps to improve your preconception health.

## What is preconception health?

- Preconception health is simply your health before you get pregnant.
- How healthy you are before getting pregnant can affect the health of your baby.

## What can you do?

- Eating a healthy diet, being physically active and taking folic acid every day is awesome!
- Reevaluate your habits around drinking alcohol, smoking, and drugs. Considering stopping if you're planning on getting pregnant.
- Get screened and tested for possible medical problems like infections or diabetes.
- Talk with your health care provider about how to best manage your medical conditions and any medicines you're taking.

For more information visit  
[www.cdc.gov/showyourlove](http://www.cdc.gov/showyourlove).

FamilyTreeClinic.org



ALY 14326826



# PCH in LGBTQ Communities

- Guidance for reaching LGBTQ communities with preconception health messages (these are not the messages themselves, but some guidance when thinking about messaging, and clinic patient care in receiving preconception health):
- Recognize that not all people with a uterus identify with the word woman
- People in same sex relationships also need preconception health
- LGBTQ communities have the highest rates of unintended pregnancy
- Ensure representation in clinic waiting rooms, magazines and outreach materials of diverse gender identities and sexual orientations/partner pairings
- Offer opportunities for people to self identify their sexual orientation, gender identity, names and pronouns in clinic settings: ensure you are asking people for their gender pronouns, and have options for people to use their preferred name which may not be their legal name
- Improvements that are focused on LGBTQ communities in health have the potential for improving the care, health and wellbeing of all people. This is called targeted universalism: meeting the needs of marginalized or excluded groups (targeted) can meet the needs of the broader whole more effectively (universalism).

# Catalyzing Change

*Open Dialogue Brainstorm*



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday



# Today's BIG picture

## **Catalyzing Change in Communities**

- Authentically engaging women that may be left out.
- What would you need to take it to the next level? Specifically, what ideas would you have – media buys, point person?

## **Keeping our eye on the ball:**

- How do we talk about PCH in a different way that resonates?
  - What stays the same universally, what's different? Is it better to stick to planners?
- Who are the influencers? Who can influence behavior change?
- How does a national Initiative support diversity and respond to new topics while holding firm to science / accuracy?

# THANK YOU!

TOGETHER we are GREAT

@SYL\_Today & Facebook.com/ShowYourLoveToday

[SuzanneW@med.unc.edu](mailto:SuzanneW@med.unc.edu)



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday



# The National Campaign

to Prevent Teen and Unplanned Pregnancy

*Tools for Consumers*



Preconception  
Health+Health Care Initiative

A National Public-Private Partnership



#ShowYourLoveToday



[ksuellentrop@thenc.org](mailto:ksuellentrop@thenc.org)

202-478-8515



**BEDSIDER**

*rebranding birth control*



**BEDSIDER**


[birth control methods](#)

[where to get it](#)

[reminders](#)

[features](#)

[questions](#)



Welcome to the free support network for birth control.

### THX BIRTH CONTROL

99% of women have used it. On 11/12/13 we're saying thanks for everything it makes possible.

### REAL STORIES



ramiyah, 23, condom

Forget one in the moment? There is no heat that hot

### GUY'S GUIDE: THE RING

Think James Bond could get ready for a hot date and tell you about the ring at the same time? Probably not...

but Guy Nottadadi can »

*meet bedsider /*

*will you join us? »*



ME

Are you a provider? Visit [Bedsider Providers](#) »

Welcome! (Sign in or Create your account)

**BEDSIDERINSIDER**

**BEDSIDER**

[birth control methods](#)

[where to get it](#)

[reminders](#)

[features](#)

[questions](#)

## METHOD EXPLORER /

★  
most effective

Y  
party-ready

X  
STI prevention

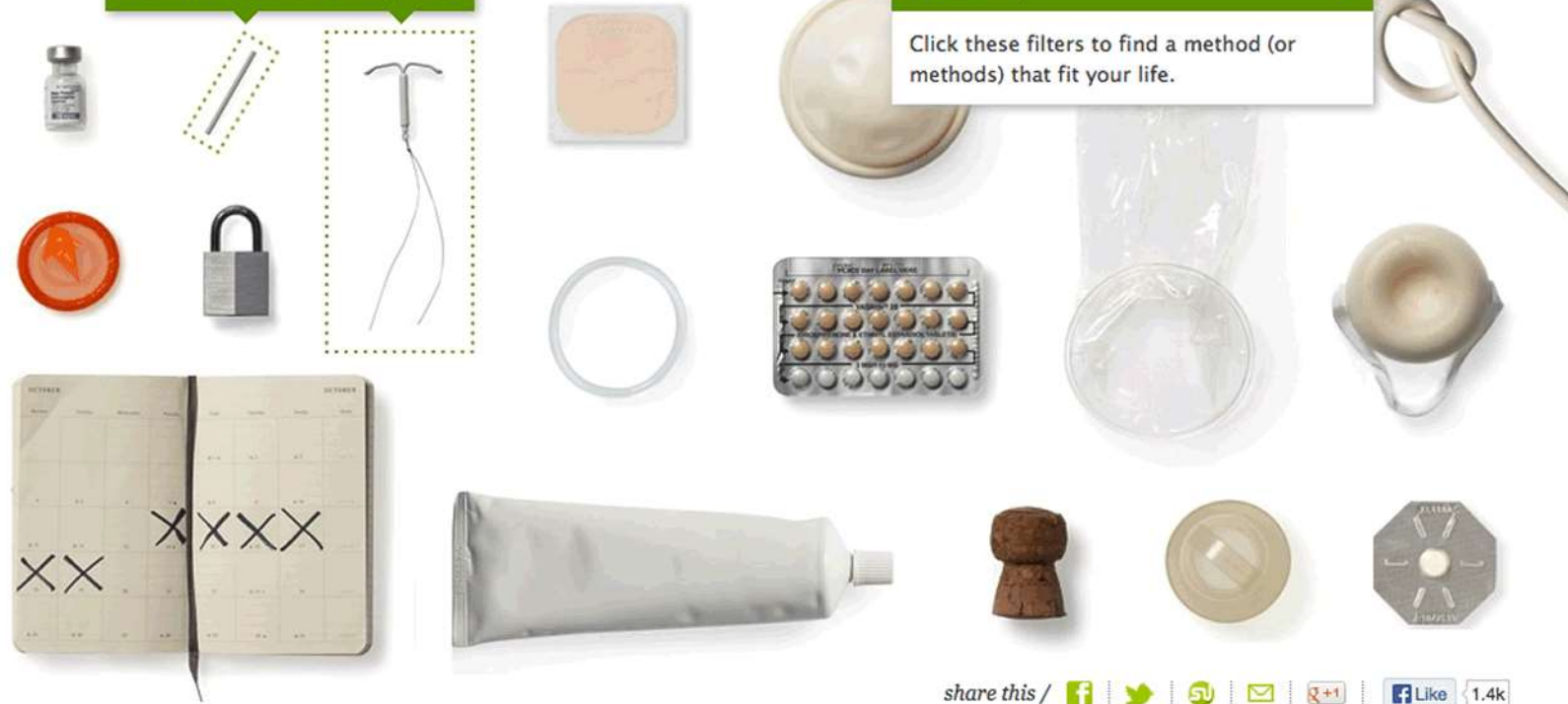
Q  
easy to hide

♥  
do me now

BEDSIDER RECOMMENDS / X

WELCOME / X

Click these filters to find a method (or methods) that fit your life.



share this / [f](#) [t](#) [su](#) [e](#) [+1](#) [f Like](#) 1.4k

*What is all this stuff?*

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

*method explorer /*

[reminders](#) [birth control reminders](#) [appointment reminders](#)

[you](#) [your account](#)  
[your reminders](#)

[providers](#) [join us](#)

[us](#) [about bedsider](#)  
[contact us](#)  
[terms of use](#)  
[privacy policy](#)

BEDSIDER

[birth control methods](#)[where to get it](#)[reminders](#)[features](#)[questions](#)

## IMPLANT /



The implant (Implanon or Nexplanon are the brand names) is a teeny-tiny rod that's inserted under the skin of your upper arm. It's so small, in fact, most people can't see it once it's inserted—which means it can be your little secret, if you're so inclined. The implant releases hormones that keep your ovaries from releasing eggs and thicken your cervical mucus, which helps to block sperm from getting to the egg in the first place. Plus, it prevents pregnancy for three years. Not too shabby. [view all methods](#) »

## real stories /



aj, 23



ashley, 19



rosa, 21

[details](#)[costs](#)[how to use it](#)[side effects](#)[problems?](#)

## Get it and forget it

If you're a busy person who doesn't want to worry about remembering birth control, the implant just may be for you. Once it's in, it lasts for up to 3 years.

*method details /*

No packages or prescriptions to pick up at the pharmacy, so there's nothing that could get lost or forgotten.

## quick facts /

Invisible to the world but not to you. It's easy, incredibly effective, long lasting, and reversible.

## ★ effectiveness

The implant is among the most effective methods.

## ● side effects

Irregular bleeding is the most common side effect of the implant.

## ★ effort

Quick insertion and you're set for 3 years.

## how do I get it?

You need to see a provider to get it inserted.

## cost

Anywhere from \$0-\$800. Big range, right? [Read more about why or contact a clinic.](#)

Go under the hood of some great birth control methods.

[watch the guy's guide](#) »



WH

Are you a provider? Visit Bedsider Providers »

Welcome! (Sign in or Create your account)

**BEDSIDERINSIDER**

**BEDSIDER**

[birth control methods](#)

[where to get it](#)

[reminders](#)

[features](#)

[questions](#)

## WHERE TO GET IT /

### from a health center /

Some methods require an appointment or prescription. And sometimes it's just nice to get answers in person.

your zip code

[search »](#)

### over the counter /

You can buy certain types of birth control over the counter, without a doctor's prescription.

[read more »](#)

### emergency contraception /

We hope you'll never need it, but it's actually good to have emergency contraception on hand. Just in case.

your zip code

[search »](#)

How easy is it to get  
free birth control?

If you're eligible for it, it's really easy. (And yes, that includes your favorite method.) Find out if [free birth control](#) is an option for you.

reminders /

[birth control methods](#)

[explore methods](#)

[compare methods](#)

[questions](#)

[where to get it](#)

[health centers](#)

[over the counter](#)

[emergency contraception](#)

[you](#)

[your account](#)

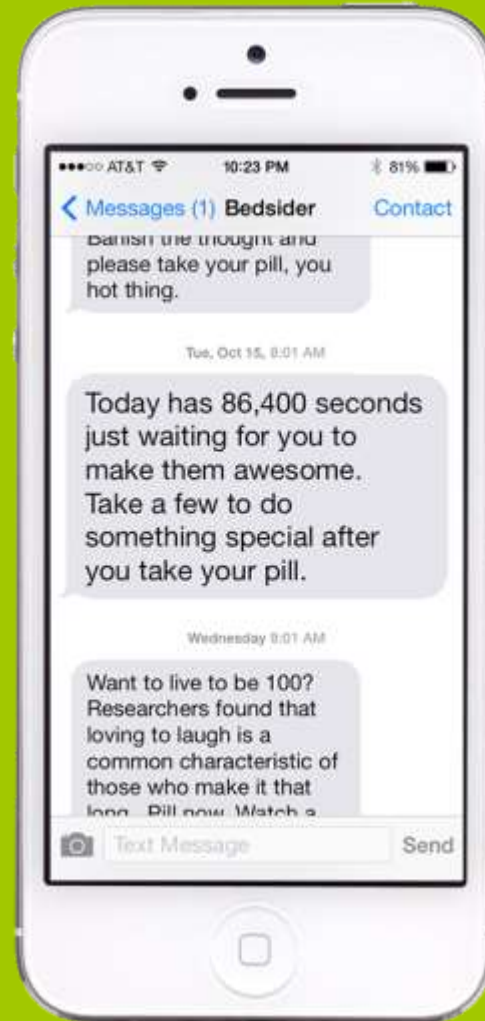
[your reminders](#)

[us](#)

[about bedsider](#)

[contact us](#)

*reminders /*



**BEDSIDER**  
*Bedsider.org*



## REAL STORIES /

[view all features »](#)

*Hear real women and men share their very real experiences with different methods of birth control.*



theresa, 21, the ring



nicole, 20



alexandria, 21



theresa, 21



rim, 27

explore the ring /

share this /       Like 46

The first time Theresa used [the ring](#), she was a little unsure how to insert it. But now she's a pro, with a twist method to get it in and a fishhook move to get it out. No sweat.

*real stories videos /*

*“It’s like a little invisible secret protection plan that I’m on.”*

Easy to insert, works like the pill, keeps you protected for a month at a time.

**BEDSIDER**

[birth control methods](#)

[where to get it](#)

[reminders](#)

[features](#)

[questions](#)

## FACT OR FICTION / *yo, no bros*



[view all features »](#)



share this / [f](#) [t](#) [s](#) [e](#) [+](#) [Like](#) [120](#)

posted about 3 years ago

Can guys buy Plan B? Some guys are cool picking up your tampons from the store. Some avoid the lady products aisle like the plague. Still, it's good to know that any guy can buy over-the-counter [emergency contraception](#) without a prescription.

[read our commenting policy »](#)

**36 Comments**

[Bedsider](#)

[Login](#)

Sort by Best

Share [+](#) Favorite [★](#)

Join the discussion...

*fact or fiction videos /*

Don't forget that Planned Parenthood sometimes provides free birth control of both

### more videos /



*2 big 2 fit*



*jump to conclusions*

Real doctors.  
Really good info.



[subscribe to Provider Perspectives »](#)

### explore methods /

Greater than  
**99%**  
effective

Explore the most effective methods to find one that is right for you.

[compare all methods »](#)

Go under the hood of some great birth control methods.



**BEDSIDER**

métodos anticonceptivos dónde se consigue recordatorios artículos preguntas

Q buscar



Bienvenid@ a la red gratuita  
de apoyo a los anticonceptivos.

#### TODO SOBRE EMBARAZO

La cigüeña, el repollo  
y la semillita... sin  
eufemismos cursis.

[lee más »](#)

#### CONSEJOS

Cómo tener sexo de  
forma más segura en 4  
simples pasos

[condones y conversación »](#)

#### EFFECTOS SECUNDARIOS

Efectos secundarios:  
los buenos, los malos  
y los temporales

[lo que tendrías que saber »](#)

*spanish version of the website /*

# *the bedside experience /*



**BEDSIDER**

*Bedsider.org*



SHAREABLE CONTENT /



### Method photos

Providers who [sign up](#) with Bedsider Providers have complimentary access to an array of professional birth control images for use on websites or in your own patient materials (with attribution). Send a message to [providers@bedsider.org](mailto:providers@bedsider.org) to get the link to a set of downloadable images.

WE CAN SET YOU UP WITH  
FREE PATIENT MATERIALS.  
*The kind they'll actually read.*



learn how »

WE CAN HELP YOUR  
PATIENTS USE (AND LOVE)  
THEIR BIRTH CONTROL.


[join bedside providers »](#)

REDUCE NO-SHOWS + INCREASE  
CONSISTENT BIRTH CONTROL USE.

THEY CALL THAT A WIN/WIN.

*interactive tools + sharable content /*



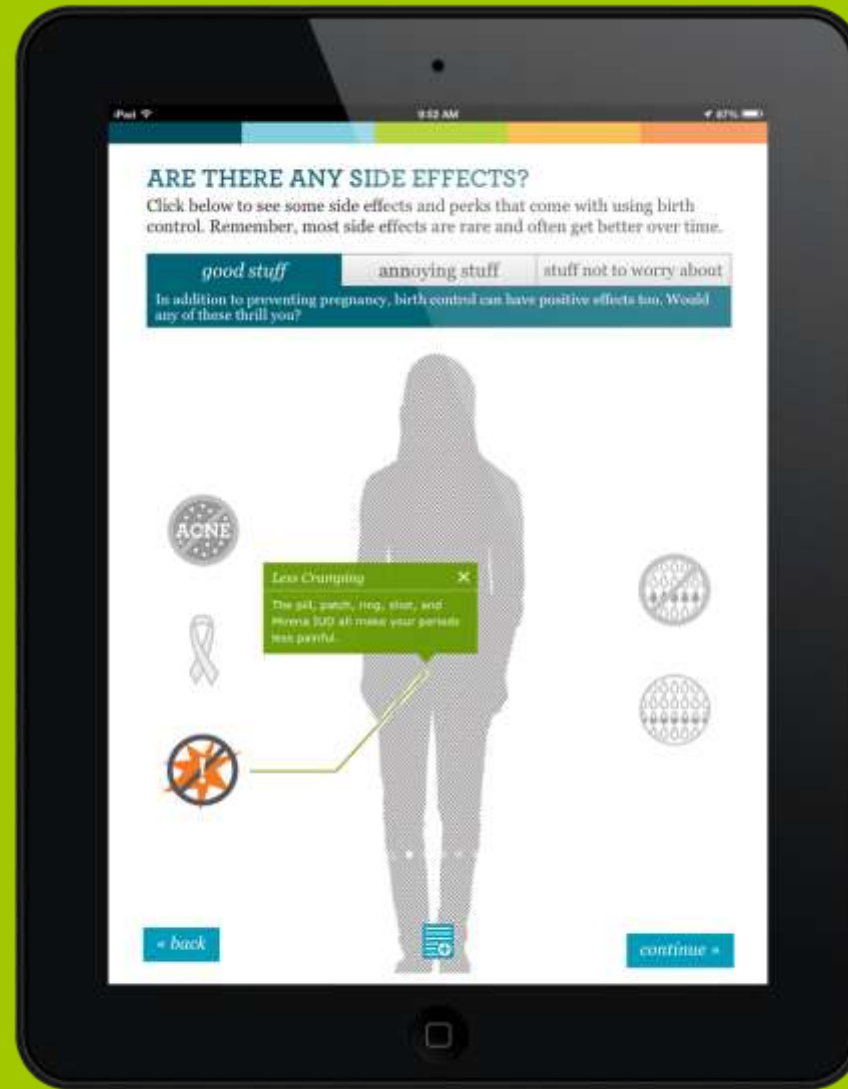
A woman with long dark hair, wearing a black coat and a patterned scarf, is holding a pink smartphone. She is smiling and looking at the phone. The background is a brick wall. A white text bubble with a black border is overlaid on the right side of the image.

Reminder: Your  
appointment at the Lloyd  
Health Center is [on](#)  
[Thursday at 11:00am](#).

Please call [5551234567](#) if  
you cannot attend.

*customized reminders > reduce no-shows /*

*tools /*



*decision-support tool /*



[about bedsider](#)[for patients](#)[for providers](#)[features](#)[order materials](#)

## PROVIDER TO PROVIDER /

[Visit Bedsider.org](#)

This is the section where we post articles written by your fellow Providers to keep you informed about the latest developments in birth control and healthcare for young women. Speaking of your fellow Providers, allow the Chair of our Medical Advisory Group, Dr. Eve Espey, to [welcome you to Bedsider Providers](#).

Got an idea for an article? Contact [us](#) if you're interested in contributing.

Here are the topics we've tackled so far:

- **Got a health condition? Know your birth control options!** Period problems, obesity, diabetes, high blood pressure, breast cancer... There's a method that can work for you.
- **IUDs, STIs, and PID: What's the deal?** Some health care providers refuse to give young women or women without children an IUD for fear of STIs and PID. Science tells us that this is just plain wrong: women can safely use an IUD regardless of age or how many babies they've had.
- **Hello, Skyla! Getting to know the newest IUD.** Birth control has many wonderful qualities—but being one-size-fits-all isn't one of them. So when a new birth control option becomes available—especially one that's long-acting and super-effective—it's kind of a big deal.
- **Abuse by birth control sabotage.** About twelve years ago, I was working as a doctor in a clinic in California. A young woman came in and requested a pregnancy test. Her test was negative. I asked her if she wanted to be pregnant: "No." Was she using birth control? "No."
- **Earth Day Reminder: Birth Control is Green!** We applaud anyone who wants to use an eco-filter to choose a method. But before you ditch your pill, make sure you have the facts right. And remember: Any birth control is better than no birth control when it comes to helping the planet.

# providers' features /

**IUDs are OK: The best new birth control...** The American Congress of Obstetricians and Gynecologists—an association whose members make up 90% of doctors specializing in women's health in the U.S.—just declared IUDs safe for women of all ages.



## all articles /

Abuse by birth control sabotage [read more »](#)



Earth Day Reminder: Birth Control is...[read more »](#)



Got a health condition? Know your...[read more »](#)



Hello, Skyla! Getting to know the...[read more »](#)



IUDs are OK: The best new birth control...[read more »](#)

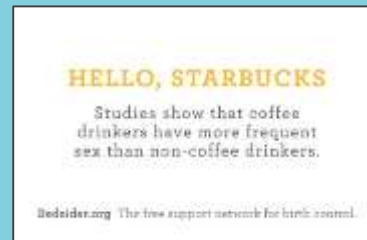






*free material to use in-person with your patients /*

# *print materials /*





# posters, tear sheets /

**BIRTH CONTROL TOP PICKS FROM BEDSIDER**

**THE IMPLANT** *NOT REVERSIBLE*  
The implant is a small, pea-sized device that is inserted into your upper arm. It releases a low dose of hormones to prevent pregnancy for up to 3 years.

**THE SHOT**  
The shot is a hormone injection that is given every 3 months. It prevents pregnancy for 3 months.

**THE PATCH**  
The patch is a small, adhesive patch that is worn on your hip. It releases hormones to prevent pregnancy for 1 week.

**the ring**  
The ring is a flexible, ring-shaped device that is inserted into your vagina. It releases hormones to prevent pregnancy for 3 weeks.

**CONDOMS**  
Condoms are a simple, effective way to prevent pregnancy and STIs. They are available in many sizes and flavors.

**BIRTH CONTROL PILLS**  
Birth control pills are a common method of preventing pregnancy. They are taken daily.

**GET ON TOP OF YOUR SEX LIFE.**  
**BEDSIDER**  
Bedsider.org  
CALL 1-800-621-0383  
For more information, visit our website.

**WHAT'S THE RISK?**

**Risks of Using Birth Control**

**Implants**  
- 0.1% risk of blood clots  
- 0.1% risk of stroke  
- 0.1% risk of heart disease

**Pills**  
- 1% risk of blood clots  
- 1% risk of stroke  
- 1% risk of heart disease

**Shot**  
- 0.1% risk of blood clots  
- 0.1% risk of stroke  
- 0.1% risk of heart disease

**Ring**  
- 0.1% risk of blood clots  
- 0.1% risk of stroke  
- 0.1% risk of heart disease

**Condoms**  
- 0.1% risk of blood clots  
- 0.1% risk of stroke  
- 0.1% risk of heart disease

**Risks of NOT Using Birth Control**

Without birth control, 30 to 50% of young women will get pregnant each year.

Not using birth control can lead to unintended pregnancy and STIs.

**BEDSIDER**  
Bedsider.org

**OOPS! EMERGENCY CONTRACEPTION: BIRTH CONTROL THAT WORKS AFTER SEX**

Type of Emergency Contraception	How well does it work?	How soon do I have to use it?	How do I use it?	Where can I get it?
<b>Plan B One-Step</b>	89% effective	Within 72 hours	Take one pill as soon as possible.	Pharmacy, grocery store, or online.
<b>ellaOne</b>	95% effective	Within 120 hours	Take two pills, one at a time, 12 hours apart.	Pharmacy, clinic, or online.
<b>Copper IUD</b>	99.9% effective	Within 5 days	Insert the IUD into your uterus.	Healthcare provider.

**BEDSIDER**  
Bedsider.org

**NEED BIRTH CONTROL THAT WORKS AFTER UNPROTECTED SEX?**

**HAVE YOU CONSIDERED AN IUD?**

**IT'S THE MOST EFFECTIVE EMERGENCY CONTRACEPTION (E.C.).**

**99.9% EFFECTIVE** **100% REVERSIBLE** **IT'S FREE**

**KEEP USING IT AS SIMPLY EFFECTIVE BIRTH CONTROL.**

**★ NO HORMONES & TOTALLY PRIVATE ★**

**YOU MAY BE ABLE TO GET ONE FOR FREE**

**YOUR DOCTOR OR NURSE PLACES AN IUD INSIDE THE UTERUS. IT'S QUICK—LESS THAN 10 MINUTES.**

**INTERESTED?** Ask your Healthcare Provider for details.

**BEDSIDER**  
Bedsider.org

**HOW WELL DOES BIRTH CONTROL WORK?**

**★★★★★ Really, really well**

**★★★★ Really, really well**

**★★★ Okay**

**★ Not so well**

**Condoms**  
- 98% effective  
- 99% effective (with perfect use)

**Birth Control Pills**  
- 91% effective  
- 99% effective (with perfect use)

**Shot**  
- 99% effective

**Ring**  
- 92% effective  
- 99% effective (with perfect use)

**Implant**  
- 99% effective

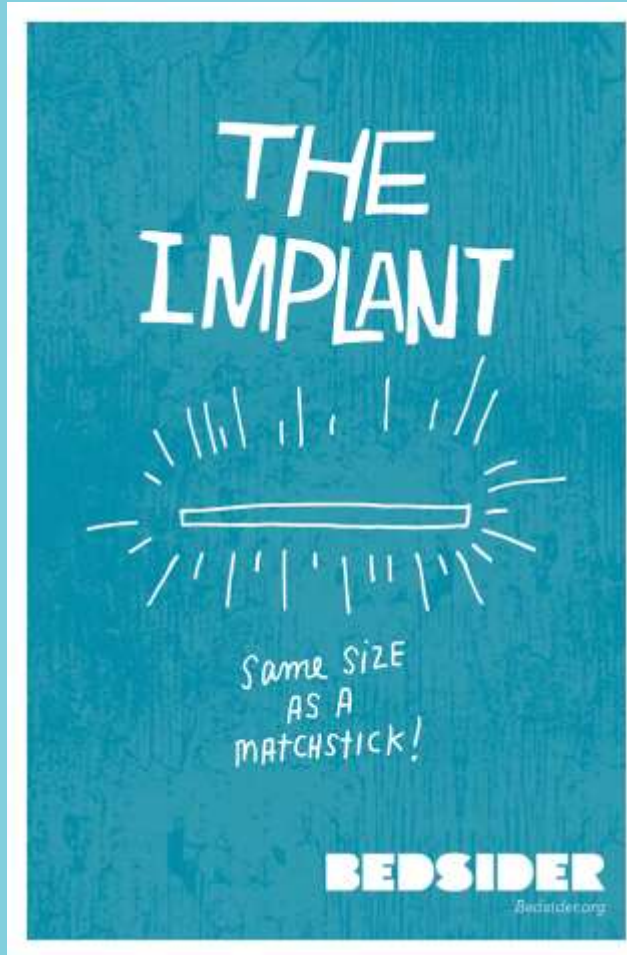
**ellaOne**  
- 95% effective

**Plan B One-Step**  
- 89% effective

**Copper IUD**  
- 99.9% effective

**BEDSIDER**  
Bedsider.org

# top picks postcards /



## GET TO KNOW THE IMPLANT.

Nexplanon is the brand name, but you can just call it the implant. This tiny rod gets inserted under the skin of your upper arm and works for years. After you get it, you don't have to think about it...it just works. And you can get it removed whenever you want.

## HOW DOES IT WORK?

It releases progestin, a hormone that keeps your ovaries from releasing eggs (no eggs, no pregnancy) and thickens your cervical mucus (which is like a roadblock for sperm).

## ARE THERE SIDE EFFECTS?

There may be an ouch moment during insertion and your arm may be sore or bruised for a day or two. There is unpredictable bleeding with the implant. Some may bleed more. Some less. And it may change over time.

## WHAT WOMEN LIKE.

Once in, it's totally invisible and you can only feel it if you press on it. Most women don't even notice it's there.

## CONSIDERING IT?

Hear about the implant from real women who use it at [Bedsider.org/RealStories](https://Bedsider.org/RealStories).

Visit [BEDSIDER.ORG](https://BEDSIDER.ORG) for free info on all your birth control options.

---

# WHOOPS PROOF BIRTH CONTROL

---

*How to Reach Women and Increase Their Positive Regard  
for the Most Effective Methods of Contraception*

The National Campaign  
to Prevent Teen and Unplanned Pregnancy



SMART DESIGN

# *Our Challenge*

**PERCENTAGE OF PEOPLE  
WHO HAVE HEARD OF  
VARIOUS METHODS OF  
BIRTH CONTROL**

**99%** 

**PILLS**

**99%** 

**CONDOMS**


**87%** 


**IMPLANTS**

**77%** 

**IUDs**

**PERCENTAGE OF PEOPLE  
WHO SAY THEY KNOW  
LITTLE OR NOTHING ABOUT  
VARIOUS METHODS OF  
BIRTH CONTROL**

 **38%**

 **12%**

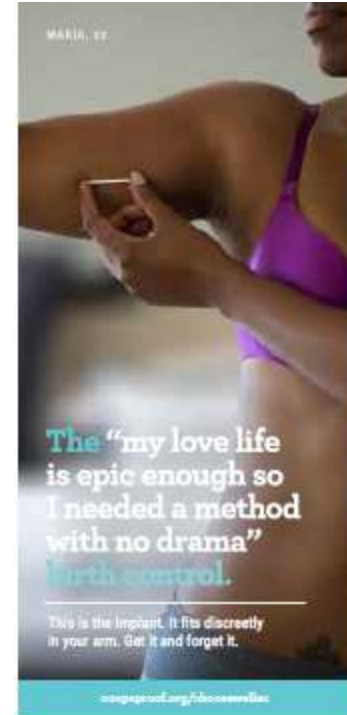
 **77%**

 **68%**

© The National Campaign to Prevent Teen and Unplanned Pregnancy



# Ads





# *Laketrans transit advertising- Family Planning Association of NEO*





*thank you*

# What IS Show Your Love phase III?

To write a grant today, we need to include \_\_\_\_\_



# **The Well-Woman Project:**

**Presentation by Arden Handler and Regan  
Johnson, Dec. 13, 2016**

**A Project of the University of Illinois at Chicago School of Public Health and CityMatCH  
Funded by the W.K. Kellogg Foundation**



# The Well-Woman Project

## A collaboration between UIC-SPH & CityMatCH

- **University of Illinois School of Public Health**
  - PI: Arden Handler DrPH
  - Co-PI: Nadine Peacock, PhD
  - Project Coordinator: Vida Henderson, PharmD, MPH
  - Graduate Assistants: Crissy Turino, MPH, MBA & Megan Gordon, MS
- **CityMatCH**
  - Executive Director: Chad Abresch, MEd
  - Director of Programs: Denise Pecha, LCSW
  - Project Coordinator: Regan Johnson, MPH





# The Goal

To **elevate** women's voices about what makes them **healthy** and able to receive **well-woman care** within the context of their lives, neighborhoods, and cities

# Background of the Project

- Increased public health focus on improving women's health for its own sake and to prevent adverse reproductive/perinatal outcomes
- Many women now have access to preventive health care through the Affordable Care Act
  - Even though preventive health care is *covered for many women*, to what extent do women know about and utilize the well-woman visit?
- To leverage the preventive health visit in an effort to improve women's health/preconception health, it is also necessary to focus on the realities of a woman's life (social determinants of health) that allow them to be healthy and facilitate their access to care
- This project brings an essential component to the research on well-woman care: **women's voices**

# Why is Well-Woman Care Important?

A focus on **women's health** before/between/independent of pregnancy supports:

- Screening and treatment for acute and chronic conditions
- Opportunity for controlling reproduction and appropriate birth spacing
- Changes in health behaviors
- Opportunity to focus on the social determinants of health

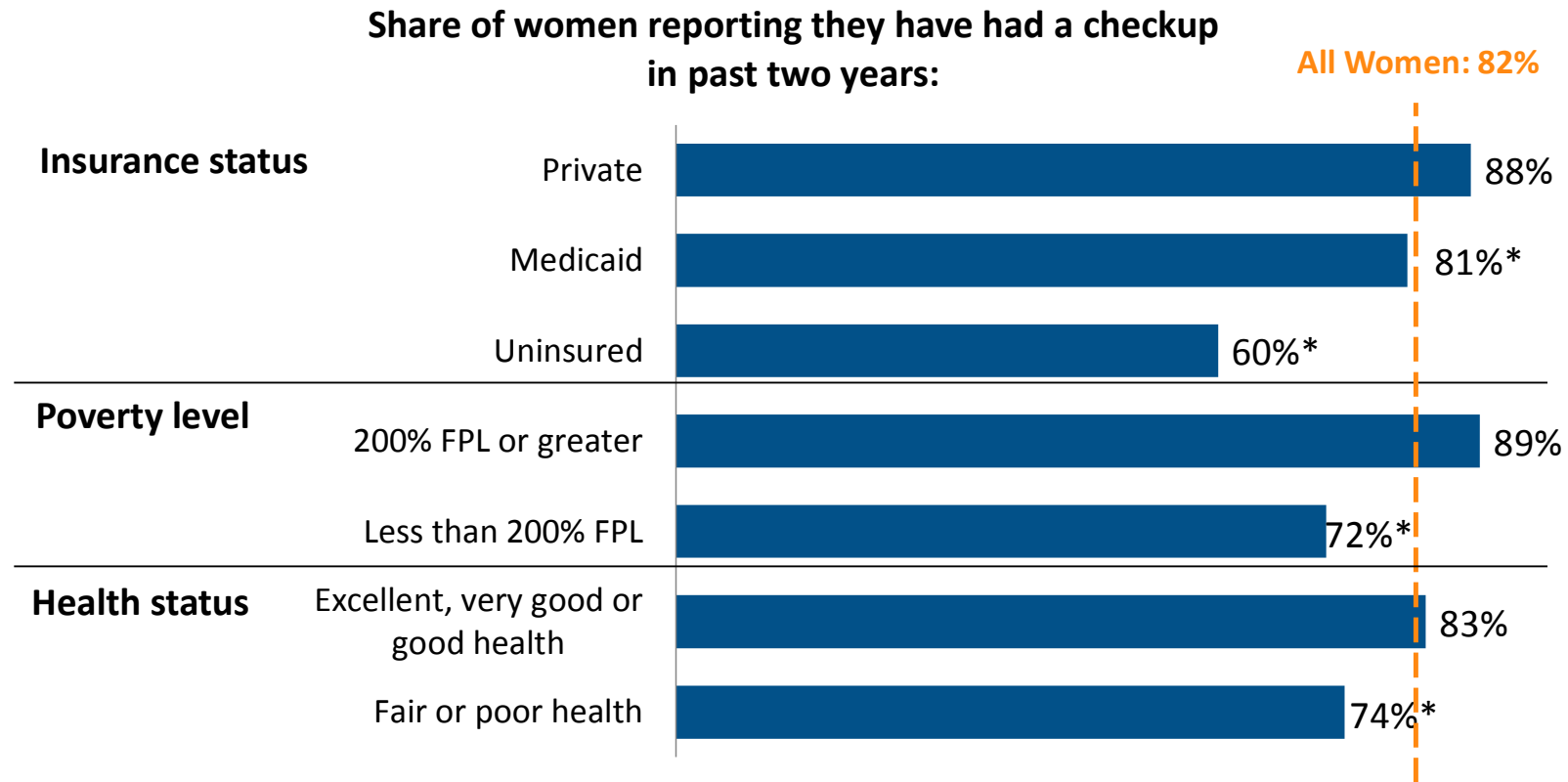
# What Can Well-Woman Care Do?

- Smoking Cessation
- Screening and Treatment for Substance Abuse
  - Drugs & Alcohol
- Health Behaviors Counseling
  - Promoting good nutrition, exercise, and healthy weight
- Family Planning/Contraceptive Access
  - Reproductive Life Plan counseling and provision/ Birth spacing
- Chronic Disease Screening
  - Hypertension, Obesity
- Acute Treatment for Infections
- Response to Social Determinants of Health

# Disparities in Women's Preventive Health Care Utilization

Figure 21

## Eight in ten women have had a recent general check up, but rates are lower among some groups



NOTE: Among women ages 18-64. The Federal Poverty Level (FPL) was \$19,530 for a family of three in 2013. \*Indicates a statistically significant difference from Private insurance; 200% FPL or greater; Excellent, very good, good health,  $p < .05$ .  
SOURCE: Kaiser Family Foundation, 2013 Kaiser Women's Health Survey.

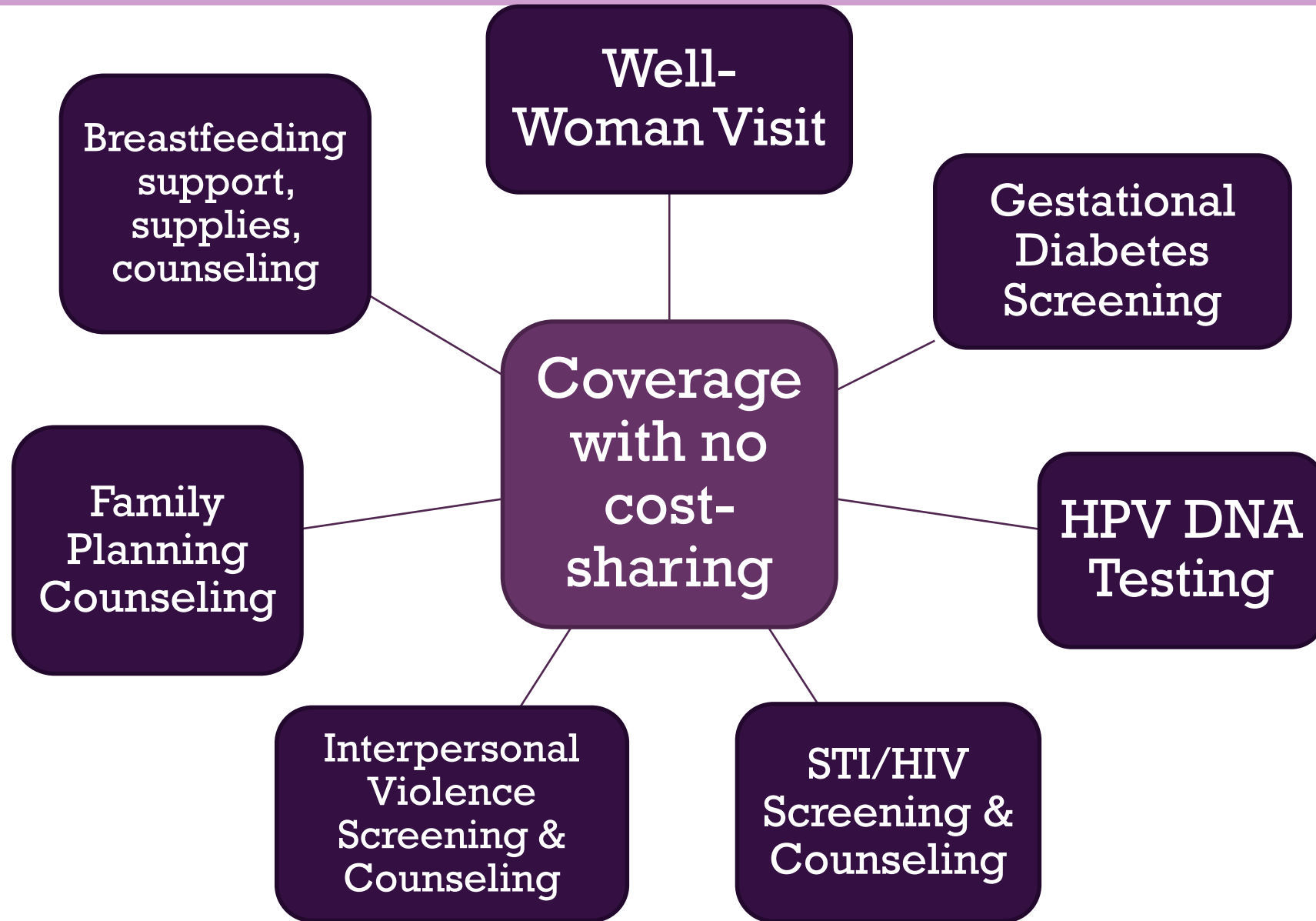


# The Affordable Care Act & Well-Woman Care

## Women's Health Amendment:

- IOM Clinical Preventive Services for Women Committee made recommendations with respect to which services should be covered without cost sharing
- Requires *new* health plans and Medicaid plans covering *newly eligible* women to cover **preventive healthcare services for women** with no cost sharing requirements

# Affordable Care Act: Women's Clinical Preventive Services Coverage





# Well-Woman Project: Objectives

Attempting to leverage the focus on the Well-Woman Visit in the ACA and in MCH National Performance Measure #1 to **build support** for **the Well-Woman Visit** and **Well-Women** by:

1. **Gathering women's stories** with respect to Well-Woman Visit
  - **Paying close attention to the conditions of women's lives that affect their ability to be Well-Women and seek Well-Woman Care**
2. **Developing a profile of women's health** in each of eight participating cities based on input from women
3. **Developing actionable recommendations to support well-women and to support a women-friendly health system**

# Well-Woman Project: Participating Cities

- Boston
- Chicago
- Detroit
- Jackson
- Nashville
- New Orleans
- Oakland
- Omaha



# Well-Woman Project: Capturing Women's Voices

## Listening Sessions

- Host two listening sessions in each of the eight participating cities

## Blog & VOIP Line

- Utilize a secure phone line and a confidential blog where women nationwide can leave their stories





# Well-Woman Project: Listening Sessions

- **Guided conversation facilitated by UIC/CityMatCH staff**
- **At least two sessions in each city (3 in one city)**
  - **English & Spanish**
  - **~ 10 women per session**
  - **Targeted women of reproductive age**
  - **Conducted at the City Health Department or an associated agency**
- **For participation, women received:**
  - **Stipend**
  - **Community health resource guide**
  - **Navigating Insurance guide**
- **Conversations recorded, transcribed, and analyzed using Dedoose by UIC researchers**



# Well-Woman Project: Blog



- Secure & confidential website where women could write their stories related to their health and health care:
  - English: [www.wellwomanstory.org](http://www.wellwomanstory.org)
  - Spanish: [www.mujerbienestar.org](http://www.mujerbienestar.org)
- Women provided their phone numbers or email addresses on an additional “form” on the site to enter into a monthly raffle
  - Monthly \$50 raffle
  - Additional incentives were offered in May and June 2016
- Stories were downloaded and analyzed by UIC researchers



# Well-Woman Project: VOIP Phone Line



- Secure & confidential toll-free phone line
  - **844.221.1893**
- Women could share their stories 24/7 nationwide(initial focus was 8 cities but quickly expanded)
  - Each woman was entered to win a monthly raffle
- Audio files of stories were automatically sent to private email address
  - Downloaded, transcribed, and analyzed by UIC researchers



# Well-Woman Project: Outreach to Women

## ■ Flyers

- Distributed to partners throughout the United States including city partners

## ■ Memes

- Distributed to partners throughout the United States including city partners

## ■ Magnets

- Distributed at conferences and to city partners

## ■ Twitter Account

- **@Well\_WomanStory**
- Recruitment & informational tweets

TELL US YOUR

# STORY

We want to hear your stories about the things in your life affecting your ability to be healthy and get health care. Make your voice heard!

JOIN US FOR A  
group discussion

Call 312-355-3551 or email  
wellwomanstory@gmail.com  
to sign up

.....  
Participants will receive  
**A \$25 GIFT CARD**  
.....

Group discussions will be  
in English or Spanish

Must be 18-35 to participate

Participation is 100%  
voluntary

The  
Well-Woman  
Project

Research project by:



Funded by:



W.K. KELLOGG  
FOUNDATION

**Listening Session  
Recruitment Flyer**





## English Meme for Blog/VOIP



Cuéntenos sobre las cosas  
que afectan su habilidad de  
ser saludable y obtener  
cuidado de salud.

Cuéntenos su historia  
[mujerbienestar.org](http://mujerbienestar.org)  
844.221.1893

Proyecto de investigación académica por la  
Universidad de Illinois en Chicago y CityMatCH

Fundado por W.K. Kellogg Foundation



**Spanish Meme for Blog/VOIP**

# Results

## **Listening Sessions Conducted in Conjunction with 8 Urban Health Departments**

- **Women received Target or Walmart gift cards (ranging \$25-\$40) for their participation**
- **A total of 17 listening sessions were conducted in 8 U.S. cities: Boston, Chicago, Detroit, Jackson, Nashville, New Orleans, Oakland and Omaha in either English or Spanish**
- **156 women (ages 18-47) participated in Listening Sessions**
- **Audio recordings of sessions were professionally transcribed**
- **Listening Sessions were analyzed in Dedoose using a hybrid of a priori and emergent codes**

## **Website & Message Line**

- **Women were entered into a raffle for a \$50 gift card. Additional incentives were offered during May and June 2016**
- **99 women shared their stories through the website and 4 shared over the message line**
- **Message line stories were downloaded and transcribed. While the intended sampling frame was women ages 18-45, all stories were analyzed excluding one woman who was > 64 years of age**
- **102 remaining stories were annotated and memoed by four researchers**
- **Stories were analyzed in Dedoose using a hybrid of a priori and emergent codes**



# + Themes from Listening Sessions and Stories

# Overall Themes

***1. The healthcare delivery system is not woman-friendly.***

***2. Women's competing demands and priorities make accessing healthcare difficult.***

***3. Women weigh costs vs. benefit when deciding to access care.***



***4. Relationships with providers are key to women's decisions about accessing care.***

***5. Health and insurance literacy empower women to advocate for themselves and others.***



# Overall Themes

***6. Positive mental health is integral to being a “healthy” woman.***

***7. Healthy food, safe environments, and opportunities for physical activity are vital for women.***

***8. Social support systems facilitate women’s willingness and ability to seek care.***



***9. Lack of childcare and transportation are major impediments to accessing healthcare.***

***10. Fear is a pervasive component of many women’s healthcare experiences.***



# The healthcare delivery system is not woman-friendly.



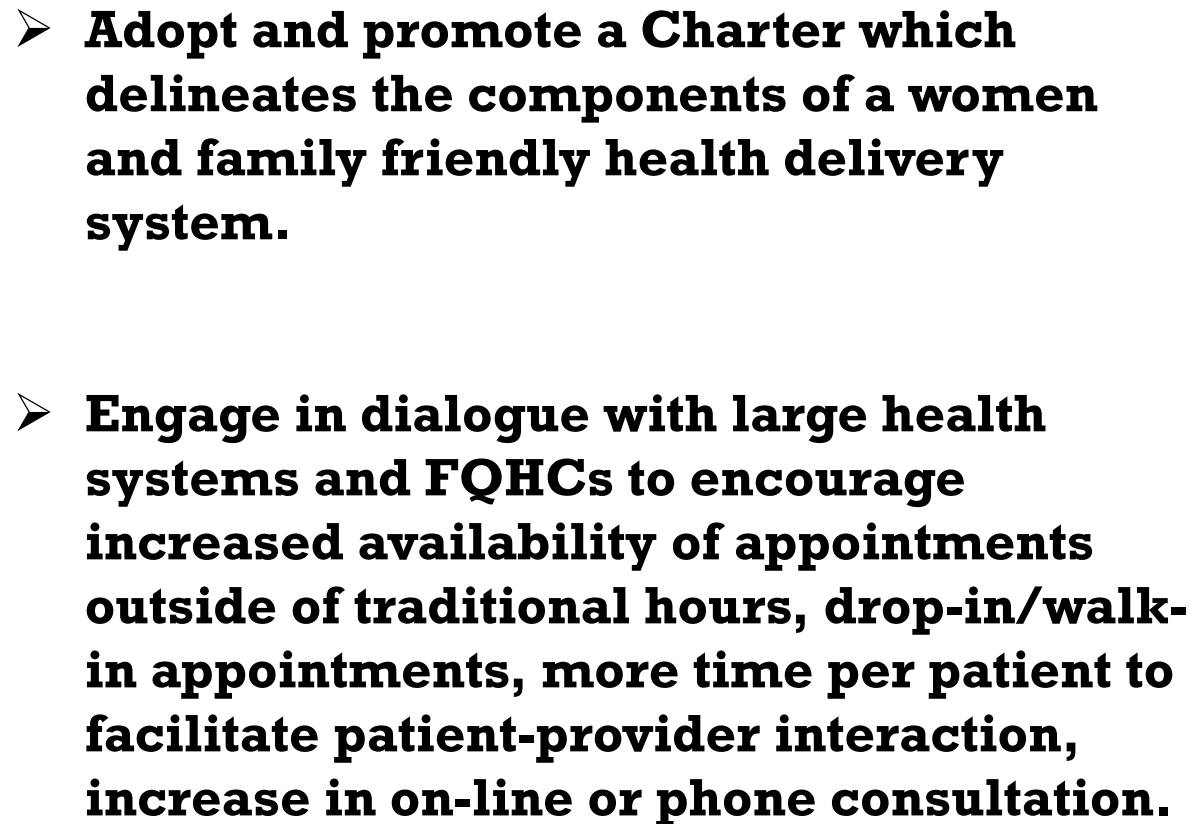
*"Sometimes as we have low resources and we don't have enough money, we prefer to take something at home and if you feel better there is no need to come here. Besides, you come here and you spend the little you have and honestly, you have to wait for a very long time to be able to see the doctor. You have to spend the whole morning here or the entire afternoon and that is one of the reasons why sometimes I don't come. " (Omaha)*



*"Knowing how to find which doctors are in-network and which doctors are not in your network, you have to have internet access for 98 percent of that stuff. What if somebody doesn't have internet and they go to whatever doctor they know that does this thing and that provider's not covered by the insurance when they get the bill? Now it's a whole other thing because they never knew and there's no way for them to know." (Nashville)*

# **The healthcare delivery system is not woman-friendly.**

**Recommend  
City Health  
Departments  
to:**

- 
- **Adopt and promote a Charter which delineates the components of a women and family friendly health delivery system.**
  - **Engage in dialogue with large health systems and FQHCs to encourage increased availability of appointments outside of traditional hours, drop-in/walk-in appointments, more time per patient to facilitate patient-provider interaction, increase in on-line or phone consultation.**



## Women's competing demands and priorities make accessing healthcare difficult.



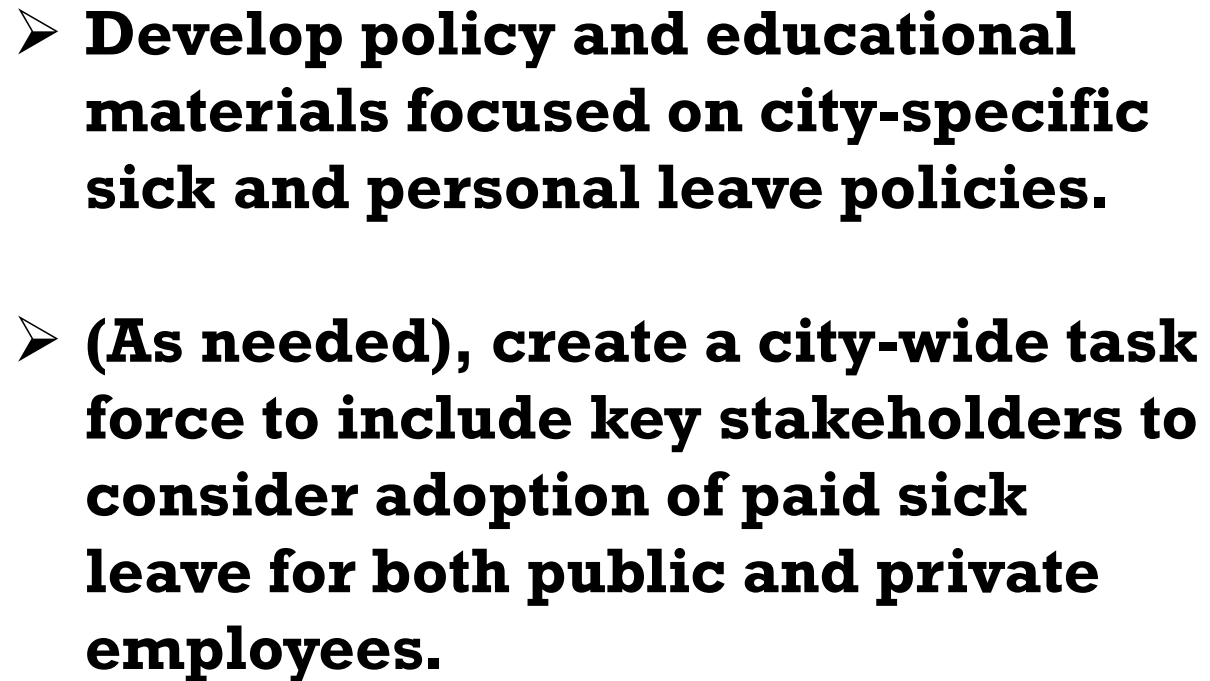
*"I guess it's not necessarily that women don't think it's important. It's just it's too much. It's a hassle to figure out. You have to put too many things in place, and then, it's kind of like you're weighing the worth of it versus the cost of it. Is it worth it? Am I going to gain anything from putting everything else I have to do on hold to do it?" (New Orleans)*



*"Competing priorities get in the way of my ability to be healthy. Between work, childcare, and home duties--there is little time leftover for me to take care of myself. I worry about making sure that everyone else is well taken care of that I often leave myself out."  
(Decatur, Georgia)*

**Women's competing demands and priorities make accessing healthcare difficult.**

**Recommend  
City Health  
Departments  
to:**

- 
- **Develop policy and educational materials focused on city-specific sick and personal leave policies.**
  - **(As needed), create a city-wide task force to include key stakeholders to consider adoption of paid sick leave for both public and private employees.**





## Women weigh costs vs. benefits when deciding to access care.



*"If it's not part of your insurance and it's gonna come out of your pocket and you're not working it's just like, forget it. I'm not even gonna go through with it. There's certain things that came up as far as health issues where if insurance didn't cover it, well okay, I'm just gonna leave it alone." (Nashville)*



*"I don't think that a lot of people think that it's not important and brush it off. I think they think it's important but it costs a lot and some people just try to avoid it because of the bills. So it's not that they are just brushing it off. They just don't want to pay or they can't afford it." (Detroit)*

# Women weigh costs vs. benefits when deciding to access care.

## Recommend City Health Departments to:

- **Partner with major health systems, FQHCs, and other key stakeholders to provide women and families with access to insurance navigators on a year round basis. Initiatives such as city-wide insurance navigation hotline and on-line insurance navigation support can help women understand insurance and network options.**
- **Develop a city fund to cover uninsured women and families and/or help women and families struggling with high deductibles for their privately obtained insurance.**
- **Partner with major health systems and FQHCs to sponsor “One Day” Medicaid/free care several times a year for all.**



## Relationships with providers are key to women's decisions about accessing care.



*"I think it would be helpful for all providers to get some kind of cultural competency training just to understand when you're talking to someone, you should be able to read their body language and know if they are truly understanding what you're talking about. They [patients] should be able to repeat it back to you. They [providers] should be able to break it down into layman's terms. The doctor oftentimes talks over your head and if you're not comfortable with asking questions or you have asked questions, which has happened to me a few times, and the doctor gets a little antsy like, 'I don't have time to answer your questions.'" (Jackson)*



*"I've found that the biggest barrier for accessing health care for me has been coming up against bias from providers. It's rare, but sometimes I'll walk away from an interaction with a doctor or mental health provider feeling that they weren't really listening to me, and had decided when I walked in the door what my problems were rather than working with me to figure things out. I don't feel listened to, and thus don't necessarily trust that the doctor is doing what's best for ME. It's then really hard to challenge them, so I usually just end up switching providers." (Boston)*

# Relationships with providers are key to women's decisions about accessing care.

## Recommend City Health Departments to:

- **Explore approaches to the development of a women-centered, consumer-driven mechanism to enable reviews of providers (similar to YELP) and enable women to recommend women-friendly provider sites.**
- **Partner with major health systems to develop and offer training to increase the cultural competency/humility of the clinical workforce.**
- **Partner with major health systems, FQHCs, and other key stakeholders to provide women and families with access to insurance navigators on a year round basis. Initiatives such as city-wide insurance navigation hotline and on-line insurance navigation support can help women understand insurance and network options.**
- **Explore approaches that enable women to have their health histories available on personal “apps” so that providers can readily access this information.**





## Health and insurance literacy empower women to advocate for themselves and others.



*"I guess it's all about the information... And so asking and calling to make sure you get information and knowing about the different services and what you want because it's all about questions. If you call and ask, you're going to get your services how you want them." (Boston)*

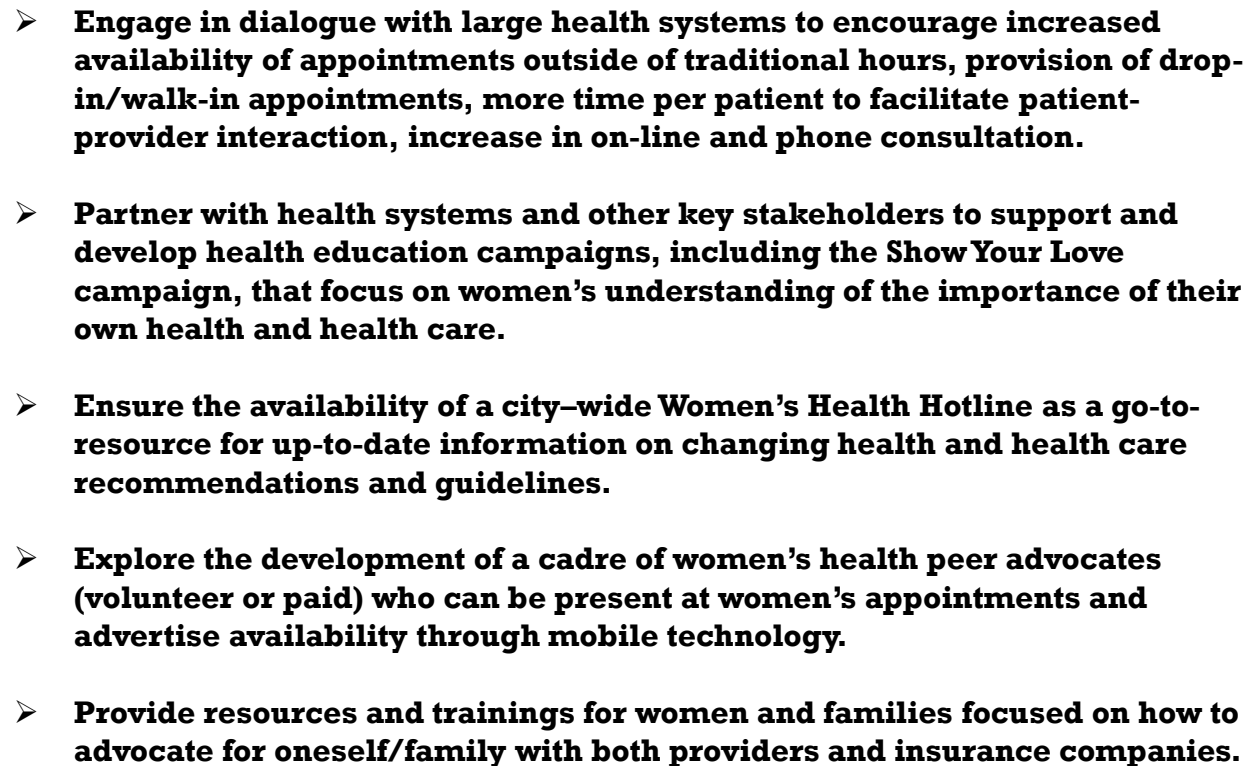


*"We have to speak up. We have to say something because I think the current stance of our healthcare is not acceptable for anyone... Helping the people who do write into laws what we have to pay at the end of the day understand this is not sustainable for any of us and it's not keeping our society healthy... I think that we all live in certain confines of society and you know how the systems work. But you can still work around it. Because the political system, it's not going away but, we can change the people who sit in those seats. And if they're not taking care of us - one voice can't but if there's 100 of us - or 1,000 - that are like, 'I'm tired of paying \$500 for my insurance. How is that acceptable? And I'm not even getting proper healthcare with that.'" (Nashville)*



# Health and insurance literacy empower women to advocate for themselves and others.

## Recommend City Health Departments to:

- 
- **Engage in dialogue with large health systems to encourage increased availability of appointments outside of traditional hours, provision of drop-in/walk-in appointments, more time per patient to facilitate patient-provider interaction, increase in on-line and phone consultation.**
  - **Partner with health systems and other key stakeholders to support and develop health education campaigns, including the Show Your Love campaign, that focus on women's understanding of the importance of their own health and health care.**
  - **Ensure the availability of a city-wide Women's Health Hotline as a go-to-resource for up-to-date information on changing health and health care recommendations and guidelines.**
  - **Explore the development of a cadre of women's health peer advocates (volunteer or paid) who can be present at women's appointments and advertise availability through mobile technology.**
  - **Provide resources and trainings for women and families focused on how to advocate for oneself/family with both providers and insurance companies.**



# Positive mental health is integral to being a “healthy” woman.



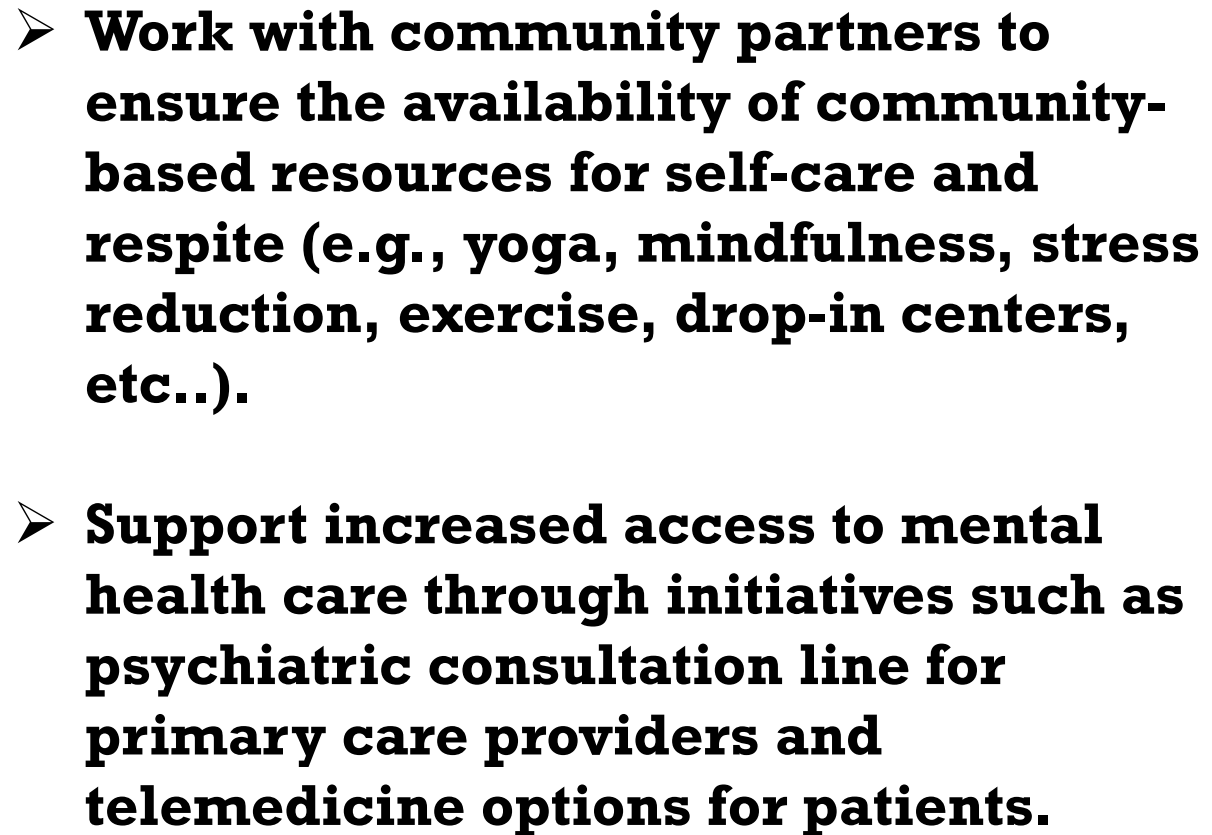
*"As an African American woman I have encountered many traumatic experiences such as rape, physical abuse and verbal abuse. All of which have taken a toll on my mental health. I learned early in life that seeking psychological counseling is not acceptable in the black community. But as I got older I realized how important it is to make sure my entire body is healthy including my mind and emotional state. So I sought out counseling over twenty years ago. Since then I have been able to learn how to cope with life struggles and recognize when I need help from a professional. I have even encouraged friends and family members to protect their mental health and seek counseling when needed."*  
(Oakland)



*"I would say the biggest factor that affects my overall health is my mental health. After having my first child over 6 years ago, I have really struggled with depression and anxiety. I had severe postpartum depression and have continued to have depression and anxiety since then. When I am mentally well, it is easier to be physically well - I have the energy to cook, exercise, and care for myself. When I am not mentally well, I have a really hard time being physically well. I gain weight. I stay indoors. I sleep. All of my energy is used up simply trying to survive. Recently it has taken me 4 months just to call the doctor to get an appointment. It is one more thing and one more thing that gives me anxiety. I don't know the solution. But I think a recognition that mental health is important to overall health is a starting point." (Olympia, Washington)*

**Positive mental health is integral to being a  
“healthy” woman.**

**Recommend  
City Health  
Departments  
to:**

- 
- **Work with community partners to ensure the availability of community-based resources for self-care and respite (e.g., yoga, mindfulness, stress reduction, exercise, drop-in centers, etc..).**
  - **Support increased access to mental health care through initiatives such as psychiatric consultation line for primary care providers and telemedicine options for patients.**



## Healthy food, safe environments, and opportunities for physical activity are vital for women.



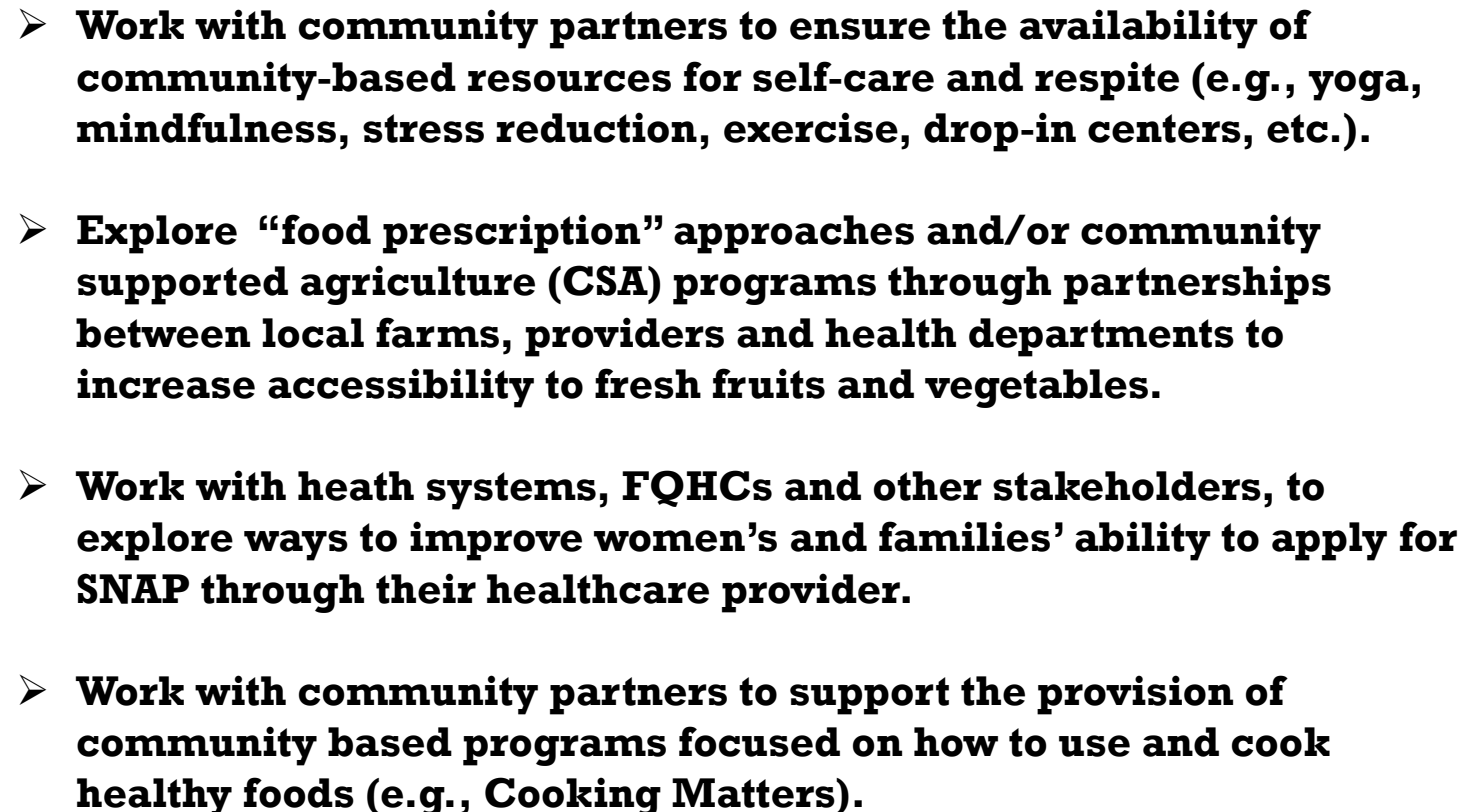
*"In today's society it is challenging to be a woman and be healthy. To make ends meet in the high cost of living area of the SF Bay Area, I work full time for a local health department. Our work site is located in a high crime area, which makes it difficult to be outside during breaks, and impacts our stress level as we seek to avoid becoming a victim." (Oakland)*



*"The cost of healthcare and being healthy, in general, is a challenge, even as a middle class citizen...Let's not forget the crazy costs of healthy foods. Our frugal family manages to get most of the health foods we want/need, but we do so by shopping sales mainly. That's a tough one when Walmart is the only option for 10-15 miles. Otherwise, we're talking extra money for gas to grocery shop too." (Hiawatha, Kansas)*

# Healthy food, safe environments, and opportunities for physical activity are vital for women.

## Recommend City Health Departments to:

- 
- **Work with community partners to ensure the availability of community-based resources for self-care and respite (e.g., yoga, mindfulness, stress reduction, exercise, drop-in centers, etc.).**
  - **Explore “food prescription” approaches and/or community supported agriculture (CSA) programs through partnerships between local farms, providers and health departments to increase accessibility to fresh fruits and vegetables.**
  - **Work with health systems, FQHCs and other stakeholders, to explore ways to improve women’s and families’ ability to apply for SNAP through their healthcare provider.**
  - **Work with community partners to support the provision of community based programs focused on how to use and cook healthy foods (e.g., Cooking Matters).**





## Social support systems facilitate women's willingness and ability to seek care.



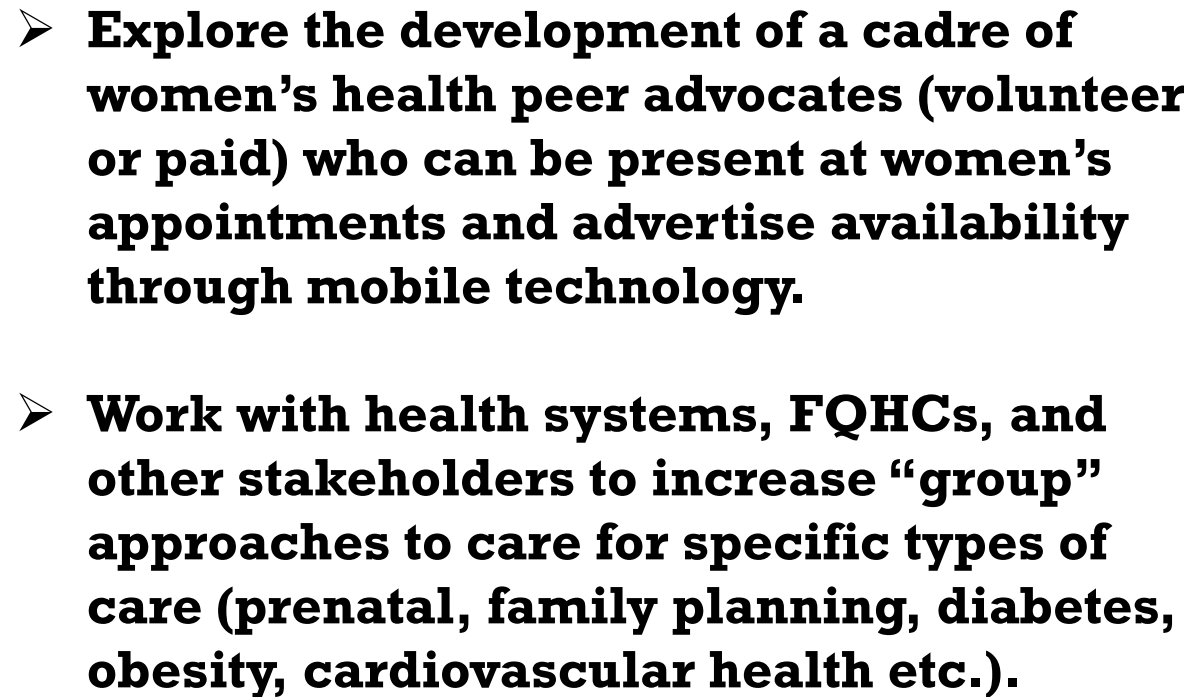
*"Overall, because of lack of knowledge and shame, I kept a lot of mental and physical health experiences to myself and when I did seek help, stigmatizing and culturally insensitive providers/workers made it even harder for me to reach out to these venues for health services. I am only now, through knowledge and support from friends, books, and organizations at school starting to take charge of my health and demand what I need unapologetically." (Chicago)*



*"Unfortunately we live in a time and place where many of us are separated by long distances from our family, and do not have a good support network to help raise our families and get through life. The lack of this type of support system that people have had in most generations before ours is a huge barrier to maintaining a healthy lifestyle." (Anchorage, Alaska)*

# **Social support systems facilitate women's willingness and ability to seek care.**

**Recommend City Health Departments to:**

- 
- **Explore the development of a cadre of women's health peer advocates (volunteer or paid) who can be present at women's appointments and advertise availability through mobile technology.**
  - **Work with health systems, FQHCs, and other stakeholders to increase "group" approaches to care for specific types of care (prenatal, family planning, diabetes, obesity, cardiovascular health etc.).**



## Lack of childcare and transportation are major impediments to accessing healthcare.



*"Safe and reliable transportation is crucial to seeking care. Certain cities don't have good transportation-this makes it extremely difficult." (Atlanta, Georgia)*



*"So I've skipped an appointment because I say how are they going to be examining me with two children there? I don't have any place to leave them." (Oakland)*

# **Lack of childcare and transportation are major impediments to accessing healthcare.**

## **Recommend City Health Departments to:**

- **Encourage large health systems and FQHC's to explore partnerships with organizations such as Uber, Lyft to pick up patients and their families and transport them to and from their medical appointments.**
- **Work with Department of Transportation to explore and develop plans to provide women and child friendly public transportation including special seating that allows for the placement of car seats and strollers.**
- **Work with large health systems and FQHCs to encourage the provision of free parking vouchers or free or discounted bus/train cards to attend appointments.**
- **Work with large health systems and FQHCs to encourage them to provide play areas or supervised childcare facilities in health clinics/provider's offices.**



# Fear is a pervasive component of many women's healthcare experiences.



*"I know some people who think that people will judge them, like if you go to the doctor it must be something wrong with you. So if you're not going to the doctor you must be healthy. People think doctor treatment – you're already sick." (Detroit)*



*"Especially if you're not comfortable or your mother is in the room when you're a teenager and you're kinda afraid from that stage on in life. You kinda grow up like that, afraid to talk to your doctor, being afraid for confidentiality. Do I really tell her that I have a history of STIs or do I not share that information? Or I've had an abortion; do I tell my doctor this? Even though that's an important part of education and knowing your body, you know, reproductive health." (Jackson)*



# City-Specific Themes

Theme	City		
1. Women report differential treatment based on their race or ethnicity.	Boston Chicago	Jackson Oakland	
2. Women report differences in the quality of and access to care based on their insurance status.	Chicago Detroit Nashville	New Orleans Oakland	
3. For many women, pregnancy was their introduction to the healthcare system.	Chicago Detroit Jackson	Nashville New Orleans Oakland	
4. Women report that low-income individuals are treated poorly compared to others.	Nashville Omaha		
5. Women report difficulty or fear in accessing care if they did not have U.S. citizenship or did not speak English.	Boston Chicago Jackson	New Orleans Oakland Omaha	
6. Family and cultural beliefs are barriers to seeking care for many women.	Boston Chicago Detroit	Jackson Nashville Oakland	Omaha



# Next Steps...

- **CityMatCH** and UIC-SPH will:
  - Talk with cities about recommendations and city-specific indicators
  - Develop city-specific Well-Woman Profiles/Infographics
  - Develop policy Briefs & Manuscripts
  - Present findings at national conferences
  - Develop Well-Woman Project Webinar
  - Develop Well-Woman E-Learning Module
- Deliverables will be disseminated to our partners, including the city health departments, Preconception Health and Health Care Initiative, and SACIM
- **Hope to seek funding to help cities implement recommendations**



# Well-Woman Project Timeline

## ■ Fall 2015 – Spring 2016

- Implementation of the Listening Sessions & VOIP/Blog

## ■ Summer 2016 – Fall 2016

- Analysis of Collected Data

## ■ Fall 2016 – Winter 2016/2017

- Development of Project Deliverables

## ■ Winter 2017 – Spring 2017

- Dissemination of Project Deliverables



# Contact Information for Presenters

**Arden Handler, DrPH**  
**University of Illinois at Chicago**  
**School of Public Health**  
**[handler@uic.edu](mailto:handler@uic.edu)**  
**312-996-5954**

**Regan Johnson, MPH**  
**CityMatCH**  
**[regan.johnson@unmc.edu](mailto:regan.johnson@unmc.edu)**  
**402-552-9590**



# Questions or Comments?







# Catalyzing Change

December 13, 2016

Setting the Direction for 2017 & Beyond

# Definition of Preconception

“A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman’s health or pregnancy outcome through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact.”

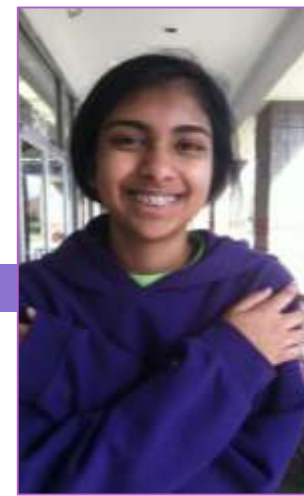


# Vision



All women and men of reproductive age achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.

# Goals



- Create health equity and eliminate disparities
- Improve the knowledge, attitudes and behaviors of men and women related to preconception health
- Ensure that all women and men of reproductive age receive preconception care services that will enable them to achieve high levels of wellness, minimize risk and enter any pregnancy they might have in optimal health
- Reduce risks among women who had a prior adverse maternal, fetal or infant outcome through interventions during the postpartum and interconception period.

# PCHHC Purpose

- ❑ Public-Private Partnership
- ❑ Foster connection & push momentum
- ❑ Multiply local impact through national collaborative efforts
- ❑ Support development of key PCC resources, science, policy, surveillance and messaging



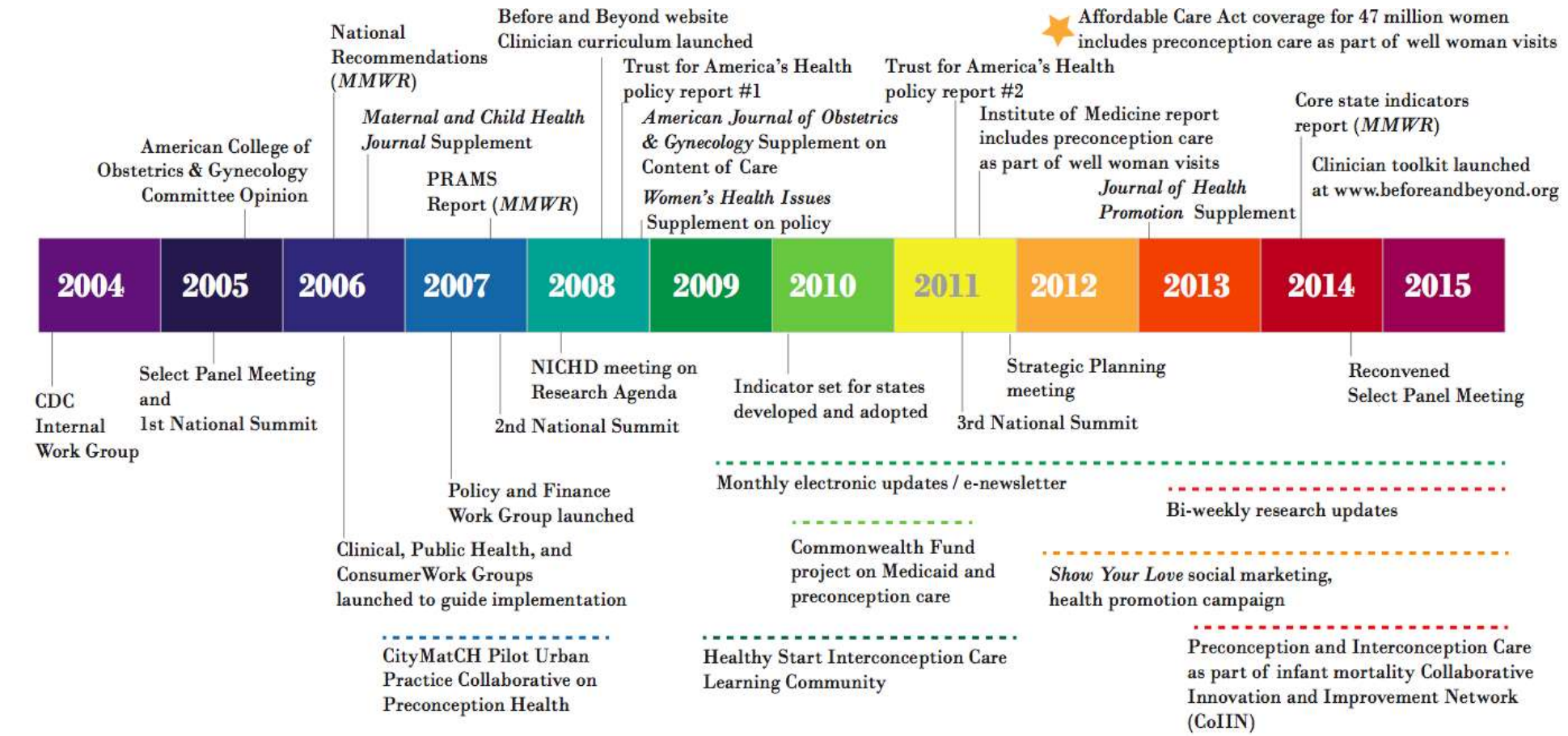


# Preconception Health - The Connector

- ❑ Links chronic disease and MCH
- ❑ Lifecourse & Social Determinants
- ❑ Links adolescent health to women's wellness
- ❑ Creates a space for men
- ❑ Links family planning to MCH
- ❑ **Creates an opportunity to model collaboration and collective impact!**

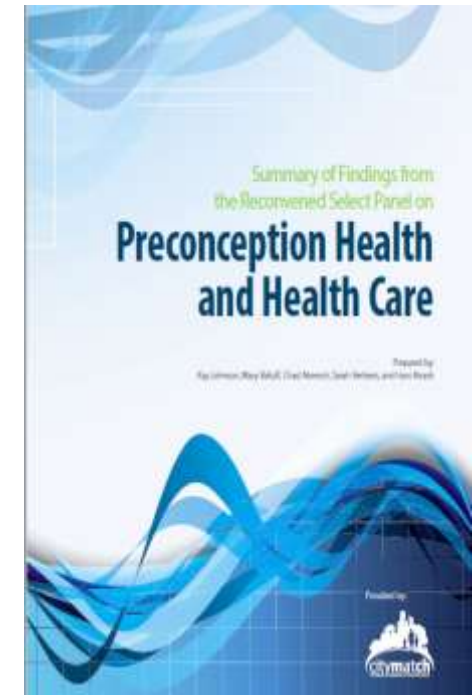


# We've been working for a while!



# Key Growth Areas (NOLA - 11/14)

- Address the social determinants of health to create improved conditions for all men and women of reproductive age
- Expand social marketing and consumer engagement
- Focus on implementation of the ACA's coverage of well-woman visits and clinical preventive services
- Improve clinical care support, provider and health system changes
- Increase the use of health information technology
- Expand measurement to increase accountability
- Develop more resources and partnerships



# Major Directions 2015-16

- ❑ CDC Workgroup on PCC indicators
- ❑ Clinical preconception wellness metrics published
- ❑ Learning collaborative on integrating PCC into health systems
- ❑ Communications coordinator hired with marketing resources
- ❑ New website & interactive social media
- ❑ Partnered with 14 new agencies across the US to reach diverse consumers
- ❑ Increased voice in the media

# Major Directions 2015-16

- ❑ Postpartum Think Tank Meeting, Themed Issue, New Research Studies, ACOG Guidelines
- ❑ Formed the Policy Action Network
- ❑ Published reproductive health and social justice movement paper to push the field on equity, life course and social determinants
- ❑ Well Woman Story Research Project
- ❑ International Meetings – Sweden & Cairo
- ❑ Connecting, presenting, technical assistance – across a variety of groups



# Considerations

- ❑ CDC Contract is in Place – core infrastructure to keep our heart beating (webinars, meeting coordination, conference call line, some staff hours)
- ❑ WK Kellogg Foundation grant – Funding our major initiatives and this meeting – ends April 2017
- ❑ Our group (collectively & as agencies) can do a lot with a little but we still need resources.
- ❑ Preconception remains a hard sell but we are making progress
- ❑ Many messages – need to teach & activate widely



# Break Out Group Report In

- Major Findings / Lessons
- Top Level Next Steps



**Advancing  
women's  
health in  
the primary  
care setting.**

ONLINE  
CLINICAL TOOLKIT

**Before, Between  
& Beyond Pregnancy**

THE NATIONAL  
PRECONCEPTION  
CURRICULUM  
& RESOURCES GUIDE  
FOR CLINICIANS

[beforeandbeyond.org](http://beforeandbeyond.org)

# Cross Cutting Opportunity: The Well Woman Visit

- **Consumers:** Education about importance of visit, covered services and quality of care to be expected = activated clients
- **Providers:** Encourage use of One Key Question TM, establishment of preconception wellness measures, resources for practice integration
- **Policy:** Developing measures and metrics to hold providers and health systems accountable for delivering care
- **Population:** Benchmarking and monitoring to assess national improvements in health and birth outcomes over time.
- **Public Health:** Resource alignment - one of two maternal health National Performance Measures for Title V Block Grant


# Importance of the well woman visit

- Aligns with Healthy People 2020 objectives:
  - ▣ Increase the proportion of persons who receive appropriate clinical preventive services
  - ▣ Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy
- Opportunity for the provision of preventive services that can improve women's health immediately and long-term
- Women, ages 18-44, in the US have unmet health needs
  - ▣ Recent MMWR CDC report on [Core State Preconception Health Indicators](#) highlights many opportunities that exist for improving women's wellness



# BeforeandBeyond.org


Before, Between  
& Beyond Pregnancy

[Home](#) [Newsletters](#) [CE Modules](#) [Key Articles](#) [Guidelines](#) [Practice Resources](#) 

Sign-up and stay connected.

Read the latest copy of National Preconception Health and Health Care Initiative's newsletter.

[Read Newsletter >](#)



**NEW** With funding from the Centers for Disease Control and Prevention's Division of Reproductive Health, the Association of Maternal and Child Health Programs presents a two-part webinar on Obesity/Overweight and Preconception Health. For more information and to view these archived webinars, [click here](#).

**NEW Clinical Toolkit**

Built on a woman's reproductive life plan, this toolkit provides clinical guidance for reaching every woman with preconception and interconception health services, every time she presents for routine care.

[Tool Kit](#)

**CME/CNE Modules**

Access a series of online training modules on a variety of preconception health topics – all with free or low cost continuing education credits.

**Guidelines**

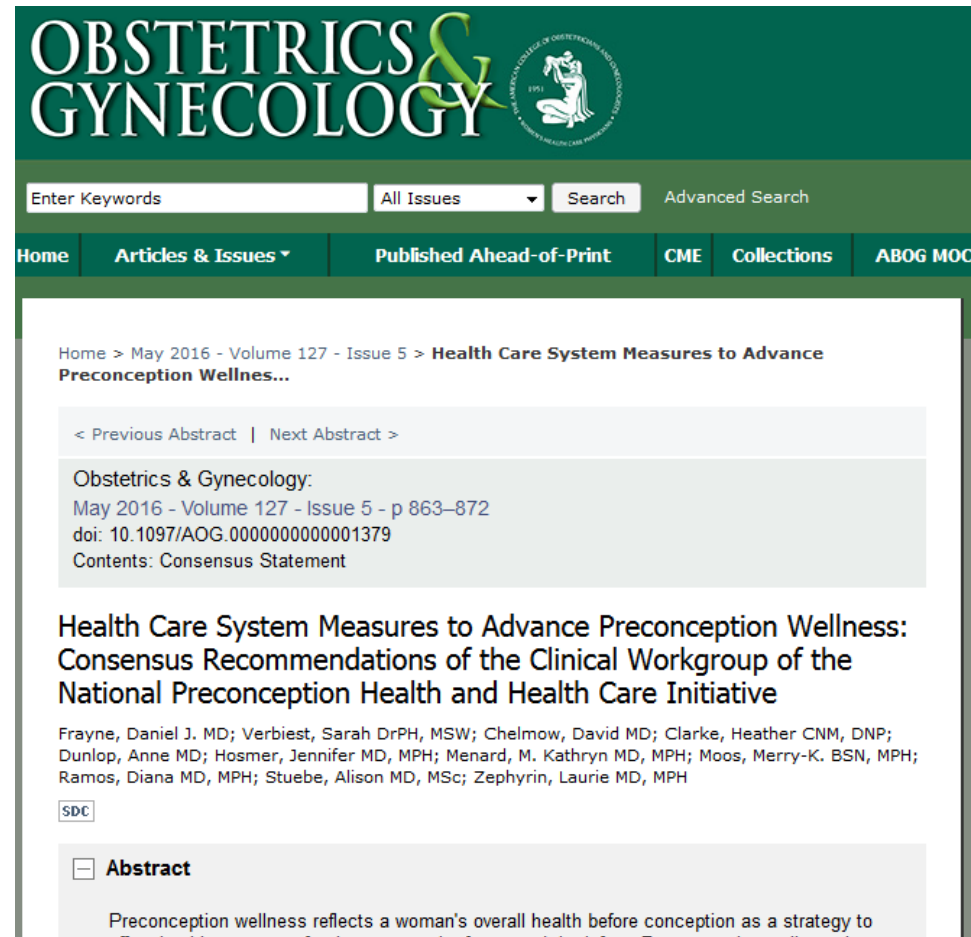
Access clinical guidance for women with high risk conditions as well as general recommendations for women and men.

**Practice Resources**

Learn about the latest websites, tools, handbooks and more to help you provide quality care to your patients.

# Preconception Wellness measures

- [http://journals.lww.com/greenjournal/Citation/2016/05000/Health\\_Care\\_System\\_Measures\\_to\\_Advance.8.aspx](http://journals.lww.com/greenjournal/Citation/2016/05000/Health_Care_System_Measures_to_Advance.8.aspx)
- Paper includes a table describing each measure, its intent, reported data, target and clinical quality measure crosswalk
- Measures are reported at the first prenatal assessment as a surrogate for preconception wellness and an indicator for receipt of preconception care



## WHAT IS A WELL VISIT?

A "Well Visit" is an annual appointment with a health provider to check on a person's physical and mental wellbeing and to prevent future health problems. Your insurer will likely call these "preventative visits".



[wwwShowYourLoveToday.com](http://www.ShowYourLoveToday.com)

Released: June 2016

# Consumer engagement strategies

- Implement awareness campaigns to educate women on the importance / content of the visit – create demand
- Promote patient/woman driven risk assessments, such as the [Show Your Love checklist](#). Sign up for the PCHHC newsletter for alerts as to newly released tools and products **text PCHHC to 22828**



# Consumer engagement strategies

- Promote and provide women's health resources, including information about well woman care in “non-traditional” places where women receive services
  - ▣ Pediatrics, daycares, early intervention programs, WIC, home visiting programs, community centers, food pantries, social services, businesses, etc.
- Conduct focus groups and listening circles with women who are least likely to access care and learn about their needs





# Core Considerations

- Access to Care / Receipt of Services
  - ▣ Insurance, hours, location, covered care
  - ▣ Preventive services without co-pay
- Quality/Content of the Services
  - ▣ Needs to be woman-centered
- Connection of Clinic Visit to Community & Other Services
  - ▣ Health is only 10-20% determined by clinical care



# Title V

## National Performance Measure Strategies

## Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.

National ▼

### National Data

FY 2015 Expenditures: \$6,286,875,668 | FY 2015 Populations Served: 57,064,187



### FY 2015 Expenditures

National: \$6,286,875,668



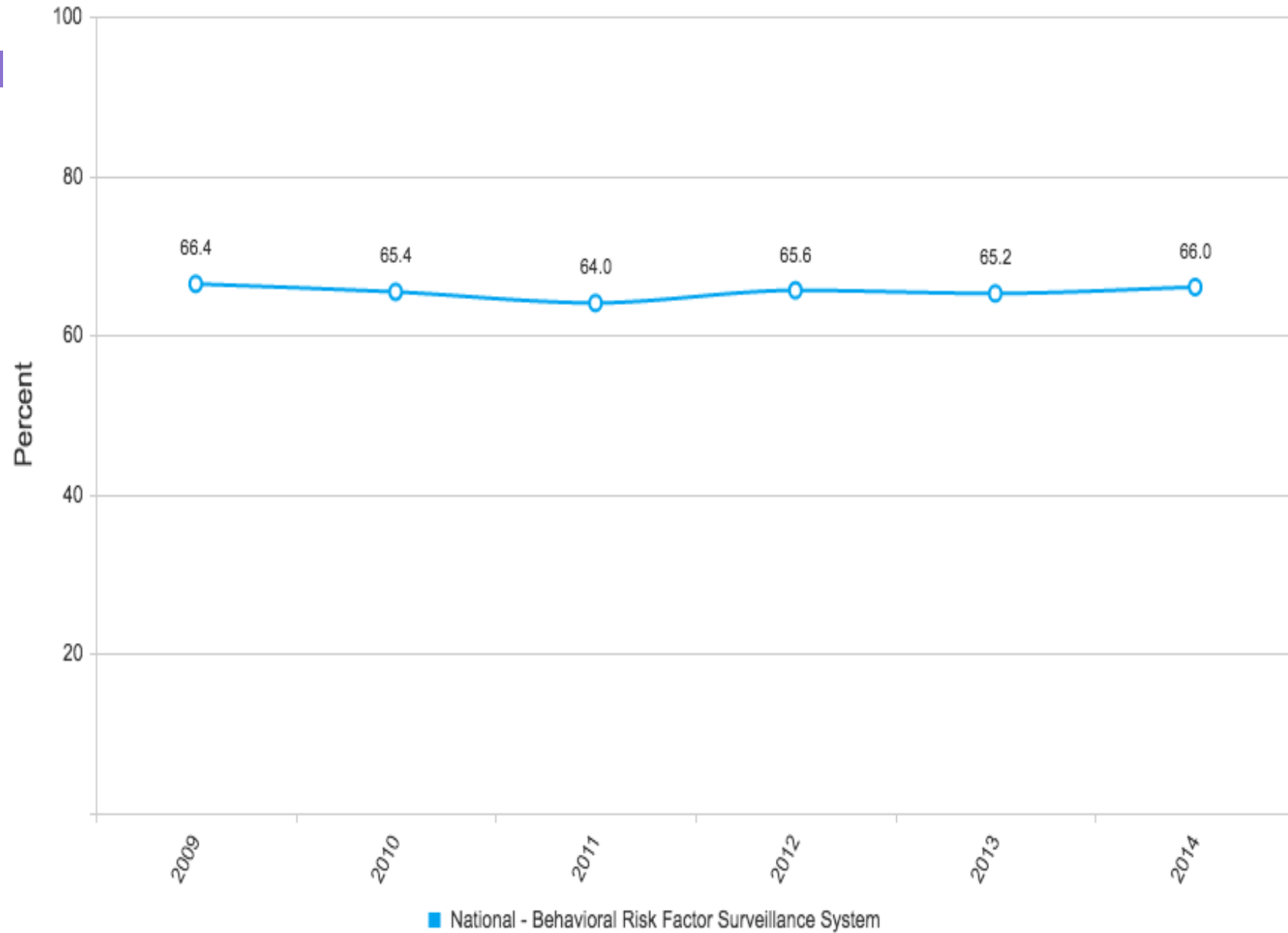
### FY 2015 Population Reach

National: 57,064,187

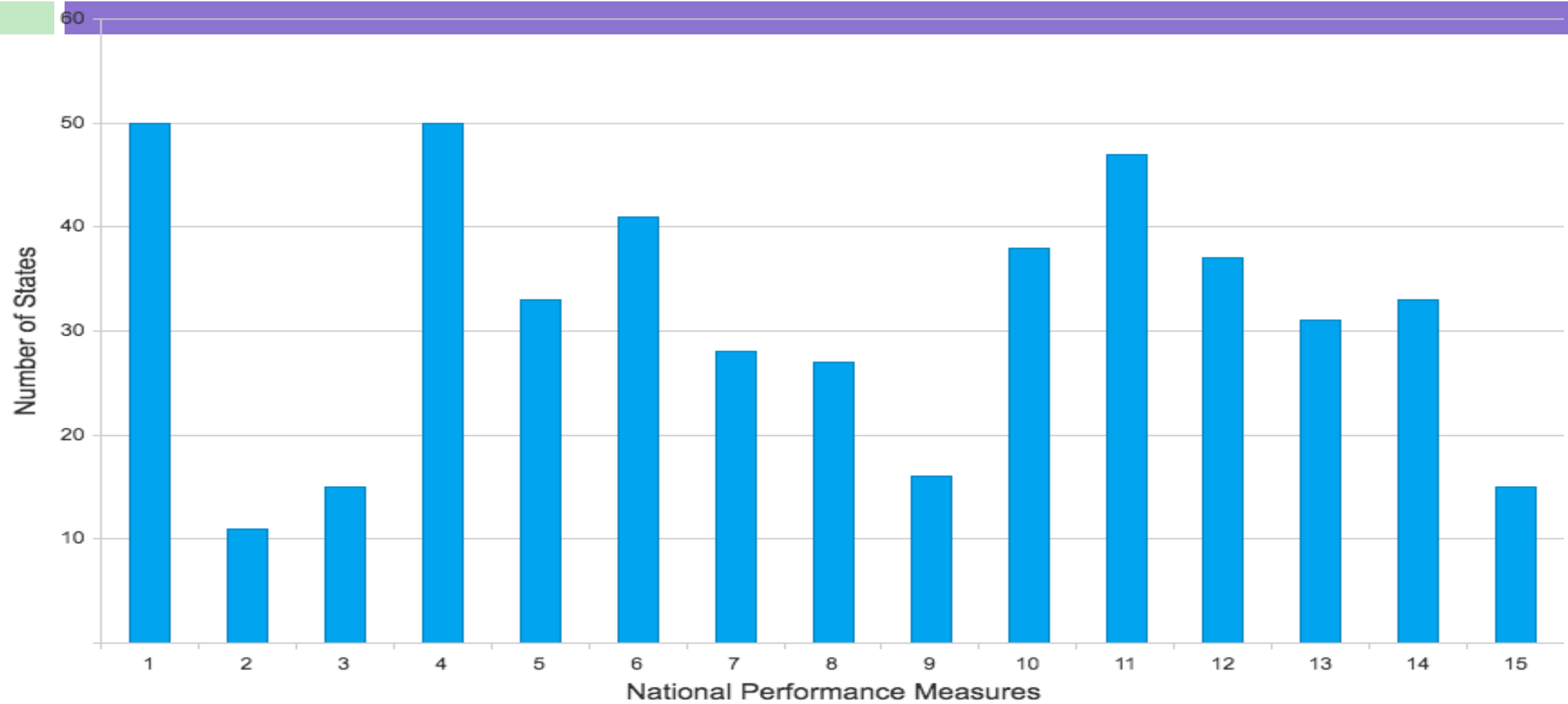


## NPM 1: Percent of women with a past year preventive medical visit

### Baseline Indicators - National



## Title V Federal-State Partnership National Performance Measures – Selection Breakdown





# Title V Strategies (all on web now)

- Develop a paper system or EHR reminder alert to inform patients of their needed annual visit
- Develop promotional and educational tools and materials: use social media platforms including Facebook, Twitter and Pinterest and traditional media outlets
- Distribute preconception/interconception health materials at community events: farmers markets, beauty and nail salons, community baby showers and school open houses

# Title V Strategies

- Work with Medicaid to improve the process of auto-enrollment into additional coverage or programs after Medicaid coverage expires postpartum
- Provide a webinar for providers on the importance of annual preventive health visits and how to leverage missed opportunities using the following strategies: (1) provide preventive health visit during sick visit and detail how to properly code visit for proper reimbursement; (2) schedule preventive health visit during sick visit; (3) encourage evening and weekend appointments for preventive care in addition to acute care (which is often available)

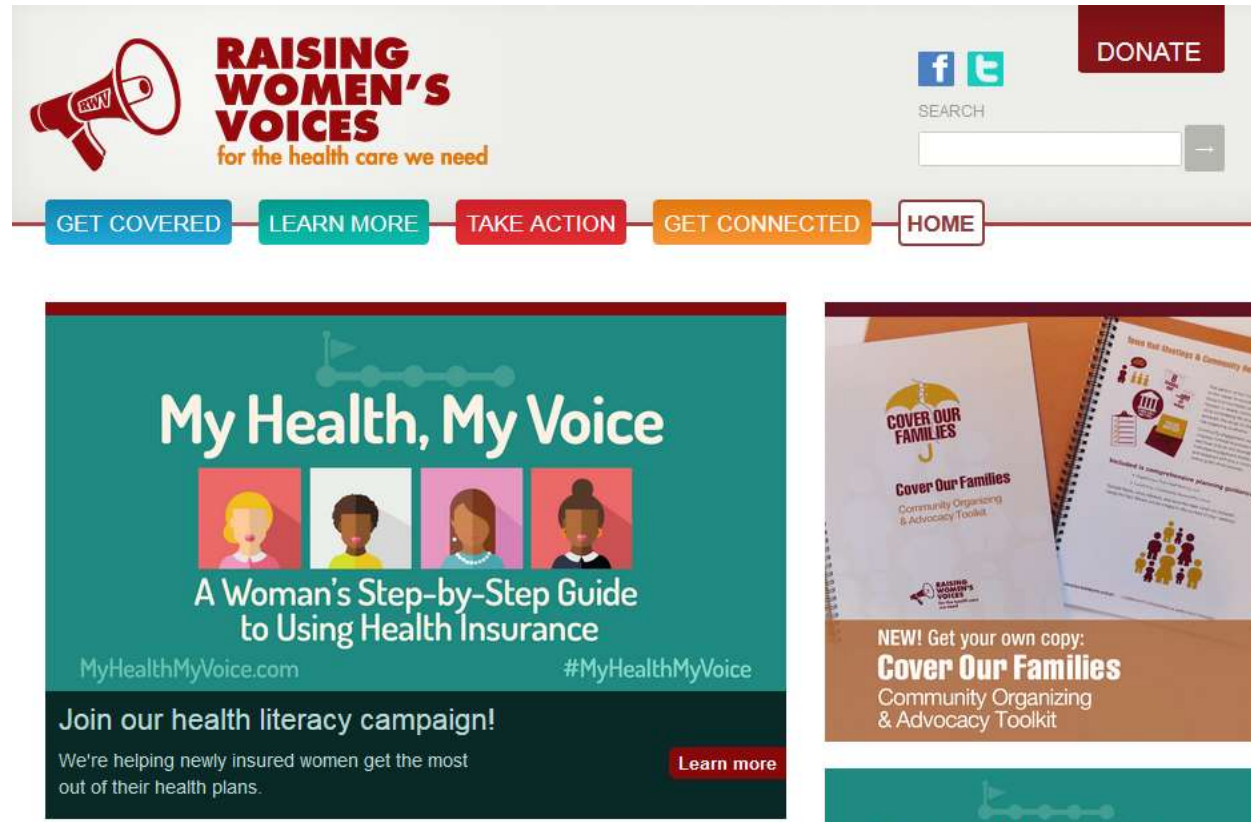
# And More!

- Work with children's scheduled well-visits to check on the health of women
- Analyze data to understand the trends for women's preventive visit utilization; create hot spot map and conduct outreach and enrollment based on map, review enrollment progress
- Check out <https://mchb.tvisdata.hrsa.gov/> - look under priorities and you can see each state's proposed actions

# Insurance coverage and utilization



# Insurance coverage & utilization



<http://www.raisingwomensvoices.net/>



# www.hrsa.gov/womensguidelines/



The screenshot shows the HRSA website with the following elements:

- Header:** U.S. Department of Health and Human Services logo, HRSA logo, and navigation links: HRSA Home, Get Health Care, Grants, Loans & Scholarships, Data & Statistics, Public Health, About HRSA.
- Search Bar:** Located in the top right corner with a search button.
- Advanced Search:** A link to the advanced search function.
- Social Media:** Links to Facebook, YouTube, and Twitter, along with a sign-up for e-mail updates.
- Main Content Area:**
  - Section Header:**

## Women's Preventive Services Guidelines
  - Share Buttons:** A row of icons for sharing the page on various platforms.
  - Learn More:** A link to [Clinical Preventive Services for Women: Closing the Gaps](#) Institute of Medicine report.
  - HELP CENTER:** A link to [HealthCare.gov](#).
- Text Content:**

**Affordable Care Act Expands Prevention Coverage for Women's Health and Well-Being**

The Affordable Care Act – the health insurance reform legislation passed by Congress and signed into law by President Obama on March 23, 2010 – helps make prevention affordable and accessible for all Americans by requiring health plans to cover preventive services and by eliminating cost sharing for those services. Preventive services that have strong scientific evidence of their health benefits must be covered and plans can no longer charge a patient a copayment, coinsurance or deductible for these services when they are delivered by a network provider.

**Women's Preventive Services Guidelines Supported by the Health Resources and Services Administration**

Under the Affordable Care Act, women's preventive health care – such as mammograms, screenings for cervical cancer, prenatal care, and other services – generally must be covered with no cost sharing. However, the law recognizes and HHS understands the need to take into account the unique health needs of women throughout their lifespan.

# Womenshealth.gov



Your health at every age

## Steps for better health by age

Whether you're in your 20s or your 90s, we've got you covered. Choose your decade below to find out what steps you can take for good health.

### Select your age group



# National Maternal Health Initiatives

*Collaborative efforts with an alignment of health care organizations invested in women's health, reproductive health strategies and maternal care*

Health Resources and Services Administration –  
convener, conscious, mortar



# Who Can List All the Initiatives?

## AIM ACOG Guidelines – Postpartum, Interconception





Defining the content of the well woman visit



# Direction

---

WPSI will update the 2011 Clinical Preventive Services for Women guidelines by closely following the IOM recommended process for developing trustworthy guidelines, establishing a coalition of national professional organization involved in women's preventive health services, and building consensus among relevant stakeholders in delivery and promotion of women's health care

# Well Woman Health Care!

- To form a consensus about well woman visits
- It may be a Family Physician, a Nurse Practitioner, an Internist, a Midwife, an Obstetrician Gynecologist or a Physicians Assistant who provides well woman care
- Can WE, the organizations representing diverse providers, agree to the elements of well woman visits, so that regardless of who a woman sees, she can be assured we DID WHAT IS RIGHT, what is needed to optimize her health...

# The Intent



*Health plans must cover preventive services by eliminating cost sharing for those services.*

*Preventive services that have strong scientific evidence of their health benefits must be covered and plans can no longer charge a patient a copayment, coinsurance or deductible for these services when they are delivered by a network provider.*

# WPSI: 2016-2021

---

- SYNTHESIZE existing evidence
- DEVELOP recommendations on additional services
- DISSEMINATE and PROMOTE these recommendations

# Advisory Panel

- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Academy of Family Physicians
- National Association of Nurse Practitioners in Women's Health





# Multidisciplinary Steering Committee

Membership includes representatives from:

- Academy of Women's Health
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Cancer Society
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American College of Preventive Medicine
- American College of Radiology
- American Geriatrics Society
- American Osteopathic Association
- American Psychiatric Association
- Association of Maternal and Child Health Programs
- Association of Reproductive Health Professionals
- Association of Women's Health, Obstetric and Neonatal Nurses
- National Comprehensive Cancer Network
- National Medical Association
- National Partnership for Women and Families
- National Association of Nurse Practitioners in Women's Health
- National Women's Law Center
- Patient Representative



# Multidisciplinary Steering Committee

- ❑ Coalition of national level provider organizations, public health professionals, consumer organizations, patients and other stakeholders
- ❑ Methodologists, content experts, and providers with expertise across a woman's lifespan—adolescent, early, middle and late adulthood, including reproductive health and pregnancy
- ❑ Year 1 update 8 recommendations for women's preventive services from 2011 IOM "Closing the Gaps" report.
- ❑ Years 2-5 years identify gaps in care that need additional or clarifying recommendations



# Aim #1

**Establish a process for developing and regularly recommending updates to the guidelines for women's preventive service**

**Adherence to IOM Standards  
for Developing Trustworthy Guidelines.**



## Aim #2

### Obtain participation from health professional organizations on developing recommended guidelines for women's preventive services

- Convene and coordinate Advisory Panel and Multidisciplinary Steering Committee to develop recommendations
- Panel and Committee comprised of health professional organizations with expertise in adult women's health, public health professionals, patients, consumer organizations, and other stakeholders



## Aim #3

### Review and synthesize existing guidelines and new scientific evidence for women's preventive services

- ❑ Breast Cancer Screening for Average Risk Women
- ❑ Breastfeeding Services and Supplies
- ❑ Contraception and Contraceptive Counseling
- ❑ Counseling for Sexually Transmitted Infections (STIs)
- ❑ Screening for Cervical Cancer
- ❑ Screening for Gestational Diabetes Mellitus
- ❑ Screening for Human Immunodeficiency Virus (HIV)
- ❑ Screening for Interpersonal and Domestic Violence
- ❑ Well-Woman Preventive Visits





# Aim #4

## Develop recommended guidelines for women's preventive services

### Consensus

- ❑ MSC subcommittee summarizes evidence with standardize tool, develops recommendation
- ❑ Evidence and recommendation presented to full MSC
- ❑ Full MSC votes with 75% needed to reach consensus
- ❑ If less than 75%, re-vote or return to subcommittee



# New Topic Selection

- ❑ Consider associated morbidity and mortality
- ❑ Impact on women's overall wellness
- ❑ Availability of quality evidence
- ❑ Conditions specific to women, more common or serious in women, or have different outcomes or treatments in women
- ❑ Avoid duplication with USPSTF, Bright Futures, ACIP recommendations
- ❑ IOM identified potential topics for future guidelines



## Aim #5

### Disseminate HRSA-supported women's preventive services guidelines for use in clinical practice

#### **Coordinated, consistent messaging**

- For both providers and patients

#### **Implementation Steering Committee**

- Organizations already active in consumer awareness, and Federal agencies to spearhead implementation and dissemination

#### **Multidisciplinary Steering Committee**

- Outreach to provider organizations through MSC members, with links to patients, educators, policy makers, and payers

#### **Web Presence**

- Interactive website as cornerstone. AAP Bright Futures website as model. Clinical Practice, Patient Education and Materials and Tools as core features



# PRECONCEPTION HEALTH

---

- Is already a covered benefit
- Falls immediately into the Implementation Plan
- How to cross all guidelines, implement across all providers AND engage the public in their personal health promotion?
- How do we build on our accomplishments?

# Table Discussion

Given all the energy & work on the well woman visit, what is our role? How should we engage? Should we engage? Where are we needed in this work?

Be real and concrete



# Brain Kickstarters

- Research – Build the evidence for what works
- Voice – Bring attention to the issue. Shift people's perceptions. Create new sound bytes and framing.
- Surveillance – Watch, Report, Adjust
- Connectors
- Emerging Issues
- Holding the Torch
- Hitching a ride



# BIG QUESTIONS

Where is the gap? The need?

Where is there a space that we can fill?

# Tomorrow

- Our own version of “Cup of Joe” starts at 8am
- Focus on specific areas of our work that need strategic ideas
- Setting the Course for 2017
- Flip Charts of Ideas – Open for Business All AM
  - ▣ TEDxUNC voting
  - ▣ Partners
  - ▣ Funders



 Preconception  
Health+Health Care Initiative  
A National Public-Private Partnership

Improving women's  
health before, between  
and beyond pregnancy.

GET CONNECTED TO THE LATEST RESOURCES, RESEARCH  
AND INITIATIVES IN PRECONCEPTION HEALTH

# GO CONNECT, EAT & BE MERRY!

Take Pictures!

See you at 8AM for Breakfast!