



BREAKOUT 2

**HEALTH PROMOTION AND PROGRAM IMPLEMENTATIONS:
LESSONS FROM THE FIELD**

Moderators:

Mary-Elizabeth Reeve - USA

Csaba Siffel - USA





HEALTH PROMOTION IN HUNGARY

Edina Gabor

National Institute for Health Development, Budapest, Hungary

The Hungarian Parliament adopted a resolution on a new comprehensive public health strategy (NPHP) in 2003. The NPHP includes 19 priority areas combining different approaches focusing on risk factors, settings and lifestyle. Promoting health and preventing diseases in settings are the success areas of the last decade. Three major strands are dominant in promoting health: cities and communities, workplaces and schools. Health of excluded and vulnerable groups is an explicit component of the NPHP.

Public Health services are the responsibility of the national government, in particular the Ministry of Health, which provides these services via the National Public Health and Medical Officer service (NPHMOS). The NPHMOS is responsible for the control, coordination, supervision and delivery of public health services. The tasks for delivery of public health services are shared with other actors, especially in primary care.

The National Institute for Health Development (NIHD) is a government based agency, planning, coordinating, monitoring and evaluating public health and health promotion at national level. The institute has three key functions:

- As national centre of excellence, the agency is responsible for research and development, case-studies in the field of health development
- In the framework of the Hungarian National Long Term Public Health Strategy the institute is managing, coordinating, monitoring and evaluating the program's implementation
- In close cooperation with WHO and other relevant agencies the institute is stimulating and coordinating Hungarian international activities for health development.

The NIHD is one of the national health institutes of the National Public Health and Medical Officer Service. The NIHD supports the regional and district level health development departments of the public health services. The priority areas for action of the NIHD in 2008 are the following:

- Health promotion in settings: schools and workplaces
- HIV/AIDS prevention
- Tobacco control and smoking prevention
- Capacity building and methodology for local health planning
- Health Impact Assessment
- Health promotion in deprived social groups (Romas)
- EU projects related to the social-economic determinants of health



KEY TO SUCCESS: INTEGRATION OF PRECONCEPTION CARE THROUGH POLICY, SERVICE DELIVERY AND COMMUNITY-LEVEL INTERVENTION IN ARMENIA

Marianna Hakobyan, Inna Sacci

Project NOVA/USAID, IntraHealth International, Armenia

Preconception health has immense influence on maternal and infant health outcomes. Risky behaviors, such as smoking, ignoring a chronic illness, or improper nutrition, can affect not only fetal development, but also result in pregnancy complications and adverse pregnancy outcomes including death of the mother and/or newborn.

Armenia has a neonatal mortality rate of 17 (2001–2005) and a maternal mortality rate of 34.4 (2006). The majority of maternal deaths are attributed to direct obstetric causes such as postpartum hemorrhage (34%) and hypertension in pregnancy (23%) while a quarter of maternal deaths are related to other indirect causes. Interventions for prevention and management of postpartum hemorrhage and hypertension in pregnancy are well-established in Armenia. However, little has been done to systematize prevention of the indirect causes of maternal deaths. Because of the Armenian Ministry of Health's commitment to improve maternal and child health, it recognizes the need to address the indirect causes of maternal deaths to reduce the number of women dying in pregnancy and improve child health outcomes through effective preconception, antenatal and emergency obstetric care.

USAID Project NOVA is in the process of developing a preconception healthcare program working primarily through an emerging institute of family medicine. Comprehensive program will cover policy, service delivery and community-level interventions addressing Armenia-specific geographical, cultural, and financial constraints. The proposed activities include folic acid supplementation, promotion of a healthy lifestyle, reduction of environmental hazards, and management of chronic illnesses including cardio-vascular diseases, diabetes, and epilepsy. In addition, Project NOVA will develop preconception care training materials, create screening tools for high risk groups and clinical guidelines for preconception management of chronic conditions, conduct health talks and distribute health promotion materials in southern Armenia.

Institutionalization of preconception care is a low-cost intervention that does not require expensive equipment or extensive (re)training of medical personnel. Folic acid supplementation before conception and in pregnancy will reduce the incidence not only of birth defects, but also preeclampsia and preterm birth. Addressing risky behaviors, chronic illnesses, exercise and nutrition, psychosocial factors and environmental exposures prior to conception will contribute to improved health outcomes for women and infants in Armenia.



TOWARDS A PRECONCEPTION CARE PROGRAMME IN THE NETHERLANDS

Leo P. ten Kate

VU University Medical Center, Amsterdam, The Netherlands

The Minister of Health, Welfare and Sport requested in 2004 that the Health Council produce an advisory report on preconception care. He asked the Council to review the current level of knowledge concerning this care. He also wished to know to what extent the available knowledge is already being applied; which specific requirements a programme of preconception care would need to meet; how one might reach the maximum possible number of parents to be; what professional groups and other bodies would need to be involved; and what ethical considerations arise in connection with preconception care.

The report was presented to the Minister in September 2007. The Health Council advises the Minister to set up a coordinated programme of preconception care in order to reach the greatest number of parents to be; and to create the most favourable conditions for monitoring the effectiveness, efficiency and social consequences of this care programme. The various components of the programme (advice and interventions relating to food, drink, tobacco and other recreational drugs, working conditions, illness and the use of medicines and genetic aspects) should not be provided as separate elements but as an integrated healthcare concept. A sound knowledge infrastructure is crucially important. Preconception care should be enshrined in medical guidelines. Professional groups will require supplementary training. A proper database should be established and a communications strategy be developed in order to provide information to the target group. Finally the Health Council recommends central governance with regard to monitoring, quality assurance and knowledge infrastructure.

In a first letter of the Minister to Parliament concerning this advice it is pointed out that he needs some more consultations before reaching a final attitude. His final point of view, which is not yet available at the time of writing, will be dealt with in my presentation at the Budapest summit.

In the meantime the Dutch Foundation for Preconception Care is organising a national congress on preconception care, which will be held September 19, 2008. Annual repetition may serve as a means to stimulate implementation of the recommendations in the Health Council's report.



SUCCESS OF AN ELECTRONIC PRECONCEPTION CHECKLIST ON INTERNET: WWW.ZWANGERWIJZER.NL

¹Elsbeth H. van Vliet-Lachotzki, ¹Dineke M. Moerman, ²Eric A. P. Steegers

¹Erfocentrum, Woerden, The Netherlands

*²Division of Obstetrics and Prenatal Medicine, Erasmus University Medical Centre,
Rotterdam, The Netherlands*

The Erfocentrum was founded by The Dutch Genetic Alliance (VSOP) in 2000 as an independent Genetic resource and information Centre.

Background: In the Netherlands during the last few decades perinatal mortality rate has not decreased and maternal mortality even increased. The most critical stages of embryonic development largely take place before a woman is aware of her pregnancy. Addressing risk factors before conception could therefore be the most effective strategy to improve the outcome of the pregnancy. In addition, for couples with an increased risk of genetic conditions it offers more reproductive choices.

In the last five years policymakers, the Dutch Genetic Alliance (VSOP) and medical professionals have shown a substantial interest in preconception care. One central question remains unanswered: how to reach parents to be?

By most people planning a pregnancy is not seen as a topic to be discussed with a general practitioner, midwife or obstetrician. Usually it is considered a very personal and private matter.

Www.zwangerwijzer.nl is a checklist on Internet developed by the Dutch Genetic Resource and Information Centre (Erfocentrum) and the Erasmus University Medical Centre. It has been launched in 2004. It has proven to be an excellent instrument to reach a large number of parents to be. Wwww.zwangerwijzer focuses on identifying risk factors, supplies information about health promotion and, if necessary, advises additional preconception counselling. It is used by parents to be as well as a screening tool for professionals in a clinical setting,

In the Netherlands about 190.000 women get pregnant each year. In 2007 www.zwangerwijzer.nl has been visited 143.000 times. The checklist, consisting of 40 questions regarding lifestyle, family and medical history, has been filled out completely about 68.000 times.

Anonymous data are recorded after informed consent. 47% of visitors completed the whole questionnaire. Among female participants, 22% smoked and 17% took medication. Zwangerwijzer will make it possible to acquire risk profiles of subpopulations such as ethnic minorities. Although Internet has limitations as a scientific tool, we have found similar data as in other surveys. Zwangerwijzer is a well-established national instrument for preconception care and will play, as a simple and effective screening instrument, an important role in the implementation of preconception care nationwide.



PROMOTING FOLIC ACID: A SUCCESSFUL OUTREACH MODEL

Linda M. Morgan, Amy Mullenix, Judy Major

Fullerton Genetics Center of Mission Hospitals, NC Folic Acid Council, Asheville, USA

Background: North Carolina is in a region of the United States that has had historically high rates of neural tube defects (NTD's), birth defects of the brain and spine. In 1999, the 5-year NTD rate was highest in the western region of the state, over two times the national rate. Preconceptional use of folic acid has been shown to reduce rates of NTD's by up to 70%. Thus, a multifaceted folic acid outreach program was developed in 2000/2001 for Western North Carolina (WNC.) This program is ongoing.

Objectives: The participants will be able to:

- 1) List three components of a successful preconception outreach program and
- 2) Describe how the model could be applied to other preconception health messages.

Methods: Three primary outreach methods are used in this model. 1) In each of the 24 counties, Community Ambassadors are selected, trained and paid a stipend to make presentations and distribute educational materials in their home communities. 2) A professional educator presents 15-30 minute in-services targeting private offices of obstetrics/gynecology, pediatric and family practice groups. In each office, a volunteer liaison is chosen with whom ongoing follow-up occurs. 3) Local health departments receive a similar in-service and follow-up. In addition, they are provided free multivitamins for distribution to non-pregnant women of childbearing age through family planning clinics, Women's, Infants and Children Nutrition Program, community health, primary care and sexually transmitted infections clinics.

Results: Since the fortification of grain products in 1998, the national rate of NTD's has decreased approximately 27%. In North Carolina that rate has decreased approximately 39%, yet in WNC the NTD rate has dropped nearly 72% and remains the lowest in the state. Measurements of long-term, regular vitamin use among recipients of free vitamins increased from 25% pre-intervention to 62% post-intervention, about twice the national vitamin usage rate reported in March of Dimes Gallup surveys.

Implications: The tools and strategies developed for the WNC folic acid outreach program could be used in addressing other preconception health topics. Based on emerging evidence about message bundling, the Western North Carolina model could also be expanded to include multiple messages.



PRECONCEPTIONAL HEALTH PROMOTION: RANDOMIZED TRIAL RESULTS FROM THE CENTRAL PENNSYLVANIA WOMEN'S HEALTH STUDY (CEPAWHS)

Marianne M. Hillemeier, Carol S. Weisman, John J. Botti, Danielle Symons Downs,
Mark Feinberg, Gary A. Chase, Sara A. Baker, Anne-Marie Dyer, Diana L. Velott

Pennsylvania State University, USA

Research objective: Improving women's preconceptional health cannot be accomplished in clinical care settings alone. Opportunities exist to improve preconceptional health and pregnancy outcomes in community settings as well. The objective of this research is to develop and test a multidimensional behavioral intervention to improve pre- and interconceptional women's health-related behaviors and health status in communities at high risk for adverse pregnancy outcomes.

Methods: The *Strong Healthy Women* behavioral intervention was developed to modify behaviors related to stress management, nutrition, physical activity, alcohol/substance use, smoking, and prevention of gynecologic infections, all of which were prevalent risk factors identified in a population-based survey of the target population. The intervention was conducted with small groups of women in six two-hour sessions held over a three-month period.

Strong Healthy Women was tested in a randomized controlled trial with pre- and interconceptional women. Baseline and followup health risk assessments were conducted for both intervention and control participants. Nonpregnant women ages 18-35 (n=692) residing in 15 low-income rural communities were recruited to the study. Participants included women with and without access to a regular health care provider.

Results: Pre- and post-intervention measures of self-efficacy for behavior change, intent to change behavior, health-related behaviors, and biomarkers were analyzed, controlling for appropriate covariates. Results indicate that intervention participants were more likely to exhibit self-efficacy for eating healthy foods (p=.018) and had higher internal control of birth outcomes (p=.031). They were more likely to express an intent to eat healthier foods (p=.008) and to be more physically active (p<.001). Intervention participants were also more likely to report engaging in healthy behaviors including reading food labels for nutritional values (p=.001), using a daily multivitamin with folic acid (p<.001), and meeting recommended exercise guidelines (p=.019). Significant dose-response effects also were found.

Conclusions: These results show that *Strong Healthy Women* can improve health behaviors – particularly those related to nutrition, folic acid use, and physical activity – among pre- and interconceptional women.

Public health implications: The *Strong Healthy Women* intervention shows promise in improving health behaviors prior to pregnancy. Further research in diverse populations at risk for adverse pregnancy outcomes is warranted.