

*Tuesday, February 6, 1:30PM-3:00PM
Concurrent Breakout Session C*

Birth Defects Programs and Local Agencies: Interactions and Collaborations

Moderator: Samara Viner-Brown, Division of Family Health, Rhode Island Department of Health, Providence, RI

Samara Viner-Brown, Division of Family Health, Rhode Island Department of Health, Providence, RI
Angela Ablorh-Odjidja, National Association of County and City Health Officials, Washington, DC

This interactive session will focus on collaborations between birth defects programs and local agencies that provide services, referrals and/or support to families of children with birth defects. Findings from a survey recently conducted among state birth defects programs about their interactions with local health departments will be discussed. Representatives from the National Association of County and City Health Officials (NACCHO) will participate (co-lead) in a discussion of best practices and opportunities for birth defects prevention and intervention activities.

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Folic Acid: New Strategies for Increasing Consumption

Moderator: Joe Mulinare, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA

Research and Policy: Tackling the NTD Disparity Among Latinas

Alina Flores, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA

This presentation will provide the audience with an update on efforts to fortify corn flour with folic acid. Due to the high consumption of corn flour among Latinos, fortification of corn flour would help to further reduce the number of NTD-affected pregnancies in this population. This presentation will also highlight findings from research conducted with unique segments of Spanish-speaking Latinas of childbearing age, related to 1) baseline levels of folic acid awareness, knowledge, and consumption, 2) evaluation of existing folic acid educational messages and materials, and 3) new concepts, messages, and materials developed to target the unique needs of each segment more effectively.

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Message segmentation for Hispanics and beyond: The application of social marketing to a folic acid campaign

Amy Mullenix, North Carolina Folic Acid Council/March of Dimes, Raleigh, NC

Background: North Carolina has historically high rates of neural tube defects and chose to launch a social marketing campaign as one element of a multi-faceted statewide campaign to promote folic acid. When using social marketing techniques, it is important to identify and define specific target audiences and then design consumer-centered campaigns that address the audiences' perceptions, attitudes and behaviors. North Carolina's social marketing campaign focuses on two audience segments: 18-24 year-old English-speaking women and 18-35 year-old Spanish-speaking women.

Methods: Similar processes were used to develop both the English and Spanish-language messages for the folic acid campaign. Extensive formative research was completed through focus groups and interviews with women from both of the targeted audiences. Once messages and materials were developed they were pre-tested before production. With the English-language campaign, the audience was further segmented to target pregnancy contemplators and pre-contemplators separately, and messages were modified accordingly. Materials, taglines and messages were then developed by national advertising agencies.

Results: Spanish-speakers emphasized the need to define birth defects, neural tube defects, and show images of "cause and effect" related to neural tube defects in campaign materials. They also encouraged the use of images of men, women and families in materials. Members of the English-speaking target audience (ages 18-24) encouraged the use of images of women. They suggested that important ideas to portray in materials include: energy, nutrition, healthy weight, exercise and vibrancy; in short, images of healthy, young, vibrant women. They related that they did not want to see images of pregnant women; nor did they want information about neural tube defects or folic acid. In spite of these significant differences, both target audiences agreed that the following elements are important in folic acid materials: use of short, simple words; concise, easy-to-understand information; and use of color, pictures and realistic images.

Discussion: Although the formative research methods were similar in both target audiences, the resulting messages were substantially different, reflecting significant differences in cultural values. Using social marketing principles, the campaign transformed a traditional public health message into a consumer-friendly message specifically aimed at narrow target audiences. The traditional public health message emphasizes that all women of childbearing age should take folic acid daily to prevent neural tube defects, whereas the "Multivitamins: Take them for Life" social marketing campaign (in English) minimized references to folic acid, neural tube defects and pregnancy. In its place was a message focused on using multivitamins to improve the way women look and feel. The "Multivitaminas: Tomar multivitaminas hoy es amar a tu bebé mañana" campaign was not a translation of English materials but rather an entirely separate campaign that focused on families, pregnancy and neural tube defects. This research highlights the fact that direct translations of folic acid educational materials are not always effective.

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Multivitamin Distribution: Legislation, Logistics, and Lessons Learned

Judy Major, Fullerton Genetics Center, Asheville, NC

Despite increased public awareness about the association between folic acid and neural tube birth defects, national surveys show that the percentage of women taking a daily multi-vitamin with folic acid (about 30%) has remained more or less constant for many years. Several states are attempting to address this problem through a relatively simple, inexpensive and apparently effective method to increase vitamin consumption among their female residents.....distribution of free or low-cost multi-vitamins with folic acid to women of childbearing age.

Two states, Arizona and Maryland, have vitamin distribution programs that are legislatively mandated; the former is backed by state funding while the latter is not. Arizona's program has been operating since 2001. The folic acid supplement law in Maryland just passed in October 2006. Kentucky's statewide vitamin distribution program is not legislatively mandated, but instead is one of the Kids Now initiatives funded with "tobacco settlement" money awarded to the state in 2001. In October of 2004, Florida's attorney general allocated \$2 million in "vitamin settlement" money to the March of Dimes to be spent on a 3-year vitamin distribution/folic acid awareness program. In western North Carolina, a region-wide vitamin distribution program has been operating since mid-2001, relying on initial grants from the March of Dimes and subsequent support from the North Carolina Folic Acid Council and a tertiary hospital in the region.

All five programs are distinctly different from each other, but also share commonalities. This portion of the session will provide a brief overview of the programs including legislation, distribution strategies, vitamin costs and distributors, evaluation, and lessons learned. The information shared will be invaluable to any state or program considering large-scale vitamin distribution.

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**Folic Acid – What do Health Care Providers know and how do they communicate to patients –
A qualitative study**

Stephen Abelman, March of Dimes, White Plains, NY

Quantitative surveys conducted over the past four years have identified a gap between the high level of knowledge, and relatively low level of practice, among health care providers with respect to making specific recommendations about folic acid (FA), and with respect to the provision of preconceptional care. Repeated waves of the quantitative survey among a consistent target audience (OB/GYN and FP physicians, as well as nurse practitioners, physician assistants, and certified nurse midwives) indicated no significant change over a two-year time period. The major correlate of recommending folic acid or multivitamins was the provider's own regular use of folic acid or multivitamins.

This qualitative needs assessment was intended to identify reasons for the gap between knowledge and practice; identify how providers who do incorporate practice guidelines regarding folic acid and preconception care are able to do so; assess barriers to change; and brainstorm strategies or interventions that would lead to significant improvement in implementation of these guidelines within health care practices.

Eleven in-depth focus groups were conducted with a total of 102 health care practitioners attending the conferences of four national associations: AWHONN, AAFP, ARHP, and NPWH. The groups were segmented between practitioners who "always or usually" recommend FA and those who occasionally or never" recommend FA during a well-woman exam with a woman of reproductive age.

The focus group discussion guide covered five main topics:

- Priorities for patient care
- Current practices for addressing folic acid
- Preconception care
- Incorporation of guidelines
- Potential influencers of practitioners

Research findings and implications will be presented.

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Impact of Disasters on Birth Defects Surveillance

Moderator: Sonja A. Rasmussen, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA

Sonja A. Rasmussen, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, Atlanta, GA

Robert E. Meyer, North Carolina Birth Defects Monitoring Program, Raleigh, NC

Hyrum Kanady, Texas Birth Defects Epidemiology and Surveillance, Arlington, TX

Kay Webster, Louisiana Birth Defects Monitoring Network, New Orleans, LA

Natural disasters occur relatively frequently; the National Climatic Data Center documents 67 weather-related disasters with damages and costs of \$1 billion or more in the United States during the years 1980-2005. <http://www.ncdc.noaa.gov/oa/reports/billionz.html> In recent years, public health agencies have also become aware of the need to prepare for intentional events related to biological, chemical, radiological, or other forms of terrorism. These natural and intentional disasters can have wide-ranging effects on maternal and child health, as well as on public health infrastructure, including birth defects surveillance systems. This session will review some of the effects of disasters on maternal and child health, including the effects of disruption of public health infrastructure, using Hurricane Katrina as an example. In addition, representatives from three birth defects surveillance systems (North Carolina, Texas, and Louisiana) will discuss their experiences in dealing with previous events and their preparations for future disasters.