

## Folic Acid Surveillance Surveys

California (Updated 10/2012)

Criteria	Comments
Title of the state or local Folic Acid Survey	California Maternal and Infant Health Assessment (MIHA)
Geographic area covered	California
Contact information at BDR	
Name of person:	Michael Curtis, PhD
Agency:	MIHA is a collaborative effort of the Maternal, Child and Adolescent Health and Women, Infants and Children (WIC) Nutrition Programs of the Center for Family Health, California Department of Public Health and the Center for Social Disparities in Health, University of California, San Francisco.
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Survey sample size:	From 1999-2009, approximately 3,000-3,500 women participated in the survey each year. With additional funding from WIC beginning in 2010, the number of MIHA participants increased to approximately 7,000 annually.
General description of survey or dataset (target population, frequency of administration, years covered, data collection methods, reason for data collection)	MIHA is a statewide-representative survey of women with a recent live birth, conducted annually since 1999. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. MIHA data are collected by mail with telephone follow up to non-respondents. Women are sent a questionnaire in the mail approximately 10-14 weeks after delivery. Surveys are available in English and Spanish. Non-respondents receive a reminder letter and a second questionnaire, if needed. Women who do not respond by mail are then contacted and asked to take the survey by phone. MIHA data are weighted to represent all women in California with a live birth during each survey year, excluding women who are non-residents, are younger than 15 years of age at delivery, had a multiple birth of greater than three infants, or have a missing address on the birth certificate. Response rates have been approximately 70% each year.
Cost of survey	Funding is provided by the Title V Maternal and Child Health Block Grant, with additional support from the Women, Infants and Children (WIC) Nutrition Program. MIHA does not break down the cost per question, so the cost of folic acid surveillance is not available.
Questions included in the survey (most current, changes over time, state specific changes)	MIHA (2009-current): During the month before you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin? 1 - I didn't take a multivitamin, prenatal vitamin or folic acid vitamin at all before I got pregnant 2 - 1 to 3 times a week 3 - 4 to 6 times a week 4 - Every day of the week  MIHA (1999-2002, 2005-2008): Just before you got pregnant, were you taking multivitamins or folic acid? 1Yes, I took them every day or almost every day 2Yes, I took them sometimes 3No, I never took multivitamins or folic acid just before I got pregnant  MIHA (2008) During the 3 years before you got pregnant for your most recent birth, did a doctor, nurse or other health care worker ever talk to you about the following topics and how they affect pregnancy? Taking folic acid or a multivitamin  MIHA (2008-2009) Before you became pregnant for your most recent birth, did you do any of the following to improve your health in preparation for pregnancy? (Please check all that apply.) Take folic acid or multivitamins
Uses of data	MIHA provides essential information not available from other sources to guide health policies and programs for California women. Information on folic acid use obtained from MIHA has been used by programs to target outreach and services including the Women, Infants and Children (WIC) Nutrition Program, Adolescent Family Life Program, and Black Infant Health Program. Data have also been used to target social media campaigns to specific populations (e.g. MIHA has identified that Latinas have a low prevalence of folic acid consumption and highest incidence of neural tube defects). Similarly, data have been used to develop materials for providers to assist with folic acid counseling (e.g. Interconception Care Project of California, Preconception Health Clinical Guidelines). MIHA data have been used in professional trainings and published online and in print reports for stakeholders (e.g. MIHA snapshots, referenced below). The goal of continually monitoring folic acid in the general population of California women and among those with a recent live birth is to inform practices among state programs, external programs, and MCAH stakeholders.
Results/Summary (may including links to reports or published articles)	An indicator on daily folic acid use during the month before pregnancy is included in the MIHA Snapshots and Reports, 2010 available at: <a href="http://www.healthindicators.gov/Resources/DataSources/MIHA_25/Profile">http://www.healthindicators.gov/Resources/DataSources/MIHA_25/Profile</a>
Web site address (if available)	For more information about MIHA, visit: <a href="http://www.cdph.ca.gov/MIHA">http://www.cdph.ca.gov/MIHA</a>
Comments (limitations, lessons learned)	The question on folic acid use is subject to recall bias, due to the fact that after they have given birth, women are asked about their behaviors during the period before pregnancy.