Mark Your Calendars!

Using health observances as a strategy to ensure that your messages are heard

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The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Health Observances

• Specific days, weeks, or months dedicated to raising awareness about a particular health topic*
  - Challenge for longer term observances is the need for ongoing activities throughout the month
  - Longer observances often reserved for large, multi-faceted health conditions such as cancer, HIV/AIDS, or broader categories such as injury or safety
• Can be combined with other similar observances
• Have sometimes been used to inform legislation
• No historical record of when national health observances began
  - DHHS Office of Disease Prevention and Health Promotion began compiling health observances and their dates and publishing them in 1982*

Purposes of Health Observances

• Educate the public or others about a health condition and about the work that an organization does to address it
• Raise funds to support research or care related to a health condition
• Commemorate individuals personally affected by, or working toward improving outcomes for, a health condition
• Mobilize action for interested individuals to rally support for a health condition*
• Coordinate the efforts of multiple agencies and organizational levels to support specific goals from policy-makers to families and communities*

Source: http://www.who.int/mediacentre/communication_Framework.pdf?ua=1
Health Observance Criteria

- DHHS has criteria for including a health observance event in the national calendar:
  - Event recognized nationally, and sponsored by a national organization or recognized by the U.S. Congress, the White House, or DHHS
  - Sponsor must be a U.S. Government agency, professional association, or national nonprofit organization able to provide proof of state or federal registration
  - Sponsor has the ability to respond to public inquiries, and provide services nationally (e.g., conferences, research funding, patient information)
  - Sponsor has materials for public health program planners associated with the event and a way to obtain them
  - Sponsor has public education information associated with the event
  - Event must be prevention-related and cannot promote an industry or profession

- To submit an event to the national calendar, sponsor must submit proof of national status for the event

- Sponsor must contact group’s state or congressional representatives to declare an observance

Source: https://healthfinder.gov/nho/FAQ.aspx

Health Observances Have Influenced Legislation

- Have been used to influence legislation at all levels
  - Examples:
    - Alcohol Awareness (Congresswoman Roybal-Allard)
      - Bill passed which authorizes an educational media campaign about underage drinking laws and their enforcement
      - Funding for training healthcare professionals to screen teen patients at risk for alcohol abuse
    - Heart Disease (Bipartisan)
      - National Women’s Healthy Heart Campaign (Feb) inspired Heart Disease Education, Analysis and Research, and Treatment for Women Act to improve the prevention, diagnosis and treatment of heart disease in women
    - Bicycling (Congressman Earl Blumenauer)
      - Resolution to support U.S. cyclists, educate the public about bike safety, and provide information on the health and environmental benefits of cycling

Source: https://healthfinder.gov/nho/FAQ.aspx

Health Observances as an Education Strategy:
National Folic Acid Awareness Week (NFAAW)

Source: https://healthfinder.gov/nho/FAQ.aspx
How Has NFAAW Been Used to Reach Public Health Professionals (PHPs) and Healthcare Providers (HCPs)?

• What was a goal of this observance as it related to PHPs and HCPs?
  - Raise awareness about the importance of folic acid for the prevention of neural tube defects, and remind clinicians to speak with their patients about folic acid benefits, dosage, and timing

• How was this accomplished?
  - Partnerships – varied, diverse
    - Federal, state, and local public health; non-profit; advocacy groups
  - Numerous, diverse activities
    - Newsletter articles in professional public health and medical association publications
    - Mailings to HCP offices, “BlastFax” to HCP offices
    - Published papers highlighting important findings about folic acid
    - Include a Call to Action: “Planning Ahead”

How Has NFAAW Been Used to Reach Hispanic women?

• What was a goal of this observance as it related to Hispanic women?
  - Raise awareness about the importance of folic acid for the prevention of neural tube defects; provide clarifying information about the correct timing and dosage of folic acid intake; provide specific information about sources of folic acid
  - Present folic acid as important for the family as a whole, not just women

• How was this accomplished?
  - Partnerships
    - Migrant farmworker health organizations, Hispanic advocacy organizations, community and local health departments
  - Numerous, diverse activities
    - Radio and TV interviews with Spanish-speaking experts
    - Social media - live twitter® forums, blogs, Facebook® posts, Thunderclaps, cell phone messages
    - Spanish-language educational materials
    - Focused on the family unit; used more graphic visuals

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NATIONAL BIRTH DEFECTS PREVENTION NETWORK

NBDPN AS A PREVENTION PARTNER

Birth Defects Prevention Strategies
Amy Nance, MPH
Utah Birth Defect Network

NBDPN & Birth Defects Prevention Month – A Perfect Match!

- National Birth Defects PREVENTION Network
- Close partnerships with CDC, March of Dimes, and other key partners
- Willing, interested, and knowledgeable volunteers
- A Committee specialized in this area – Education and Outreach Committee

NBDPN’s Focus on Birth Defects Prevention

- NBDPN is all about birth defects: surveillance, research, and prevention
- The collaborative mission of NBDPN is to establish and maintain a national network of state and population-based programs for birth defects surveillance and research
- Surveillance and Research = Using Data for Prevention
  - Primary, secondary, tertiary
  - Multi state collaborations
- Committees – broad and various areas of focus and expertise

National Birth Defects Prevention Network
Committees

- Annual Meeting
- Education and Outreach
- Ethical, Legal and Social Issues
- Membership and Elections
- NTD Surveillance / Folic Acid Education
- Publications and Communications
- State Data Committee
- Surveillance Guidelines and Standards

Education and Outreach Committee

- Create materials that states may utilize with:
  - Physicians and Healthcare professionals
  - Assist their families and children with birth defects
- Materials include:
  - Materials describing particular birth defects
  - Services available in their state
  - Parent Support groups
  - Appropriate medical teams specific to their child’s needs
- To be a RESOURSE for you!

Education and Outreach Committee Members

- State Birth Defect Network Staff
- CDC
- Partner Agencies
  - American Academy of Pediatrics
  - Teratology Society
  - MotherToBaby
Logical Role & Next Steps for NBDPN - Taking on a more active role in BDPM

- 1st packet created in early 2000's
- Theme
  - Specific birth defect
  - Risk factor
- Paper format sent to each state for use

Overview of the Packet

- Goal is to create a resource, a tool that anyone can use
  - Can be used in its entirety, or pieced out to fit a program or state’s needs
  - Align with CDC’s - Birth Defect Prevention month coverage
- Packet is well thought out, planned, and thoroughly researched
  - Current topics, trends
  - Program Needs
  - Current PR Tools/Processes

Birth Defects Prevention Packet - Process

- January - National Birth Defects Prevention Month
- Adapt materials
- Timeline for packet
  - March and April - Theme of packet is discussed/determined
  - May – July - Committee members evaluate materials and create new materials depending on the theme
    - CDC creates infographic which requires CDC Clearance
  - August – September – Final revisions are made prior to submission for NBDPN Executive Committee Approval
  - October – November – Informal CDC Review Process
  - November/December – Packets made available to states
Packet - What's included

- Proclamation templates
- News Release templates
- Newsletter articles
- Sample Healthcare Provider letters
- Fact Sheets for policy makers
- Resource documents
- Local Public Health department materials
- Social media pieces

Packet - Examples

Evolution from Packets to Virtual Packet
Birth Defects are Common, Costly, and Critical

Utah Campaign - Birth Defects are Common, Costly, and Critical

• Utah Proclamation – using template with minor changes
• Costco Connection Magazine
• Movie Theatre Campaign
  • 16 Theatres across the state
  • 174 screens – shown during opening previews
  • 3 weeks: (Dec 31 – Jan 20)
  • 128,031 tickets sold

National Birth Defects Prevention Month
Making Healthy Choices to Prevent Birth Defects - Make a PACT for Prevention

Plan ahead
- Get as healthy as possible before becoming pregnant.
- Get 400 micrograms (mcg) of folic acid every day.
- Avoid harmful substances
  - Avoid drinking alcohol and smoking.
- Be careful with harmful exposures at work and home.

Choose a healthy lifestyle
- Eat a healthy diet that includes fruits, vegetables, whole grains, low-fat dairy, and lean proteins.
- Be physically active.
- Work to get medical conditions like diabetes under control.
- Talk to your healthcare provider.
- Get a medical checkup.
- Discuss all medications, both prescription and over-the-counter.
- Talk about your family medical history.

Utah Campaign - Make A PACT for Prevention

- Utah Proclamation – using template with minor changes
- Modified the Social Media button
- Whiteboard animation/jingle

https://www.youtube.com/watch?v=P7YTGJH1udc

Updated and Tailored for the Times

- Buttons
- Social Media Posts
- Whiteboard animations
- Infographics
- Organized Thunderclaps
- Twitter Chats
- Creating #’s
  - #1in33
  - #Prevent2Protect
Prevent to Protect: Prevent Infections for Baby’s Protection
- Whiteboard animation created in collaboration with the Teratology Society
- Prevent To Protect Infographic
- Preventing Infections by Trimester Infographics

Utah Campaign- Prevent Infections For Babies Protection
- Utah website
- Google drive to local Health Departments
- UBDN Facebook Page

Packet in Action
- Education and Outreach Committee
- New Members
- Success Stories or Feedback – nbdpn@nbdpn.org
- 2018 Packet – #Prevent2Protect

Prevent to Protect: Prevent Infections for Baby’s Protection
- Get vaccinated.
- Prevent insect bites.
- Practice good hygiene.
- Talk to your healthcare provider.
Thank You!

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Engaging Partners for Outreach:
State and National Experiences

Outline

• Rhode Island Partnerships
  – State Context
  – Service Assessment Process
  – Community Agency Meetings
  – Rhode Island Department of Health (RIDOH) Programs
• NBDPN Partnerships
Rhode Island Overview

- Population = ~1m
- 50th in size
- 43rd in population
- 39 cities/towns
- 5 counties
- 1,214 square miles

Rhode Island Context

- ~11,000 births among RI residents annually
  - ~400 with birth defects
- Five maternity hospitals
- One Children’s Hospital (Hasbro)
  - Children’s Neurodevelopment Center (CNDC)
  - Specialty clinics and services for children and young adults with special health care needs
- No local health departments
- Newborn Developmental Risk Screening Program
- KIDSNET

Family Support Programs (Examples)

- Rhode Island Parent Information Network (RIPIN)
- Family Voices
- Parent Consultant Program
  - Department of Health
  - Early Intervention Program, Department of Human Services
- Cedar Family Centers
- Family Visiting Programs
  - First Connections
  - Nurse Family Partnership
  - Healthy Families America
  - Parents as Teachers
**RI Birth Defects Program Goals**

- Identify children (up to age five) with birth defects and monitor prevalence trends *(surveillance)*
- Develop effective strategies for primary and secondary prevention of birth defects *(prevention)*
- Assure children with birth defects and their families are linked to and receive appropriate services on a timely basis *(service linkage)*
- Assure healthcare providers, stakeholders, families of children with birth defects, researchers, and the general public have access to information re: prevalence, prevention and services *(education)*

**RI Birth Defects Program Partnerships by Objective Areas**

**Surveillance/Data Utilization**

- Birth Defects Advisory Council
- Maternity hospitals
- Children’s hospital
- Universities (research)
  - Rhode Island Innovative Policy Lab
- Newborn Developmental Risk Screening
- KIDSNET
- State Laboratory
- NBDPN

**Prevention**

- Family Planning Program
- WIC
- Planned Parenthood of Southeastern New England
### RI Birth Defects Program

**Partnerships by Objective Areas**

#### Service Linkages and Referrals

- Rhode Island Parent Information Network (RIPIN)
- CNDC and Specialty Clinics
- Family Visiting Programs
- Early Intervention Program

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#### Service Assurance and Referral Systems

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#### Service and Referral System Assessment

- Determine the following:
  - Are patients receiving optimal care?
  - Are services provided in a timely manner according to guidelines?
  - Are patients/families satisfied with care?
  - Are healthcare providers satisfied with system of care?
Service Assessment Activities

- Monitor service referrals and linkages
- Collaborate with healthcare providers, service programs, parent consultants, and families
- Conduct surveys and focus groups to evaluate effectiveness

Service Assessment: Methodology

- Have implemented assessments for selected (sentinel) conditions for targeted outreach
- Tool: National Guidelines (recommended services by age intervals for selected conditions)
- Monitor service referrals and linkages via:
  - Parent consultants in pediatric practices and specialty clinics that serve children with sentinel conditions
  - Face to face interviews with families at clinics
  - Mail assessment forms to families
  - Parent consultants at Early Intervention sites

RI Birth Defects Program

Partnerships by Objective Areas

Information Dissemination/Education

Community-Based:
- Local Implementation Teams
- Thrive by Five
- Hasbro Children’s Hospital
- RIPIN

RIDOH Programs:
- Center for Public Health Communications
- Family Visiting
- Diabetes
- KIDSNET
- Special Health Care Needs
COMMUNITY PARTNERSHIPS

Community Meetings: Purpose

- Raise awareness of birth defects
- Solicit suggestions for how best to reach residents
- Identify collaborative initiatives related to the prevention of poor birth outcomes

Community Meetings: Methodology

- Identified cities/towns with the highest rates of birth defects
- Worked with RIDOH Family Visiting Program to get on agendas of “Local Implementation Teams”
- Presented information on birth defects and MCH indicators
- Asked for their help
PROGRAM PARTNERSHIPS

Partnerships with RIDOH Programs: Examples

- Family Visiting
- Family Planning
- WIC
- Diabetes Control
- Tobacco Control
- Physical Activity and Nutrition Program
- Health Equity Institute, Special Healthcare Needs

NBDPN PARTNERSHIPS
**NBDPN Partnerships**

Establish new partnerships and strengthen existing collaborations that increase the effectiveness of the Network

**NBDPN Partnerships: Mutual Benefits**

• Increase partnerships with national organizations to enhance reciprocal efforts
• Support collaborative projects
• Support dissemination of key findings and products to increase the visibility of the Network and to market its accomplishment
• Increase utilization of Network birth defects surveillance data by Federal and State agencies

**NBDPN Partnerships: Considerations**

• Similar mission/population as NBDPN
• Lobbying/advocacy capacity
• Currently collaborating with NBDPN
NBDPN Partnerships: Examples

- American Association of Pediatrics (AAP)
- American Association on Health and Disability (AAHD)
- American College of Obstetrics and Gynecology (ACOG)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of State and Territorial Health Officials (ASTHO)
- Association of University Centers on Disability (AUCD)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Canadian Congenital Anomalies Surveillance Network (CCASN)
- CityMatCH
- Council of State and Territorial Epidemiologists (CSTE)
- Family Voices
- Friends of National Center on Birth Defects and Developmental Disability (NCBDDD)
- Genetic Alliance
- International Clearinghouse for Birth Defects Surveillance and Research (ICBDSR)
- National Association of County and City Health Officers (NACCHO)
- National Association of Public Health Information Systems (NAPHSIS)
- National Organization on Fetal Alcohol Syndrome (NO FAS)
- Organization of Teratology Information Specialists/Mother to Baby
- Spina Bifida Association
- Teratology Society

NBDPN Partnerships: Collaborative Initiatives

Examples

- Advocacy
- Development and Dissemination of Products/Informational Materials (e.g., Birth Defects Prevention Month Packets)
- Joint webinars
- Utilization and dissemination of data/publications
- Co-hosting meetings

Summary: Advantages of Partnerships

- Strengthen programs and their impact
- Increase program or organization visibility
- Shared resources
- Coordinate multiple stakeholders
- Reach new clients/recipient; new geographic areas
- Achieve greater economies of scale