

Improving Equity In Preconception Health through Peer Education

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National Campaign

- In May 2007, the Office of Minority Health (OMH), of the Department of Health and Human Services launched ***A Healthy Baby Begins with You***



PRECONCEPTION PEER EDUCATOR

Office of Minority Health Resource Center - minorityhealth.hhs.gov

Campaign Goals

- ❑ Extend and continue broad infant mortality awareness campaign
- ❑ Develop activities targeted to the 18+ population
- ❑ Strengthen OMH leadership at the local level through partnerships

Goals of PPE Training

- ❑ Reach college-age population with targeted health messages emphasizing preconception health and healthcare.
- ❑ Train college students as peer educators.
- ❑ Arm peer educators with materials, activities and exercises to train their peers in college and in the community at large.

Training Sites

Pilot Program

- ❑ Fisk University & Meharry Medical College- Nashville, Tennessee
- ❑ Spelman College, Atlanta
- ❑ Morgan State University – Baltimore, Maryland
- ❑ University of Pennsylvania School of Nursing – Philadelphia, Pennsylvania

Other States

- ❑ Currently 60 colleges and universities trained
- ❑ **North Carolina November 2010**



What's In it for the Students?

- ❑ Credentialed as Certified Preconception Peer Educators by the National Office of Minority Health.
- ❑ Recognized internship with the National Office of Minority Health
- ❑ Monthly skill-building webinars
- ❑ Altruistic value

Commitment Goals

Individual Peer Educator Goals

- ✓ Attend and actively participate in training
- ✓ Actively support the efforts and goals of the PPE program on campus and in the community
- ✓ Participation in monthly webinars organized by OMH
- ✓ Complete online survey as part of evaluation efforts

Commitment Goals

PPE Site Goals

- One training on each campus/institution
- Recruitment of at least 10 new students per institution
- Conduct outreach to high school/middle school
- Quarterly reports
- Quarterly campus outreach events
- Two community outreach events

Commitment

- ❑ Intensive training
- ❑ 2-days in length, \cong 16 hours of training

Training Topics

- I. Health disparities & social determinants of health
- II. Causes of infant mortality. Infant mortality disparities. Why is infant mortality a public health concern?
- III. Overcoming Racism and Its Stresses: Fostering healthy babies and a healthy tomorrow in communities of color
- IV. Racial and ethnic disparities in birth outcomes: A Life course perspective
- V. Preconception health and care for women and men: Components, research and recommendations.
- VI. Men, Health and Fatherhood

NC Recruitment

OFFICE OF MINORITY HEALTH
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Preconception Peer Educator Training REGISTER TODAY!

WHAT:

**Preconception Peer
Educator Training**

WHEN:

**Nov. 19-20, 2010
(8 a.m.-5:30p.m.)**

WHERE:

**Sheraton Imperial
4700 Imperial Blvd.
Durham, North
Carolina**

REGISTER:

ONLINE:

<http://minorityhealth.hhs.gov/templates/content.aspx?id=7071&lvl=2&lvlid=117>

PHONE:

(800)-444-6472

E-MAIL:

info@omhrc.gov

**There is no cost to
participate!**



One of the most telling signs of health disparities in our country is the disproportionate rates of infant deaths in the black community, more than twice the rate of the general population.

The causes of this are multiple, and we need to target them all. But we need to start much earlier, before young people are even thinking of starting a family, thus we need to emphasize preconception health.

As a Preconception Peer Educator you will have the opportunity to learn more about infant mortality and preconception health and truly make an impact in the health of your community. Participants will receive program certification, internship recognition and will have an opportunity to network with community-based and government organizations.

**DON'T MISS OUT ON THE OPPORTUNITY TO
IMPACT THE HEALTH OF OUR NATION!**



NC Training

- ❑ 18 – 20 November, 2010
- ❑ 12 universities participated
- ❑ Forty-seven students trained
- ❑ State and national subject matter experts



NC Participating Universities

- ❑ A & T State University
- ❑ Duke University
- ❑ East Carolina University
- ❑ Fayetteville State University
- ❑ Johnson C Smith University
- ❑ NC Central University
- ❑ NC State University
- ❑ Shaw University
- ❑ UNC-Chapel Hill
- ❑ UNC-Greensboro
- ❑ Winston Salem State University
- ❑ Gonzaga University

NC Campus Programs to Date

- ❑ Four universities have trained additional students –
 - East Carolina University, Johnson C Smith University, UNC-Chapel Hill, Winston-Salem State University

- ❑ Other have incorporated preconception activities into their general peer education efforts

NC Campus Programs to Date



**WINSTON-SALEM
STATE UNIVERSITY**

WSSU Training

- ❑ 11 students were trained November 2010
- ❑ On-campus training, February 26, 2011

AGENDA

Preconception Peer Health Educators

February 26, 2011

9:00 a.m. – 5:00 p.m.

Meeting called by Michael D. Isler RN, BSN
Advisor Peer Health Educators/Preconception PHE

Attendees: Preconception Trainees
Please read: Supplied by Preconception Peer Health Educators
Please bring: Supplies by Preconception Peer Health Educators

9:00 a.m. – 9:15 a.m. **Introduction (Peer Health)**
Breakfast on your own prior to event
Welcome *Lakasha G. Carter/Michael Isler* Student Health Center

10:00 a.m. – noon **Peer Health Educators Training**
STD
HIV Jennifer Mall POSSE Syphilis Elimination Effort
Coordinator

Noon – 1:00 p.m. **Lunch/Chat**

1:00 p.m. – 1:30 p.m. **Welcome/Pre-test**
1:30 p.m. – 2:00 p.m. The Rationale for P.E
2:00 p.m. – 3:00 p.m. African American Health Status
3:00 p.m. – 3:10 p.m. BREAK
When the Bough Breaks
Infant Mortality Video
Racial and Ethnic Health Disparities
Reproductive Life Plan
STD:101
Wrap-up
Q&A Panel A

Additional Instructions:

Our Goal is to dismiss @ 5 p.m., we respect your time

Each session is approximately 30 minutes

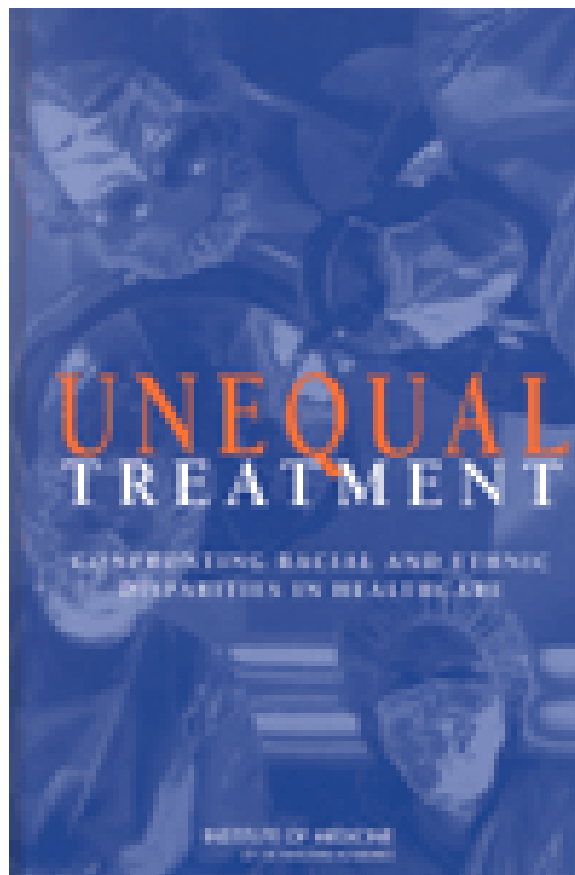
To ensure to best quality of training each month we will discuss a Infant Mortality or Health Disparity African American's Face

Thanks for your Time,
Welcome Aboard
Michael Isler, Advisor
Lakasha Carter, Chair

WSSU Training: What are Health Disparities?

- ❑ Health disparities are the persistent gaps between the health status of minorities and non-minorities in the United States. Despite continued advances in health care and technology, racial and ethnic minorities continue to have higher rates of disease, disability and premature death than non-minorities.
- ❑ African Americans, Hispanics/Latinos, American Indians and Alaska Natives, Asian Americans, Native Hawaiians and Pacific Islanders, have higher rates of **infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS, cancer** and lower rates of immunizations and cancer screening.

WSSU Training



WSSU Training



WSSU Training

The 10 Leading Causes of Death African American Population, U.S., 2006

1. Heart Disease
2. Cancer
3. Stroke
4. Unintentional Injuries
5. Diabetes
7. Nephritis, Nephrotic Syndrome, Nephrosis
8. Chronic Lower Respirator Disease
9. HIV /AIDS
10. Septicemia

WSSU Training

- ❑ The health disparities between African Americans and other racial groups are striking and are apparent in life expectancy, infant mortality, and other measures of health status. For example, in 1999 the average American could expect to live 77.8 years, the average African American could only expect to live 73.1 years. Factors contributing to poor health outcomes among African Americans include discrimination, cultural barriers, and lack of access to health care.

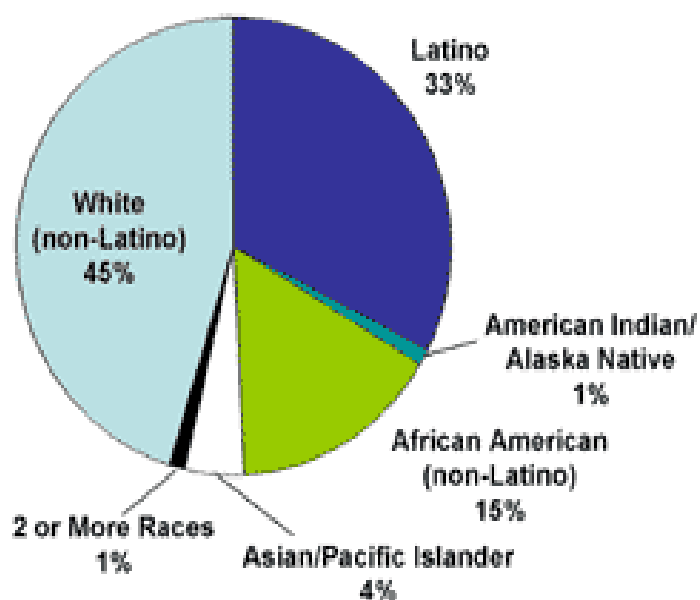
WSSU Training

- ❑ **Minorities have less access to health care than whites. The level of uninsured for Hispanics is 34% compared with 13% among whites.**
- ❑ **Native Americans and Native Alaskans more often lack prenatal care in the first trimester.**
- ❑ **Nationally, minority women are more likely to avoid a doctor's visit due to cost.**
- ❑ **Racial and ethnic minority Medicare beneficiaries diagnosed with dementia are 30% less likely than whites to use anti-dementia medications.**

WSSU Training

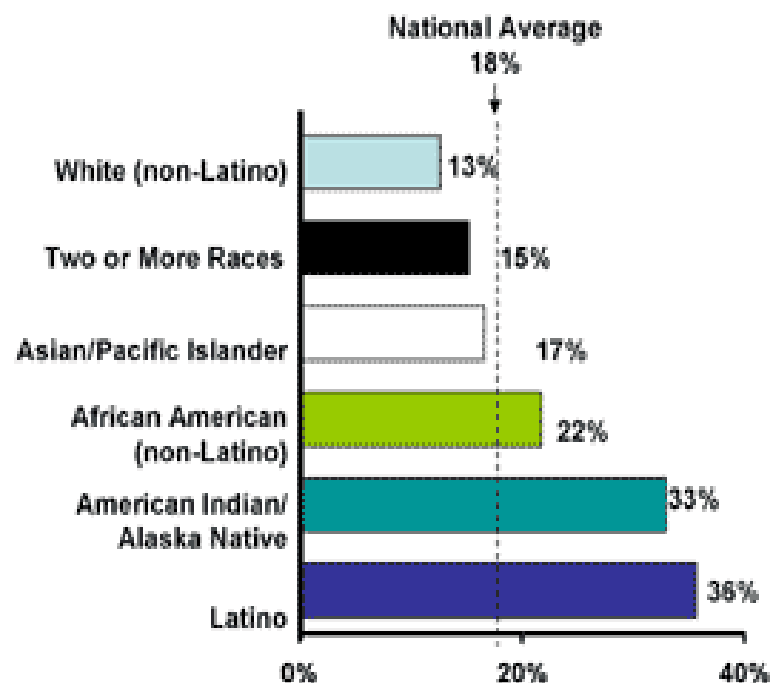
Nonelderly Uninsured by Race/Ethnicity, 2006

Distribution by Race/Ethnicity



Total = 46.5 Million Uninsured

Risk of Being Uninsured



WSSU Activities

PHOTOS REMOVED

WSSU Activities

- ❑ Power to End Stroke Campaign with the American Heart Association.
 - ❑ Komen on the Go with Susan G. Komen
 - ❑ Lastly, we have done events on campus for healthy lifestyles such as eating right, exercising and correct portion sizes.
- ❑ PHOTOS REMOVED

PPE Evaluation Study Designed to:

- ❑ Identify key behavioral indicators for next phases of the program
- ❑ Monitor and evaluate results in the “innovator” group (existing group of peer educators)
- ❑ Continue to monitor and analyze other process, media or progress indicators
- ❑ Inform future assessment efforts on the program’s impact among intended audiences
- ❑ Inform program refinement and/or shape or validate next steps.

PPE Program Evaluation

- Focus Groups
- Online survey
- Pre and post-testing

Anecdotal Study Results from Focus Groups:

- ❑ Content of the training (curriculum) is appropriate and very well received.
- ❑ High level of message retention on key concepts
- ❑ Increased confidence in sharing preconception health knowledge with peers and adults.
- ❑ Increased knowledge of preconception health and care.
- ❑ Having adequate knowledge about risks factors for pregnancy can lead to limiting exposure to those risks.
- ❑ Providers are the preferred source of information among PPEs. But students felt that providers are not as receptive to their questions and when they mention “preconception health,” providers just recommend “the pill.”
- ❑ Use proactive instead of reactive approach on discussing infant mortality risk and preconception health, particularly with at risk populations.

PPE Evaluation Results

Reason for participating

- Focusing on own health – 3%
- Asked by advisor - 15%
- Interest in topic – 29%
- Altruism** – 48% – “to help people in their communities and to create effective programs to address infant mortality”

PPE Evaluation Results

Awareness of Infant Mortality

- Aware of definition of IM – 74%
- Knew that IM was major concern – 65%
- Thought of / learned about IM pre-training – 85%

Awareness of Preconception Health

- Thought about preconception care – 35%
- Equated preconception care with prenatal/maternal care
- Thought only for women -13%

PPE Evaluation Results

Message Retention

- High retention of core messages
- Memorable and impactful topics

Behavior Change

- Intended to adopt or sustain positive behaviors
- Difficulties encountered

PPE Evaluation Results

Recurring themes

- ❑ Significance of community involvement
- ❑ Contribution of chronic racial stress to infant mortality
- ❑ Role of healthcare providers
- ❑ Role of men

Round 2 - NC Training

- ❑ 17 - 19 November, 2011
- ❑ 6 universities participating
- ❑ Forty-three students registered
- ❑ State and national subject matter experts
- ❑ Kick-off activity



Lessons Learned – Changes Made

- Partnership important
- Incorporate into existing projects
- Incentive for students
- Start up funds necessary

Next Steps

- ❑ Additional support to previously trained universities
- ❑ Continuing education

Spring 2012

Contact Information

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