

MATERNAL AND CHILD HEALTH BUREAU

First Time Motherhood/New Parents Initiative

A. FINAL REPORT Narrative

PROJECT IDENTIFICATION

Project Title: First Time Motherhood/New Parents Initiative (*ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-course Perspective*)

Grant Number: H5MMC10865

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I. PURPOSE OF PROJECT

The major purpose of Wisconsin's First Time Motherhood/New Parents Initiative, known as, *ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-Course Perspective*, mirrors the overarching twin goals of the state's health plan, *Healthiest Wisconsin 2020*, to improve health across the life span, and to eliminate health disparities and achieve health equity.

For the last 2 decades, Wisconsin has seen little improvement in the rate of African American infant deaths. Following a summit in 2003 when Dr. Michael Lu of UCLA first introduced his life-course perspective in Wisconsin, the Department of Health Services began its multi-year *Healthy Birth Outcomes* initiative to improve racial and ethnic disparities in birth outcomes. <http://www.dhs.wisconsin.gov/healthybirths/>

ABCs for Healthy Families, begun in August 2008, has been a central component of this initiative. (“ABCs” refers to *applied behavior changes*.) The purpose of this project was to further increase the awareness of racial and ethnic disparities in birth outcomes and the importance of the life-course perspective. We accomplished this by enlisting African American women of childbearing age, their partners, and families; community stakeholders; public- and private-sector agencies; and social marketing experts in the design and implementation of the social marketing campaign, *Journey of a Lifetime*. In addition, we set out to effect community, consumer, and provider changes in knowledge, attitudes, beliefs, and behavior through the development of novel social marketing strategies and using the life-course perspective for women’s health care. Linkages to preconception/interconception, prenatal, family support, and social services were provided to pregnant and parenting African American women and men in Milwaukee and Racine. Finally, we created mother and father support circles to support pregnant and parenting women, increase father involvement, and assist couples transitioning into their new role as parents.

Needs and problems

As noted above, Wisconsin has marked racial and ethnic disparities in birth outcomes and ranks third worst in African American infant mortality among 34 reporting states and the District of Columbia. It is well known that birth outcomes and infant mortality are key indicators of a community’s well-being, including those factors related to socioeconomic conditions and access to quality health care. High rates of low birth weight, premature births, and SIDS in black infants are due to multiple, complex factors. The life-course

perspective posits that a lifetime of increased stress from racism, low socioeconomic status, lack of social support, and other factors, leads to physiologic changes in the woman's response to stress. Improved health care, especially preconception and interconception care, as well as social support throughout a woman's life, will aid in identification of high-risk women, mitigate stressors, and lead to better health outcomes.

Existing social marketing campaign expanded

ABCs for Healthy Families was built upon a previous public information campaign and focus-group research, *ABCs for Healthy Babies*, fueling a paradigm shift in the way individuals and communities respond to disparities in birth outcomes in southern and southeastern Wisconsin. The *Healthy Birth Outcomes* initiative sponsored *ABCs for Healthy Babies* in 2007-2008 with one-time funding from the state Minority Health and Tobacco Prevention and Control programs. Through the collaboration of an expert social marketing consultant from the African American community and an experienced statewide advertising agency, *ABCs for Healthy Babies* raised awareness among providers and consumers on pre/interconception care, prenatal care, and father involvement before, during, and after pregnancy. It was designed to identify concepts and test messages in 5 southern and southeastern Wisconsin counties, on SIDS, safe sleep, smoking cessation, detection of early signs of labor, changes in fetal movement, low birth weight, and preterm births, to support community and individual behavior change for healthier birth outcomes.

A sample of focus-group findings support the need for promoting life-course health messages and approaches to health care, including an expanded focus on the entire family:

- High rates of smoking among women and men
- Stressful lives
- Fathers very involved and supportive during pregnancy
- Fathers less involved once baby was born (and could not provide for them financially)
- Perceived sense of safety at home, rather than out on the street, while pregnant
- Reducing violence in the home perceived as providing a healthier environment for themselves and their children
- Perceived second-rate health care for families on Medicaid
- “Jobs for our men” when women asked how their lives could be improved

With funding from the Health Resources and Services Administration (HRSA) from 2008-2010, *ABCs for Healthy Families* used these key findings to design and implement *Journey of a Lifetime*, a community-driven social marketing campaign incorporating the life-course perspective. We recruited community members to advise the project and trained them to conduct intercept interviews/surveys. They assessed knowledge and attitudes on the life-course perspective, including experiences with racism, and on social media habits for behavior change. The project design included mother and father support circles, based on the feedback received from focus-group participants on the social cohesion and support this group experience provided.

Target population

Nearly 90% of the African American infant deaths in Wisconsin occur in the southeastern region of the state. Milwaukee County has the highest absolute number of deaths and Racine County, the highest rate in the region, and therefore, we chose the central cities of Milwaukee and Racine for the focus of this project. We built upon the relationships with community-based agencies that participated in *ABCs for Healthy Babies*.

Table 1. Infant mortality rates (IMR; infant deaths per 1,000 live births), average annual infant deaths, and black/white IMR ratio for Wisconsin and selected Wisconsin cities. [2004-2008]

City	White		Black		Black/White IMR Ratio
	IMR	Average annual infant deaths	IMR	Average annual infant deaths	
Beloit	7.5	3	16.8	2	2.2
Kenosha	4.3	5	14.7	3	3.4
Madison	4.1	8	8.9	3	2.2
Milwaukee	6.6	20	16.0	83	2.4
Racine	6.0	5	22.3	9	3.7
WISCONSIN	5.2		15.9		3.0

(Wisconsin Dept. of Health Services, Division of Public Health, Wisconsin Interactive Statistics in Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Infant Mortality Module, accessed 02/07/11.)

Project focus: Life-course perspective

ABCs for Healthy Families developed a social marketing campaign, using the life-course perspective as a new paradigm to understand racial and ethnic disparities in health, and to promote change within communities and among the families at risk for poor birth outcomes. Corporations have effectively used social marketing techniques for decades to influence consumer spending habits and behaviors. Social marketing involves the application of the principles of commercial marketing to promote an intangible product. In the case of *ABCs for Healthy Families*, the intangible products include adopting, abandoning, and/or maintaining behaviors, as appropriate, to promote healthy birth outcomes. The life-course perspective takes a longitudinal approach in recognizing the dynamics of biological, behavioral, psychological, and social protective and risk factors that contribute to poor birth outcomes. This biopsychosocial perspective enables us to explore pregnancy risk factors (e.g., nutrition, health behaviors, prenatal care, infections, stress) in the context of women's life span, rather than solely during pregnancy [Appendix 1].

Despite the discouraging birth outcomes experienced by African American families in Wisconsin, the political and public will are major strengths that exist to turn this epidemic around. Rather than solely resulting from the behaviors of the affected individuals, these outcomes are a result of “unnatural causes”; i.e., policy decisions that have been made that affect the environment, education, employment, housing, transportation, opportunities, socioeconomic status, and other underlying determinants of health in our highly segregated cities. Coalition-building; the establishment of the Statewide Advisory Committee and Workgroups for the *Healthy Birth Outcomes*

initiative; the creation of the *Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes*; the *Lifecourse Initiative for Healthy Families* (LIHF) of the University of Wisconsin School of Medicine and Public Health's Wisconsin Partnership Program <http://www.med.wisc.edu/news-events/news/lifecourse-initiative-for-healthy-families-planning-process-continues/30297>; state legislation and budget allocation to reduce fetal and infant morbidity and mortality in Racine; and the establishment of a Legislative Special Committee on Infant Mortality <http://legis.wisconsin.gov/lc/committees/study/2010/MORT/index.html>, are a few examples of the collective will to reduce disparities in infant morbidity and mortality in Wisconsin that will be discussed below.

II. GOALS AND OBJECTIVES

The goals and objectives we selected for the 2-year *ABCs for Healthy Families* project provided the opportunity to address the pressing need in Wisconsin to reduce and eliminate disparities in birth outcomes among African American families. We knew from our previous *ABCs for Healthy Babies* focus groups and information campaign that if we were to improve birth outcomes, it was critical to reach high-risk families with, 1) information and education on the life-course perspective, and 2) resources for preconception/interconception/prenatal care; parenting education; and economic, social, and family support. Our goals directly paralleled all of the First Time Motherhood/New Parents Initiative (FTM/NPI) stated program objectives.

ABCs for Healthy Families Goal #1: Increase the public's and provider's knowledge of the importance of integrating the life-course perspective into preconception/interconception care to reduce adverse birth outcomes and improve reproductive health.

(FTM/NPI Program Objectives: Increase the public's and provider's knowledge of the importance of integrating the life-course perspective into preconception/interconception care to reduce adverse birth outcomes and improve reproductive health; and Increase the pregnant woman's and expectant parent's awareness of, and access to, economic and social resources that will assist them before, during, and after pregnancy.)

The 5 objectives for Goal 1 during the first year included: 1) establishing the administrative structure and personnel to carry out the project; 2) recruiting community members and technical experts to join our advisory boards; 3) collecting baseline data to be able to assess changes in knowledge; 4) conducting community-based participatory research to assess the optimal marketing mix; and 5) developing, testing, and disseminating messages to increase awareness of the importance of integrating the life-course perspective into preconception and interconception care among providers and consumers. It was crucial to educate the community from the beginning on the principles of the life-course perspective, including positive and negative social and economic conditions that affect their health and that of their children. We wanted to help create a sense of ownership and empowerment among providers and consumers to improve reproductive health and birth outcomes within their community. As we conducted our community-based participatory research, it became evident that community members needed financial education to more fully benefit from this work. Therefore, we added activities

that we had not originally planned, that are discussed below in the Methodology section.

During the second year, our objectives continued. The campaign was implemented in Milwaukee and Racine; the community advisory board (CAB) and technical advisory group (TAG) continued to guide our work and often held joint meetings; and we continued the community-based participatory research to assess the changes in the public's knowledge of the life-course perspective and the penetration of the campaign in both communities.

ABCs for Healthy Families Goal #2: Integrate the life-course perspective into current maternal and child health awareness campaigns.

(FTM/NPI Program Objective: Re-examine pregnancy risk factors in the context of women's health development by integrating the life-course perspective into current maternal and child health awareness campaigns.)

The 2 objectives for our second goal during Years 1 and 2 included developing, 1) a communication strategy, and 2) a timeline with targets of opportunity to support incorporating life-course messages into ongoing awareness campaigns and programs. Our intention was to expand the community's understanding of the complex factors associated with poor birth outcomes, including the solutions needed to reduce racial and ethnic disparities, by integrating culturally-relevant life-course messages into existing state and local health promotion/disease prevention and maternal and child health initiatives.

ABCs for Healthy Families Goal # 3: Provide linkages to preconception/interconception, prenatal, family support, and social services for men and women contemplating becoming parents to reduce the occurrence of risky behaviors and increase the likelihood of a healthy pregnancy.

(FTM/NPI Objectives: Provide linkages to preconception/interconception, prenatal, family support, and social services for men and women contemplating becoming parents to reduce the occurrence of risky behaviors and increase the likelihood of a healthy pregnancy; and increase public awareness of family support and parenting education programs available to expectant/new parents.)

During Years 1 and 2 the first objective for our third goal involved promoting preconception and interconception care through Wisconsin's Maternal and Child Health Hotline, *First Breath* Tobacco Cessation Program, Badger Care Plus (Medicaid/SCHIP) Program, Title V Maternal and Child Health Program, and Title X Clinics, (including Planned Parenthood of Wisconsin); and linking families to programs such as WIC and home visiting services in Milwaukee and Racine. With our second objective, we promoted the availability of family-support programs and local social service agencies that provide parenting classes and psychosocial support for mothers and fathers. This objective directly addressed the importance of recognizing the psychological and social protective factors that can contribute to improved birth outcomes, integral to the message of the life-course perspective. Finally, with our third objective we examined the effectiveness of the campaign and its ability to raise awareness of the importance of the life-course perspective, and of existing services and resources supporting the life-course message.

***ABCs for Healthy Families* Goal # 4: Increase father involvement and support couples transitioning into their roles as new parents.**

(FTM/NPI Objective: Increase public awareness of the importance of preparing couples for transitioning into their roles as new parents.)

The 2 objectives for our fourth goal for both Years 1 and 2 were, 1) to conduct mother support circles with low-income African American pregnant and/or parenting mothers, and 2) to conduct father support circles with fathers of infants, and/or with those whose partner is currently pregnant. The need for this work came directly from our previous focus group research within African American communities in southern and southeastern Wisconsin. Participants of these focus groups identified feelings of social isolation, strained relationships between the baby's mother and father, joblessness, and the lack of social support and social connectedness, as factors affecting birth outcomes. We believed these support circles could provide a meaningful opportunity for social support, increase father involvement, and help build parenting skills to prepare couples for transitioning into their roles as new parents.

III. METHODOLOGY

Goal #1: Increase the public's and provider's knowledge of the importance of integrating the life-course perspective into preconception/interconception care to reduce adverse birth outcomes and improve reproductive health.

ABCs for Healthy Families was conducted as a partnership of the Wisconsin Department of Health Services; New Concept Self-Development Center, Inc., community-based agency; Jump at the Sun, LLC social marketing, community-capacity building firm;

Knupp, Watson, and Wallman advertising agency; Mosaic Communications public relations agency; multiple community-based agencies in Milwaukee and Racine; national Maternal and Child Health (MCH) experts; and numerous individuals from both communities who gave their time and commitment to this project. The following activities were conducted to carry out the objectives of Goal 1.

- **Community advisory board (CAB) and technical advisory group (TAG)**
 - CAB--established a 17-member board of community members from all walks of life, including retired nurses, consumers, young adults, mothers, and fathers to provide guidance for our social marketing campaign [Appendix 2]. The CAB met monthly and guided the development of the campaign to ensure that it resonated with the target audience. The CAB also served as ambassadors of the project and communicated the campaign messages through their social networks and at community events and health fairs.
 - A technical advisory group (TAG)--regularly advised this project and included representatives of local print, radio, and television, and professionals in MCH and social marketing. National experts on the TAG included Dr. Michael Lu, Mr. Mario Drummonds, Professor Emeritus Michael Rothschild, Dr. James Collins, Dr. Fleda Jackson, and Dr. Kumea Shorter-Gooden [Appendix 3].
- **Community-based participatory research**
 - Survey development—developed a working definition of life-course messaging; designed and tested social media and life-course perspective close-ended survey, including a series of questions on racism, based on a scale developed by Nancy Krieger; designed questions on the perceptions of the relationship between racism

and birth outcomes, including the importance of the involvement of men and fathers. Data collection occurred at churches, WIC and Planned Parenthood clinics, nail and hair salons, beauty shops, public library, family resource centers, community health clinics, shopping malls, and meal sites.

- Intercept interviewers—recruited and trained 23 community members to conduct surveys in Milwaukee and Racine, who completed training and certification through National Institutes of Health (NIH) Protecting Human Subjects Research. However, most of the interviewers did not have a checking or savings account in which to put their earnings. As mentioned in the previous section, to address this unanticipated need, we provided training in financial literacy and assisted several individuals in obtaining an account with a local bank. In addition, we provided a community workshop for potential census workers, so that the interviewers (and others) could translate their new skills into additional employment.

- **Baseline data collection**

- Locally-conducted qualitative research—reviewed and compiled a synopsis of several surveys, focus groups, and in-depth interviews conducted in Wisconsin on assessing attitudes and behavior related to birth outcomes.
- Baseline knowledge of the life-course perspective—developed the survey tool and conducted 750 community surveys in Milwaukee and Racine to assess the public’s understanding of the life-course perspective and their use of social media.

- **Development, testing, and dissemination of messages**

- Community-based organizations (CBOs)—subcontracted with CBOs for intercept interviews/surveys and focus group sites. Focus groups tested the campaign name

and messages. Participants wanted the campaign to convey a positive message without blaming the community or individual for poor birth outcomes.

- Traditional media—such as, radio and print (brochures, posters, and billboards) tested well, as did newer communication strategies, e.g. texting and social networking. Although we developed a *MySpace* page early on, *Facebook* <http://www.facebook.com/abcsforhealthyfamilies> became increasingly more popular as the campaign developed.
- “*Journey of a Lifetime: I deal with stress in ways that don’t stress my baby*”—became the chosen name and byline for the campaign, developed by the focus group participants. Positive ways of dealing with stress was a constant theme, carried over from the previous *ABCs for Healthy Babies* focus group research.

- **Journey of a Lifetime Campaign**

- Campaign launch—*ABCs for Healthy Families* launched its *Journey of a Lifetime Campaign* in October 2009, by the Secretary of the Wisconsin Department of Health Services, and included television, radio, and print media coverage. Our ad agency, Knupp & Watson & Wallman, received an ADDY[®] award for the campaign.
- Media placement and coverage—Table 2 below outlines both traditional (print, outdoor, radio, and TV) and innovative social networking, paid and earned media, the *Journey of a Lifetime* campaign used to promote its message of dealing positively with stress. *Facebook*, *MySpace*, and text messaging were identified as viable social media to promote knowledge of the life-course perspective.

Table 2. Summary of Journey of a Lifetime Campaign Paid and Earned Media

Media	Paid Media	Earned Media
OUTDOOR		
Billboards [Appendix 4]	1 junior and 1 large (6' x12') in Milwaukee and Racine	Remained posted in several cases beyond paid time
PRINT		
Press releases (6)	Mosaic Communications submitted to local newspapers	1 Press conference in Racine
Print ads (4) [Appendix 5-8]	4 different ads submitted to 4 local newspapers with readership in Milwaukee and Racine	9 Articles for Mother's Day and Father's Day <ul style="list-style-type: none"> • Community members wrote letters to the editor • National TAG members and local professionals wrote newspaper articles
RADIO		
Radio ads	3, 60-second radio spots on Preconception, Prenatal and Interconception care played multiple times on 6 Radio stations in Milwaukee and Racine markets	
Radio interviews		5 Radio appearances for <i>Journey of a Lifetime</i> campaign, WIC, Mother's Day, and support circles
SOCIAL NETWORKING		
Email blasts/newsletters	9 email blasts to audience of 900-3,700 readers (paid for staff time through the grant)	
Facebook page	722 friends www.facebook.com/abcsforhealthyfamilies	(Replaced <i>MySpace</i> page and linked to twitter to promote visibility and raise awareness)

Media	Paid Media	Earned Media
<i>MySpace</i> page	Viewed 300 times	
Text messages <ul style="list-style-type: none"> • NoStress • text4baby 	73 messages to 22 active contacts More than 3200 individuals in Wisconsin have signed up as of February 2011 and Wisconsin is among the top 12 states in the nation	
TV		3 TV news segments regarding launch of the <i>Journey of a Lifetime</i> campaign

***Community events included:**

- Girlfriends conference (Milwaukee, 2/10)
 - The Gathering community event (Milwaukee, 4/10)
 - Women of the World Conference (Milwaukee, 5/10)
 - Juneteenth festival
 - 4th of July Parade (Racine, 7/10)
 - 4 Community events for fathers with male volunteers, including 1 with member of Green Bay Packers
- Campaign materials—the project produced over 20,000 pieces of traditional printed materials for providers and consumers; outdoor billboards; and 3, 60-second radio spots featuring messages relating to preconception, prenatal and interconception care, listed in Table 3 in Section VI, Publications and Products.

Goal #2: Integrate the life-course perspective into current maternal and child health awareness campaigns.

- **Communication strategy for culturally-relevant life-course messages**
 - Life-course training—once the messages had been vetted through focus groups, we developed a PowerPoint training module for multiple agencies and organizations, including First Breath, the Wisconsin MCH Hotline, WIC, and Medicaid Prenatal Care Coordinators [Appendix 9]. Many of the trainings were

held at the community-based agency sites that participated through subcontracts with *ABCs for Healthy Families*. A number of agencies also hosted viewings of the “Unnatural Causes—When the Bough Breaks” video, which describes the life-course perspective.

- Integration with the Milwaukee Action Learning Collaborative (ALC) on Racism and Fatherhood, of the Kellogg-funded Partnership to Eliminate Disparities in Infant Mortality (PEDIM)—strategized with the members of the ALC/PEDIM on social marketing opportunities to incorporate of the life-course perspective in their strategic plan.
- Wisconsin Partnership Program (WPP)—the social marketing consultant and the Department of Health Services’ Chief Medical Officer and Disparities in Birth Outcomes Director are participating in the design and implementation of the \$10-\$20 million WPP *Lifecourse Initiative for Healthy Families* to assure continuation of promising practices for the same target population.
- **Opportunities to incorporate life-course into existing campaigns/programs**
 - Milwaukee and Racine—we took advantage of numerous opportunities in Milwaukee and Racine to present the concepts of the life-course approach to Milwaukee’s Healthy Start program; the City of Milwaukee Health Department; Baby Expos; social service agencies; health care providers; community-based agencies; and the general public. These became opportunities to expose consumers and providers to the *Journey of a Lifetime* campaign messages and materials, and thereby educate them on the life-course perspective as a meaningful approach for reducing African American infant mortality.

- Media mix—based on the professional experience and advice from the ad agency and social marketing consultant, and costs, we used print and radio to reach African American households and the general public, rather than television.
- Text4baby integration—we were one of the first states to sign an MOU with the text4baby campaign of the National Healthy Mothers Healthy Babies Coalition and were able to successfully integrate it into our *Journey of a Lifetime* campaign. The timing was ideal, as we were just about to begin making healthy text messages available through our own “NoSress” texting program. This partnership provided us the opportunity to use text4baby health messages that had been approved through CDC, allowing us to spend our resources on linkages to local services. We have promoted text4baby on print materials and electronic media (*Facebook*, web sites, and email blasts). Our Title V program has also successfully promoted text4baby through Wisconsin’s Maternal and Child Health Hotline. http://dhs.wisconsin.gov/dph_bfch/MCH/text4baby.htm; http://dhs.wisconsin.gov/dph_bfch/MCH/Text4babyPromotion.htm; and <http://jumpatthesunllc.com/text4baby.html>.

Goal # 3: Provide linkages to preconception/interconception, prenatal, family support, and social services for men and women contemplating becoming parents to reduce the occurrence of risky behaviors and increase the likelihood of a healthy pregnancy.

- **Promoted preconception and interconception care in Milwaukee and Racine**

Goals 2 and 3 merged—it was in conducting this activity that the goals and objectives for Goals 2 and 3 depicted separately on the logic model, often merged. This activity

took place primarily in Year 2. Stakeholders and audiences interested in the *Journey of a Lifetime* campaign, the life-course messages (including the need for preconception/interconception and prenatal care, and family support) were often the same, and therefore this integration was promoted through conferences, trainings, and workshops. Agencies and programs that developed the strongest linkages are discussed below.

- Conferences, trainings, and workshops—as described in Goal 2, more than 40 trainings were given as workshops or conference presentations on the life-course perspective and strategies, to integrate these messages into programs.
- Linkages to preconception/interconception care—multiple contacts were made with the following services to create linkages between *ABCs for Healthy Families* and these ongoing programs: Wisconsin’s Maternal and Child Health Hotline; *First Breath* Tobacco Cessation Program; HMOs of the Badger Care Plus (Medicaid) Program; Title V Maternal and Child Health Program; Title X Community Educator from Planned Parenthood of Wisconsin; and City of Milwaukee Health Department home visiting.
- **Promoted the availability of family-support programs and local social service agencies.**
 - Communication and marketing strategy—family-support programs and local social service agencies providing parenting classes and psychosocial support were promoted through radio; print (newspaper ads, posters, brochures for consumers and providers); publication of the MCH toll free hotline and national text4baby

campaign on print and electronic media and through social networking (texting, *Facebook*, email blasts, and e-newsletters).

- Support groups—a train the trainer workshop was conducted with multiple social service agencies to provide them the training and tools to conduct their own support groups for mothers and fathers.
- **Evaluated the effectiveness of the campaign**
 - Three main approaches were used to evaluate *ABCs for Healthy Families* and its effectiveness in attaining the outlined goals and objectives: process evaluation, Plan Do Study Act (PDSA) cycles, and primary data collection and analysis. The process evaluation consisted of documenting and tracking the activities and accomplishments of the project, and the PDSA cycles allowed for continuous assessment and quality improvement. Primary data collection, including community surveys and session evaluations, was used to gain a better understanding of the progress and impact of the project.
 - See Section IV for a more detailed description of the evaluation methods used.

Goal # 4: Increase father involvement and support couples for transitioning into their roles as new parents.

This activity was developed based on the previous focus groups conducted through *ABCs for Healthy Babies*. Both men and women voiced the need to discuss their relationships and how they affected their feelings of competence and ability to parent.

- **Conduct mother support circles with low-income African American pregnant and/or parenting mothers**

- Completed 6 support circles for mothers (3 groups in Milwaukee and 3 Racine). There were a total of 54 participants, 26 in Milwaukee and 28 in Racine, exceeding the number (28) we had hoped to reach.
- **Conduct father support circles with fathers of infants, and/or with those whose partner is currently pregnant**
 - Completed 3 support circles for fathers (2 in Racine and 1 in Milwaukee). There were a total of 25 participants, 19 males in Racine, and 6 in Milwaukee, exceeding the number (15) we had hoped to reach.

IV. EVALUATION

Methods used

Three main approaches were used to evaluate *ABCs for Healthy Families* and its effectiveness in attaining the outlined goals and objectives: process evaluation, PDSA cycles, and primary data collection and analysis. The process evaluation consisted of documenting and tracking the activities and accomplishments of the project; this included, but was not limited to, the documentation of people and organizations involved in, and partnership and events resulting from, *ABCs for Healthy Families*. Project staffing (including community interviewers and facilitators), contract development, and TAG and CAB membership were used to track project start-up and implementation. A log of outside meetings, presentations, trainings and support circles provided an overview of the progress of the project in connecting with partner organizations, their staff, and community members. The reach of the social marketing campaign was monitored in part by tracking the number of campaign materials produced and distributed, website hits,

Facebook “likes,” and media exposure measured through daily effective circulation, or the number of opportunities that the target audience had to be exposed to the campaign.

PDSA cycles allow for continuous assessment and quality improvement.

Although the initial plan was to conduct formal rapid evaluative cycles every 3 months, the PDSA process was instead utilized in a more informal way throughout the project.

This allowed for the project staff to address emerging issues by assessing the issue, identifying how to address or resolve the issue, implementing the selected approach, and tracking its impact. Regular project conference calls and support circle evaluations facilitated this process. One example of the way in which this ongoing evaluation improved the project relates to financial literacy and resources. After work with the support circles and community interviewers had already begun, the participants expressed a need for assistance and advice on financial matters. Therefore, the project made adjustments to address this need by collaborating with a financial educator to conduct workshops on financial literacy and building credit, as well as incorporating financial literacy into the support circle curriculum. Other successful applications of these informal PDSA cycles included ongoing training for community interviewers throughout the data collection process, shifting the online presence of the project from *MySpace* to *Facebook*, and adjustments to support circle sessions and curriculum based on session evaluations and feedback.

Finally, primary data were collected in order to gain a better understanding of the progress and impact of the project. Community surveys were collected at two separate times to assess public knowledge and views related to life-course concepts and to gauge the reach of the campaign. These community survey data were also used to confirm

some project decisions (such as the shift from *MySpace* to *Facebook*) with quantitative data. Pre- and post-test surveys administered at life-course trainings and presentations helped to assess staff knowledge and behavior change intentions on life-course perspective. We had originally planned to develop and conduct point of access surveys of clients regarding increased awareness, changes in behavior related to increased knowledge of life-course perspective, and how they were referred to the resource. However, these point of access surveys were not conducted due to the heavy project workload and the fact that some of this information had already been collected elsewhere, including from the community surveys and support-circle participants.

V. RESULTS/OUTCOMES (POSITIVE & NEGATIVE)

Major results

- **Community-driven campaign on the life-course perspective**
 - The community agencies, New Concept Self-Development Center, Inc., and Jump at the Sun Consultants, LLC, contracted to implement *ABCs for Healthy Families*, succeeded in conducting a “community-driven” campaign. This occurred through the recruitment and participation of community members on the Community Advisory Board who became educated on the life-course perspective. The name of the campaign, *Journey of a Lifetime*, was suggested and chosen by community members. Community members participated in the campaign photo shoot, which promoted community pride and ownership in the campaign; many became spokespersons and ambassadors for the campaign and its messages of reducing stress to improve birth outcomes.

- We exceeded the expected reach of the campaign with the number and type of materials produced (as described in Sections III and VI), as well as the number of agencies and organizations expressing an interest in learning more about the campaign and in hosting a presentations. The ad agency retained for this project received an ADDY[®] award for the materials.
- This project achieved a high degree of visibility at the state Department of Health Services and helped to keep African American infant mortality among the department's highest priorities. The campaign generated earned media, including the evening television news; radio interviews; and a featured in an article in nurse.com (Nurses Work to Prevent Infant Mortality in U.S.)
[http://news.nurse.com/article/20091207/NATIONAL01/112070052/-](http://news.nurse.com/article/20091207/NATIONAL01/112070052/)
- *Facebook* and text messaging were identified through community surveys as viable social media, and along with email blasts/newsletters, were used to promote knowledge of the life-course perspective.
- Wisconsin was one of the first states to sign Memorandum of Understanding with national text4baby program, promoting it through the *Journey of a Lifetime* campaign materials.
- The project (and Wisconsin's efforts to reduce racial and ethnic disparities in birth outcomes) benefitted greatly from the national experts who provided technical assistance and helped provide us gain national exposure, including several out-of-state and national presentations.

- **Surveys**

- Overview

The first survey was conducted in Spring of 2009. It focused on use of social media, awareness of the life-course perspective, and racism. A total of 750 community members were interviewed, although each participant did not receive all of the possible survey questions. The sample was a convenience sample from the local community (Racine and Milwaukee) and was predominately African American (>95%).

The second survey was conducted in November 2010. It included many of the same, and some improved and additional, questions as the first survey but also included a section about exposure to the campaign. The sample was again a convenience sample from the local communities, included a total of 603 participants, and was predominately African American (93%).

- Campaign reach

Nearly half (43%) of survey respondents reported having seen the *Journey of a Lifetime* Campaign ad “Let’s deal with stress in ways that don’t stress our babies.” Reported exposure to the ad was significantly higher in Racine (54%) than Milwaukee (33%). This difference in exposure to the ad remained even after controlling for any potential demographic differences (race, parent status, age, medical assistance, marital status, education, employment, and income) in the survey participants in the 2 communities.

The primary ways respondents reported hearing about *Journey of a Lifetime* was through billboards, word of mouth, and radio. The complete

responses to the question of how they heard about the campaign are in Table 3 below.

Table 3: I have seen, heard about, or received materials/media from “Journey of a Lifetime” (JoaL) in the following ways: (All respondents; N=603)

Method	Yes (%)
Billboard	34
Someone told me about JoaL	31
Advertisements on the radio	31
Posters	28
Booklets / Brochures	24
Advertisements in newspaper	24
Advertisements on television*	16
Letters to the editor	8
Text messages	8
Email alerts	7

*Although no actual television advertising time was purchased for this project, there was some earned media coverage on television (see Table 2).

- o Social media

The first community survey assisted with the selection of social media to be used for the campaign. Respondents reported frequent use of texting (60%), *Facebook/ MySpace* (44%), and regular access to a computer (69%).

Although nearly half (44%) of respondents reported using social networking sites such *Facebook* or *MySpace* at least twice a week, the original

survey question did not distinguish between *Facebook* and *MySpace*. During the course of the project, it became apparent that the target population was using *Facebook* more than *MySpace*, and this information led to a shift in focus to *Facebook* and away from *MySpace*.

Data from the second community survey (which asked separately about *Facebook* and *MySpace*), confirmed that this shift in focus was justified; only 29% of respondents reported using *MySpace* at least twice a week, compared to 51% for *Facebook*.

- Receiving health information

The second survey collected additional information about how the target population currently does and would like to receive health information. Nearly a quarter (23%) of survey respondents reported receiving health information online in the past three months.

Preference for receiving health information was higher for text messages (41%), email (41%), and *Facebook* (34%), compared to *MySpace* (17%) and Twitter 11%).

- Life course knowledge and racism

For program planning, primarily data from the first survey was used to assess knowledge of life course and exposure to racism.

Nearly all survey respondents felt that a woman's life experiences (94%) and health (95%) before her pregnancy were important to having a healthy baby. Depression, support from the baby's father, and seeing a doctor before pregnancy, were viewed by the greatest number of respondents as important to birth

outcomes. Having experienced discrimination, growing up poor, and whether the mother herself was born premature or low birthweight were not well understood as important risk factors.

When asked about their experiences of racism in 9 types of situations, 95% of respondents reported racial discrimination in at least 1 domain, with 19% reporting having experienced racism in all categories. In many of the categories, men were more likely to report having experienced racism than women.

Although we had hoped to identify changes in knowledge of the life-course perspective over time using the two separate surveys, we did not observe an increase in knowledge and, if anything, the second group of people surveyed exhibited less knowledge. However, we believe that this is a result of using convenience samples and does not reflect an actual decrease in knowledge of the life course in our target communities over time.

- **Incorporation of life-course perspective**
 - Once the project and the campaign became known in the southern and southeastern part of the state, there was a high demand for information, resulting in more than 40 in-state presentations, workshops, and trainings on the life-course perspective and its applicability to reducing racial and ethnic disparities in birth outcomes.
 - We collaborated with the Title X Community Educator from Planned Parenthood who conducted workshops in Milwaukee and Racine on contraception and family planning.

- This project strengthened our partnership with the University of Wisconsin's School of Medicine and Public Health's \$10-\$20 million *Lifecourse Initiative for Healthy Families*.
- **Support Circles**
 - A key ingredient to the overall success of the support circles was the provision of a safe, non-judging space, allowing participants the ability to seek support from and give support to their peers.
 - Participants expressed a need for financial education and therefore, we collaborated with a financial educator from Educators Credit Union who conducted workshops in Milwaukee and Racine on financial literacy and building credit.
 - Participants from our support circles from both years of the program have shared with us how they have gone on to making improvements in their lives. We have stories of people completing their GED; of couples on the brink of a break up, improving their communication and parenting skills and working toward home ownership. We have cases of individuals who have moved out-of-state to pursue employment opportunities that they may have only dreamt about pursuing before our support circles. We also have advocates from our support groups who have provided public testimony before our state's Legislative Council Special Committee on Infant Mortality, and at other venues.
 - Reproductive Health Life Action Plans were created and used by mothers and fathers who participated in the support circles [Appendix 10 and 11]. We have shared these action plans with our Title V Maternal and Child Health staff and

Reproductive Health/Family Planning staff and with programs in other states, as they develop tools and standards for preconception and interconception care.

VI. PUBLICATIONS/PRODUCTS

The following products were produced as part of the *ABCs for Healthy Families* project and the *Journey of a Lifetime* campaign.

- Power point presentation with video used for life-course trainings/presentations
[Appendix 9 - available on flash drive only].

Table 3. Summary of Journey of a Lifetime Campaign Materials and Dissemination

Materials	Quantity and Dissemination
PRINT	
Back-to school flyers	10,000 to schools
Consumer brochures [Appendix 12]	5,000 at more than 30 community agency <i>Journey of a Lifetime</i> trainings and at several community events*
Post cards (including text4baby number) [Appendix 13]	2,820 at more than 30 community agency <i>Journey of a Lifetime</i> trainings and at several community events*
Posters [Appendix 14]	3,000 distributed to WIC and social service agencies and at trainings, workshops, and professional conferences
Print ads [Appendix 5-8]	4 different ads printed in community newspapers
Provider brochures [Appendix 15]	3,500 distributed at trainings, workshops, and professional conferences
Reproductive Life Action Plans for Mothers and Fathers [Appendix 10 and 11]	Used for support circle participants and disseminated within the state and to out-of-state programs
SOCIAL NETWORKING	
Email blasts/newsletters	9 email blasts to audience of 900-3,700 readers
Facebook page	722 friends--Replaced <i>MySpace</i> page and linked to twitter to promote visibility and raise awareness

Materials	Quantity and Dissemination
<i>MySpace</i> page	Viewed 300 times
Text messages <ul style="list-style-type: none"> • NoStress • text4baby 	73 messages to 22 active contacts More than 3,200 individuals in Wisconsin have signed up as of February 2011 and Wisconsin is among the top 12 states in the nation
PROMOTIONAL	
T-shirts	450 for CAB and community members at community events

***Community events included**

- Girlfriends conference (Milwaukee, 2/10)
- The Gathering (Milwaukee, 4/10)
- Women of the World Conference (Milwaukee, 5/10)
- 4th of July Parade (Racine, 7/10)
- 4 Community events for fathers with male volunteers, including 1 with member of Green Bay Packers

VII. DISSEMINATION/UTILIZATION OF RESULTS

- **Community-driven campaign and the life-course perspective**
 - Media coverage of campaign launch and on-going earned media coverage--As has been mentioned previously, the campaign launch was covered by television and print media. The campaign continued to be covered by a variety of earned media throughout the second year of the campaign.
 - State conference presentations and meetings—we presented the campaign and materials at a variety of statewide conferences, including the Healthy Babies Summit; the Wisconsin Association for Perinatal Care annual meeting; the Wisconsin Public Health Association; the annual WIC conference; the *First Breath* prenatal tobacco cessation statewide meeting; regional meetings of

Medicaid prenatal care coordinators; to Medicaid HMOs in Southeastern Wisconsin; and at legislative hearings.

- Department of Health Services (DHS) (management, statewide advisory committee, and web site)—we reported the progress of the project and campaign at regular briefings of departmental management, including to the DHS Secretary and Division of Public Health Administrator. In addition to the state presentations and trainings, periodic updates of the *ABCs for Healthy Families* project and the *Journey of a Lifetime* campaign were given at the bi-annual meetings of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes. Finally, all presentations and updates on the project were posted to our departmental web site and this final report will be posted there as well, at www.dhs.wisconsin.gov/healthybirths/.
- Out-of-state presentations and dissemination of materials—we were invited to present the project and campaign at 2 out-of-state conferences: a statewide Infant Mortality Summit in Delaware in May 2010, and an Infant Mortality Summit in Washington DC, in September 2010. We also received requests from programs in other states for the Reproductive Life Action Plans used for mothers and fathers who participated in the support circles.
- National presentations—included the federal Maternal and Child Health Bureau (MCHB) Partnership Meeting in October 2009, and an MCHB Management meeting on the life course, by invitation; the 15th Annual Maternal and Child Health Epidemiology Conference in December 2009 [Appendix 16]; the national WIC Conference in Milwaukee in May 2010; a poster presentation at the 2010

annual meeting of the Council of State and Territorial Epidemiologists (CSTE) in June 2010 [Appendix 17]; the University of Illinois Leadership, Legacy, and Community Retreat to Advance MCH Scholarship and Practice in July 2010; 3 poster presentations at the American Public Health Association (APHA) annual meeting in November 2010 [Appendix 18-20]; and an MCHB webinar presentation for the First Time Motherhood/New Parents Initiative in February 2011.

- **Social networking and community events**

Social networking, including *Facebook*, email blasts, and newsletters were used to disseminate and promote the *Journey of a Lifetime* life-course messages on the importance of finding healthy ways to reduce stress and improve birth outcomes. CAB members and community-based agencies, including the Martin Luther King Jr. Centers in Milwaukee and Racine, were involved in disseminating print materials, distributing *Journey of a Lifetime* T-shirts, and canvassing neighborhoods. Other community agencies included the YMCA and federally qualified health center, Milwaukee Health Services, Inc. Community members also participated in 11 community events, including parades, festivals, church and celebrity gatherings, and “tabled” at booths for community fairs and other health conferences.

- **Survey results dissemination**

First year survey results were presented as an oral presentation at the 15th Annual Maternal and Child Health Epidemiology Conference in December 2009; a poster session at the CSTE annual meeting in June 2010; and as 3 poster sessions at the APHA annual meeting in November 2010. The second and full year survey results will be disseminated as part of this final report, including at the March 17, 2011

meeting of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes, and as stated previously, will be posted on the Department of Health Services Healthy Birth Outcomes web site.

VIII. FUTURE PLANS/FOLLOWUP

Plans for continuing activities initiated by project

- The Title V MCH Program is sponsoring life-course trainings for local health departments and will be using the *ABCs for Healthy Families/Journey of a Lifetime* social marketing consultant and materials during 2011.
- The group of intercept interviewers that were trained in the first and second year of the project are still in existence and continue to be compensated by other organizations for conducting community interviews on health-related topics, including data collection on infant mortality, for the University of Wisconsin School of Medicine and Public Health.
- CAB members have been integrated into the LIHF Project Collaboratives in Racine and Milwaukee.
- Our social marketing consultant collaborated with the Wisconsin Tobacco Prevention and Control Program to produce a brochure on the dangers of smoking during pregnancy and secondhand smoke using the *Journey of a Lifetime* photos and messages.
- The Wisconsin Diabetes Program is in the process of adapting some of the consumer materials developed for the *Journey of a Lifetime* campaign, to design a flyer for

providers to use with consumers with messages on healthy behaviors for the prevention of diabetes, before, during, and after pregnancy.

- We have been contacted by researchers at the University of Wisconsin and by the Bureau of Mental Health and Substance Abuse within the Department of Health Services on reprinting the consumer brochure for a new perinatal depression grant. They commented that they appreciated the look and feel of the brochure, how the topic of stress was treated, and the non-stigmatizing language about depression.
- We will explore the possibilities of submitting a journal article for publication.
- The Legislative Council Special Committee on Infant Mortality is making recommendations, including exploring the use of social marketing for Medicaid populations, based on the information produced by this project.
- We will explore the opportunity to follow up with the Milwaukee Journal Sentinel on their series on infant mortality to inform them about our work and this project.

Future funding

- Will continue to seek funding for materials and the campaign, including how to continue to sustain our *Facebook* page.

Short and long term impact

- The life-course perspective and the effects of stress on health have been widely accepted as a partial understanding of the persistent racial and ethnic disparities in birth outcomes and infant mortality in Wisconsin. The application of this information is making its way in both Title V MCH program funding, and in the implementation of *Healthiest Wisconsin 2020*. This project has promoted and strengthened the initiative to eliminate racial and ethnic disparities in birth outcomes within our state.

We are hopeful that in the long-term, awareness and education will lead to changes in practice and behavior, and if adequate resources are made available, birth outcomes will improve.

Plans for follow-up

- We are scheduled to discuss the possibility of replication and revitalization with the ad agency for *ABCs for Healthy Families*.
- Were additional funds to become available to reinstate the support circles, we are prepared to work with our MCH Hotline for information and referral.

Replication of the project within the state

- We will continue to collaborate with the UW School of Medicine and Public Health's *Lifecourse Initiative for Healthy Families*, and look for ways that components of this social marketing project can be replicated through them, in Milwaukee, Racine, Kenosha, and Beloit.

Replication elsewhere

- We will continue to stay in touch with our national technical experts and colleagues in other states to look for opportunities to replicate components of this social marketing project in other states.

IX. TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE

Aspects of the *ABCs for Healthy Families* can be replicated in a variety of settings. The capacity-building, training, engagement and support of our intercept interviewers can be replicated by organizations desiring to engage in community-based participatory

research. The University of Wisconsin-Milwaukee, recently received funding to implement a project involving counseling and support for teenage couples. Lessons learned from the support circles with a similar, adult population might help to inform the counseling and support offered to predominately African American teen couples.

Our printed materials are being reprinted and adapted by a number of programs and organizations as has been mentioned. We are hoping to find resources to reproduce at least some of the materials for providers and consumers.

As has been mentioned, the University of Wisconsin School of Medicine and Public Health are implementing the *Lifecourse Initiative for Healthy Families* in four communities in southern and southeastern Wisconsin. Our *Journey of a Lifetime* social marketing campaign can support their efforts in raising public awareness on the issue. We have also drafted several budget estimates to replicate or expand the reach of the campaign. The level of resources that will be needed will depend on the scope and the length of the campaign.

- ANNOTATION

The major purpose of Wisconsin's First Time Motherhood/New Parents Initiative, known as, *ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-Course Perspective*, was to further increase the awareness of racial and ethnic disparities in birth outcomes and the importance of the life-course perspective. Birth outcomes and infant mortality are key indicators of a community's well-being, including those factors related to socioeconomic conditions and access to quality health care, and Wisconsin has marked racial and ethnic disparities in birth outcomes and ranks third worst in African American infant mortality among 34 reporting states and the District of Columbia. The goals of the project include the following: (1) to increase the public's and providers' knowledge of the importance of integrating the life-course perspective into preconception/interconception care in order to reduce adverse birth outcomes and improve reproductive health; (2) to integrate the life-course perspective into current maternal and child health awareness campaigns; (3) to provide linkages to preconception/interconception, prenatal, family support, and social services for men and women contemplating becoming parents, in order to reduce the occurrence of risky behaviors and increase the likelihood of a healthy pregnancy; and (4) to increase father involvement and support couples transitioning into their roles as new parents. To accomplish these goals, the project developed a community-driven social marketing campaign (*Journey of a Lifetime*) with a technical advisory group and a community advisory board; focus groups and support circles for women and for men; life-course trainings; and development of reproductive life action plans. Materials developed included billboards; radio, television,

and newspaper advertisements; letters to the editor; posters, booklets, and brochures; *MySpace* and *Facebook* pages; text messages and email blasts.

- KEY WORDS

Social marketing

Life course

Infant mortality

Disparities

Racial/Ethnic

Birth outcomes

Low birthweight

Prematurity

Preconception

Support groups

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