

## B. ABSTRACT OF FINAL REPORT

### 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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Project Period: September 1, 2008 - November 30, 2010

Total Amount of Grant Award: \$497,777

**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*, was to further increase the awareness of racial and ethnic disparities in birth outcomes and the importance of the life-course perspective.

**GOALS AND OBJECTIVES:** 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. The objectives 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.

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

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. The objectives included, 1) promoting preconception and interconception care through Wisconsin's Maternal and Child Health programs and services, Medicaid, Title X, WIC, and Tobacco Cessation Program; 2) promoting family-support, parenting, and

psychosocial support for mothers and fathers; and 3) evaluating the effectiveness of the campaign.

Goal # 4: Increase father involvement and support couples transitioning into their roles as new parents. Objectives for both years were to conduct mother and father support circles with low-income African American families.

**METHODOLOGY:** The following activities were conducted to carry out the objectives. We established a community advisory board and technical advisory group to guide the development and implementation of the project. We conducted community-based participatory research with community members who served as interviewers to collect baseline data through 750 surveys. We used focus groups to test the campaign name and messages, and to choose both traditional (e.g., print and radio) and newer forms of media (e.g., texting and *Facebook*).

*“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 and was launched in October 2009. Paid and earned media were used to promote the campaign with over 20,000 pieces of traditional printed materials for providers and consumers; print ads and outdoor billboards; and 3, 60-second radio spots featuring messages relating to preconception, prenatal, and interconception care. Our ad agency received an ADDY® award for the campaign.

To integrate the life-course perspective into existing campaigns/programs, we held numerous trainings and presentations, including collaborating with the Kellogg-funded Partnership to Eliminate Disparities in Infant Mortality-Action Learning Collaboration on Racism and Fatherhood, and the Wisconsin Partnership Program’s *Lifecourse Initiative for Healthy Families*. We provided opportunities for health and social service providers, community-based agencies, and the general public to educate them on the life-course perspective as a meaningful approach for reducing African American infant mortality. 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 and promote it through our *Journey of a Lifetime* campaign.

We promoted the *Journey of a Lifetime* messages on reducing stress through more than 40 conferences, trainings, and workshops. We were able to integrate this with the promotion of preconception/interconception care, prenatal care, and family support, and promoted linkages to services providing parenting and psychosocial support for pregnant and parenting mothers and fathers.

**EVALUATION:** 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. 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. 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.

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.

**RESULTS/OUTCOMES (POSITIVE & NEGATIVE):** 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. We completed 6 support circles for mothers for a total of 54 participants, and 3 support circles for fathers for a total of 25 participants, exceeding the numbers we had hoped to reach.

Nearly half (43%) of survey respondents reported having seen the 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%). The primary ways respondents reported hearing about *Journey of a Lifetime* was through billboards, word of mouth, and radio. Respondents reported frequent use of texting (60%), *MySpace/ Facebook* (44%), and regular access to a computer (69%). Preference for receiving health information was higher for text messages (41%), email (41%), and *Facebook* (34%), compared to *MySpace* (17%) and *Twitter* (11%). 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.

**PUBLICATIONS/PRODUCTS:** Materials developed included billboards; radio and newspaper advertisements; letters to the editor; posters, booklets, and brochures; *MySpace* and *Facebook* pages; text messages and email blasts. A power point presentation with video was used for life-course trainings/presentations, and reproductive life action plans for mothers and fathers were developed for support circle participants.

**DISSEMINATION/UTILIZATION OF RESULTS:** The campaign was disseminated through paid and earned media, as well as through a variety of statewide conferences; the bi-annual meetings of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes; and were posted to our departmental web site. [www.dhs.wisconsin.gov/healthybirths/](http://www.dhs.wisconsin.gov/healthybirths/). In addition, we were invited to present the project and campaign at 2 out-of-state and several national conferences, including for the federal Maternal and Child Health Bureau (MCHB), the annual Maternal and Child Health Epidemiology Conference, the national WIC Conference, the annual meeting of the Council of State and Territorial Epidemiologists (CSTE), and the annual meeting of the American Public Health Association (APHA).

**FUTURE PLANS/FOLLOWUP:** The Title V MCH Program is conducting trainings on the life-course perspective for local public health departments. We will continue to collaborate with the University of Wisconsin School of Medicine and Public Health's initiative on infant mortality, *Lifecourse Initiative for Healthy Families* (LIHF) in 4 Wisconsin communities. The Wisconsin Tobacco Prevention and Control Program and the Diabetes Program are designing consumer materials based on the *Journey of a Lifetime* campaign. We have plans to collaborate on a new perinatal depression grant to continue the use of the consumer brochures. We will seek ways to incorporate the life-course perspective into the implementation of *Healthiest Wisconsin 2020* (state health plan) and will continue to seek funding for materials and the campaign, including sustaining the *Facebook* page.

**TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:** Aspects of *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 level of resources that will be needed will depend on the scope and the length of the campaign.