

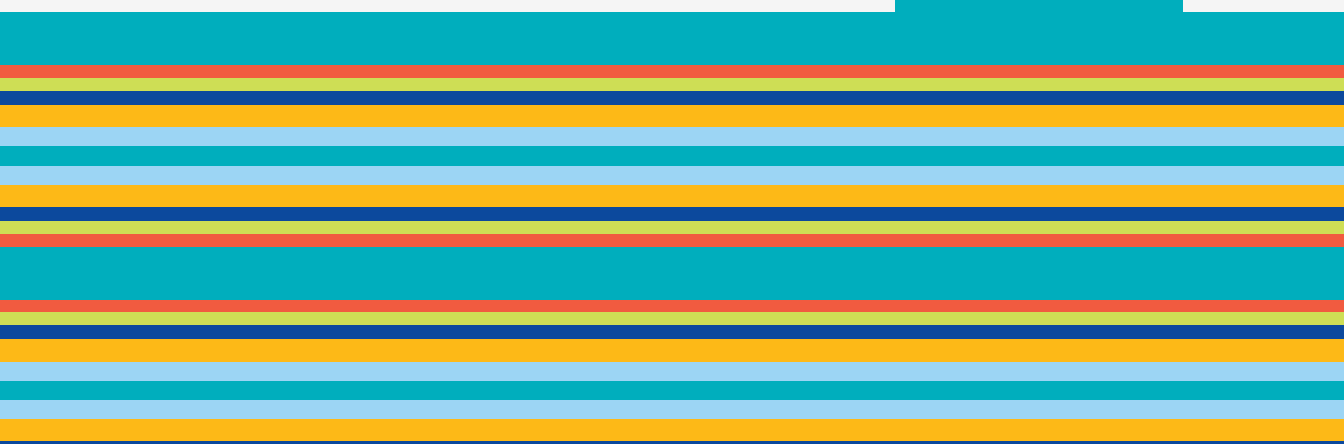


NORTH CAROLINA

Preconception Health Strategic Plan

S U P P L E M E N T

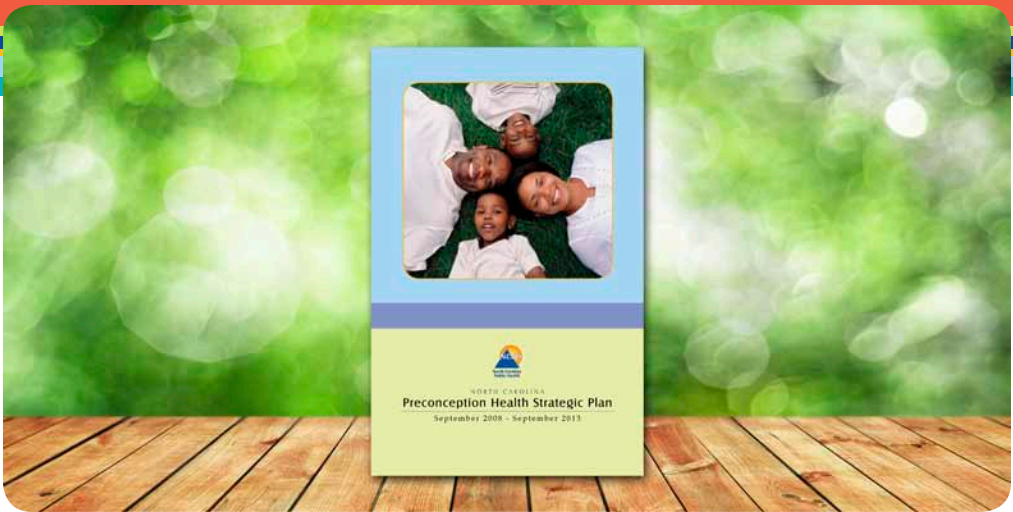
2014-2019



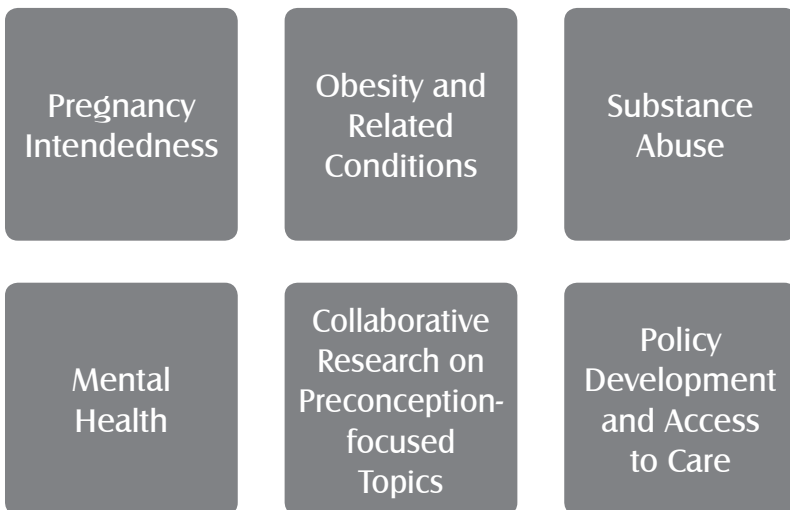
Contributing Partners:



Special thanks to **Christie Adams** in the Graphics Arts Unit with the N.C. Department of Health and Human Services for her collaboration in the development of this document.



The **North Carolina Preconception Health Strategic Plan** was introduced in 2008 to provide awareness about a new approach to reducing infant mortality by improving the health of women before, during, and after pregnancy. Preconception health helps women think about how their behaviors, lifestyles, and medical conditions affect their ability to live healthy lives and to have healthy children. There are many biomedical, behavioral, and social risks that can be addressed in preconception health, but this plan highlighted six priority areas:



Five years later, many of the suggested strategies to address these priority areas have been implemented and preconception health awareness continues to grow in North Carolina.

However, input from many North Carolina stakeholders (providers and consumers) during that time identified the need to also broaden and/or add additional priority areas, expand the target population, and incorporate two recent theoretical models recognized as being essential to advancing preconception health.

The result is this supplement to the 2008-2013 North Carolina Preconception Health Strategic Plan which incorporates the broader influence of the social determinants of health and recognizes the impact of the many factors at play during critical points along the life course. It includes goals and strategies for supporting the new, revised, or expanded priority areas of Life Planning, Mental Wellness, and Access to Services. Furthermore, the target population now includes men in addition to women.

This supplement does not supplant the original plan but enhances and extends it to include the following additions and/or changes:

Social Determinants of Health

The social determinants of health are defined as circumstances in which people are born, grow up in, live, work, and age, as well as systems in place to deal with illness. This may also extend to include the influence of mass media, social media, and/or cultural climates unique to specific communities. These circumstances are in turn shaped by a wider set of forces such as economics, social policies, and politics.

It is critically important to acknowledge the social determinants of health in every effort to improve preconception health.

Life Course Perspective

The broad goal of life course theory is to positively affect factors which influence the “programming” of an individual’s future health and development. Early experiences (e.g. exposure in utero, mother’s

health before conception), events during critical periods of development (e.g. in utero, early childhood, adolescence), cumulative experiences (e.g. impact of multiple stresses), and the presence of risk (e.g. susceptibility to smoking / tobacco use; food insecurity, domestic violence) and /or protective factors (e.g. economic security, nurturing family), contribute to developmental pathways over a lifetime and across generations.

Focusing on preconception health is a perfect example of incorporating the life course theory in promoting optimal health for women and men of childbearing age.

Expanded Target Population

Women were the logical audience to target for initial preconception health awareness and education efforts. However, as we spoke with providers and consumers statewide, we were repeatedly reminded that men are receptive to preconception health and wellness for themselves and their partners. We now recognize men as critical partners and powerful influencers in women’s and children’s lives and know it is essential to include them in preconception health programs and services. This supplement targets women ages 16 to 24 and men ages 16 to 30.

Updated Priority Areas



Mental Health



Access to Care



Life Planning

Mental Health, a priority area in the initial plan, continues to require attention but has been redefined as Mental Wellness so as to expand beyond diagnosable mental health conditions. The term may also be perceived less negatively than Mental Health.

Access to Care, another priority area in the initial plan, continues to surface as needing attention but in a broader capacity. It has been redefined as Access to Services so as to include services that support general health and well-being in addition to health care services.

Finally, Life Planning has been added as a new priority area to highlight the need for an individual “blueprint for life” which encompasses more than just a reproductive life plan.

The “Influencers”

Goals, objectives and strategies are listed for each of the three priority areas, Life Planning, Mental Wellness and Access to Services, for women (ages 16 to 24) and men (ages 16 to 30). Some of the strategies apply to women or men only; others apply to both groups. Keep in mind the strategies included are only examples of many strategies that can be undertaken to support the goals and objectives.

Individuals and agencies with the potential to “influence” women and men of childbearing age, or the environments in which they live, work, and play, however, are the audience for this supplement.

“Influencers” may include parents, peers, teachers, health care and other service providers. But anyone who comes in contact with a young woman or man can be an “Influencer” and has the potential to improve preconception health by developing, implementing, or supporting activities or programs that improve any preconception health priority area. Recruiting non-traditional health promotion partners (e.g. judicial agencies, faith organizations, parks and recreation services, hair stylists and barbers) to do the same in their work with young women and men is also critical in shifting the cultural norm toward recognizing the value of preconception health.



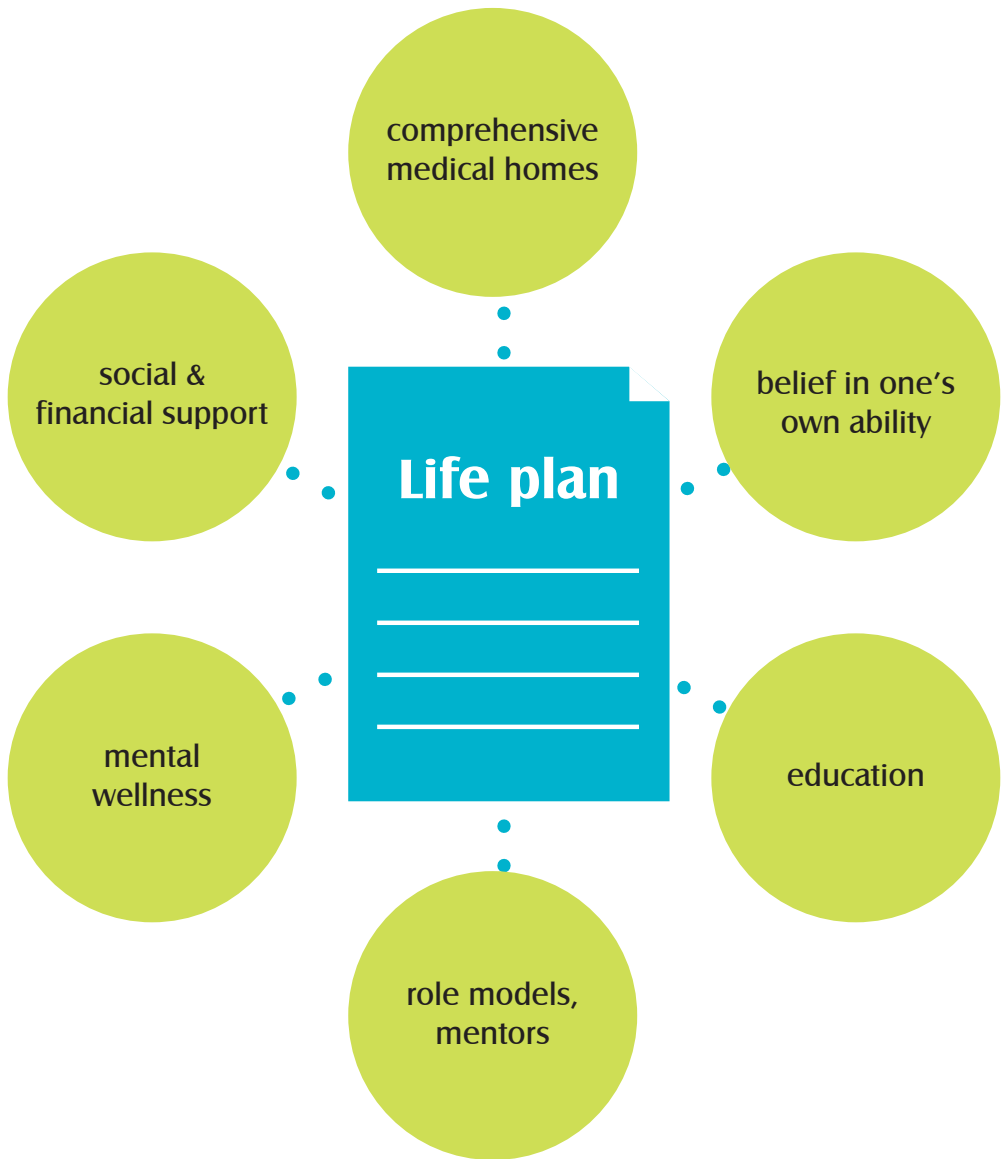
Life Planning

Individual life planning involves creating a blueprint for life. Plans can be comprehensive or targeted to a specific need such as reproductive, financial, educational, etc. They should be client-driven and are essentially a developed set of goals to help organize a life path. Plans may or may not be written down.

Helping young women and men to recognize the value of having a life plan is the first step. Effective tools (e.g. Patient Activation Measures) and techniques (e.g. motivational interviewing) can be used to help individuals assess their dreams, goals, perception of their futures, and also help them prepare for potential barriers.

Self-sufficiency (the ability to provide for one's own needs) and self-efficacy (one's belief in one's ability to succeed in specific situations) are also needed to develop and execute a life plan. Some individuals will arrive at community agencies prepared to engage in goal-setting and life planning conversations; others may require assistance achieving self-sufficiency and self-efficacy before they can begin. Support groups, financial literacy programs, tobacco use treatment, substance abuse treatment, mentoring and empowerment programs and activities, comprehensive sex education, contraception access, healthy relationship skills education and domestic violence prevention are all examples of activities that can increase self-sufficiency and self-efficacy.

The graphic below shows various components that are necessary for young women and men to design their life plans.



GOAL

Improve knowledge, attitudes, and awareness about life planning

OBJECTIVES

Increase awareness of the value of life planning for future health, financial and social gain.

Improve skills, self-efficacy, self-sufficiency, and other necessary components for developing and following a life plan.

Increase the proportion of young women and men who have a life plan.

SAMPLE STRATEGIES

Develop new, or disseminate existing, life planning tools, programs and activities to support goal-setting for client-driven life planning.

Use mass-reach health communication strategies to promote healthful life planning and counter messages that increase susceptibility to unhealthy lifestyles.

Implement consumer-driven goal-setting programs.

Empower women and men to navigate their life plan, allowing for ongoing adaptation as needed, and recognizing successful achievements to maintain engagement.

Work with non-traditional partners such as banks and credit unions to support financial literacy efforts.

Conduct qualitative research to identify needs related to improving self-esteem, healthy relationships and life planning.

Promote the use of evidence-based tools that promote healthy relationships and life planning.

Integrate promotion of self-esteem, healthy relationships and life planning into high school curriculum (e.g. Healthy Before Pregnancy).

Integrate promotion of self-esteem, healthy relationships and life planning into programs at community colleges, faith-based entities, non-profits that serve young men (Boys and Girls Club, 4 H, YMCA, Big Brother, Fatherhood, etc.).

Integrate messages that are meaningful for men about self-esteem, healthy relationships and life planning into existing health promotion campaigns.

Promote and expand primary care and reproductive health services for men.

Support existing programs that promote life planning. For example:

- Support and collaborate with health care providers.
- Support and collaborate with school programs that teach mental health and social health.
- Support and collaborate with agencies who work with jails, juvenile detention centers, juvenile justice programs.
- Support peer mentoring/role model programs for men.
- Support programs that provide opportunities for volunteer work, internship and employment.
- Support programs that provide opportunities for continuing education including completion of high school degree, community college degree, technical or trade school certification.



Mental Wellness

The focus on mental wellness strives to improve the general feeling of well-being. This also encompasses emotional and spiritual health. Mental and emotional health can be negatively affected by stress, anxiety and mood disorders, episodic depression, sleep deficiency, poor dietary habits and social isolation and can lead to coping choices such as substance use and abuse. Addressing mental wellness issues may also prevent the negative series of events that generally accumulate or “snowball” over time if otherwise ignored.

Skills, tools, and knowledge needed to improve mental wellness can include:

- recognizing and accepting the need to improve one’s mental wellness,
- having realistic expectations,
- being responsible for life choices and understanding consequences,
- knowing and utilizing positive coping mechanisms for dealing with life’s barriers and challenges (as opposed to destructive coping mechanisms such as illicit drug, alcohol, or tobacco use)
- including regular exercise and or meditation/prayer,
- having supportive friends, family, communities – faith, school, work, etc.,

- having exposure to realistic role models for successful management of life’s challenges and
- recognizing the negative effects of social isolation.

Ideally, people throughout their life course have access to family, friends, communities and healthy role models or mentors to help them to prepare for life’s hardships. Additionally, they can recognize when they need to seek help. Unfortunately, this is not the case for everyone and even those with adequate support and education can make poor choices which can negatively affect their mental wellness status. Alternatively, some people with fewer positive opportunities may be quite mentally well.

GOAL

Improve services that promote mental wellness

OBJECTIVES

Increase awareness of poor mental and emotional health as significant barriers for future health, financial and social gain.

Improve skills, self-efficacy, self-sufficiency and opportunities for assessing, attaining, and maintaining mental wellness.

Increase the proportion of young women and men who are mentally well.

SAMPLE STRATEGIES

Provide self-assessment tools for mental wellness.

Use existing mental wellness strategies appropriate for young women and men (e.g. NC IOM Prevention Action Plan).

Develop new, or disseminate existing tools to support daily activities that promote mental wellness, such as exercise, friendships, meditation, healthy sleep patterns, etc.

Implement and improve participation in programs and activities that combat drug, alcohol, and tobacco abuse.

Conduct qualitative research to identify needs and interventions that would promote self-esteem, healthy relationships, and mental health for young men.

Collaborate with existing community support groups for men to integrate promotion of mental health.

Educate community outreach workers and non-traditional partners about mental wellness issues.

Collaborate with community-based organizations to increase structured recreational and social opportunities for young men.

Support existing programs that enhance mental wellness.

For example:

- Increase collaboration between health and mental health professionals and agencies at the local and state levels.
- Increase advocacy for mental wellness funding that specifically supports at-risk populations.
- Collaborate with school social workers, Department of Social Services, jails, juvenile justice systems, community organizations, faith communities, military bases, etc.





Access to Services

Young women and men must value and be able to access services to improve their preconception health. As factors beyond physical health are recognized as equally important in overall health and well-being, necessary provisions extend beyond clinical health services and include collaboration with community services and non-traditional partners (e.g. business leaders, judicial agencies, faith organizations). Additionally, existing clinical health services must adapt to health care reform changes and continually examine their effectiveness in serving the preconception health population. Improving access to services requires focus on both supply and demand with particular attention to offering services that are attractive and convenient to young women and men.

GOAL

Improve access to clinical and community services and resources

OBJECTIVES

Increase number of men and women who recognize and access services and resources necessary for future health, financial, and social gain.

Increase awareness of available clinical and community services and resources that promote preconception health.

Increase number of women and men with a medical home.

SAMPLE STRATEGIES

Develop new, or disseminate existing tools to support existing clinics, programs and agencies in providing user-friendly and culturally appropriate services.

Increase health care provider knowledge about enhanced health insurance opportunities of the Affordable Care Act.

Use social marketing to promote use of medical homes.

Promote cross-agency linkages that support access to medical homes and community resources to meet the comprehensive needs of young women and men.

Enhance existing clinical services to appeal to men. For example:

- Promote health services for men, including recommended screenings and check-ups, through culturally appropriate educational materials and media messages.
- Create a competent network of providers knowledgeable about the family planning waiver services for men.
- Promote the family planning waiver among men.
- Increase cultural competency among health care providers about the unique needs of African American men (e.g. historical lack of trust, eugenics), as they access the health care system.
- Provide health care provider training that includes strategies for including males, both as partners and direct recipients of care.
- Identify and decrease barriers in the private and public health care system that impede male involvement.



What Can You Do?

There are many ways to improve preconception health. This supplement, as well as the initial plan, offers supportive goals, objectives and strategies for just a few priority areas to positively impact preconception health for young women, men, families, and future generations. You can adopt some of the suggestions in the initial NC Preconception Health Strategic Plan, in this supplement, or identify your own priority areas, goals, objectives, and strategies. Below are steps you can take to make a difference in preconception health in North Carolina:

1 Believe in the value of improving preconception health as necessary for future health, financial, and social gain for the young women and men you serve.

2 Improve awareness and promote preconception health in your agency or community.

3 Examine existing services in your agency or community and identify barriers and gaps to comprehensive preconception health care.

4 Challenge existing laws, policies, and services that undermine effective preconception health care.

5 Identify and engage other “Influencers” in your community.

6 Develop a referral system for community services and resources.

7 Incorporate flexibility in programming; priority needs will differ from client to client and may change over time.



Resources

NC Preconception Health Strategic Plan 2008-2013:

<http://whb.ncpublichealth.com/Manuals/PreconceptionHealthStrategic-Plan-3-6-09.pdf>

http://everywomannc.com/sites/default/files/documents/preconception_health_strategic_plan.pdf

Every Woman North Carolina

<http://everywomannc.com>

Every Woman Southeast

www.everywomansoutheast.org

Before, Between & Beyond Pregnancy

www.beforeandbeyond.org

Centers for Disease Control and Prevention: Preconception Health and Health Care

www.cdc.gov/preconception/index.html

Maternal and Child Health Life Course Resource Guide

<http://mchb.hrsa.gov/lifecourse>

Centers for Disease Control and Prevention: Social Determinants of Health

www.cdc.gov/socialdeterminants

Healthy Before Pregnancy High School Curriculum

<http://everywomannc.com/sites/default/files/documents/Healthy%20Before%20Pregnancy%20-%20Master%20Teacher%20Guide.pdf>

NC IOM Prevention for the Health of North Carolina: Prevention Action Plan

www.nciom.org/wp-content/uploads/2010/10/PreventionActionPlan_Pres_WEB-2010-03-11.pdf

Patient Activation Measures

www.insigniahealth.com/solutions/patient-activation-measure

Motivational Interviewing

www.motivationalinterview.org



State of North Carolina | Pat McCrory, Governor
Department of Health and Human Services | Aldona Z. Wos, M.D., Secretary
www.ncdhhs.gov

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