

The Florida VitaGrant Project

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Presentation Overview

- Background
- Data Collection
- Process Evaluation
- Outcomes Evaluation
- Evaluation Summary
- Lessons Learned



Background

Improve preconception health of childbearing age women through provision of preconception health education materials and multivitamins with folic acid

- Three-year grant
- \$2 million



Grant Activities

- Target population – Mexican Hispanic and low income women
- Distribution of multivitamins (>540,000) and preconception health education materials statewide
- Provider training
- Folic acid tool kits and videos
- 254 sites
- Media campaign



Two Types of Sites and Data Collection

1. Distribution sites:

- Aggregate, demographic data

2. Evaluation sites:

- Demographics
- Folic acid knowledge
- History of taking supplements
- Birth defect history
- Experience taking vitamins provided



Distribution Site Process Evaluation

■ Tools

- Aggregate data organized by site type
- On-line survey of provider staff concerning practices and challenges (n=113, 46% response rate)
- Follow-up questions (face-to-face and by telephone) on best practices from selected sites (n=23)



Distribution Site Process Evaluation

- Results
 - Best practices for implementation at local level
 - Identification of challenges
 - Recommendations for resource delegation



Distribution Site Process Evaluation

- Best Practices Summary (from on-line survey and follow-up questions)
 - Use prompts (posters, lanyards, buttons etc..)
 - Provide training on importance of preconception health
 - Site to maintain easy access of vitamins
 - Identify lead contact/champion at each site
 - Develop relationship with site to maintain interest and awareness



Distribution Site Process Evaluation

- Resource Delegation (from aggregate data)
 - Public Health Departments provide the best opportunity for reaching young women
 - Community Health Centers see a higher proportion of Mexican Hispanic Women
 - Strong partnerships at the state level greatly support identification of and buy-in from sites at local level



Outcomes for the Evaluation Sites— Two Sites Selected

- Healthy Start / Healthy Families
 - Offered diversity in population demographics and better quality data
- RCMA (Redlands Christian Migrant Association)
 - Provided good quality data on population at highest risk—Mexican Hispanic Women

Intervention=Folic Acid and preconception education and free bottles of vitamins (60 days)



Outcomes– Healthy Start/ Healthy Families

- n=161
- about 72% Black, 20% White
- 8% Hispanic
- 34% less than age 24, 17% 25-29, 34% older than 30



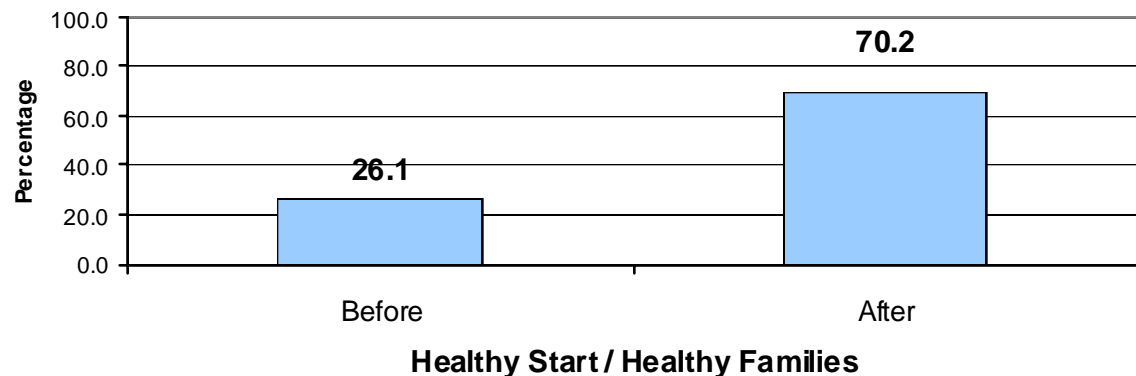
HS/HF Race/ethnicity FA Consumption Change

Participant Percentage of Daily Multivitamin with Folic Acid Consumption at Before and After the VitaGrant Intervention

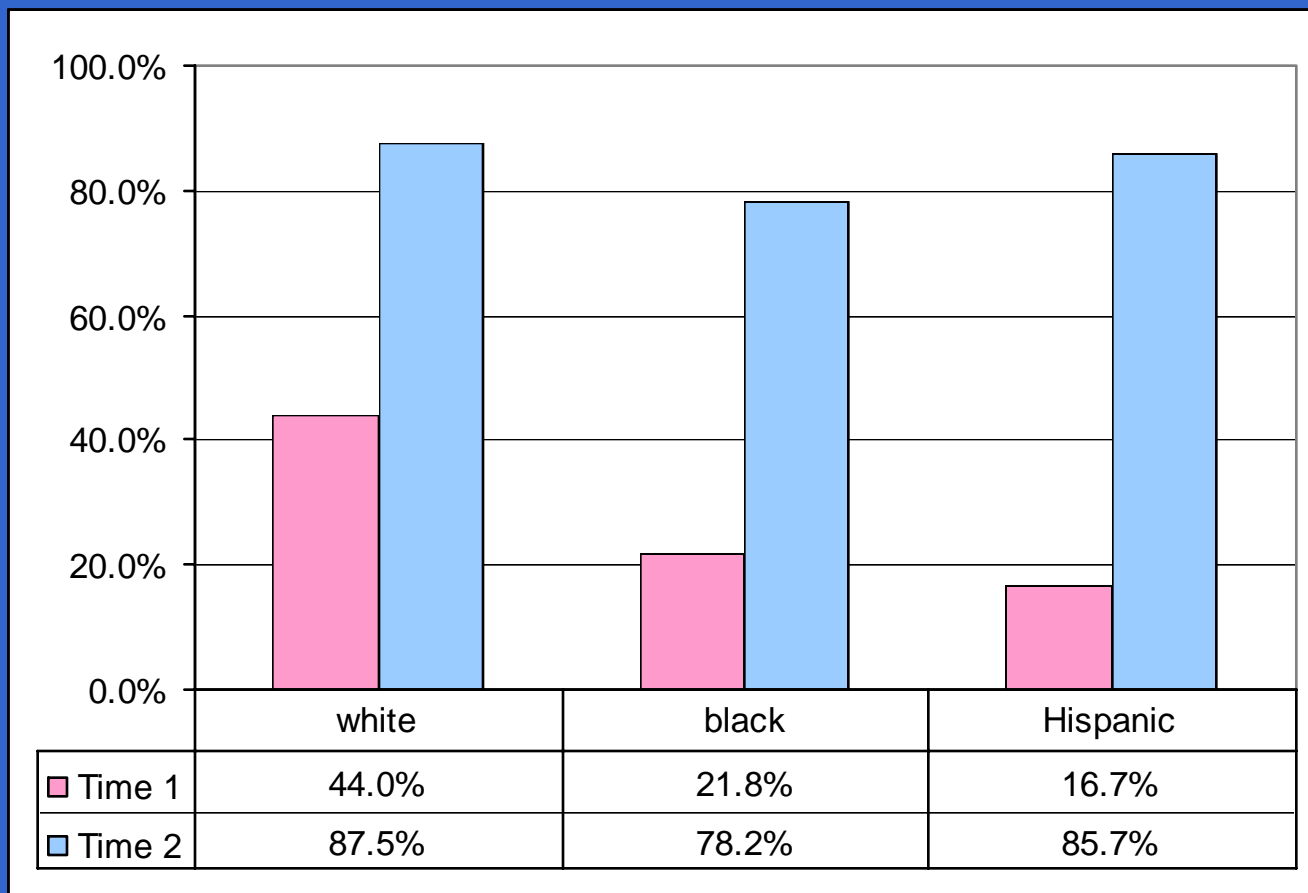
Healthy Start / Healthy Families		
	n	%
Before	42	26.1
After	113	70.2
Total n	161	**

** p<0.001

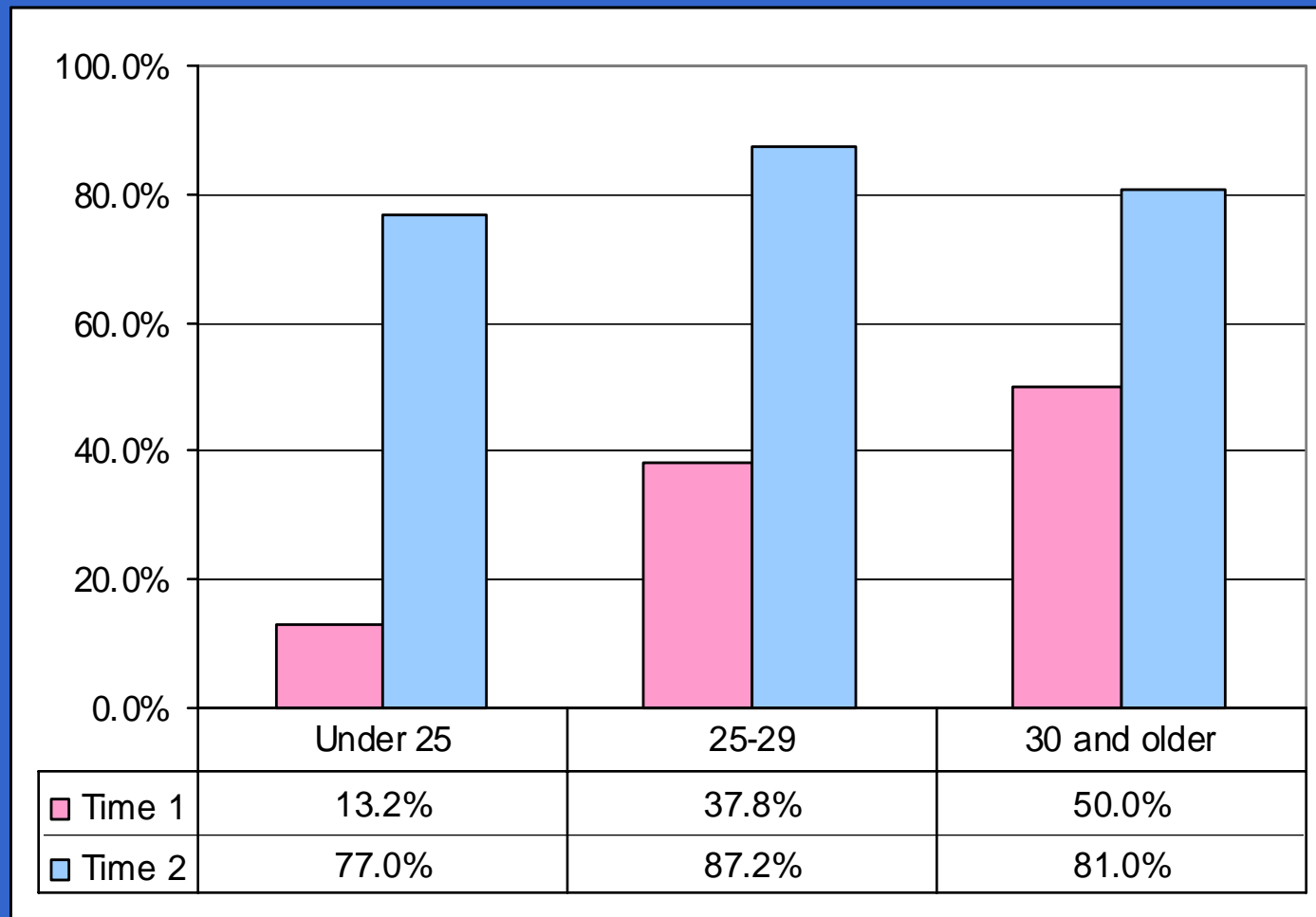
Participant Percentage of Daily Multivitamin with Folic Acid Consumption at Before and After the VitaGrant Intervention



HS/HF Race/ethnicity-Related FA Consumption Change



HS/HF Age-Related FA Consumption Change



Outcomes - RCMA

- n=263
- 29% under age 24, 36% 25-29, 34% older than 30
- 92% Hispanic, 7% non-Hispanic
 - 2 cases Puerto Rican, 247 cases Mexican



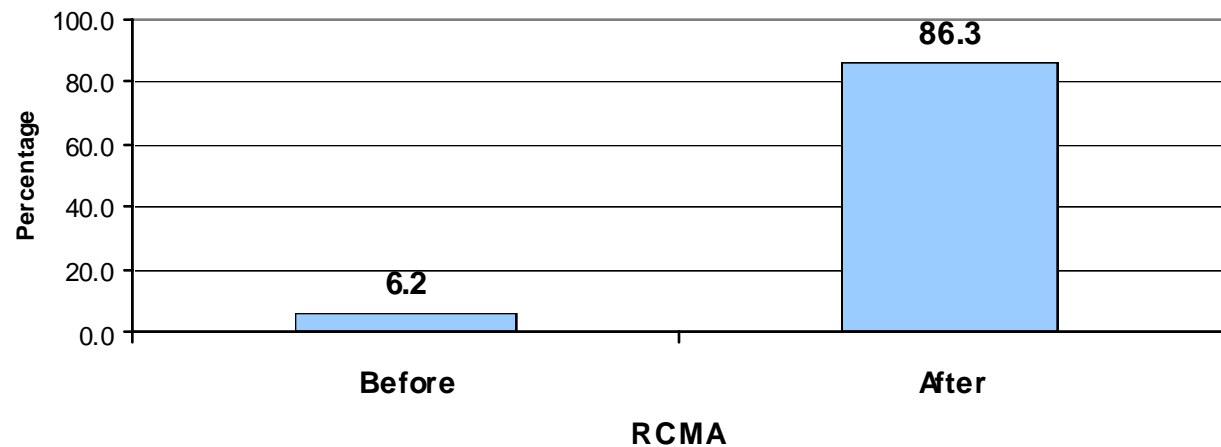
Outcomes - RCMA

Participant Percentage of Daily Multivitamin with Folic Acid Consumption at Before and After the VitaGrant Intervention

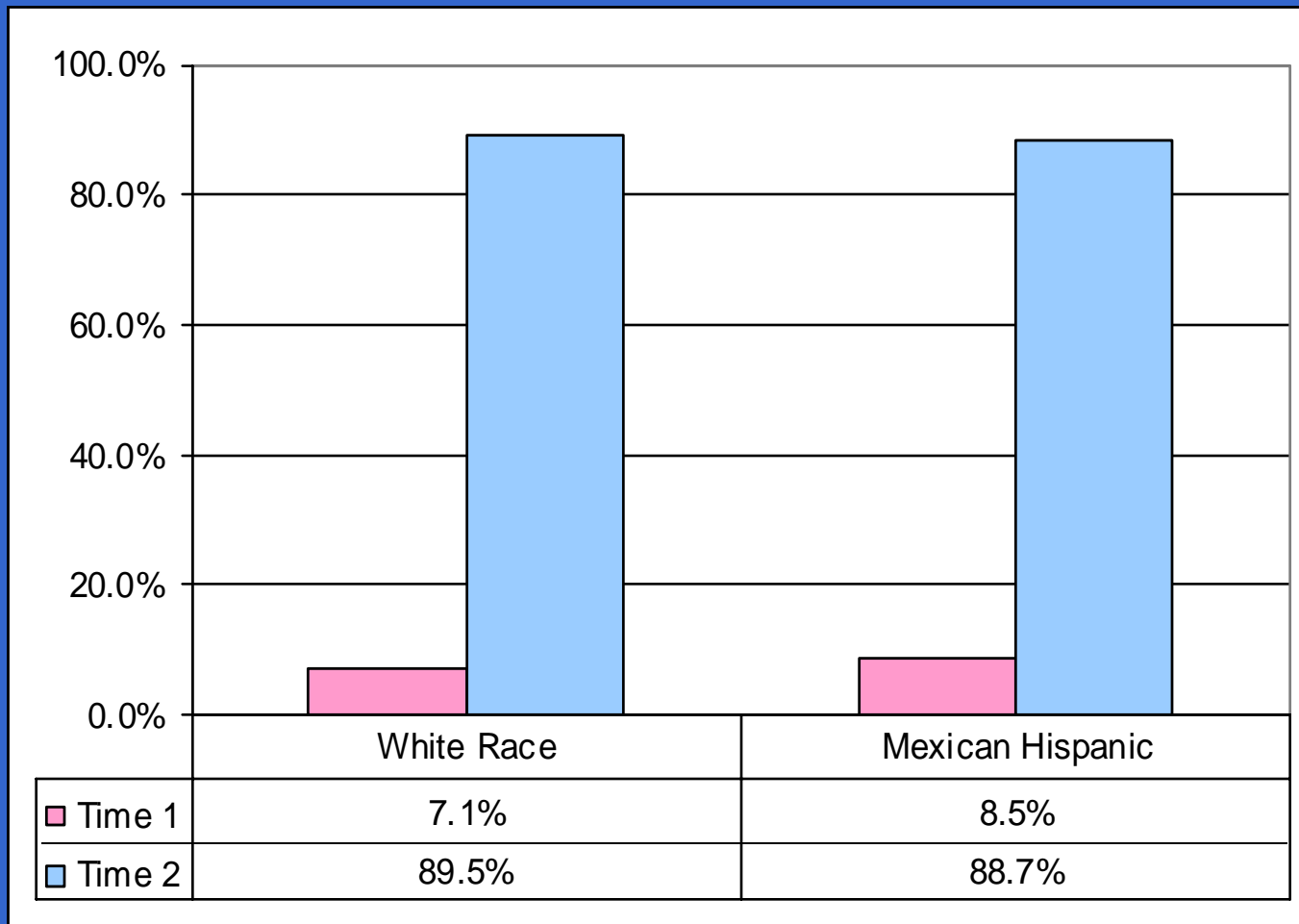
RCMA		
	n	%
Before	18	6.2
After	251	86.3
Total n	291	**

** p<0.001

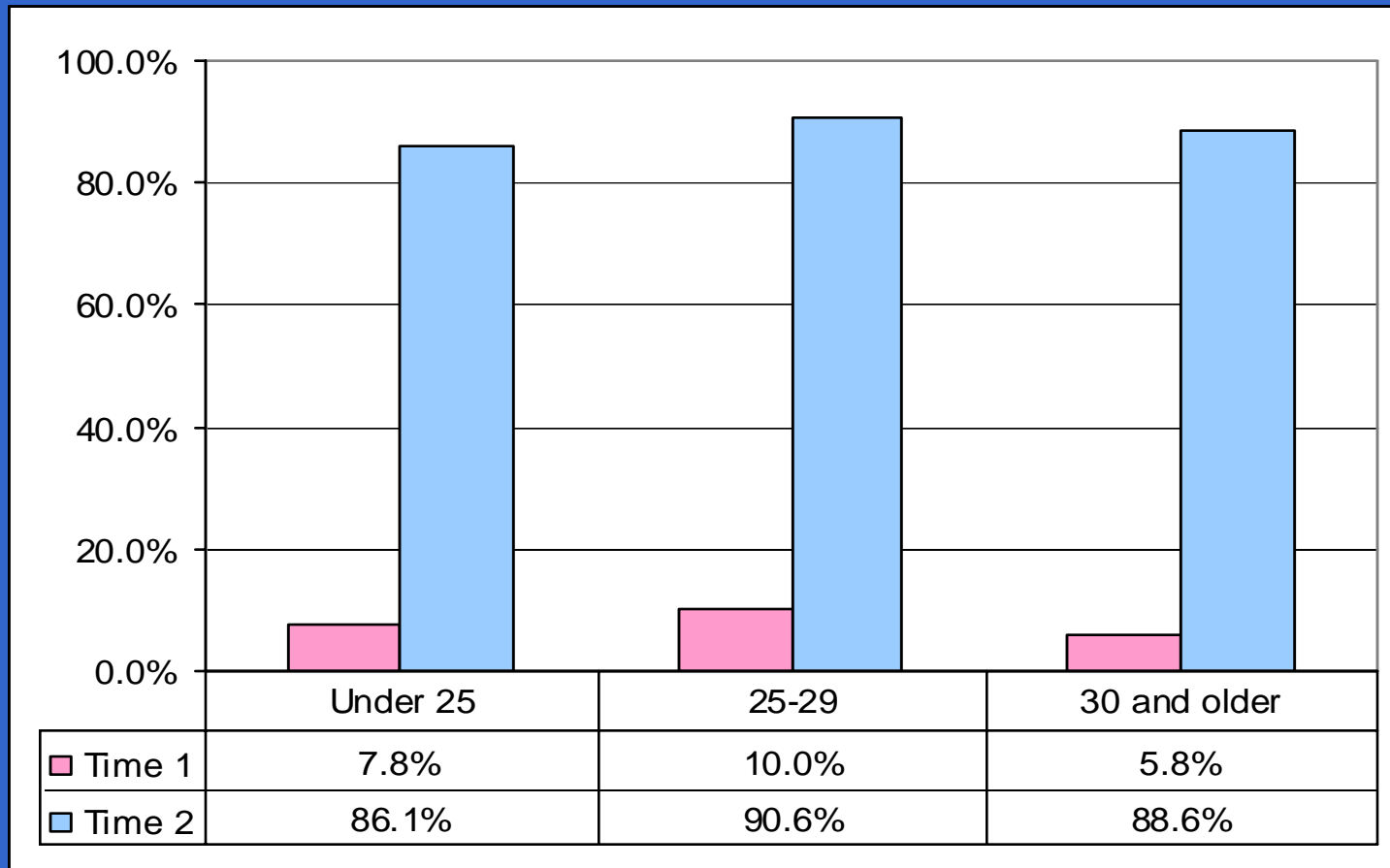
Participant Percentage of Daily Multivitamin with Folic Acid Consumption at Before and After the VitaGrant Intervention



RCMA Race/Ethnicity-Related FA Consumption Change

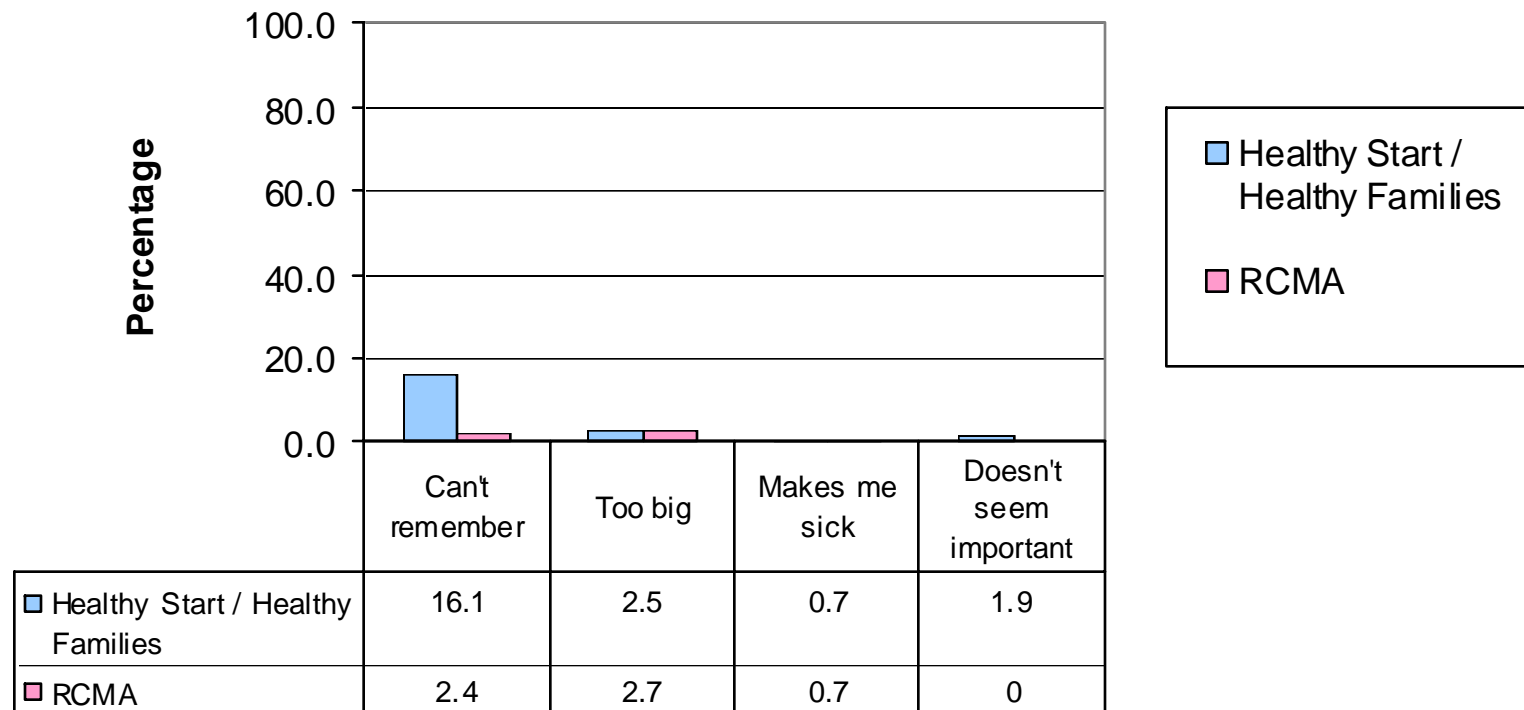


RCMA Age-Related FA Consumption Change



Why were some not taking multivitamins?

The Percentage of Reasons Why Respondents were Not Taking the Multivitamins Provided at Both Healthy Start/Healthy Families and RCMA

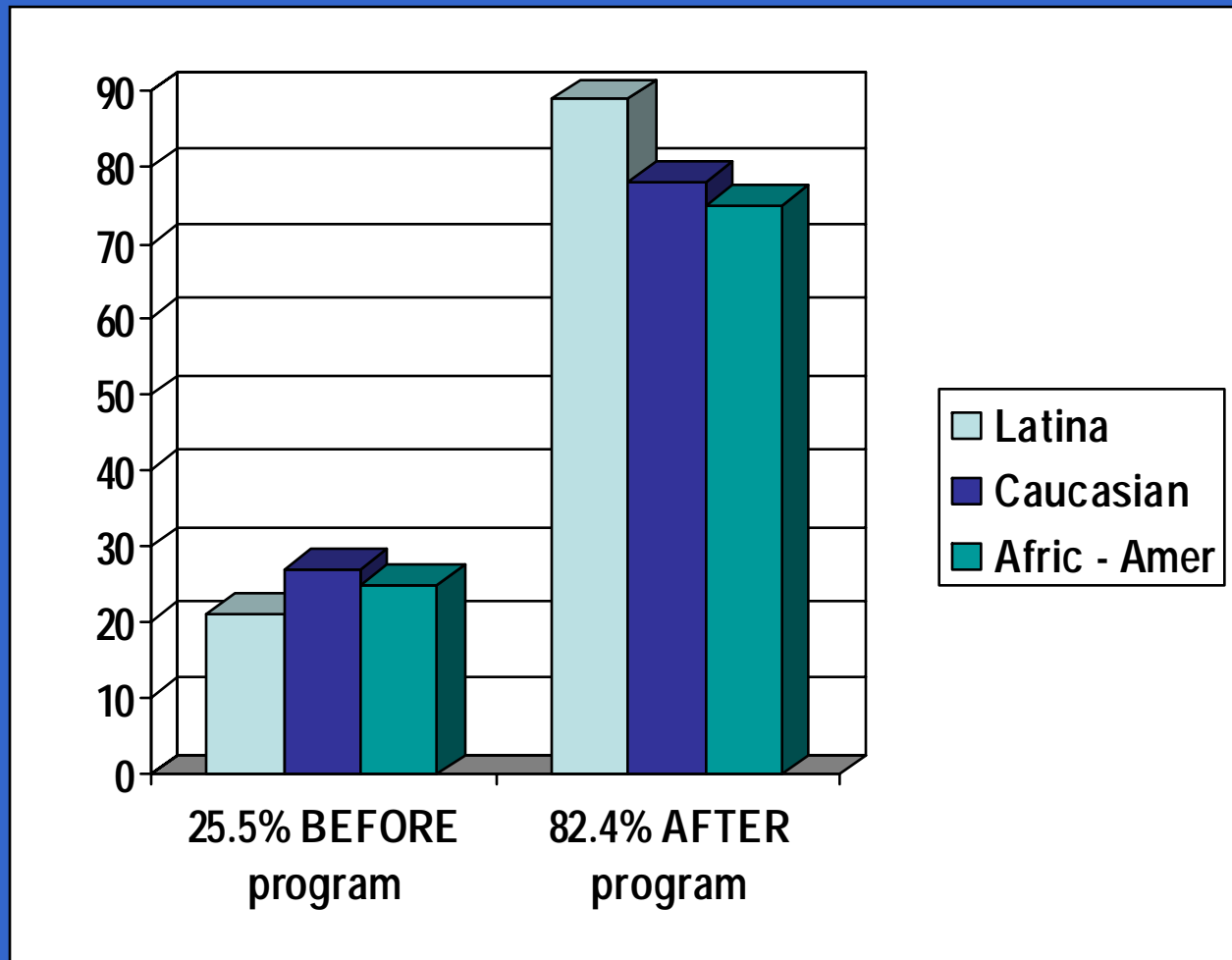


Outcome of the Evaluation Sites

- Findings for RCMA and HS/HF combined:
 - Over 80% consuming multivitamins containing folic acid daily at 2nd contact
 - Healthy Start / Healthy Families had higher rates of initial daily folic acid consumption rates, RCMA had much lower rates
 - Both ended with very high rates between 70% and 86%
- Western North Carolina MOD Project:
 - Over 80% consumed multivitamins containing folic acid daily at 2nd contact



Outcomes – Western North Carolina Multivitamin Distribution Program Comparison



Citation: WNC Multivitamin Distribution Program 2001 - 2007
Participant Survey 2005

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Outcomes - Findings

- Three projects: Western North Carolina, Florida Healthy Start/Healthy Families and Florida RCMA
- Components of the Programs
 - Folic acid and preconception education
 - Free multivitamin distribution
 - Media campaign
 - Data tracking



Evaluation Summary

- What we *do* know:
 - Different types of sites offer different advantages, depending on goals of project and resource availability
 - Strong relationships and minimal documentation lead to better adoption of program resources
 - Most women are not taking folic acid in the preconception period (across all sites, only 26% of women were taking a multivitamin with folic acid at first contact)



Evaluation Summary

- What we *do* know (cont.)
 - Mexican Hispanic women had the lowest rate of multivitamin consumption at the first contact (8.5%)
 - Mexican Hispanic women were less likely to be lost to follow-up and had over 80% daily multivitamin consumption rates at follow-up
 - Similar behavior change results among different projects with similar approaches



Evaluation Summary

- What we *don't* know:
 - What affect the program had on vitamin taking behavior of women at the distribution sites or for women who left the evaluation site study
- Challenges:
 - Participant attrition
 - Self-reported vitamin-taking
 - Data collection errors
 - Staff turnover



Lessons Learned

- Relying on program staff to collect data is inexpensive, but may be problematic, particularly at large sites
- In selecting sites, consider participant attrition levels and how this may impact the success of the project and follow-up data collection
- Staff commitment supports better management of data and higher distribution levels
- Minimal/simple data collection improved distribution reporting rates and satisfaction with program among staff



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