

There is No “I” in Pregnancy: Peers Educating Peers about Preconception Health

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Abstract

The purpose of this article to describe the development, implementation, and evaluation of the U.S. Department of Health and Human Services Office of Minority Health Preconception Peer Educators program at a small private historically black college and university (HBCU). Peer educators were college students who completed a two-day training that focused on preconception health and health care. Because 50% of all pregnancies are unplanned, it is imperative to begin the conversation of preconception health early in the lifespan. Using various activities, the message of preconception health was disseminated throughout the campus and in the community. Results showed that this was an effective program on campus and it should be continued.

Infant mortality continues to be a health disparity in this country. It is defined as a death of an infant less than one year of age. Causes include, but are not limited to, preterm births, congenital malformations, SIDS, and unintentional injuries (MacDorman & Matthews, 2011). One way to reduce the gap is through preconception health and health care. Preconception health is defined as the health of women and men during their reproductive years (Centers of Disease Control and Prevention [CDC], 2012). One of Healthy People 2020 objectives that focus on preconception health is “Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors” (p. 11, U.S. Department of Health and Human Services, Healthy People 2020, 2010). Sub-objectives include discussion with health care providers about preconception health, taking a multivitamin that contains folic acid, not smoking, not consuming alcohol, and using contraception to prevent unplanned pregnancies (U.S. DHHS, Healthy People 2020, 2010). Other maternal and child health indicators are duration of pregnancy (i.e., preterm births). A preterm birth is defined as a gestational period of 37 weeks or less (Beck et. al., 2010). The U.S. Department of Health & Human Services Office of Minority Health (OMH) has created a program to address this health disparity of infant mortality and this university participated in the program. The purpose of this article was to describe the formation, implementation, and evaluation of the OMH Preconception Peer Educator

(PPE) program at a small, private historically black college and university (HBCU).

Formation of Program

During the summer of 2010 the North Carolina Division of Public Health Women’s Health Branch extended an invitation to several universities in the state to participate in the Preconception Peer Educator training provided by the U.S. Department of Health and Human Services Office of Minority Health (OMH).

The Preconception Peer Educator (PPE) program was created after OMH began its *A Healthy Baby Begins with You* (U.S. Department of Health and Human Services Office of Minority Health, 2008) campaign. The campaign was created in 2007 to address infant mortality awareness in the minority community with emphasis on the African American community. The PPE program, which began in 2008, has the following goals: 1) connect with the college-age population by providing targeted health messages stressing preconception health and healthcare, 2) instruct minority college students as peer educators, and 3) provide the peer educators with materials, activities and exercises to train their peers on campus and in the community (Schiavo, Gonzalez-Flores, Ramesh, & Estrada-Portales, 2011; U.S. DHHS Office of Minority Health, 2012).

The Women’s Health Branch of the North Carolina Division of Public Health created a Preconception Strategic Plan for the state in 2007. The OMH program aligns with the goals of the state’s strategic plan. The goals of the state’s strategic plan are: “increase consumer and community awareness about preconception health” (p.18), “ensure quality preconception care and practice among health care providers and community health workers” (p.20), “expand access and affordability of preconception care” (p. 22), and “advocate for environmental and policy changes that support preconception health” (p. 24) (North Carolina Division of Public Health, 2008). The PPE program becomes a strategy for the first goal.

In November of 2010, six students from this university were trained along with students from several other universities in the state in a two-day workshop. The PPE mission from then on was to take the information learned from the OMH training and make it applicable to the entire student body. The six students (four females and two males) named themselves the JCSU Preconception Peer Educators and brainstormed activities for the remainder of the academic year. The following spring semester they trained eight additional students from Johnson C. Smith University and one from a neighboring college to assist with carrying out the PPE mission. Two PPEs took the lead as team leaders and handled administrative items for the group.

The PPEs developed their projects and campaigns for young African Americans. Participants were in institutions of learning ranging from middle school through college

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(approximately 12-24 years). It is imperative that both females as well as males are well-educated on this topic. The Preconception Peer Educators did not discriminate to either sex. They encouraged each sex to participate in the programs because both sexes are responsible for the birth outcome.

Implementation Strategies

Materials were created or obtained and disseminated at events. Their events included education programs, health displays, and a movie night. Materials included general evaluations (modified evaluations for middle school level comprehension), comprehensive quizzes, brochures and pamphlets on preconception health and infant mortality; information and examples of birth prevention strategies; and participation incentives.

April of each year is recognized as National Minority Health Month. During this month preconception peer educators across the country were charged with a challenge to complete a 'Campus to Community Outreach Week'. During this week, students went into their communities and around their campuses to promote awareness on preconception health and infant mortality. How students engaged their campus and community varied by institution. The theme of JCSU's Campus to Community Outreach Week was "There's No 'I' in Pregnancy: Everybody Plays a Part-Church, Community and Self."

The first program that was held was a young adult outreach at Friendship Baptist Community Church in Charlotte, NC. This was a prime location because it is a prominent minority church in the Charlotte community. The session was facilitated to the New Millennium Sunday School program, a Sunday School class for college students. The audience was composed of both females and males, 18-25 years old. During the program preconception health was defined; a short clip of *Crisis in the Crib: Saving Our Babies* (Lee, 2009) was previewed and debriefed; the "Good Health Matters Quiz" by Dr. Kimberlee Wyche of Nashville, TN (Wyche, 2011) was disseminated; and ways of improving overall preconception health was shared. *Crisis in the Crib: Saving Our Babies* was a documentary created the Office of Minority Health. The video focused on infant mortality in the Black community. At the conclusion, every participant chose to fill out a pledge card promising to educate others on what they learned in the program.

The second program during Campus to Community Outreach Week was a middle school outreach at a local Charlotte middle school. This program focused on the national theme for the month. The theme that year was "Make Lunch Healthy, Green and Good". Our event focused on nutrition and how proper nutrition can positively affect one's overall health now and in the future. The students ranged from 11-13 years of age. Discussion on sexual behavior and pregnancy were not discussed due to the nature of the age and in alignment with the national theme even though it is part of the preconception peer educators curriculum.

During the event students took a pretest to assess their prior knowledge on proper nutrition. After the pre-test, aspects of health such as daily vitamins, folic acid rich foods, body mass index, food labels and portion control were all incorporated into a discussion facilitated by the preconception peer educators. Hands on activities were also utilized to engage the students.

Hands-on activities included a portion size game, taste testing, and food group relay. The objective was for students to understand the correct portion sizes for different foods. A blind-folded taste testing was also incorporated. The objective was for students to be aware of healthier food choices. Lastly, a food pyramid relay race was conducted. The food pyramid relay race allowed for students to learn the different food groups and know which foods are parts of each group.

The next events during Campus to Community Outreach Week were the campus events entitled "Before, During, and After: The Three Phases of Conception." This program was a three-day display taking place in the student union. The first day focused on family planning (preconception). The display provided a definition of preconception health and information on how to take care of your body. Data were displayed as well as information on birth control. Condoms were made available as an incentive to encourage students to come to the information table. The second day was a baby shower, focusing on conception. That display encompassed domestic violence awareness, stress management, doctor visits, prenatal care, and estimated costs of childbearing. Baby shower decorations were placed in the union near the display. The students that approached the display in the union were provided items such as party snacks and "party-favors" with information on infant mortality and safe sexual behavior. The final day of the student union display depicted a first birthday party. The concept was arrived by the Preconception Peer Educators desire for students to celebrate a healthy child reaching their first birthday and to comprehend the unfortunate reality that within the African American community, many infants do not make it to their first birthday. At the display information on breast feeding was provided as well as a list of proper immunizations; information on post-partum depression, a list of counseling centers in the Charlotte, NC area, and information on physical activity.

The Preconception Peer Educators' Campus to Community Event concluded with a community event. *The Faithful to the Call Wellness Walk* and the *McCrorey YMCA Healthy Kid's Day* was targeted to minority individuals who live in the Northwest Corridor of Charlotte, NC. The *Faithful to the Call Wellness Walk* was a 5K walk that was a partnership between the Mecklenburg County Health Department (local health department), North Carolina Office of Minority Health and Health Disparities, McCrorey YMCA, Johnson C. Smith University, and other community partners. The walk began at Johnson C. Smith University and ended at the YMCA. Some Preconception Peer Educators walked while others set up an information table at the YMCA. The table displayed infant mortality fact sheets, food label facts; information on overall preconception health, and the documentary *Crisis in the Crib: Saving Our Babies* video was streamed on a laptop.

Evaluation Methods

The Preconception Peer Educators program used a variety of evaluation methods to assess the overall impact of the programs implemented in the community and on campus. The evaluation methods included general evaluations that included questions regarding the overall quality of the programs; the facilitation of the programs; further application; and future attendance. Another method was pre-tests and post-tests of knowledge. This method was used for the middle school event

and allowed the Preconception Peer Educators to analyze what the middle school students knew about the discussion topic before and after the program was facilitated.

The average number of participants and attendees to the programs during Campus to Community Outreach Week was 17.6 people. This included the middle school, church and campus attendees. Regarding the quality of the programs, attendees gave an average rating on a Likert scale from one through five, with five being the highest, of 4.7. Regarding the overall facilitation of each program, participants provided an average rating of 4.6 (out of five with five being the highest). One hundred percent of participants stated that they will apply what they learned from the programs they attended and 95% stated that they will attend the next workshop. The five percent that stated they will not attend the next workshop were participants in an off-campus event. The Preconception Peer Educators received various positive feedback including statements such as; “The discussion was very thought-provoking and the statistics revealed valuable data,” as well as, “The team cohesiveness showed a lot of passion and dedication of members who want to preserve health.” There was negative feedback to take into consideration however such as an overuse of data as well as lengthy presentations.

Lessons Learned

Throughout the entire program there were many lessons learned by the team leaders as well as the entire Preconception Peer Educators team. The lessons learned include scheduling issues; managing non-active peer educators’ participants; and presenting the information in a low-literacy and effective manner. When working with the school system, scheduling issues were often unavoidable because of time conflicts. Another scheduling issue included planning meetings, webinars and events around every educator’s schedule.

Non-active participation was not always an issue however, when that situation presented itself, other members of the peer educator cohort had to fulfill their roles. The non-participation sometimes led to an increased level of difficulty when trying to plan an event and run a meeting. Lastly, presenting information in a low-literacy and effective manner was often overlooked by the Preconception Peer Educators. Apart from the middle school, information was not always presented in a low-literacy manner causing attendees to not fully comprehend the subject matter. Also, a plethora of data pertaining to preconception health and infant mortality was also shared and was not found to be particularly interesting to participants, perhaps due to a lack of comprehension.

Limitations

The Johnson C. Smith University Preconception Peer Educators had no budget to conduct its’ program. The group was primarily funded by the Smith Institute for Applied Research (printing and transportation cost). However, the program also relied considerably on donations from local stores throughout the Charlotte area such as food items and baby shower supplies.

A limitation that was found when analyzing the data on participation was not collecting data on demographic variables. Due to this being the Johnson C. Smith University’s

Preconception Peer Educators initial year on campus, the evaluation focus was primarily concerned with the overall quality of the programs rather than collecting demographic data such as sex, age and classification.

Due to this informality, the Preconception Peer Educators do not have a clear understanding of the number of each sex that was in attendance of each program as well as the participants’ ages. This caused an inconsistency with regards to impact evaluation to analyze if the priority population was in fact reached. Informal evaluations and process evaluations (i.e., sign in sheets) did show that the JCSU Preconception Peer Educators did in fact reach their target audience.

One goal of the Preconception Peer Educators is to recruit additional students to participate in the initiative as well as have the group recognized as a campus organization. This will allow to group to receive funding from student activities to implement programs on campus. To date, 40 students have been trained and the group is now a recognized organization on campus. Male participation is still low; increasing male participants as educators continues to be a goal.

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