



## *“Protecting the Health of Michigan Babies”*

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NTD rate and local agency willingness to participate. To assure consistency in staff knowledge of purpose, protocol and delivery of the folic acid message to clients, standardized training is provided to clinic staff. Educational materials (for the client) are supplied by the program. Trained staff distribute a free, three-month supply of multivitamins with 400 mcg folic acid to non-pregnant female clients of childbearing age. Multivitamin recipients are counseled one-on-one and given written materials. Clients accepting multivitamins are asked to complete an informed consent form, and are given the option to provide contact information to be contacted by telephone for project evaluation. A brief (eight item) telephone survey to determine recall, frequency of vitamin usage, and identification of barriers to daily consumption is administered to vitamin recipients approximately four months following receipt of multivitamins.

The priority outreach target area for expansion is the northern lower peninsula of Michigan. Regionally, this part of Michigan has the highest NTD rate. This target area includes the counties of Leelanau, Grand Traverse, Benzie, Emmet, Cheboygan, Presque Isle, Charlevoix, Antrim, Otsego, Montcalm, Alpena, Kalkaska, Crawford, Oscoda, Alcona, Iosco, Ogemaw, Roscommon, Missaukee, Wexford and Manistee. A second priority is increasing outreach to the Hispanic population.

Staff trainings were completed for four Planned Parenthood and two WIC clinics. Trainees (n=35) included Dietitians, Nutritionists, Registered Nurses, Nurse Practitioners, Social Workers and Medical Assistants. Increases in knowledge were found for 15 of 16 parameters. More than five thousand bottles of multivitamins have been distributed. Multivitamin recipient survey completion (n=399)

was complicated by a high rate of disconnected/changed contact numbers, resulting in a ratio of six attempts to one completed survey. Results showed an increase in multivitamin consumption. A majority correctly recalled that folic acid may prevent birth defects.

Results of provider pre- and posttests from this project confirm others' findings: ongoing education of health providers is needed to address continuing gaps in knowledge and awareness of the benefits of folic acid. Providing multivitamins as part of routine healthcare for women of childbearing age appears to be an effective method for increasing folic acid consumption in this high-risk target population. One-on-one education given by a trained healthcare provider reinforces positive health behaviors. The integration of folic acid education into routine clinical services benefits all women of reproductive age.