

The Kentucky Folic Acid Partnership... *Promoting Perinatal Health Issues*
Minutes from the June 28, 2004 Meeting
State Laboratory Building, Frankfort, Kentucky

Members present: Susan Brown, Diane Sprowl, Susan Borders, Kelly Owens, Carolyn Burtner, Janna Smith, Joyce Robl, Sallie McLain, Tina Hembree, Katrina Thompson, Betty Bender, Joni Connelly, Alice McClanahan, Sandy Cleveland, Steve Davis, David Adamkin, Shari Stewart, and Fran Belvin.
Members unable to attend: Linda Lancaster, Paula Watson, Linda Dunsmore, Fran Hawkins, Emma Walters, Beverly Siegrist, Bonita Bobo, Lisa Wells, Christi Vincent, Jaime Rafferty, Jackie Walters, Roxanne True, and Holly Turney.

Call to Order: Susan Brown, State Folic Acid Campaign Coordinator, called the meeting to order welcoming members and new members to today's meeting. She apologized to Janna Smith, and Carolyn Burtner, two new members from Clark County HD, who traveled to Frankfort along with Paula Watson; to attend the May meeting that was postponed to today's date. Susan explained that it is very unusual for us to have to change dates—in fact, it has only happened one other time since 1999. They accepted the apology graciously.

Approval of the Minutes: The January 22, 2004 Minutes were approved as written.

Name change: Susan Brown shared with the group that today's meeting is important to enable us to finalize "in writing" our 2004 KFAP Plan complete with mission, goals and objectives for folic acid and for prematurity. She voiced assurance that the activities are occurring and that we need to reflect the work we are providing into the plan. She took this opportunity to remind everyone that it is through the activity reporting forms that we share this information and keep track of our numbers. It is helpful to share creative ideas to motivate others to participate as well. She also recognized that another reason we are late in finalizing the plan, has to do with the decision made at the January meeting to expand the KFAP to include other important perinatal issues, beginning with a focus on prematurity. She read the motion made by Diane Sprowl at the January meeting, and reminded the partners that we need to decide what extra descriptive wording we want to use with the name and logo remaining the same. Discussion lead to Joyce Robl suggesting an "action" word be used i.e.: The Kentucky Folic Acid Partnership "promoting" perinatal health issues. No other ideas were voiced, and most seem to like this idea. Dr. Davis arrived was briefed on the discussion at hand, and he commented, "I like it." Several members also voiced their approval and Diane Sprowl said she thought it was good too, because worded that way it seemed like a little mission statement. The motion to accept our name to include "**Promoting perinatal health issues,**" was made Sandy Cleveland and seconded by Katrina Thompson. The partners present unanimously approved the change.

Committee Reports:

- **Community-Diane Sprowl:** Last community meeting was January 22, 2004, and we reviewed outcomes from the January Green Ribbon Campaign and also acknowledged that a few areas had decided to do their Green Ribbon Campaign in March instead of January. Thoughts shared by members were positive, and the only added suggestion had been that it would be nice to have had a statewide press release about the Green Ribbon Campaign. All in all, the bookmarks and displays were well received, and the Green Ribbon Campaign was certainly a success. The committee shared ideas about how to incorporate prematurity into the activities already being done for folic acid. The committee decided that the number one goal is the need to help communities to understand that prematurity is indeed a problem and that it is on the rise. They will design activities with that goal in mind, in addition to the folic acid activities in place—very easy to multi-task. For a long time, the community committee has wanted members to receive the “One Voice” booklet by the March of Dimes that partners present at the meeting have received today. It is a wonderful tool that allows us to all be saying the same things consistently to the media, and any other groups that we talk to. There are short sound bites, and also longer versions of information in case you need to provide more information on the topics of prematurity, folic acid, genetics research, and the March of Dimes Organization itself. She gave the example of being able to prepare to speak in front of a large group for the WalkAmerica Campaign, and the “Best of Bowling Green,” March of Dimes Fundraiser in about two minutes, since the information provided is so well written and concise. Lastly, we discussed the need for everyone to be aware of where to find free materials to promote folic acid and prematurity. The obvious ones are the CDC and the pamphlet library available to public health employees. (Sandy Cleveland cleaned out her office in preparation for an office move, and carried many materials with her to today’s meeting, available free to any and all interested in taking them back). Another helpful place for this type of information would be a KFAP website. We at the Barren River District HD have received a March of Dimes grant that in part covers the work that Susan is doing in providing education about prematurity, but another portion covers the cost of developing a website for the partnership. This is something that we have needed for a long time, and I have never done before, but people tell me it will be easy for me to learn. I am awaiting my software, and hope to have something ready/started in the next 2-3 months. I envision a place where you could go to download the activity forms that you need, or any other source for the KFAP. I need your ideas. I also think we need a page that tells about the partnership, our background, highlights, and future plans. This website would of course have things that our members are interested in, but should also have other ideas that non-members would benefit from. Email Diane with any ideas/pictures etc. Other states are interested in what the KFAP is doing, and this would help us to share that. Joyce Robl mentioned that Sarah Chaffin probably has a large picture collection of the work she has done in Pikeville.

- **Sarah Chaffin:** As Sarah's name was mentioned, Susan Brown told the group that she had planned to open the meeting by "Klapping." Klapping is the latest promotional tool that Sarah is using in Pikeville. The Klappers are shaped like a hand that is two-sided, one side is purple and the other is hot pink, and when shaken the hands Klap. Printed on each Klapper, it reads: Klap for the "B" Attitude, Pike County Health Department. Susan then reminded the partners that Sarah's retirement date is set for August 2nd, but the last note she sent said she had only 8 days left. Susan said she felt strongly that we needed to honor Sarah in some very special way, and she asked Diane to share the thoughts she had along those lines. Diane suggested that we initiate an annual honorary award in Sarah's name for individuals/organizations who go above and beyond in promoting folic acid and perinatal health. Of course we also want to do something more specific to honoring Sarah, herself, who is an ambitious, creative, and hardworking folic acid promoter. Susan Brown asked the group for any other suggestions. Sandy Cleveland suggested getting with Gil Lawson to see if he could do a profile story about Sarah for the CHS magazine. Katrina Thompson suggested that perhaps Sarah would be able to attend our September meeting and that we could honor her then. Dr. Adamkin suggested honoring her at the bigger October 5, 2004 Prematurity Summit meeting in Lexington instead. Katrina said the meeting would most likely be held at Embassy Suites from 9-2, to allow participants to have time to visit Keeneland while in Lexington. Dr. Adamkin suggested having a plaque made for Sarah, and Katrina volunteered the March of Dimes to cover the cost.
- **Media-Shari Stewart-**Media met last time, and has continued to work on developing a "**Media Guide**" that members can refer to for help with local media campaigns. There are sample press releases that will require as little as adding a local name/contact number to. The kit has been re-done to also include a spot for your business card. We will be meeting after this meeting to discuss our goals for the coming year.
- **Professional-Joyce Robl-** Professional did not meet after the January meeting. Joyce reviewed the progress thus far for Professional Education and she reports that five talks have occurred on folic acid this year with another six talks occurring on prematurity. We seem to be most active in the one-on-one talks with local physicians' offices, and with outreaching local pharmacists. There has been 20-25 of these types of contacts this month alone. The Professional committee has also been actively seeking to bring in new membership from other professional groups not previously seen. We added partners from substance abuse, private pediatric office, and education. Talking informally to several of the members of the professional education committee we thought that some of things that we would work toward in this year and the following year, would be to assist Diane with the website and try to have information that would be specific for health professionals. Having a resource where when you need some piece of information

you can go to the website and click on for that information. We hope to collaborate with the March of Dimes with their upcoming (Summit) meeting in October (5th). And we also thought that this committee could take on a role of really helping to establish the baseline data for the latest on prematurity. Having that Kentucky specific information available and broken down geographically, and possibly putting that on the website as well for people to use for presentations. We'll be discussing that more thoroughly in our meeting today.

Chairman's Report-Dr. Steve Davis

- First of all, I want to thank the group for your willingness, and not only willingness but also obvious activity, in incorporating this concept of delivering more of a perinatal health message. And I have a lot of reasons to be pleased about this. No hidden agendas, but clearly some agendas, and I think that over time this will serve us well. Looking visionary, we can see that this group, a group who has shown itself, and proved itself to be well established given the structure of the group, and with the sub-committees in place, ready to tackle perinatal issues henceforth for years to come—and I think this will serve us well. I think that the connections and the respect that this group has, not only within the boundaries of our own state, but as Susan often times brings to our attention, there is that respect outside of those boundaries as well. Therefore, first and foremost again, I want to thank you all for your willingness and for the “rolling up your sleeves attitude” that you have in recognizing and saying, “We’ve done some wonderful and remarkable work as it relates to one perinatal health issue and now we’re going to turn that same type of professionalism and work ethic into being able to tackle other perinatal health issues.”
- A brief summary from the Perinatal Advisory/Steering Committee Meeting held May 18, 2004 was given. Highlights included the fact that the approximate 40-member group is well-rounded representing members from both public and private agencies in pediatrics, obstetrics, dentistry, social work, domestic violence, substance abuse and public health. This group will provide some expert direction on knowledge, and research issues for what the short and long-term benefits will end up being with clear measurable guidelines. Then when these ideas are in place, this group (KFAP) will be given certain pieces of that plan to execute. We will be matching up skills to responsibilities and this group (KFAP) is clearly the skilled organization to take on “certain” responsibilities, but it may not be the ideal group to take on others. It’s like this: We’ve got 5 balls to carry and we need to find out which of those 5, this group (KFAP) needs to carry and be responsible for. Dr. Davis shared a few ideas from a book he is reading about executing ideas—how do you take a good idea and turn it into solid, hardcore and measurable, deliverable services? How do we go from, “You know that’s a great idea that Dr. Davis talks about,” to actually getting it done? Dr. Davis then referred to the partnership as his executioners, he sees us as getting the job done.
- October 5, 2004 will be the Prematurity Summit (Embassy Suites in Lexington) where the best of the best will come and talk for one day, probably from 9-2, allowing time for those who wish to visit Keeneland after the meeting, time to do so.

- These are the three measurable priorities/objectives that came out of the Advisory Committee meeting: 1. The summit (to educate healthcare providers about the latest research and recommendations for tackling the prematurity health issue in their practice), 2. Increase awareness of prematurity among the women of Childbearing Age in KY (particularly among those who are pregnant to be aware of the S & S of PTL), and 3. Increase awareness in education among other health professionals: nurses, health educators, nutritionists, etc. about the S & S of PTL. Basically we are seeking ways to bring awareness and education about prematurity to professionals and to families. On that note, the website Diane is developing will be a valuable component to this effort. (Ready next week-right Diane? Lots of laughter).
- Restructuring was another topic that Dr. Davis shared with us. Substance Abuse programs have two sides: Treatment (about 60%), and Prevention (about 40%). Treatment will remain under Mental Health, but treatment will be placed under Public Health into the Adult and Child Division. This is good news because it allows us to “marry up” substance abuse prevention initiatives along with the myriad of things we do in Adult and Child Health. Public Health and Substance Abuse Prevention-it’s a hand in glove fit. Because when we look at perinatal health issues, the ones that have more negative outcomes are directly related to substance abuse. This gives us a perfect opportunity to ask some of those folks to join our partnership. Susan suggested Carol England who partners with the BRDHD from LifeSkills in Bowling Green. Dr. Davis agreed and also suggested that we recruit someone from the state level to serve as well. New Member, Fran Belvin commented that she is from the Institute on Women & Substance Abuse at UK. Dr. Davis said that he had lobbied to get that piece of prevention too, but he didn’t. To clarify, the piece of substance abuse prevention that is coming over to public health is not the KIDS Now piece, even though we work hand in glove with them. For those who may not know, the piece **not coming** is Amy Baker’s KIDS Now bunch, and the reason given is because structurally they are more organizationally stationed on the treatment side, even though we know that they do as much prevention or more than anyone. He had high praise for the work they do, and said (lightly) that they will still be working with us, but are simply lucky that they just don’t have to listen to him every day.
- The last topic was the state budget, and Dr. Davis admitted that he didn’t know right now, but that he would share two things: 1. I don’t have any knowledge or any reason to suspect that we are in any jeopardy (the whole KIDS Now Program), 2. The last time this happened, with the Governor Patton administration there was a lot more “buzz” going around, and we were called in to do a lot more dissecting, and were told to “put this together,” and “what happens if we do this,” or “Davis, what if it’s a 2 percent reduction of the budget,” and then 6 days later, “what if it’s a 6 percent reduction, where would you take the money from?” But this time, we in the Cabinet turned in our budgets-they were pulled all together and submitted and voted on, and ever since then it’s been sort of quiet, like everything’s okay. Dr. Davis said he is anxious for the next two days to hurry up and come like the rest of us, because although we are directly affected by the outcome of the budget it certainly also affects so many others across the state i.e.

the universities and school systems. So something is going to happen on July 1. In the meantime, my job is to reduce the numbers of NTDs, and reduce the numbers of PT births, and see that access to PN care occurs, and to see that we have fewer low birth weight babies. And as long as I stay focused on what I'm supposed to do and let the other people be focused on what they are charged with, then come July 1 we will be given the direction of where to go from here. Go forth and do well.

Dr. Davis asked for Dr. Adamkin's input and some discussion evolved among members: Dr. Adamkin would like to see the October 5th Summit meeting to be large, reaching as many professionals as possible with the prematurity information. He also suggested that perhaps the meeting could be taped to allow the message to reach those who may be unable to attend in person. Dr. Davis agreed that these were good suggestions and he said he hoped that every effort would be made to get the media involved around this. Katrina and the other March of Dimes partners certainly plan to make the event known to the media, but as with all events it is up to the media as to what they decide is newsworthy. Discussion occurred as to whether Dr. Adamkin desired videotaping or audiotaping of the Summit meeting. Dr. Davis mentioned that he was recently involved in another meeting that was videotaped for the First Steps program (also coming under the ACH division). Dr. Adamkin suggested that the University (of Louisville) might be able to help out with getting copies made for distribution. He also asked if there was any chance of "getting one of your celebrities for the March of Dimes" to come. Ashley Judd's name was mentioned at the Advisory Meeting, but Katrina didn't think that was an option. She did state that we might have a chance to get the runner up to the most recent American Idol Contest: Diana Digarmo—If the dates work (i.e. if she isn't touring or out of town). Diana was the next-door neighbor to someone in the March of Dimes' office who moved here from Diana's hometown in Georgia. Diana is only 17 years old and would be an excellent role model for young women. Dr. Davis commented that names much like these were mentioned at the Advisory committee meeting too, which reminded him of Rick Pitino. According to the media, Pitino has had a personal experience with prematurity. Rick Pitino as a spokesman for prematurity to the media would be great. Dr. Davis doesn't know him personally, but he will try to call him. (Don't forget)!

- Sandy Cleveland praised the recent KPA convention held at Lake Cumberland. She encouraged KFAP members to consider joining and attending next year's conference. It is a very cost effective weekend—only about \$35.00 to join the KPA and attend the conference. The dress is casual, the atmosphere relaxed, yet it provides a top-notch formal presentation year after year. Dr. Davis and Dr. Adamkin both agreed and Dr. Adamkin mentioned how pleased he was to see some of the KFAP members there including Diane Sprowl who has been a board member for the KPA about 3 years. Dr. Davis gave high praise to the KPA for being an organization that focuses on the issues at hand rather than the organization itself.

- Questions for Dr. Davis:**

 - Susan asked if there had been any further FU to Jaime Rafferty's concern over a group of OB/GYN doctors in the Green River District not accepting patients during the first trimester for care (This was mentioned at the January meeting and Drs. Davis and Adamkin had said they would look into it). Answer: No, they have not but they are working on it. Diane Sprowl mentioned that she had read a recent article advocating that, suggesting providing education only during the first trimester. Dr. Davis promised to send Susan Brown an email within 2-weeks on this situation.
 - Susan Brown also discussed the problem she is having when she teaches the S & S of prematurity in her classes, stressing that any baby born before 37 weeks is considered PT; however the patients reply that their "doctors aren't concerned at all" as long as they make it to 36 weeks. What can be done to help the physicians to understand that although very premature babies certainly face the risk of greater health problems than 36 weekers do, this is still a concern, and the last month of pregnancy is very important to the outcome of the baby? Answer: Dr. Davis agreed that this is a problem and that he remembers it also being discussed at the advisory committee meeting. As a pediatrician, he has been handed babies over the years from Caesarean section that were obviously too early. This is certainly something else that we need to address.
 - Comment made that some doctors are still encouraging pregnant women to go home and have a drink to relax. Answer: Boy, we sure do have our work cut out for us. Dr. Davis suggested to Dr. Adamkin that perhaps they can call the two Chairs and set up a lunch meeting to talk about the kinds of things they are hearing from groups that represent areas all across the state from Pike to Paducah. Approach it as a call for help, asking for guidance—not pointing fingers.
 - Susan Brown also mentioned that she has been told by a number of women recently who approached their obstetricians for support in "natural" childbirth to forgo an epidural, who were met with ridicule by the physician. Comments like: "Why would any woman want to give birth naturally and endure all of that pain, when all women can get an epidural today?" In fact, one woman who actually made it through the birth naturally, in spite of much pressure throughout the labor to give in to an epidural, was told after the fact that it was the first "natural" birth this physician had ever seen. Sandy Cleveland commented that it seems to come in and out of popularity. Dr. Davis shook his head, and concurred there was much to be done. Susan voiced frustration with the situation based on the additional problems that epidurals can cause for breastfeeding moms and babies, making the moms' nipple really soft and slippery. Answer: Dr. Davis shared that back between 1992-1995 (purely anecdotally) he noticed that he was doing a lot of septic workups on babies with fevers that never proved to be anything. He started thinking that there must be a connection, because these were healthy babies and he realized they were healthy, but they had fevers. The connection was the fact they their mothers had received epidurals during labor/birth. About the time he made that connection, he ended up in Frankfort, and let it go. This again, just reinforces that there is much work to be done.

Open Discussion:

- Reminder to the group that Sandy Cleveland has brought many materials with her to the meeting today for you to take back to your areas. Many of these materials are available free from the CDC, but there are also magnets that have been purchased by the KBSR, here today for those partners not in the public health system. These are available through the pamphlet library for those partners who are public health. The magnets come in both Spanish and English and show the vitamin and fortified cereals, as well as, folate foods. Susan Borders questioned the foods being promoted versus the fact that we stress the synthetic form first. She just didn't want people to misunderstand. We agreed, but they have already been purchased and we will simply make sure that counseling is provided with each magnet.
- The sign-in sheet had a spot for which committee members chose to be on, and many did not put that down. We asked the three committee chairs to describe their committees and then sent the sheet back around for sign-up. It was stressed that all members of the KFAP assist in completing the yearly activities—it is not just the sub-committees responsibility to complete the activities they design. New members were informed of the activity forms for reporting their work, and explanations were given for which form to use and to send it to Susan, where she then keys them into the database. This is where the bulleted reports come from. New members should receive a welcome pack from Susan Brown that contains over 70 pieces of materials and sample promotional literature for folic acid and prematurity. Any member who has not received a packet should let Susan know and she will send it. She stressed that she has no way of knowing if activities have been done, unless a form is completed. Be sure to write a description of the activity so I can tell if it was folic acid or prematurity related. Diane will need to add another spot to the database and to the form to designate which type of activity occurred.
- Two new members from Clark County: Janna Smith, Tobacco Prevention Coordinator, and Carolyn Burtner, Tobacco Program Coordinator had questions about what their role to the KFAP was. They were under the impression that they were to attend one meeting, only to discover that they are now new members. A brief overview of the partnership was given going back to the beginning roots and leading up to the newly formed expanded version of the partnership. Susan explained that she would also send them each a “Welcome kit” containing 70 pieces of materials to better assist in their understanding of the partnership. (Those were mailed to the two from Clark County as well as to Sallie McLain with the MODs, Betty Bender-replacing Karen Kaker, of Jessamine County; and to Kelly Owens, Tobacco Prevention Coordinator with the Madison County HD). Dr. Davis assured them that they were definitely in the right spot and that this was indeed the direction that we wished to go in. He emphasized that prematurity goes hand in glove with the tobacco programs and that was why they were invited to come. He mentioned Irene Centers at the state level and how he had requested that she join the KFAP, and as a result he felt this had filtered down to the local level as well. (Paula Watson went back to her tobacco people after the January KFAP meeting and invited them to come to the next meeting). Sandy Cleveland distributed a descriptive summary of the KFAP, to the new members. Susan

Brown explained the inner workings of the three sub-committees and the names of each chair, along with the activity forms, database and purpose of the activity reports. Dr. Davis added that the track record of this group is outstanding. Diane Sprowl interjected about the benefit of the yearly plans and objectives toward meeting our yearly goals. And as was mentioned, regardless of which committee you serve on, the plan is ultimately, everyone's responsibility. Diane asked them to please give us input/insight as to what kind of activities need to occur statewide to address the tobacco issue as it relates to pregnancy and prematurity? They both laughed and said they too wanted to know the answer to that question—since it seems to be an answer everyone wants to figure out. Sandy Cleveland mentioned that tobacco and substance abuse/domestic violence are two other issues that we need to bring into our focus after prematurity. Susan Brown said she felt that since we were focusing on prematurity, which directly reflects back to tobacco and substance abuse/domestic violence—that they are already a part of our focus right now. Other members also voiced agreement, including Sandy Cleveland who commented that this was an example of how we have already expanded to include more than just folic acid. It was mentioned that Jefferson County currently has a program “Healthy Journey for Two,” by Jackie Engel with Project Link that is a good program. Susan mentioned the collaboration that the BRDHD has with Lifeskills in teaching Pregnancy Workshop Classes/providing smoking cessation support to pregnant women and the wealth of knowledge she has gained. She mentioned the fact of pregnant women smoking cigars filled with marijuana and the myth that circulates about marijuana being good for the baby: “reasoning: If it's a drug used to help cancer patients it must be okay, since it helps to calm you and relax you.” “It helps to quiet the baby, less kicking—thought to be a good thing and not a bad thing.” Someone else mentioned that they had been told that marijuana gives the baby a better personality. Some others have said it makes the baby smarter. “We have a lot of work to do.” Susan then asked the new members if they felt more comfortable now, and more at ease with why they were important members to the KFAP, and they responded positively, however, they still wondered if they had a choice as to which sub-committee they signed up for—they were told they did. The sign-in sheet was passed again for committee members, and the group was reminded that the committees meet immediately after this meeting for a working lunch at O'Charley's, with any additional work usually being handled via email. Each committee chair had a few moments to promote their committee for recruitment of new members. Diane shared about the Green Ribbon Campaign, and the Tray liner Campaign. She also mentioned how the activities from one committee overlap with one another and how we all are responsible for getting the activities accomplished no matter which committee we serve on. We all work together. If we all do a little—a lot happens.

- **Open Discussion-** Betty Bender asked about guidelines when working in WIC as to what to say about folic acid (she is a fairly new employee at the Jessamine County HD)? Dr. Davis responded that it was a good question and referred her back to the Public Health Practice Reference and she said she was aware of that reference. He also used her question to refer back to the tobacco folks, and the rest of us, to become more aware that we are all working together. For example in

PH, perhaps the tobacco people are working on these issues, while two doors down the PN nurses are working on the same issues, and then three doors down the Health educators are working on the same thing from a straight line funding source. He said, " I am presented with the challenge of helping those folks at the state level and the local level of being able to see that this a "quilt" that we are working from and not individual projects. Dr. Davis mentioned that sometimes (not across the board, but sometimes) he feels we have a leadership letdown in some areas. He referred back to when Susan Brown mentioned that we have an orientation packet for new members, and that to him shows "strong leadership." He also mentioned other groups that he had served on over the years who originally did not have strong orientation packets for new members. He carried this over to relate it to new employees at the state and local level who need to receive strong orientation in public health, not just their "job" in public health, but how it all interacts together.

- Shari Stewart asked whether we would need a **new logo** to go with the new name and offered that Central Baptist could assist with developing that. KFAP wants to keep the KFAP logo adding only a new design for the slogan "Promoting Perinatal Health Issues." With no further comments or questions, Susan Brown adjourned the meeting ten minutes early. The next meeting is scheduled for September 23, 2004, at the same time and place.

Respectfully submitted and distributed July 19, 2004
Per Susan Brown Statewide Folic Acid Campaign Coordinator