

Launch of Florida VitaGrant Program

Contributed by Elizabeth Jensen, Project Manager, VitaGrant

Inside this issue:

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|---|---|
| <i>New Home, New Web Site for FFAC</i> | 2 |
| <i>FFAC Reaches out to Professionals Across the State</i> | 2 |
| <i>Delivering the Folic Acid Message to Hispanic Women – Part 1</i> | 3 |
| <i>Research Update</i> | 4 |
| <i>Delivering the Folic Acid Message to Hispanic Women – Part 2</i> | 5 |
| <i>Around the State</i> | 5 |
| <i>Current & Upcoming Events</i> | 6 |

A \$2 million grant was awarded to the March of Dimes Florida Chapter by the Florida Attorney General's office from funds obtained through a settlement with multi-vitamin supplement manufacturers. Using those funds the March of Dimes partnered with the Florida Department of Health, the Florida Folic Acid Coalition and the Florida Birth Defects Center in June 2004 to launch the VitaGrant program, a program that promotes daily folic acid intake among women of reproductive age living in Florida. To facilitate greater awareness and consumption of folic acid in women of childbearing age, up to 450,000 bottles of multivitamins containing 400 micrograms of folic acid will be distributed free to nonpregnant women. The vitamins and accompanying educational materials are distributed through various sites throughout the state of Florida. The sites selected to participate in

the project were chosen based upon the characteristics of the population served by the site. The target population for the grant is women of childbearing age who are underserved or unserved, with particular emphasis placed on reaching women of Hispanic and Haitian origin.

Folic Acid Awareness Week (Jan. 24-30) launched the distribution of vitamins for the VitaGrant program. To date, over 100,000 bottles of vitamins have been requested and provided to over 190 different programs for distribution at the local level. These programs represent a variety of service providers, including family planning clinics, WIC clinics, Healthy Start, Early Head Start and Head Start, Community Health Centers, TOPWA (Targeted Outreach to Pregnant Women Act), faith-based organizations and other for-profit and nonprofit

providers serving the target population.

There has been much support and interest in the project. Providers serving as distribution sites for the project have reported that women have been very interested in receiving the vitamins. Additionally, providers report that many women have returned to the service provider for additional supplies of vitamins after using their initial supply. Early review of evaluation data for the project suggests that most women receiving the vitamins are taking them.

For more information about the VitaGrant project, or to become a distribution site for VitaGrant, contact the VitaGrant Project Manager, Elizabeth Jensen, at ejensen@marchofdimes.com or call 850-245-4465.



Florida Attorney General Charlie Crist (second from left) and dignitaries help kick off VitaGrant activities during National Folic Acid Awareness Week in Miami, January 24-30, 2005.



Florida Department of Health Deputy Secretary Nancy Humbert, ARNP (center) and VitaGrant Coordinators Laura Levine and Elizabeth Jensen (left) distribute vitamins to program participants in Leon County during National Folic Acid Awareness Week 2005.

Folic acid can help prevent birth defects of the brain and spine and other defects as well.

New Home and a New Web Site for FFAC

Contributed by Ron Lutz, MSN, ARNP, FFAC Coordinator



Ron Lutz, MSN, ARNP
Coordinator for the Florida
Folic Acid Coalition

Two Funding Awards Benefit FFAC

Exciting growth has occurred for the Florida Folic Acid Coalition (FFAC) as it benefited from recent grants. The University of Florida's Food Science and Human Nutrition Department received two grants to fund various educational activities of the FFAC. The first grant was awarded in September 2004 from the Florida Department of Health and the second grant was awarded in January 2005 from the March of Dimes Florida Chapter. Both grants provide funds for folic acid educational activities and to hire a coordinator for the FFAC. Ron Lutz, MSN, ARNP was selected as the coordinator and will assist in implementing FFAC's strategic plan for con-

tinued development of the FFAC as well as planning and implementation of educational outreach.

New Home for FFAC

In January, 2005 the FFAC officially moved its home to the University of Florida, Food Science and Human Nutrition Department (FSHN) within the Institute of Food and Agricultural Sciences (IFAS). Strong support by FSHN faculty including Lynn Bailey, PhD, Gail Kaulwell, PhD, RD, LDN and Gail Rampersaud, MS, RD, LDN facilitated this move. The FFAC gratefully acknowledges the support and previous hosting of the Coalition at the University of South Florida, Birth Defects Center, College of Medicine,

the support of faculty and especially Kimberlea Hauser, MBA, Associate in Pediatrics for her role in hosting the FFAC since its inception in 1999.

New Web Site

In July, 2005 the FFAC will launch an updated and newly designed Web site. The site name remains, www.folicacidnow.net but now features a magazine-like format with information on folic acid, birth defects and folate's contribution to general health. The site focuses on the health benefits of folic acid across the lifespan, emphasizing birth defect risk reduction.

Visit:

www.FolicAcidNow.net for information and resources on folic acid and the FFAC.

FFAC Reaches Out to Professionals Across the State

Contributed by Ron Lutz, MSN, ARNP, FFAC Coordinator

The Florida Folic Acid Coalition (FFAC) exhibited at the American Academy of Physician Assistants Annual Convention in Orlando, FL May 31-June 1, 2005. The meeting was attended by approximately 6,000 Physician Assistants (PAs) from around the country. The exhibit booth was well attended and included a display on prevention of neural tube defects, literature targeted to various health specialties, folate-rich foods, recent 2005 articles on folic acid from consumer targeted media, promotional folic acid reminders and information on the new FFAC Web site. A brief survey of PAs knowledge and practice around current folic acid recommendations was also taken.

As expected, many PAs in OB/GYN practices were aware of the importance of folic acid supplementation for women of childbearing age. Some were less aware of the emerging research on other health benefits across the lifespan. An exciting discovery was the number of internal medicine and cardiology practices that were keenly aware of the relationship between folic acid intake and the reduction of homocysteine, a risk factor for vascular disease. Many PAs and their physician colleagues in these specialty practices currently provide recommendations to their patients about folic acid supplementation. Another observation that was consistent with previous

research on healthcare providers was the number of pediatric and family practice PAs who do not include the folic acid message as part of their care because they do not provide OB/GYN care. This provided a wonderful educational opportunity that was well received.

Family practice and pediatric healthcare providers should seize opportunities with their teenage female patients and mothers of pediatric patients to discuss folic acid supplements and reducing risks for neural tube defects, other birth defects and the general health benefits associated with folic acid across the lifespan.

The FFAC plans to exhibit at other professional meetings this year including the Florida Dietetic Association, Florida Public Health Association, and the Florida Nurses Association.

"An exciting discovery was the number of internal medicine and cardiology practices that were keenly aware of the relationship between folic acid intake and the reduction of homocysteine, a risk factor for vascular disease."

Fifty percent (50%) of all pregnancies and 80%-95% of teen pregnancies in the U.S. are unplanned!

Delivering the Folic Acid Message to Hispanic Women –Part 2

(Continued from page 3)

Part 2—Folic Acid Education

Key Education Concepts

- Use culturally appropriate education materials designed specifically for Hispanic women. Literate and low-literate Hispanic women may be more likely to respond to messages in posters and photo novellas, which can be placed in waiting rooms, exam rooms, and bathrooms.
- Involve and gain the support of family members by encouraging vitamin use for the whole family. The family unit is the single most important social unit in the life of Hispanics, and they are more likely to be involved in the treatment and decision-making process for a patient.

- Assure Address patients concerns about vitamins causing weight gain or increasing appetite. Some Hispanic women do not take a multivitamin for fear that it will stimulate appetite and cause weight gain. There is no scientific evidence that taking vitamins results in weight gain. Daily use of multivitamins provides key nutrients to help us maintain health, energy and vitality.

- Stress the importance of taking a multivitamin even if they are healthy. Many Hispanic women view multivitamins as a way to fix or remedy a condition such as anemia and depression and not as a preventive measure. Talk about folic acid's role in reducing the risk of heart disease, pre-eclampsia, certain types of cancers, and anemia.

- Encourage women not to depend on food alone to get

the folic acid they need. It is difficult to obtain enough folic acid through food sources. A healthy diet is important but our body absorbs the synthetic form of folic acid in a vitamin better than the natural form or “folate” found in foods. You can find culturally appropriate recipes (“LISTA DE RECETAS CON ACIDO FOLICO”) in the March of Dimes Web site: www.nacersano.org/acido_folico9318_9358.asp.

- Encourage the consumption of familiar and culturally relevant food sources of folic acid such as: avocado, black beans, lentils, and enriched flour tortillas and rice.

- Emphasize that taking folic acid every day is a preventive measure they can take to help ensure their baby's health. Some Hispanic women believe that fate or God will determine whether their baby will have

health problems. It is important to understand a patient's religious and cultural view about health and prevention of disease when making recommendations. Make women aware that the availability of medicine and vitamins can help them do all they can to ensure the health of their babies. Listen to find out what would motivate your patient to take a multivitamin. Each person is motivated uniquely.

The University of South Florida has developed a series of folic acid education materials in English and Spanish for low-literacy Hispanic women of childbearing age. These materials include a photo-novella, a brochure, and a video-novella and are available through the Florida Folic Acid Coalition or the March of Dimes Florida Chapter.

[See Page 6 for contact information for the Florida Folic Acid Coalition.]

Around the State

Compiled by Ron Lutz, MSN, ARNP, FFAC Coordinator

Hendry County

A survey of women of child-bearing age at the Hendry Co. Health Department revealed Spanish-speaking women had less understanding of the benefits of folic acid than English-speaking women. This finding identified opportunities for maternal child service providers involved with preconceptional care to support the *Educacion de Salud* project funded by the Southwest Coast Division of the March of Dimes (MOD). This is the second year of the *Educacion de Salud* project in Hendry Co., working toward the goal of increasing the availability of prevention

services for Spanish-speaking women by increasing the understanding of the importance of pre-conceptional care and the role of folic acid for better birth outcomes. Distribution of multivitamins available through the MOD, Tampa Bay Division, *VitaGrant* has enhanced the Hendry Co. project by making folic acid readily available to women of childbearing age. Having the vitamins is not enough. Women must know to take folic acid before becoming pregnant. It is also important to communicate research that has suggested folic acid may also reduce other health risks such as heart

disease, stroke and certain cancers.

An unexpected outcome of the *Educacion* project was the need to provide comprehensive preconceptional curriculum training for providers, which was completed within the agency and through community meetings and events. United efforts are necessary to promote comprehensive routine women's health care.

[Submitted by Patricia Brownlee, ARNP—Assist. Comm. Health Dir. Hendry & Glades County Health Departments.]

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VitaGrant Program

Approximately 190 organizations across Florida are now participating in the distribution of vitamins and folic acid education materials. These programs represent a variety of service providers, including: family planning clinics, WIC services, Healthy Start, Healthy Families, Head Start, Comm. Health Centers, TOPWA (Targeted Outreach to Pregnant Women Act), Faith-based organizations and other for-profit and nonprofit providers serving the target population. (See full story on page 1.)

All women of childbearing age should take 400 micrograms of folic acid every day.

Delivering the Folic Acid Message to Hispanic Women – Part 1

Contributed by Nydia Rodriguez, MPH, CHES, Project Manager, University of South Florida

This is a two-part article on addressing cultural considerations when delivering a health education message in a Hispanic community.

Part 1—Understanding the Community

The growth of the Hispanic population in the last two decades has been dramatic. The Hispanic population increased from 22.4 million in 1990 to 35.3 million in 2000. With this increasing number of Hispanics, health care professionals need to develop an understanding of and sensitivity to their culture, beliefs, and norms in order to effectively communicate health messages and facilitate behavior change. This is particularly important in the promotion of folic acid intake and the prevention of neural tube defects (NTDs).

Daily consumption of 400 micrograms of folic acid can reduce the number of NTDs by 50 to 70 percent. Studies have shown that Hispanic women are at an increased risk of having an NTD-affected pregnancy. They are also less likely to have heard about folic acid, know that folic acid can prevent birth defects, take folic acid daily, or know to take folic acid before pregnancy. It is evident that communicating the folic acid message is imperative in all patient-provider encounters with Hispanic women of childbearing age.

However, when delivering the message to this high-risk group, customary methods used with other populations may not be as effective. In order to facilitate behavior

change in this high-risk population as with any audience, healthcare professionals must adapt their message, materials, and programs to take into account the values, beliefs, and attitudes of the patient.

The following are helpful tips in reducing cultural barriers that may inhibit education of folic acid consumption. Keep in mind that variations exist in each cultural group (i.e., socioeconomic status, religion, age, education, social class, location, length of time in the United States, and location of origin). Caution needs to be taken not to generalize or imply that these characteristics apply to all individuals of a cultural group.

Key Cultural Concepts

- Greet the patient with “Buenos Días” (‘bweh-nohs ‘dee-ahs), good morning, or “Buenas tardes” (‘bweh-nahs ‘tahr-dehs), good afternoon, even if you do not speak Spanish. This suggests you have respect (*respeto*) for the Spanish language. If you speak Spanish, remember to always use the formal “usted” (oo-‘stehd), you, until such a time as the patient suggests the use of the informal “tu” (too), you.

- Sit closer to Hispanic patients than you might with patients from other cultures. Lean forward when speaking or listening to the patient. Hispanics expect healthcare providers to be warm and friendly, and to take an interest in their patients’ lives. Talk with them about how they are doing before getting down to business. This makes them feel closer to the healthcare pro-

vider and more likely to communicate freely.

- Ask about their life (family, friends, work). Make personal notes in medical records to cue provider of family names or special events to discuss in next visit. Over time, by respecting the patient’s culture and showing personal interest, a health care provider can expect to win a patient’s *confianza* (trust).

- Get to know the Hispanic group you work with. The Hispanic population has a diversity of subgroups (Cuban, Mexican, Puerto Rican, Central and South American). Although many share a common language, they differ in traditions and customs and thus require unique strategies tailored to their characteristics.

- Listen to the patient and attend to nonverbal communication. Observe facial expressions, voice intonations, and body movements. Hispanics tend to be highly attuned to others’ nonverbal messages.

- Determine the patient’s primary language spoken in the home as well as reading and writing language proficiency: bilingual, speak Spanish only, or speak English only. Although they may be Spanish-speaking, some may not read or write Spanish.

- Assess the level of acculturation (integrating into mainstream culture) and assimilation (adapting customs and attitudes of a majority culture). Recognize that individuals may be at various levels of acculturation.

(Continued on page 5)



“...to facilitate behavior change, healthcare professionals must adapt their message, materials, and programs to take into account the values, beliefs, and attitudes of the patient.”

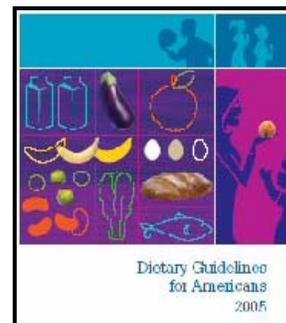
Getting enough folic acid takes little effort, but can make a big difference.

Research Update

Contributed by Gail Rampersaud, MS, RD, LDN, Assistant in Nutrition Research and Education, FSHN/University of Florida

The following summaries offer the results of recent research studies or nutrition and health policies regarding recommendations on folic acid.

- The 2005 Dietary Guidelines for Americans released in January 2005 includes a “Key Recommendation” that women of childbearing age who may become pregnant or are in the first trimester of pregnancy consume adequate folic acid from fortified foods or supplements in addition to folate from foods. [Dietary Guidelines for Americans. (2005). <http://www.health.gov/dietaryguidelines/>.]
- A study in over 150,000 women in the Nurses’ Health studies I and II reported that higher total folate intake was significantly associated with a reduced risk of hypertension, especially in younger women. Women aged 27-44 years at baseline with total folate intakes of at least 1,000 micrograms/day (from food and supplements) had a 46-percent reduced risk of incident hypertension compared with women who consumed less than 200 micrograms/day, while older women had an 18-percent reduced risk. This was the first published study on the association between folate intake and incident hypertension. [Forman JP, et al. (2005) *Journal of the American Medical Association*. 293:320-329.]
- A study of almost 6 million births in California from 1990 through 2000 reports small but statistically significant risk reductions in the prevalence of very low birthweight, low birthweight, and preterm delivery after folic acid fortification of grain foods (effective January 1998). Risks for these adverse pregnancy outcomes were 9-percent, 6-percent and 4-percent lower, respectively, following fortification. [Shaw GM, et al. (2004) *Public Health Reports*. 119:170-173.]
- An evaluation of the results from a Swedish study that linked folic acid intake to a greater than 2-fold increase in twinning reports that misclassification of the use of in vitro fertilization (IVF) likely led to a false finding regarding folic acid and twinning. This evaluation stresses the importance of accurately accounting for IVF use in similar studies. [Berry RJ, et al. (2005) *British Medical Journal*. 330:815.]
- A study evaluating folic acid supplement use and mortality in a group of 2,900 women received a substantial amount of lay press coverage. Although folic acid supplement use was associated with breast cancer in a group of women who received folic acid supplements during pregnancy, the results were not statistically significant. Therefore, the findings may be due to chance. [Charles D, et al. (2004) *British Medical Journal*. 329:1375-1376.]
- Researchers in Arkansas conducted a randomized folic acid intervention study to determine the impact of physician counseling and provision of folic acid supplements to women in four clinics providing routine gynecologic care. Patients were randomized to receive folic acid counseling, a follow-up reminder phone call, and 30 folic acid supplements (intervention) or preventive health counseling and a folic acid pamphlet (control). Use of folic acid was measured at baseline and 2 months later. Data were analyzed for 279 women. After 2 months, weekly folic acid intake (i.e., taking folic acid at least 1 day per week) increased by almost 70-percent in the intervention group and 20-percent in the control group. Women who were black, had a lower household income, or were not planning a pregnancy were more impacted by the folic acid intervention. [Robbins JM, et al. (2005) *American Journal of Obstetrics and Gynecology*. 192:1126-1132.]
- Bailey LB, Berry RJ. (2005) Folic acid supplementation and the occurrence of congenital heart defects, orofacial clefts, multiple births, and miscarriage. *American Journal of Clinical Nutrition*. 81(suppl):1213S-1217S.
- Morris M.C., et al. (2005) Dietary folate and vitamin B12 intake and cognitive decline among community-dwelling older persons. *Archives of Neurology*. 62:641-645.
- Byrne J., et al. (2005) An intervention study to increase knowledge and use of folic acid among relatives in neural tube defect-affected families in Washington, D.C. *Birth Defects Research Part A: Clinical and Molecular Teratology*. Published online 6 May 2005.
- Signore C., et al. (2005) Effects of folic acid fortification on twin gestation rates. *Obstetrics & Gynecology*. 105:757-762.



Dietary Guidelines for Americans is published jointly every 5 years by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA).

“The 2005 Dietary Guidelines for Americans ... recommend that women of childbearing age who may become pregnant or are in the first trimester of pregnancy consume adequate folic acid ...”

Up to 70% of neural tube defects could be prevented if all women of childbearing age took folic acid.

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Florida Folic Acid Coalition

Mission:

to decrease the incidence of folic acid preventable birth defects and to reduce chronic disease risk in Floridians

Vision:

As a result of the Coalition's efforts, this simple primary prevention strategy will result in fewer pregnancies affected by folic acid preventable birth defects. More Floridians will experience the indirect health benefits of taking a daily multivitamin to enhance health throughout their lifespan.

VISIT US ON THE WEB!
WWW.FOLICACIDNOW.NET

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Current & Upcoming Events



May 31-June 2, 2005 – American Academy of Physician Assistants 33rd Annual Conference, Orlando, FL.

FFAC exhibited at the conference attended by approximately 6,000 PAs from Florida and around the country.

June 21-22, 2005 – CDC, National Summit on Preconceptional Care, Atlanta, GA.

FFAC presented the “Folic Acid Every Day” toolkit for health providers during the “Tools You Can Use” Workshop on June 21st.

June 22, 2005 – National Folic Acid Council Annual Meeting, Atlanta, GA.

The NFAC annual meeting took place at the National Summit on Preconceptional Care in Atlanta. Representatives from FFAC participated in this meeting.

July 10-13, 2005 – Florida Dietetic Association Annual Meeting, Ft. Myers, FL.

FFAC will be exhibiting and providing educational and other resources to meeting participants.

July 26-29, 2005 – Florida Public Health Association and Florida Association of Public Health Nurses Joint Convention, Sarasota, FL.

FFAC will be exhibiting and providing educational and other resources to convention participants.

September 14-15, 2005 – Florida Nurses Association Convention, Bonita Springs, FL.

FFAC will be exhibiting and providing educational and other resources to convention participants.