



National Council On Folic Acid Experiences Funding Cuts

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Contributed by Colleen Davis, graduate student, UF/IFAS/FSHN

Recently, The National Council on Folic Acid (NCFA) was informed that they will no longer receive funding from the Centers for Disease Control and Prevention (CDC) beginning in October 2010. NCFA convened members for a conference call to discuss the recent changes in funding. The co-chairs of NCFA, Connie Motter and Norma Ryan, knowing the importance of continuing the message about folic acid, have requested that the CDC provide stop-gap funding for website maintenance and newsletter development at a minimum. A proposal was sent to CDC and the co-chairs seem confident that CDC will approve funds to help maintain the NCFA website and produce one or two newsletters from October 2010 to September 2011.

While the funding may be enough to provide for the website and newsletter, NCFA will be unable to continue to support the position held by Adriane Griffen. This will require an increase in participation from current NCFA members as well as an expanded collaboration with the National Birth Defects Prevention Network (NBDPN). Members of NCFA are encouraged to join the NBDPN

NTD/FA Committee which holds monthly conference calls. To join the committee please contact one of the co-chairs; Kay Pearson at KayP@health.ok.gov or Norma Ryan at norma.ryan@odh.ohio.gov.

The NCFA list-serv will remain in effect and will be important for communicating and staying up to date on new issues and information. While the majority of the lay person questions coming through the website will be placed in a "Frequently Asked Q & A" section, the NCFA executive committee will be developing a plan over the next few months in order to address the more complex media questions that may arise regarding folic acid.

Although there will be challenges as NCFA moves forward, the co-chairs of NCFA are confident that volunteer efforts by members will allow the council to continue to spread the message about folic acid and its importance for all women of childbearing age.

Did you know...

- From 1998 to 2007 the rate of spina bifida in Florida decreased by 18%.
- In 2008 only 40% of new mothers in Florida took a multivitamin at least 1 time per week *before* getting pregnant.
- In 2008 only 65% of new mothers in Florida reported hearing about folic acid from a healthcare provider.

Be sure to educate your patients about the importance of folic acid!

Source: Florida Department of Health



Florida Department of Health Receives CDC Grant

Contributed by Jane Correia, Florida Department of Health and Colleen Davis, graduate student, UF/IFAS/FSHN

The Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities (CDC/NBDPN) has awarded a five year Cooperative Agreement to the Florida Department of Health,

Bureau of Environmental Public Health Medicine to support expanded birth defects surveillance, prevention and evaluation activities in Florida.

The project includes three main activities: (1) improving the quality of Florida's existing birth defects

surveillance data through statewide comprehensive case-finding and defect confirmation of selected malformations included in the National Environmental Public Health Tracking Program, as well as on-going rapid ascertainment of

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Folic Acid and Hispanic Women

Contributed by Colleen Davis, graduate student, UF/IFAS/FSHN

Hispanics are the fastest growing minority group in the US and represent 14.2% of the population. Florida has the third largest Hispanic population. In 2005, 28% of all live births in the state were to women of Hispanic ethnicity. Hispanic women are less likely to be aware of folic acid and less informed about the role that pre-conceptional folic acid plays in reducing the risk for birth defects. Two recent studies indicate that continued education efforts by public health practitioners are necessary in order to reach Hispanic/Latino populations known to have a higher risk of neural tube defects (NTD). Women need both knowledge and resources to make and sustain behavioral change, particularly for an active modification such as daily vitamin consumption.

One recent study conducted in Florida discusses social marketing campaigns as a means of increasing folic acid awareness and consumption.¹ Participants were exposed to a social campaign, which included free vitamins and educational materials with tailored messages to Hispanic women. The results indicated after exposure there was a significant increase in

knowledge, but compliance with taking a vitamin still had barriers, indicating that continued education is a key factor in reaching Hispanic populations with a high risk of NTDs.

A second study provided folic acid promotion through paid and unpaid placements of Spanish language public service announcements (PSA) and community level education through use of promotoras.² The results indicated that reported awareness of folic acid delivered through paid placement, traditional PSA distribution, and community level interventions were associated with substantially increased specific folic acid knowledge and reported use of a vitamin containing folic acid among Spanish-speaking Hispanic women.

It is important as health care professionals that you continue to provide clients folic acid information as it relates to pregnancy and NTD risk. Be sure to acknowledge the socio-cultural differences among Hispanic women from various ethnicities so that health messages are not misinterpreted.

There are several resources available targeted to Hispanic women that you can provide to your clients.

- The Centers for Disease Control and Prevention offers FREE folic acid brochures, booklets, posters, and fact sheets in Spanish: <http://www.cdc.gov/ncbddd/folicacid/freematerials.html>. The CDC has a Spanish Podcast available at: <http://www2c.cdc.gov/podcasts/player.asp?f=7553>.
- The March of Dimes (MOD) offers pamphlets for Hispanic women: <http://www.marchofdimes.com/catalog/product.aspx?productid=4943&categoryid=164&productcode=53-1483-00> and also a low literacy level brochure, photo-novella, and video in Spanish developed by the University of South Florida specifically for the Hispanic population. For more information, contact the MOD Florida Chapter at 407-599-5077.
- The Spina Bifida Association has fact sheets in Spanish: http://www.spinabifidaassociation.org/site/c.liKWL7PLLrF/b.2642343/k.8D2D/Fact_Sheets.htm.
- The Florida Department of Health has brochures, posters, and PSAs: www.fbdr.org.

1. Thomas, KB et al. Health Education Journal. Published online May 4, 2010.

2. Prue, CE et al. Journal of Women's Health. 2010;19(4):689-698.

Research Update

Contributed by Colleen Davis, graduate student, UF/IFAS/FSHN

The US Preventive Services Task Force (USPSTF) made recommendations in 1996 that all women planning a pregnancy or capable of conception should take a supplement that contained folic acid. In 2008, the USPSTF conducted a systematic review of studies from 1995-2008 to evaluate the most recent evidence related to folic acid supplementation for neural tube defect risk reduction and to provide an updated recommendation. The review focused solely on folic acid supplementation. The review found generally consistent evidence that folic acid supplementation in the periconceptional period reduces the risk of NTDs and cardiovascular congenital abnormalities. There was no evidence that folic acid supplementation increased the risk of twin pregnancies or masking vitamin B12 deficiency. The USPSTF updated their statement to recommend all women planning or capable of pregnancy take a daily supplement containing 400-800 mcg of folic acid. This new evidence adds to the weight of previous controlled trials for a benefit of folic acid for NTD risk reduction. [Wolff, T et al. *Ann Int Med.* 2009;150:632-639.]

The potentially protective effects of folic acid on the risk of congenital heart defects (CHD)

was investigated in a 10 year case-control study from the EUROCAT register of birth defects. The results indicated that 41.6% of the case mothers and 37.1% of control mothers reported using no folic acid during the advised period. The mothers with folic acid supplementation had an 18% lower risk of delivering an infant with any type of CHD compared to mothers not using a folic acid supplement. These results support the hypothesis that periconceptional folic acid use reduces CHD risk in infants. Apparent effects appear to be strongest for septal heart defects. Intake of at least 400 mcg/day were associated with the observed effects. [van Beynum, I et al. *European Heart Journal.* 2010;31:464-471.]

An analysis of 2003-2006 NHANES data evaluated sources of folic acid intake among over 2,600 women aged 15-44 years. The surveys estimated usual folic acid intake from diet and supplements from two 24-hour dietary recalls. The median daily intake of folic acid was 245 mcg. Only 24% consumed 400 mcg through fortified foods and supplements. The prevalence of meeting the recommended usual intake was 10.2 times higher in women who used a supplement. Supplement users were more likely to be non-Hispanic white, highly educated women, aged 25-34. In spite of fortification, the

use of folic acid supplements appears to be important for meeting intake goals. [Tinker, SC et al. *Am J Prev Med.* 2010;38:534-542.]

This analysis of cost effectiveness focused on quantifying the projected health and economic outcomes for several health conditions, including neural tube defects (NTDs), with changes in folic acid consumption post fortification in the US. The study examined population wide disease burden and associated costs and average annual incidence for 4 scenarios; no fortification, and fortification strategies at 140 mcg, 250 mcg, or 700 mcg. The results indicated that there was a projected decline in incidence of NTD by 5%, 24%, and 39% for the 140, 350, and 700 mcg/100 g fortification scenarios, respectively. Folic acid fortification appeared to provide a cost saving at all fortification levels. The estimate of cost savings from folic acid fortification was between 33 and 264 million dollars. The authors of this study concluded that the health and economic gains far outweigh the losses and that increasing the level of fortification deserves further consideration. [Bentley, TG et al. *Public Health Nutr.* 2009;12:455-467.]

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Florida Folic Acid Coalition

Mission:

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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pregnancies affected by neural tube defects (NTDs); (2) continuing health promotion and educational programs designed to prevent birth defects; and (3) describing the system of care, patterns and predictors of service utilization, and families' level of satisfaction with services available for infants and young children with birth defects. The department will work collaboratively with the University

of South Florida, College of Public Health's Birth Defects Surveillance Program and numerous other partners to accomplish these activities.

The Florida Folic Acid Coalition (FFAC), sponsored by the University of Florida's Institute of Food and Agricultural Sciences will receive funds to produce and distribute a Summer FFAC Newsletter and update the content on the FFAC website (www.folicacidnow.net).

The Florida Birth Defects Registry was established to collect, analyze, and disseminate information on the occurrence of birth defects in Florida. The anticipated public health benefits include a reduction in the incidence of folic acid-preventable birth defects such as anencephaly and spina bifida and an improvement in the health and development of children and families affected by birth defects.

Fortification of Corn Masa Flour: Update

Since mandatory folic acid fortification began in 1998, the rates of NTDs have decreased significantly, but still remain higher in Hispanic populations compared to other groups. Fortification of a product commonly used by Hispanics, corn masa flour, might increase intake of folic acid by Hispanic women and reduce the risk of NTDs. Discussions between the Centers for Disease Control and Prevention (CDC) and corn masa flour producers were initiated in order to make fortification a reality.

However, these efforts are currently on hold pending the evaluation of studies related to the issue of additional folic acid in the general population. Some research has reported an increase in the incidence of certain cancers coincident with folic acid fortification. The CDC is waiting on additional studies before moving forward with corn masa flour fortification.

