



Los Angeles Best Babies Collaborative
Building Blocks for Better Babies
A Program of First 5 LA

Los Angeles Best Babies Collaborative

First 5 LA: Healthy Births Initiative

Approach 3

Health Education and Messaging



Approach (3)

Health Education and Messaging

Goal: To promote healthy births by providing health education and messaging to pregnant and parenting women, families, and communities.

Objectives: To provide multi-level health education and messaging aimed at:

- Promoting healthy behaviors during pregnancy and the interconception period
 - Enhancing interpersonal support for healthy behaviors during pregnancy and the interconception period, and
 - Changing institutional practices and social norms to support healthy behaviors before and during pregnancy, and in the interconception period
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Rationale:

Health education is the primary means for changing risk behaviors and promoting healthy behaviors during pregnancy and the interconception period. A number of health education interventions have demonstrated a significant impact in promoting healthy births, including the National Healthy Start program, the March of Dimes/CDC/National Council on Folic Acid campaign on preconceptional and prenatal use of folic acid, and the CDC's *Back to Sleep* campaign to reduce the incidence of Sudden Infant Death Syndrome.

Presently much of the health education received by pregnant women takes place during the prenatal visits or prenatal classes, and targets only the pregnant woman. Health education needs to be expanded beyond the provider office and be available for pregnant and parenting women, their partners, friends and families at home, school, work, grocery stores, association meetings, or faith-based gatherings. Further health education and messaging must target more than individual pregnant women and their behaviors. It must expand to include interpersonal (partners, families, and peers) behaviors and support, community norms, and institutional (worksite, healthcare systems) practices that affect the health of pregnant women.

Implementation

Criteria to promote successful implementation of health messaging include:

- 1) Scientific Basis. Proposed health education and messaging interventions should be based on mass communication or behavioral change theory.
- 2) Identified Audience. Proposed interventions should be capable of reaching the population of interest, and the population should be able to achieve the desired outcome. This means using a variety of ways to disseminate the message (i.e., radio, television, posters), making sure that the audience is exposed to the message (validating that the audience saw or heard the message), and providing a clear and specific action or behavior change for the individual to take.
- 3) Multiple Channels. Proposed intervention should use multiple channels to get the health messages out to pregnant and parenting women and families. Health education channels can include one-on-one health education, childbirth or parenting education classes, helplines ("warmlines"), print materials, radio and television public service announcements, billboards, as well as newer media outlets such as narrow-casting or the internet.

- 4) Formative Research. Proposed intervention should include formative research such as focus groups in order to develop messages and inform campaign strategy. Social marketing strategies such as market segmentation, channel analysis, and message pretesting can be used.
- 5) Community Partnership. Proposed intervention should link media strategies with community programs, thus reinforcing the health education message and providing local support for desired behavior changes. Given the cultural and linguistic diversity of the Los Angeles communities, it is imperative that the health education intervention be developed, tested, implemented, and evaluated in collaboration with community partners.
- 6) Core Content. The content of health education should be driven by 1) priorities identified in each SPA; 2) scientific evidence; and 3) a “fit” with the overall strategy to promote healthy births in each SPA. The priority areas identified thus far include 1) mental health (depression, domestic violence, psychosocial support, substance abuse, and smoking); 2) stress; 3) nutrition/breastfeeding; 4) access (lack of services, funding, quality of care, and cultural competency); 5) economic instability/financial stability; 6) teen pregnancy; 7) preconception care/pregnancy preparedness; 8) prenatal care quality improvement, and 9) infection.

A brief for implementation of health education and messaging, and social marketing can be found under Resources.