

The Clinic & Community Connections Project (Fetal Alcohol Syndrome)

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 Category: **Emerging Practice**

TITLE /MCH BLOCK GRANT MEASURES ADDRESSED
N/A

BACKGROUND

In Minnesota, it is estimated that approximately 250 to 800 children are born with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) each year. It is also estimated that 3,000 to 16,000 children and youth in Minnesota have FAS or Alcohol-related Neurodevelopment Disorders (ARND). Also, in Hennepin County, 64% of women of childbearing age report current drinking, and the self-reported binge drinking rate is 13%, according to the 2002 Hennepin County Survey on the Health of All the Population and the Environment (SHAPE) survey. Both of these rates are higher than the national average. Since heavy alcohol use before pregnancy is highly predictive of continued use, Hennepin County is an area with potentially high rates of alcohol-related birth defects. Since prenatal exposure to alcohol is one of the leading causes of preventable birth defects and developmental disabilities, and FASD prevention programs are particularly scarce, Hennepin County has developed the Clinic and Community Connections Project with the Native American Community Clinic.

PROGRAM OBJECTIVES

The primary targets are focused on prenatal and pediatric healthcare providers in clinics, and the key objectives include:

- Prenatal healthcare providers from participating clinics will increase their understanding of the importance of frequent and consistent prenatal alcohol screening and counseling.
- Prenatal healthcare providers in participating clinics will increase their frequency of screening and advisement of their pregnant patients about alcohol use.
- Clinics who participate will permanently incorporate effective prenatal alcohol screening, advisement and referral protocols into clinic and provider practice.
- Clinic providers will identify, assess and follow children exposed to maternal alcohol.

TARGET POPULATION SERVED

The service area is focused primarily in Minneapolis, which has a population of almost 400,000 people. Minneapolis is the county seat of Hennepin County, which is one of the most populous and culturally diverse counties in the state. This program targeted 12 community clinics that are scattered throughout the metro area and serve an estimated 17,000 women of childbearing age. Many of these clinics serve primarily low-income, high-risk individuals and families. Also, Minneapolis is the home of 38% of the state's population of color.

PROGRAM ACTIVITIES

This project is designed to bring medical providers into FASD prevention by assisting and training clinical staff to incorporate comprehensive maternal alcohol screening, counseling, support and referrals. Programmatic activities include:

- Identifying health care providers within clinics who are interested in enhancing the alcohol screening practices
- Providing FASD training for the health care providers
- Introducing the Maternal Alcohol Screening Tool (see resources section)
- Assisting clinics in implementing the new screening protocol
- Providing selected FASD patient teaching materials
- Evaluating the implementation of the new protocols with monthly audits
- Assisting clinics in developing a follow-up protocol for children exposed to prenatal alcohol

In addition, a Connections workgroup made up of regional partners was formed to assess the gap in community services for treatment for pregnant women who need help to stop drinking alcohol.

PROGRAM OUTCOMES/EVALUATION DATA

Project staff measures the rates of maternal alcohol screening and advisement at the initial visit and at subsequent visits in participating clinics. This is done by monthly chart audits, which were counted from the beginning of the program through the first year of implementation. Staff also collects the results of the screening; including levels of high risk drinking (alcohol) prior to pregnancy, drinking during pregnancy before knowing of pregnancy, drinking during pregnancy after knowing of pregnancy, history of treatment, and date of last alcohol containing drink. The results of the audits show that there is a marked increase in the rates of maternal alcohol screening and advisement at initial and subsequent prenatal visits in the participating clinics.

PROGRAM COST

Director (\$24,336)
 Field Coordinator (\$24,336)
 Travel costs (\$600)
 Clinic stipends (\$30,000)
 Training and materials (\$8,000)
 Total: \$87,272

The Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) offered grant money for this project.

ASSETS & CHALLENGES**Assets:**

- There was available funding from MOFAS.
- The director of the program has been working on FASD prevention for almost 30 years and is an expert in this field.

Challenges:

- Clinics are very busy and it is very difficult to get staff to agree to add another screening process to the prenatal visit.
- Clinics are now moving to electronic charting, and current electronic chart templates do not include maternal alcohol screening checklists at each prenatal visit.

Overcoming challenges

- Program staff is working with the local electronic chart venues to get the screening questions added to the obstetrician's templates.

LESSONS LEARNED

- Getting clinics to add a maternal alcohol screening protocol is possible, provided you are willing to work hard at auditing and providing feedback on the process for up to one year.
- It's important to encourage health care providers to advise and counsel their patients frequently, because it has great impact on whether that prenatal patient will drink.

- One should begin this type of program by working with the electronic chart developers and having them insert the maternal alcohol screening tool in their obstetrics templates.

FUTURE STEPS

Staff will continue to work with as many clinics and providers as possible in order to implement the maternal alcohol screening process. Ideally, the end result of the program would be that every clinician in Minnesota is routinely advising their pregnant patients to abstain from alcohol during pregnancy, and helping those who find abstaining difficult.

COLLABORATIONS

A work group was formed called the Connections Work Group, which is made up of individuals from a variety of disciplines to deal with this comprehensive problem. They include representatives from the Hennepin County Attorney's Office, Hennepin County Project Child, Metropolitan Health Plan, Healthy Start, 348-TOTS, Minnesota Department of Health, Department of Health and Human Services, Native American Community Clinic, Chrysalis, Minnesota Organization on Fetal Alcohol Syndrome, Child Protection, and A Circle of Women.

PEER REVIEW & REPLICATION

This program was not peer reviewed at the time of submission.

So far, eight community clinics and seven WIC clinics have successfully implemented maternal alcohol screening protocols. Staff members are currently working with clinics outside of the Minneapolis area in surrounding suburbs to implement the use of these protocols.

RESOURCES PROVIDED

The maternal alcohol screening tool can be located on the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) website: <http://www.mofas.org/resources.html>

Key words: Fetal Alcohol Syndrome, Birth Defects, Screening, Service Integration

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