## **Community Health Planning and Policy Development**

## An On-line Preconception Care Educational Program for Young African American Women

Yinusa-Nyahkoon L<sup>1</sup>, Cuoco M, <sup>1</sup> Ring L., Bickmore T<sup>2</sup>, Paasche-Orlow M<sup>3</sup>, Damus K<sup>4</sup>, Jack B<sup>1</sup> (1) Department of Family Medicine, Boston University School of Medicine, Boston Medical Center, Dowling 5, Boston, MA 02118; (2) Department of Computer Science, Northeastern University, Huntington Avenue, Boston, MA 02118; (3) Section of General Internal Medicine, Boston University School of Medicine, Boston Medical Center, 801 Massachusetts Avenue, Boston, MA 02118; (4) School of Nursing Department of Computer Science, Northeastern University, Huntington Avenue, Boston, MA 02118

**Background:** Preconception care is a possible solution to disparities in maternity outcomes, and recent literature shows that technology may be an effective mode of intervention. Recommendations of how to make technology culturally acceptable for African American women have not been examined.

**Methods:** Twenty-four African American females between the ages of 15 and 21 were recruited from community-based sites and participated in focus groups. Using approaches derived from grounded theory, patterns and themes were identified in the focus group interview data and used to develop an on-line educational preconception care program. Participants were invited back to use the program that included completing a health risk assessment, receiving education from a Virtual Patient Advocate (VPA) about identified risks, listening to and writing personal health narratives, and creating a health to-do list to address the identified risks.

**Findings:** The participants reported trusting the VPA, and stated they would use the educational information and health to do list offered by the program to improve their health status. Participants liked how the program portrayed characters of their race, age, and gender, and provided recommendations for disseminating and marketing the program, maximizing its acceptance by the target population, and ensuring convenience and ease of use.

**Conclusion:** Findings indicate that a culturally tailored on-line program may be a viable method for delivering preconception care education to African American women. Future research is needed to determine if African American women would use the program over time and to measure its impact on improving health risks, health behaviors, and birth outcomes.