

Maternal and Child Health Priority Issue Brief

MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

Health Disparities (TBD)

Safe and healthy communities

Healthy physical growth and cognitive development

Sexually responsible and healthy adolescents and women

Access to preventive and treatment services

Quality screening, identification, intervention, and care coordination

Adequate Nutrition and Physical Activity

Focus

This priority focuses on promoting adequate nutrition and physical activity for all women, children, and families and on the use of folic acid by women of childbearing age. Emphasis is placed on promoting healthy weight, decreasing hunger, increasing access to healthy food choices, and encouraging active lifestyles.

Access to adequate nutrition is important for reducing hunger and conditions related to poor nutrition. Improved nutrition and adequate physical activity can lead to healthier children who are better prepared to learn and who develop life-long healthy habits. Making healthy food choices and getting adequate exercise may also contribute to better pregnancy outcomes.

Objectives and Expectations

The objective of efforts to promote adequate nutrition and physical activity is to provide opportunities for women, children, and families in Washington to learn about, have access to, and adopt healthy lifestyle choices that include eating well and exercising.

As a result of these efforts, we expect that:

- More children and adolescents will get an adequate amount of exercise.
- There will be fewer children and adolescents with unhealthy weights.
- Women will take folic acid to reduce their infants' risk of being born with brain, spine, and spinal cord defects (neural tube defects).
- More infants will be born at full term and at a healthy weight and have a decreased risk of death before age 1 year.
- More women will breastfeed their infants until age 1 year.

Key Data from Washington

Youth Nutrition, Obesity, and Physical Activity

Based on self-reported height and weight measurements, approximately 10 percent of Washington students in grade 8 and 11 percent in Grades 10 and 12 are overweight, and about an additional 14% are at risk for being overweight.ⁱ

In 2006, 79 percent of students in Grade 8 and 68 percent of students in Grade 10 reported that they participated in vigorous cardiovascular exercise (equivalent to at least 20 minutes on three or more days a week). This percentage dropped to 68 percent among twelfth graders.¹

Thirty percent of eighth graders, 25 percent of tenth graders, and 22 percent of twelfth graders reported eating the recommended amount of fruits and vegetables each day.ⁱⁱ

Adequate Nutrition Before and During Pregnancy

Taking 400 micrograms of folic acid, a B-vitamin, before and very early in pregnancy can help prevent up to 70 percent of brain, spine, and spinal cord birth defects. The 2005 March of Dimes Gallup Survey indicated a decline in the number of women in the United States of childbearing age who take daily folic acid supplements. In 2005, only 33 percent of women reported taking folic acid supplements compared to 40 percent in 2004.ⁱⁱⁱ

Approximately 25 percent of women in Washington aged 18 years and older consume fruit and vegetables at least five times each day.^{iv}

Low Birth Weight and Infant Mortality

Newborns weighing less than 2,500 grams (5.5 pounds) are considered underweight at birth. Six percent of infants born in Washington in 2005 were underweight.^v

In Washington, 5.1 infants per 1,000 live births died before the age of 1 year in 2005.

Disparities

Approximately 22 percent of students in Grade 10 reported that their families skipped or reduced meals during the previous 12 months because there was not enough money to buy food, which is an increase from the 15 percent who reported this in 2004.^{vi}

According to the 2004 Healthy Youth Survey, 12 percent of youth who have some type of disability reported that they were overweight compared to 9 percent of youth who did not have a disability.

Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH contribute to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Listed below are some OMCH-supported activities related to promoting adequate nutrition and physical activity. The goal of these activities is to promote healthy weight, decrease hunger, and increase access to healthy food choices.

Pregnant Women and Women of Childbearing Age

Health Care Services

- Maternity Support Services dietitians visit low-income pregnant and postpartum women. The visits include assessment and counseling about folic acid, proper nutrition, food insufficiency, weight, and exercise related to health and birth outcomes.
- Maternity Support Services coordinates nutrition services with other programs such as Women, Infants, and Children (WIC) and Head Start to support nutrition services.

Policy Development

- OMCH monitors legislation and promotes policies that improve the nutritional status of women of childbearing age and promote healthy lifestyles including increased physical activity for pre-conception and pregnant women.
- OMCH collaborates with the WIC program to ensure complementary policies between Maternity Support Services and WIC.

Education

- OMCH develops educational materials and distributes them to health care providers who give them to clients. Educational materials include “Nine Months to Get Ready” and resources containing information about physical activity and healthy lifestyles for college women and the general female population.
- Health care providers receive training to screen and work with clients to change behaviors related to physical activity, body mass index (BMI), fruit and vegetable consumption, and folic acid supplementation.
- Maternity Support Services coordinates provider trainings with the state WIC office to increase the number of providers in Maternity Support Services who are trained on nutrition topics and education techniques.
- Maternity Support Services developed and provides online nutrition training and resources for dietitians to properly assess and support proper nutrition and weight in pregnant and postpartum women.
- The Oral Health Program develops educational materials for health and dental providers and pregnant women about the importance of dental care during pregnancy.

Infants, Children, and Youth¹

Health Care Services

- Maternity Support Services providers counsel mothers with infants less than two months of age about recommended nutrition and feeding practices.
- CHILD Profile's one-month letter to parents encourages mothers to plan ahead so they can continue breastfeeding their infants after returning to work or school.
- Local public health agencies coordinate services provided by Community Feeding Teams, Children with Special Health Care Needs Coordinators, the Children with Special Health Care Needs Nutrition Network, and the Medical Home Leadership Network.
- The OMCH Children with Special Health Care Needs program's "last-resort fund" pays for nutrition products not covered by Medicaid for eligible families.

Policy Development

- OMCH monitors proposed and enacted legislation related to nutrition and physical activity such as legislation affecting breastfeeding, infant nutrition, physical activity in schools, and school nutrition programs.
- The Community and Family Health Nutrition Workgroup and the statewide Anti-Hunger Coalition address issues related to physical activity and nutrition and share information.
- OMCH works with partners and monitors legislation affecting school policies on nutrition and physical activity for all children including children with special health care needs.
- OMCH collaborates with Medicaid on developing state regulations (Washington Administrative Code [WAC]) with respect to medical nutrition therapy and medical nutrition product billing instructions.
- OMCH CSHCN Program works with Newborn Screening Program, WIC Program, and Medicaid to ensure coverage and smooth delivery systems for metabolic formulas and nutrition products in the event of an emergency or disaster.
- CHILD Profile works with other programs interested in adding their health promotion materials to CHILD Profile mailings.
- Proposed future policy development activities include:
 - Partnering with social networks and community coalitions that address hunger and food production.
 - Collaborating with state and local governments to develop policies, laws, and regulations that support basic nutrition and physical activity.
 - Promoting safe, affordable environments for physical activity.

Education

- OMCH develops educational materials, such as "Nine Months to Get Ready" and distributes them to health care providers who give them to clients.
- Maternity Support Services provides online nutrition training to support dietitian assessment and interventions for proper infant nutrition and growth.
- Child Care Health Consultants in local health districts receive training on nutrition and physical activity for young children.

¹Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- “Kids Matter: Improving Outcomes for Children in Washington State” is a plan to promote strategies for raising awareness among providers and parents about breastfeeding and nutrition for children from birth to kindergarten entry.
- OMCH encourages the use of Bright Futures² concepts and materials in existing health programs.
- The Washington State Bright Futures Oral Health Project will provide oral health, nutrition, and injury prevention information to families and children aged 0-21 years. Fact sheets are available on-line for use by all family-related programs in the state.
- All families of children aged birth-6 years receive CHILD Profile messages on health, nutrition, safety, behavior, and development.
- OMCH develops and delivers public health messages promoting nutritious eating habits and the use of safety equipment during physical exercise.
- Local public health agencies, school nurses, and private-practice health care providers give adolescents and parents fact sheets on physical activity and nutrition for adolescents.
- Proposed future education activities include:
 - Increasing awareness, knowledge, and motivation among adults regarding nutrition for children.
 - Promoting the nutritional benefit of families eating together.
 - Using CHILD Profile to develop and test adolescent health promotion materials in King and Snohomish Counties.
 - Participating in joint trainings for nutritionists with WIC.

Families

Health Care Services

- Infants, children, and adults who have genetic disorders that require nutritional supplements receive the nutritional products they need.
- Families receive referrals and linkages from the WithinReach: Essential Services for Families Family Health Hotline³ regarding nutrition resources, WIC, Head Start, food banks, food stamps, local free meals, Maternity Support Services, breastfeeding consultants and resources, and medical care. Referral Specialists provide eligibility screenings for many programs such as Medicaid, Maternity Support Services, and WIC.

Policy Development

- OMCH works with WithinReach: Essential Services for Families to build partnerships and coalitions within the maternal and child health community. These partnerships help shape the best services and policies for pregnant women, children, and families in Washington State.

Education

- OMCH ensures ongoing education regarding nutrition and health for families of individuals with genetic disorders such as phenylketonuria (PKU).

² Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers. <http://www.brightfutures.aap.org/web/>.

³The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from ‘Healthy Mothers, Healthy Babies’ to ‘WithinReach: Essential Resources for Family Health’ and it operates several other hotlines in addition to the Family Health Hotline.

- Proposed future education activities include developing intergenerational messages and approaches to promoting physical activity and nutrition.

Research, Surveillance, and Best Practices

Data

- Surveys such as the Behavioral Risk Factor Surveillance Survey (BRFSS), the Pregnancy Risk Assessment and Monitoring System (PRAMS), the Healthy Youth Survey, and other available data sources such as birth and death certificate data, WIC data, and data from the college BRFSS database provide information about nutrition and healthy lifestyles.
- OMCH uses data to monitor progress, disseminate findings, and develop programs.
- Proposed future research and surveillance activities include conducting focus groups of women and health care providers to get information about their knowledge of pre-pregnancy health and related services in Washington State.

Examples of Best Practices

- Bright Futures health education materials
- “Children with Special Health Care Needs: Nutrition Care Handbook” (2004)
- “Medicaid Reimbursement for Medical Nutrition Products and Nutrition Services for Children with Special Health Care Needs” (2004)
- “Nutrition Interventions for Children with Special Health Care Needs” (2002)
- “Cost Considerations: The Benefits of Nutrition Services for a Case Series of Children with Special Health Care Needs in Washington” (1998)
- “Nine Months to Get Ready” (2005)

Other Public Health Agendas

By identifying adequate nutrition and physical activity as a priority for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington’s public health system. Each of these emphasizes the importance of physical activity and nutrition in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{vii} for high-priority public health issues. These indicators are used as the basis for public health priority-setting and decision-making. Related objectives will be used to measure the health of the nation over the next ten years. Two of the leading health indicators related to nutrition and physical activity are “Overweight and Obesity” and “Physical Activity.”

More than 30 objectives measure these and other related indicators in the Healthy People 2010 report. Some of the objectives that measure progress for these indicators among women and children are:⁴

- Reduce low birth weight (LBW) and very low birth weight (VLBW). (16-10)
- Increase the proportion of pregnancies begun with an optimum folic acid level. (16-16)
- Reduce the proportion of children and adolescents who are overweight or obese. (19-3c)
- Increase food security among U.S. households and in so doing reduce hunger. (19-18)
- Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days. (22-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{viii} identifies five key determinants of health: environment, medical care, social circumstances, genetics, and behavior. The PHIP establishes 52 health status indicators under six broad areas. Overall health is the first area and it includes indicators related to general physical health. A few of the PHIP health indicators that assess behaviors related to nutrition and physical activity are:

- Percent of adults who report eating fruits and vegetables five or more times per day.
- Percent of adults meeting recommendations for moderate or vigorous physical activity through work or leisure.
- Percent of tenth graders who report eating fruits or vegetables five or more times per day in the past week.
- Percent of tenth graders who report meeting recommendations for vigorous physical activity.

Department of Health Strategic Plan

The Department of Health Strategic Plan^{ix} created seven long-term goals for public health with related objectives and strategies. Goal 1 is to improve the health of all Washington State residents. The first objective for this goal is to demonstrate improvement of health status for the people in Washington State. The strategies for accomplishing this objective include addressing the incidence of chronic disease and using the PHIP key health indicators described above to guide decision-making.

Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of adequate nutrition and physical activity aligns with both of these themes and OMCH's activities are consistent with the division's strategies for achieving results.

⁴ The number in parentheses represents the objective number. Healthy People 2010 objectives are available in Healthy People 2010 Volumes I and II on-line at: <http://www.healthypeople.gov/Publications/>.

Related Issues

Other OMCH priorities encompass issues related to physical activity and nutrition. Information about physical activity and nutrition related to child and adolescent development and safe and healthy communities can be found in the following issue briefs: (1) Safe and Healthy Communities and (2) Healthy Physical Growth and Cognitive Development. For more information about the Maternal and Child Health Priorities and the Issue Briefs, please contact Candi Wines at the Office of Maternal and Child Health via phone: (360)236-3459 or email: candi.wines@doh.wa.gov.

References

- ⁱ Washington State Health Youth Survey 2006. Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Department of Community, Trade, and Economic Development, and RMC Research Corporation.
<http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
- ⁱⁱ 2004 and 2006 Healthy Youth Survey Analytic Report. Online survey:
<http://www3.doh.wa.gov/HYS/ASPX/HYSQuery.aspx>
- ⁱⁱⁱ MMWR September 30, 2005 / 54(38);955-958
- ^{iv} Behavioral Risk Factor Surveillance Survey (BRFSS), 2006
- ^v Washington State birth certificate data: Vital Statistics 2005, Washington State Department of Health, Center for Health Statistics, April 2007.
- ^{vi} 2006 *MCH Data and Services Report*, “Food Insecurity and Hunger.” Website:
http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm
- ^{vii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>
- ^{viii} <http://www.doh.wa.gov/PHIP/default.htm>
- ^{ix} http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf