

## MCH Priorities

Adequate nutrition and physical activity

Lifestyles free of substance use and addiction

Optimal mental health and healthy relationships

## Health Equity

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

## Health Equity

### Focus

This priority focuses on promoting activities and policies that reduce health disparities for all women, infants, children, adolescents, and families.

The Office of Maternal and Child Health (OMCH) collects and analyzes data to identify and address differences in health outcomes. OMCH recognizes that social, environmental, and economic factors including employment, education, access to health care, use of health care, and quality of health care influence health disparities.

### Objectives and Expectations

The objective of this priority is to decrease disparities in health status and health care access among women, infants, children, adolescents, and their families. Through activities aimed at reducing health disparities, we expect that:

Quality health care services and information, including immunizations, will be available to women, infants, children, adolescents, and their families of all races and ethnicities and income levels.

More children with special health care needs<sup>1</sup> will receive care in a medical home that meets the needs of families and children. This includes decreasing cultural and language barriers.

Fewer teens of all races and ethnic groups will experience unintended pregnancies and practice unhealthy behaviors.

More children of all race and ethnic groups and economic status will have dental sealants on their permanent molar teeth.

Fewer women of child bearing age will choose risky behaviors, and fewer pregnant women will have poor pregnancy outcomes.

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<sup>1</sup> Children with special health care needs (CSHCN) are children up to age 18 years who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and require health and related services of a type or amount beyond the usual for children.

# Key Data from Washington

A variety of indicators suggest that many health disparities exist in Washington. Below are some examples of disparities between various groups. The reasons for differences in health outcomes between population groups are not always evident. Research suggests factors such as economic status, access to health services, quality of health care received, language and other cultural barriers, educational background and opportunities, social stress, and other influences affect health. The examples below show some of the differences in health outcomes between groups of people. We continue to work toward understanding why these differences exist and how we can achieve health equity for everyone in Washington.

## Disparities among women

- In 2005, twice as many Native American women (22%) as non-Hispanic White women (11%) reported smoking during pregnancy. Asian American/Pacific Islander (4%) and Hispanic (3%) women were the least likely to report smoking during pregnancy.<sup>i</sup>
- Smoking during pregnancy is most prevalent among low-income women. Among pregnant women in 2004, smoking rates were higher for those receiving Medicaid (17%) than for those not on Medicaid (4%), although smoking during pregnancy has declined significantly for both groups since 1992.<sup>ii</sup>
- American Indians/Alaska Natives, Blacks, and Hispanics were more likely than other races or ethnicities to report no multivitamin use prior to pregnancy.<sup>iii</sup>

## Disparities among infants

- In 2004, the rate of African American infants born with very low birth weights (less than 1500 grams) was more than two times the rate for Whites (0.7% and 1.6%, respectively).<sup>iv</sup>
- African American infants (10.4%) and Native American infants (9.7%) have higher infant mortality rates than White infants (4.9%).<sup>v</sup>
- Infants born to women who are between age 15-19 years or 40-44 years are more likely to be born with low birth weights, compared with infants born to women who are between age 20-39 years.<sup>vi</sup>

## Disparities among children and adolescents

- Hispanic children and those who do not speak English are less likely to have dental sealants than non-Hispanic, English-speaking children.<sup>vii</sup>
- About 69% of minority children have tooth decay, compared with 55% of non-Hispanic White children. Twenty-eight percent of the minority children have untreated decay, compared with 16% of non-Hispanic White children.<sup>viii</sup>
- Children and adolescents who are Hispanic, non-English speaking, living below the poverty level, or without health insurance, are less likely than other groups to have a medical home. These differences are most likely due to socioeconomic status.<sup>ix</sup>
- Youth with disabilities are more likely to use tobacco or marijuana, binge drink, report being bullied at school, and attempt suicide. Youth with disabilities are also less likely than other youth to reporting having people to turn to for help when they felt sad or hopeless.<sup>x</sup>
- In 2006, tenth graders in rural areas of the state were significantly more likely than tenth graders in urban areas to report they rode in a car with a driver who had been drinking alcohol (31% versus 24%).<sup>xi</sup>

# Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local health jurisdictions (LHJs), universities, community based organizations, health care providers, and other entities. Technical and financial support from OMCH contributes to the delivery of health care services, development of health education materials, collection of data, and the development of systems to improve public health. Described below are some OMCH-supported activities aimed at reducing health disparities and promoting health equity.

## Pregnant Women and Women of Childbearing Age

- OMCH works with medical care providers, dentists, and local health jurisdictions to raise awareness of the need for pregnant women to receive immunizations, oral health care, and prenatal care.
- Maternity Support Services registered dietitians visit low-income pregnant and postpartum women. Women receive information about nutrition and exercise. Services are coordinated with the Women, Infants, and Children program to make it easier for women to connect with other nutrition services.
- Maternity Support Services providers screen, treat, and refer pregnant and postpartum women as needed for domestic violence, tobacco, alcohol, and drug use, and mental health.
- OMCH works with Maternity Support Services providers to do specific outreach to African American pregnant women in Pierce County.
- OMCH is developing strategies to address health disparities and involve communities in improving the health of women and infants.

## Infants, Children, and Youth<sup>2</sup>

- OMCH promotes access to medical homes and culturally competent care for women, infants, children, adolescents, and their families.
- The Children with Special Health Care Needs section improves coordination of services for Spanish speaking children in rural areas who have epilepsy.
- OMCH supports outreach and education to children and adolescents from diverse populations about immunizations and oral health.
- OMCH works to improve access to oral health care for children with special health care needs.
- The Child and Adolescent Health section is developing a plan to address disparities in teen pregnancy and sexually transmitted disease prevention.
- Healthy Child Care Washington trains child care providers on cultural competency and awareness.

## Families

- OMCH contracts with WithinReach: Essential Services for Families to connect families with resources for insurance, nutrition, medical care, and other services.

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<sup>2</sup>Infants 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.

- CHILD Profile Health Promotion sends information about health, growth, development, safety, and preventive care to all families of children aged 0 to 6 years in Washington. Many materials are printed in multiple languages.

## Research, Surveillance, and Best Practices

- Pregnancy Risk Assessment and Monitoring System (PRAMS) collects information from women who have recently given birth. Interviews are conducted in Spanish and English.
- OMCH published a report in May 2006 titled Disability in Washington State. It presents data on health, employment, and social participation for people with disabilities. The data were compiled from the Behavioral Risk Factor Surveillance System, the Census, the Washington State Population Survey, the National Health Interview Survey, and the National Survey of Children with Special Health Care Needs.
- The Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program is preparing to survey parents about why some children do not receive follow up services after failing a hearing screening.
- MCH Assessment analyzes data from national and state data sources to identify disparities based on race, ethnicity, age, and sex.. Data sources include Behavioral Risk Factor Surveillance System (BRFSS), National Survey of Children with Special Health Care Needs, Healthy Youth Survey, the Smile Survey, and National Immunization Survey.

## Other Public Health Agendas

Prioritizing issues related to reducing health disparities ensures that the work of OMCH 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.

## Healthy People 2010

The Healthy People 2010 offers both an over arching goal to eliminate health disparities and recognizes disparities in 8 out of 10 of the leading health indicators. These indicators are used as the basis for public health priority setting and decision making. The following Healthy People 2010 leading health indicators highlight area of disparities:

- Physical activity (disparities by income, education, ability, and race)
- Overweight and obesity (disparities by income and race)
- Tobacco use (disparities by race, age, gender, income, and education)
- Responsible sexual behavior (disparities by race and gender)
- Mental health (disparities by gender, income, and education)
- Environmental quality (disparities by income and race)
- Immunizations (disparities by race and income)
- Access to health care (disparities by insurance status and race)

One of the goals of Healthy People 2010 is to “...eliminate disparities between people with and without disabilities...” The Healthy People 2010 Plan also discusses many influences on health such as genetics, behaviors, social and physical environments, policy, and access to care.

## Public Health Improvement Plan

The Public Health Improvement Plan (PHIP)<sup>xii</sup> is the product of the collaborative efforts by local public health officials, state public health workers, the University of Washington, the Washington Health Foundation, the American Indian Health Commission, and the Washington State Public Health Association. Washington’s public health leaders have created a strong and innovative partnership, addressing public health challenges by working as a coordinated system. PHIP standards are designed to ensure that public health organizations convene, facilitate, and provide support for state and local partnerships intended to reduce health disparities and specific gaps in access to critical health services. Analysis of state and local health data is a central role for public health in this partnership process.

## Department of Health Strategic Plan 2007-09

The Department of Health Strategic Plan<sup>xiii</sup> created seven long-term goals for public health with related objectives and strategies. Goals 1 and 5 encompass the OMCH priority of reducing health disparities.

- Goal 1 is “improve the health status of people in Washington State.” The related objective for this goal is “all people have an equal opportunity to be healthy”. The strategy for accomplishing this objective is “increase the number and types of interventions designed to improve equal opportunity to health within the baseline of programs or activities.”
- Goal 5 is “develop and maintain high quality service to the people of Washington State and partnerships that promote the public’s health.” The related objective for this goal is “promote, provide, and improve public health programs and activities through partnerships.” One of the strategies supporting this objective is “increase interaction with communities of color and organizations representing diverse groups.”

## 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 - 2008. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the “Address health disparities” theme for the 2006-2008 timeframe. The office and division work together to complement and support each other’s efforts to address health disparities.

## Related Issues

Refer to the other OMCH priority issue briefs to learn more about disparities in specific health outcomes. For more information about the Maternal and Child Health Priorities and the Issue Briefs, please contact the Office of Maternal and Child Health via phone: (360)236-3502 or email: [mch.support@doh.wa.gov](mailto:mch.support@doh.wa.gov).

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