

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

Quality Screening, Identification, Intervention, and Care Coordination

Focus

This priority focuses on quality health care for infants, children, pregnant women, and women of childbearing age. For children and adolescents quality health care includes screening, early identification, and intervention for physical and developmental health conditions. It also includes a medical home¹ and Early Periodic Screening, Diagnosis and Treatment (EPSDT) services.

The focus of this priority for pregnant women is on early and comprehensive prenatal care. Prenatal care includes identifying and managing health conditions to ensure a healthy mother and baby. It also involves providing counseling, education, and referrals for genetic services, nutrition, breastfeeding, and parenting skills.

For women of childbearing age, this priority focuses on screening for, identifying, and managing chronic health conditions. It also focuses on promoting safe and effective contraception for women.

Objectives and Expectations

The objective of this priority is to increase the number of women and children who receive immunizations as recommended, screening for conditions that could delay learning and development, prenatal care that will lead to healthy pregnancies and desirable birth outcomes, and coordinated, culturally sensitive, family-centered health care within a medical home.

As a result of these efforts we expect that:

- Women and children in Washington will receive quality, evidence-based health care within a medical home.
- Health care providers will identify risk factors and illnesses early and intervene to prevent further complications.

¹ The Medical Home is a model of primary health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Key Data from Washington

Prenatal Care and Care for Non-Pregnant Women of Childbearing Age

In 2006, approximately 76 percent of women in Washington over age 40 years had a mammogram in the past two years, and 84 percent of women over age 18 years had a Pap smear within the past three years.ⁱ In 2001, approximately 93 percent of adult women reported ever having a clinical breast exam.

The following table shows the percentage of pregnant women who reported being asked by their providers about smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

	Smoking (%)	Alcohol Use (%)	Drug Use (%)	HIV Status (%)	Postpartum Birth Control (%)	Abuse (%)	Combined* (%)
2000	91.5	82.6	67.9	80.2	90.1	50.9	52.9
2001	90.7	82.1	73.9	85.3	88.7	59.5	58.5
2002	90.2	83.5	72.2	82.5	87.5	59.6	55.9
2003	91.2	83.3	72.6	81.4	88.5	61.5	56.5
2004	93.0	85.7	79.4	81.9	91.0	70.4	59.1
2005	91.0	84.2	76.0	82.1	89.7	68.9	56.5

*The combined total includes women who received genetic counseling.

Children with Special Health Care Needs and Adolescent Health

In Washington State, 45 percent of children with special needs had medical homes compared to 49 percent of children without special needs.ⁱⁱ

Youth with a disability were less likely to report a dental visit in the past year compared to youth without a disability.ⁱⁱ

Data from the 2006 Healthy Youth Survey show that 57 percent of students in Grade 8, 58 percent of students in Grade 10, and 54 percent of students in Grade 12 received physical exams (check-ups) in the previous year.ⁱⁱⁱ

Oral Health

Many children are not getting the dental care they need. The 2005 Washington State Smile Survey showed that about 20 percent of students in Grades 2 and 3 experience untreated decay and only 45 percent received dental sealants.^{iv} In 2006, 73 percent of eighth graders, 72 percent of tenth graders, and 70 percent of twelfth graders received dental visits or cleanings within the past year.ⁱⁱⁱ

Pregnancy Risk Assessment and Monitoring System (PRAMS) data for 2005 show that about 51 percent of mothers reported seeing a dentist during their pregnancy, 83 percent reported going before and 37 percent reported going after.^{v vi}

Disparities

In 2005, women who were less than 20 years old, on Medicaid, and Native American or African American were less likely to get prenatal care as early as they wanted compared to other women.

Results from the 2006 Behavioral Risk Factor Surveillance Survey (BRFSS) show that 76 percent of White women in Washington reported ever having a mammogram, compared to 73 percent of Hispanic women.^{vii}

In 2005, women who were Hispanic, Native American, and Asian/Pacific Islander were significantly more likely to report *not ever* having a cleaning by a dentist or dental hygienist. In 2005, Native American and African American women were significantly less likely to have had a dental cleaning *during* their pregnancy.^{vii}

In 2006, women who attained more schooling were significantly more likely to have mammograms and pap smears. Additionally, younger women aged 18-24 years were significantly less likely to have pap smears than women of other ages.ⁱ

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. Activities promoting quality screening, identification, intervention, and care coordination aim to increase the use of health care services in order to improve long-term health outcomes. This will also help conserve the use of health care resources by reducing the demand for expensive services for chronic or advanced conditions. Described below are some OMCH-supported activities and outcomes for specific populations related to quality screening, identification, intervention, and care coordination.

Pregnant Women and Women of Childbearing Age

Screening

- Maternity Support Services (MSS) and Infant Case Management (ICM) providers ask pregnant women about tobacco use, signs of domestic violence, family planning needs, drug and alcohol use, HIV infection, and nutrition needs.

Identification

- OMCH supports services that identify and diagnose conditions in pregnant women and women of childbearing age. These services are delivered through a variety of programs and health care providers such as:
 - ♦ Tertiary level (high-risk) perinatal centers.
 - ♦ Regional Genetics Clinics.
 - ♦ MSS and ICM providers.
 - ♦ Community Services Offices.

Intervention

- OMCH-supported intervention strategies for pregnant women include:
 - ♦ Tertiary level (high-risk) perinatal care.
 - ♦ Perinatal Advisory Committee activities.
 - ♦ MSS and ICM core services.
 - ♦ Maternal mortality surveillance.
 - ♦ CHILD Profile Health Promotion messages.
 - ♦ Efforts to inform providers about prenatal HIV testing and counseling procedures required by Washington State law.
 - ♦ Efforts to inform providers about genetics issues.
 - ♦ Immunizations.

Care Coordination

- MSS and ICM protocols include connecting clients with other services.

Infants, Children, and Youth²

Screening

- Newborns are screened for specific disorders including hearing loss.
- Health care providers screen for and report certain birth defects to the Department of Health for inclusion in the birth defects registry.
- OMCH promotes the use of EPSDT services among providers throughout the state.
- Health care providers, care givers, and schools screen infants, children, and adolescents for immunizations.
- OMCH promotes the use of the Bright Futures³ guidelines for well-child screening.
- Primary health care providers are advised to screen children and adolescents for oral health, mental health, substance abuse, and sexual activity indicators.
- OMCH promotes oral health screening in Head Start and Early Childhood Education and Assistance Program (ECEAP) settings.
- OMCH supports school-based dental sealant programs, which provide basic oral health screening for students in Grades 2 and 3.
- OMCH partners with the Office of Superintendent of Public Instruction (OSPI) for school-based screening programs.

Identification

- OMCH supports services that identify and diagnose conditions in infants, children, and youth. These services are delivered through a variety of programs and health care providers such as:
 - ♦ Medical Homes.
 - ♦ Audiologists.
 - ♦ Neurodevelopmental Centers.
 - ♦ MSS and ICM providers.
 - ♦ Child Care Health Consultants in local health agencies.
 - ♦ School Nurses and School-Based Health Centers..
 - ♦ Medical Geneticists.

Intervention

- Examples of OMCH supported intervention strategies for infants, children, and youth are:
 - ♦ Neurodevelopmental Centers and Early Intervention providers.
 - ♦ Child Care Health Consultants.
 - ♦ Universal access to vaccines for children.
 - ♦ CHILD Profile Health Promotion reminders for immunizations and well-child care.
 - ♦ Adolescent Health fact sheets.
 - ♦ School-based sealant programs and school-based health centers.
 - ♦ Training for early intervention providers to increase skills for working with children who are deaf or hard of hearing.

²Infants 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.

³Bright Futures is a set of nationally developed health guidelines for parents, children, and health care providers. <http://www.brightfutures.aap.org/web/>.

Care Coordination

- Children with Special Health Care Needs (CSHCN) Coordinators, Child Care Coordinators, and Oral Health Coordinators in local public health agencies link infants, children, and adolescents to health care resources.
- The Early Hearing Loss Detection, Diagnosis, and Intervention (EHDDI) program ensures that infants receive appropriate follow up and intervention services.
- The First Steps Infant Case Management program provides case management services to high-risk infants and their families through home and office visits.
- OMCH supports the Access to Baby and Child Dentistry program, which coordinates oral health services for Medicaid eligible children aged 0 – 5 years.
- Maxillofacial Review teams in four locations across the state coordinate services and interventions for children with maxillofacial or craniofacial diagnoses.

Families

Screening

- OMCH participates in the Family Voices-Bright Futures project to assess the effectiveness of Bright Futures materials for families of children with special health care needs.

Identification

- Genetic counselors work with families to identify genetic risks.
- OMCH promotes the family health initiative, which encourages individuals to learn about diseases that affect their relatives.

Intervention

- Examples of OMCH supported intervention strategies for families are:
 - Family leadership is developed to promote inclusion of families in program planning and policy development.
 - Washington State Parent to Parent and the Washington State Father's Network are supported to provide outreach, information, and connections for families of children with special needs.
 - Parent resources are developed and distributed to help families become knowledgeable partners with professionals in making decisions about their children with special needs.
 - OMCH employs a family consultant who takes a leadership role in activities to increase family involvement in children with special health care needs (CSHCN) policy and program development.

Research, Surveillance, and Best Practices

- Data sources for information about screening, identification, intervention, and coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:
 - Vital records such as birth and death certificates.
 - Pregnancy Risk Assessment and Monitoring System (PRAMS).
 - First Steps Database.
 - Regional Genetics Clinics data.
 - Behavioral Risk Factor Surveillance System (BRFSS).

- ♦ CHILD Profile Immunization Registry.
 - ♦ National Immunization Survey.
 - ♦ National Survey of Children with Special Health Care Needs.
 - ♦ School and child care immunization reports.
 - ♦ Smile Survey
 - ♦ National Survey of Children's Health
 - ♦ Healthy Youth Survey
 - ♦ Newborn screening data system.
 - ♦ Early Hearing-loss Detection, Diagnosis, and Intervention (EHDDI) tracking and surveillance system.
- Examples of materials that inform providers and consumers about best practices for screening, identification, intervention, and care coordination for pregnant women, women of childbearing age, infants, children, and adolescents include:
 - ♦ Domestic violence and pregnancy materials.
 - ♦ Information about substance abuse during pregnancy.
 - ♦ Delivery checklists for screening and management of HIV infection among pregnant women.
 - ♦ Materials about smoking cessation during pregnancy.
 - ♦ CHILD Profile Health Promotion materials.
 - ♦ Training materials for MSS and ICM providers.
 - ♦ Child Health Notes on a variety of topics including medical home and hearing and vision screening.
 - ♦ Bright Futures materials.
 - ♦ "Transition Timeline for Children and Adolescents with Special Needs."
 - ♦ "Protocol for Newborn Hearing Screening."
 - ♦ "Protocol for Diagnostic Audiologic Assessment."
 - ♦ "Best Practice Guidelines in Early Intervention for Children with Hearing Loss."
 - ♦ "Hearing Loss Resource Guide for Families of Children with Hearing Loss."
 - ♦ Tooth Tutor.
 - ♦ Washington State Dental Sealant and Fluoride Varnish Guidelines.
 - ♦ "Care Coordination Toolkit."
 - ♦ "Practical Tips: Involving Family Consultants in Program and Policy Development."

Other Public Health Agendas

Prioritizing issues related to quality screening, identification, intervention, and care coordination 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. Each of these emphasizes the importance of quality screening, identification, intervention, and care coordination in improving public health.

Healthy People 2010

Healthy People 2010 identifies ten leading health indicators^{viii} 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. Several of the leading health indicators including "Tobacco use," "Substance abuse," "Immunization," and

“Access to health care” are related to OMCH’s goal to promote quality screening, identification, intervention, and care coordination.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:⁴

- Increase smoking cessation during pregnancy. (27-6)
- Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days. (26-10a)
- Increase the proportion of children who have received dental sealants on their molar teeth. (21-8)
- Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections). (14-2)
- Reduce new cases of perinatally acquired HIV infection. (13-17)
- Increase the proportion of adults with disabilities reporting satisfaction with life. (6-6)

Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)^{ix} 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. Two categories contain indicators for access to health services and healthy behaviors. Indicators related to women and children include: (1) the percent of households unable to obtain health care or experiencing a delay or difficulty in obtaining health care, (2) the rates of vaccine-preventable diseases, (3) the percent of women who report smoking during the last three months of pregnancy, and (4) the percent of tenth graders who report drinking any alcohol in the past 30 days.

Department of Health Strategic Plan

The Department of Health Strategic Plan^x created seven long-term goals for public health with related objectives and strategies. Goals 1 and 4 encompass the OMCH priority of quality screening, identification, intervention, and care coordination. Goal 1 is to improve the health of all Washington State residents. The related objectives for this goal are to demonstrate improvement of health status for the people in Washington State and improve the quality of public health and health care services. The strategies for accomplishing these objectives include integrating social determinants such as job opportunities, education, housing, and access to resources into the work of the department, using the PHIP key health indicators to guide decision-making, and assisting communities in addressing access to care. Goal 4 is “enhance strategic partnerships and collaborative relationships.” The related objectives for this goal include supporting partners in meeting community health goals through strategies such as supporting, evaluating, and disseminating best practices and providing community health assessment support.

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

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/>.

Washington State. CFH prioritized the “Improve healthy behaviors” and “Address health disparities” themes for the 2006-2008 timeframe. The maternal and child health priority of quality screening, identification, intervention, and care coordination aligns with both of these themes and OMCH’s activities are consistent with the division’s strategies for achieving results.

Related Issues

Other OMCH priorities encompass issues related to quality screening, identification, intervention, and care coordination. Information about related topics can be found in the following issue briefs: (1) Healthy Physical Growth and Cognitive Development, (2) Sexually Responsible and Healthy Adolescents and Women, (3) Access to Preventive and Treatment Services, and (4) Lifestyles Free of Substance Use and Addiction. 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 Department of Health. Behavioral Risk Factor Surveillance System (BRFSS). 2001 & 2006.

ⁱⁱ Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. 2003 National Survey of Children’s Health.

ⁱⁱⁱ 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>

^{iv} Washington State Department of Health. 2005 SMILE Survey. Available at:
http://www.doh.wa.gov/cfh/Oral_Health/Documents/SmileSurvey2005FullReport.pdf

^v Washington State Department of Health. *MCH Data and Services Report 2006*, Web site:
http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/2005_pdfs

^{vi} Washington Pregnancy Risk Assessment Monitoring System (PRAMS). 2005.

^{vii} Washington State Department of Health. Washington State Behavioral Risk Factor Surveillance System (BRFSS), 2000.

^{viii} <http://www.healthypeople.gov/LHI/lhiwhat.htm>

^{ix} <http://www.doh.wa.gov/PHIP/default.htm>

^x http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf