

Washington State Department of Health
Community and Family Health
Women's Health Activities Update 2009

The Washington State Department of Health has a variety of programs that focus to varying degrees on different aspects of women's health. These programs are funded separately and include:

- Family Planning and Reproductive Health
- Sexually Transmitted Diseases
- HIV/AIDS
- Breast and Cervical Health
- Diabetes Prevention and Control
- Heart Disease and Stroke Prevention
- Maternal and Child Health
- Adult Immunization
- Injury and Violence Prevention
- Physical Activity, Nutrition, and Obesity
- Comprehensive Cancer Control
- Tobacco Prevention and Control program
- Women, Infants, and Children's Supplemental Nutrition
- Office of Health Promotion

The Women's Health Resource Network is a cross program workgroup that meets regularly to provide a forum for communication and coordination related to women's health issues in the areas of assessment, policy, and health promotion and disease prevention. The Women's Health Resource Network focuses on bringing these programs together to improve collaboration, broaden the focus of women's health at the state level, provide a forum for department input, and respond to current and emerging women's health issues.

Women's Health Resource Network

- Acts as a liaison on women's health issues with external stakeholders.
- Promotes collaboration and communication among department programs.
- Shares information on women's health issues with all the department's programs.
- Sponsors educational discussions on women's health issues for department employees.
- Highlights women's health programs through displays and health promotion materials at conferences and events.
- Participates in regional and national activities with Department of Health and Human Services Region X and the Federal Office of Women's Health, (for example, National Women's Health Week.)
- Features a portal page on women's health at the department's web site.

Adult Immunization

- The Immunization program, CHILd Profile developed articles about immunizations recommended for pregnant and postpartum women and modified a poster reminding pregnant women to get a flu shot. The poster and articles were made available to WIC clinics, local health jurisdictions, and prenatal care providers.
- Messages about the importance of immunizations for postpartum women and other caregivers were included in CHILd Profile health promotion materials. These materials are mailed to approximately 85 percent of Washington State parents with children aged 0 to 6 years.
- Included messages about the importance of immunizations for parents and other caregivers in news releases, talking points, and other immunization education materials.

Domestic Violence and Sexual Assault

- The department collaborates with other state agencies and coalitions to promote prevention and intervention for violence against women. Department staff advise and consult with the Office of Crime Victims Advocacy at the Department of Community, Trade, and Economic Development; the Department of Social and Health Services; the Crime Victims Compensation program at the Department of Labor and Industries; the Washington State Council for Children and Families; the domestic violence and sexual assault statewide coalitions; among others. The goal in these collaborations is to further partnerships and enhance practices related to violence prevention. Continued efforts to build relationships between public health and allied professions are critical and will be on-going.

- The department's Family Violence Prevention Workgroup coordinates activities in order to better serve our program partners and stakeholders. Efforts include streamlining internal communication, sharing resources and information, identifying system-wide needs that can be addressed by the group, and tapping into expertise to implement strategies developed by the group. The workgroup strives to raise awareness of the issues of family violence within the agency as well as carry out targeted activities to aid the work of the programs and offices. The workgroup occasionally hosts brown bag discussions related to issues of violence.
- Sexual Assault Prevention Funds from the Federal Crime Bill provide part of the funding necessary for sexual assault prevention and services in Washington State. The department is responsible for administering the funding that supports these activities. The Injury and Violence Prevention program works in conjunction with the Office of Crime Victim Advocacy to carry out these activities. The focus of sexual assault prevention is on community development – raising awareness of the issue of sexual violence with key community members, building ownership of the shared responsibility to address this issue, and developing local strategies for prevention. Much of the work is done in partnership with the Washington Coalition of Sexual Assault programs and local sexual assault prevention programs. A revised and updated state plan is being developed and will be available in 2009.
- The department continues to track and analyze data elements on domestic violence from Pregnancy Risk Assessment Monitoring System, the Behavioral Risk Factor Surveillance System, Healthy Youth Survey, Washington State Child Fatality Review, and Washington State Domestic Violence Fatality Review. This helps inform our work relating to the training of health care providers on domestic violence.
- Maternal and Infant Health continues to disseminate and promote the technical assistance guide titled "Perinatal Domestic Violence Identification Services: A Guide Toward Culturally Relevant Care in Health Clinics" that summarizes the successful aspects of provider training, protocols, tools, and activities to increase the safety of pregnant women experiencing violence.
- Maternal and Infant Health continues to disseminate and promote provider tools titled "Domestic Violence and Pregnancy: Facts for Health Care Providers" and "Domestic Violence and Pregnancy: Guidelines for Screening and Referral." Both of these as well as other provider tools and information are also available on the Maternal and Infant Health Family violence website: <http://www.doh.wa.gov/cfh/mch/FamilyViolence.htm>
- The Injury and Violence Prevention program in the department continues to host and update a website titled Violence against Women: Information for Healthcare Providers at www.doh.wa.gov/vaw. This website informs providers about the issues of violence against women, the impact on women's health, and practices that help women who are victims of sexual assault and/or domestic violence.
- The Injury and Violence Prevention program developed an Injury and Violence Prevention Guide. There were four priorities – Motor Vehicle Crash Prevention, Senior Falls Prevention, Poisoning Prevention, and Violence against Women Prevention. To address the latter, the Department of Health is working with key agencies and organizations to first identify areas for strengthening data systems. The second activity identifies and promotes promising practices for preventing violence against women. These activities will be carried out through 2009.

Human Immunodeficiency Virus

- The Maternal and Child Health HIV Workgroup meets regularly to promote effective policies and programs for HIV prevention and care in maternal and child health populations. Workgroup members are represented by three Department of Health programs: Maternal and Child Health, HIV/AIDS and Family Planning and Reproductive Health, and the Northwest Family Center. In 2009, this workgroup will combine its meetings with the Title IV Client Caucus community advisory group
- The Maternal and Child Health HIV Workgroup established a community advisory group of HIV service providers, insurers, and women infected and affected by HIV/AIDS. The workgroup meets quarterly as part of the Title IV Client Caucus. This group recommended changes in the statute related to the testing of pregnant women. The department used the workgroup's recommendations in establishing a new WAC.
- The workgroup made recommendations to the State Board of Health to revise Washington State law around prenatal screening for HIV and in May of 2002 it adopted revised rules on AIDS counseling for pregnant women. The new rules reduce barriers to routine HIV testing of pregnant women and are consistent with the recommendations of the Centers for Disease Control and Prevention, the Institute of Medicine, and other leading organizations. The workgroup is actively encouraging hospitals and birthing centers to provide rapid HIV testing to all pregnant women who present in labor without prenatal HIV test documentation.
- The workgroup partners disseminate information about the new Centers for Disease Control and Prevention recommendations for testing all adults as part of routine primary care.

- Workgroup regularly revises and disseminates “Update on Screening and Management of Maternal HIV Infection: Implications for Mother and Infant.” The 2008 revision is available to perinatal providers statewide from the department’s website.
- Workgroup developed and regularly disseminates, “Guidelines for Management of HIV positive Women Birthing in Washington State Hospitals,” checklists for hospitals and prenatal provider offices. These checklists for hospitals and prenatal providers outline appropriate in-hospital care including lab tests and medications for laboring mothers and their newborns. The checklists are available on the department’s web site.

Office of Health Promotion

- Began the planning phase for osteoporosis prevention messaging to younger adult women. Reviewed the current literature for evidence-based interventions. Explored partnering with Maternal and Child Health programs that serve the target population. Considered adapting proven-effective outreach messages and methods to incorporate meaningful osteoporosis prevention messages for young adult women.
- Worked with WIC staff to add WIC publications to the Health Education and Resource Exchange website.
- Worked with Maternal and Child Health staff to maintain and update education materials and tools.

Pregnancy and Preconception

- The department works with the Department of Social and Health Services to oversee the Maternity Support Services program. Maternity Support Services are preventive health services focused toward helping low-income women have positive pregnancy and parenting outcomes. Services are provided by a team of registered dietitians, community health nurses, behavioral health specialists, and in some agencies, community health workers. Maternity Support Services teams across the state provide assessment, health education, intervention, counseling, and case management. The department develops standards, provides program management training, monitoring, and evaluation of the Maternity Support Service agencies.
- The department’s Maternal and Child Health Office developed the *Substance Abuse During Pregnancy: Guidelines for Screening* booklet in collaboration with Department of Social and Health Services Division of Alcohol and Substance Abuse and the statewide Perinatal Advisory Committee. The 2009 revision includes additional information on skill building techniques, testing and consent issues, basic prenatal management, new programs, and other resources. Copies have been disseminated to professional organizations and providers statewide via meetings, educational conferences, and direct mailing since June 1999.
- Staff from Family Planning and Reproductive Health and Maternal and Infant Health, have created a cross agency group with staff from Department of Corrections and various programs within Department of Social and Health Services to discuss issues and needs of female offenders and to explore potential collaborative activities. The Department of Corrections staff identified several issues including: access and linkage to outside family support resources and women’s health care; family planning, health education related to self care, wellness and prevention, parenting; transition issues; and mental health. Community and Family Health staff share program information and available resource materials. The group meets every other month. Several pilot projects are being explored. Department staff participated on the Department of Corrections female re-entry group that is focused on health issues.
- Staff from the department participate on the March of Dimes Healthy For Life Council. This council, which is focused on preconception health, will engage individuals and communities to optimize the health and well-being of women and their partners, leading to healthier infants and families. The purpose of the council is to provide a forum for statewide planning, decision-making and action regarding issues and programs that are related to Preconception Care. The council will engage stakeholders in a process to increase awareness, availability, and access to primary health care for women in Washington.
- In the fall of 2006, Maternal and Child Health in collaboration with Tobacco Prevention and Control program and Office of Health Promotion contracted with The Gilmore Research Group to conduct focus groups with women to determine effective strategies for influencing and improving women’s health status prior to pregnancy. A total of 49 women, ages 18-29, participated in 7 groups. Four focus groups of thirty-five primary care providers were also conducted to determine strategies for improving preconception and interconception health care for women. Data from these groups will be used to inform department planning efforts and has been shared with partner organizations.
- Perinatal Advisory Committee convened a subcommittee to explore maternal mortality surveillance in 1999. Findings were presented in 2001 and 2004. The methodology has been improved and the department now has a completed review of maternal deaths from 1990 through 2005. The group periodically reviews maternal death certificates, birth certificate information, and hospital information from the Death and Illness History Database for maternal deaths that occurred within a year of delivery. Preliminary results of deaths since 1990 show on average 32 deaths of women within a year of pregnancy, about 7 directly related to the pregnancy. Injury, specifically motor vehicle accidents, are the leading cause of death to

women within a year of delivery; infection and cardiovascular conditions were the leading causes of deaths directly related to pregnancy. African American women, women over 35, and women without prenatal care were at greater risk of dying from a pregnancy-related cause.

Sexually Transmitted Diseases

- STD Services' Infertility Prevention Project promotes awareness of asymptomatic infection and provides *Chlamydia* and gonorrhea screening, clinical and public education services. It works with Family Planning and Reproductive Health, Office of the Superintendent of Public Instruction, Maternal and Child Health, local health jurisdictions, Health Maintenance Organizations, tribal health, and other public and private sector community partners.
- STD Services disseminates client pamphlets and professional literature to promote screening, diagnosis, and treatment to public and private health programs, businesses, drug treatment programs, migrant health centers, Indian health services, and correctional facilities. It coordinates clinical training and continuing education credits for clinicians.
- The U W School of Medicine research project on Expedited Partner Therapy works through the STD Services section to reach and treat contacts of women and men with confirmed sexually transmitted diseases such as chlamydia or gonorrhea. The CDC has encouraged this novel approach to treating sexual partners to disease where state laws permit it. The University of Washington worked with department staff to develop solid public health policy promoting this effective practice.
- STD Services assures notification, treatment, and risk reduction counseling for partners, which reduces the risk of women being reinfected by untreated sexual partners.
- STD Services assures case reporting, data analysis and management, and, in collaboration with local health jurisdictions and other community partners, disseminates statewide and county-level reports.
- STD Services collaborates with other programs to provide cross-program clinical and counseling training for outreach workers, drug treatment, migrant, Indian health, military, correctional, family planning, midwifery, and rural clinicians.
- STD Services works with other programs and agencies to promote the availability and uptake of human papilloma virus vaccine to prevent cervical cancer and genital warts.

Teen Pregnancy Prevention

- The goal of the Department of Health's Teen Pregnancy Prevention program is to decrease the incidence of teen pregnancies in communities with high teen pregnancy rates. This is achieved by implementing community based media literacy projects for teens aged 10-19 years old and providing statewide technical assistance in implementing the Healthy Youth Act.
- In 1997, the legislature passed a law (RCW 74.12.410) requiring the department to apply for the Federal Abstinence-Education grant. The department funded 12 community-based abstinence education projects until September 2007. The department has applied for these funds but has not yet received notice of grant approval.
- The department funded three sites in five different counties that implemented projects targeting high risk youth. The projects utilized a positive youth development approach to pregnancy prevention and include a family planning component for sexually active youth. This program ended in June 2007 due to funding issues.
- Until September 2007 the department also implemented and evaluated community-based media literacy projects throughout the state. The goal was to reduce teen pregnancies by delaying initiation of early and unsafe sexual activity by raising youth awareness around media representation of human sexuality. The project-sites used an abstinence-based media literacy curriculum that enabled youth to deconstruct media messages related to sexual behavior. The department converted this program from an abstinence based approach to a comprehensive program. This year the department will fund eight pilot sites to test the new program.
- The department has developed an abstinence-based statewide public awareness campaign targeting youth ages 10-14 and parents of young teens. The campaign's goal is to reduce the number of unintended teen pregnancies through abstinence-based media messages that communicate the importance of healthy relationships, model good decision-making skills, and encourage effective parent-teen communication. The public awareness campaign was launched in spring 2005 and evaluated to determine effectiveness. The next phase of this campaign was launched in early 2007. Pending reauthorization of the Federal Abstinence funding, this campaign will be updated for 2009 to include web based outlets in addition to radio and television.
- Upon legislative request in 2004, the department collaborated with Office of the Superintendent of Public Instruction to create Guidelines for Sexual Health Information and Disease Prevention. The voluntary Guidelines, released in January 2005, provide a framework for medically and scientifically accurate sex education for Washington youth. The department and Office of the Superintendent of Public Instruction strongly encourage all school districts, community-based organizations, juvenile detention centers, and tribal health programs vested in adolescent health to participate in the distribution of the guidelines.

- In 2007, the legislature passed the Healthy Youth Act which requires every public school that offers sexual health education assure that it is medically and scientifically accurate, includes information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted disease, and adheres to the Guidelines for Sexual Health Information and Disease Prevention. The department is reviewing sexual health education curricula for medical and scientific accuracy. In collaboration with Office of the Superintendent of Public Instruction, the department has convened a panel to review curricula for adherence to the 2005 Guidelines. In September of 2008 the department published a list of curricula reviewed for medical and scientific accuracy on their websites.
- The department partnered with The Center for Health Training, Office of the Superintendent of Public Instruction, and Planned Parenthood Affiliates of Washington to submit a proposal to the Centers for Disease Control on adolescent reproductive health. The Center for Health Training was successful in securing the Centers for Disease Control grant funding that will provide \$150,000 per year for the next 5 years. The goal of the grant is to reduce the rates of unintended pregnancies, sexually transmitted diseases, and HIV infection among Washington youth. During the initial year of the grant, funds were used to provide technical assistance, consultation, and training to three local communities around comprehensive sex education and the use of the Department of Health and Office of the Superintendent of Public Instruction Guidelines for Sexual Health Information and Disease Prevention. In the second year of this grant, the department in conjunction with the Center for Health Training and Office of the Superintendent of Public Instruction conducted trainings on implementing the Healthy Youth Act.
- The department updated the Adolescent Pregnancy and Childbearing Chapter of the Health of Washington State in 2007.
- The Paschal Sherman Indian School is located on the Colville Confederated Reservation. The school draws students from all over the county by offering a residential program to house the children during the school year. All of the students are Native American, and many have problems with alcohol and drug use, early sexual activity initiation, and frequent encounters with the juvenile justice system. With special funding from Title X, Paschal Sherman Indian School has received sexual health education from Okanogan Family Planning to help the students develop the skills necessary to prevent teen pregnancy and protect their reproductive health. The Colville Indian Reservation makes up 26 percent of the county's geographic area. Fifty percent of the Colville tribe's membership live on or adjacent to the reservation. Results from the Washington Institute survey completed with 7th-9th graders at Paschal Sherman Indian School in the Spring of 2005 indicate that 43 percent are sexually active, a rate that is significantly higher than the national and even local (Omak) average (which are both around 33 percent for 9th grade only.)
- The department provides technical assistance and guidance to the 18 School Based Health Centers in Washington State. Sixteen of the school-based health centers receive a large portion of their funding from the Seattle Schools' Families and Education Levy, and two school-based health centers receive a large portion of their funding from the department. School-based health centers are multidisciplinary teams of providers that provide mental health, physical health, and health education services to youth in an age appropriate manner. School-based health centers are usually located in middle or high schools. Of the 18 school-based health centers in Washington State, 18 provide reproductive health services; 16 provide on-site diagnosis and treatment of sexually transmitted diseases and 16 provide family planning services. Family planning services are not limited to dispensing of birth control it also includes counseling about healthy life choices.

Tobacco Prevention and Control

- The program develops yearly progress reports. These reports contain information about tobacco use rates among adults and youth. The reports also discuss smoking and pregnancy and environmental tobacco smoke.
- The Centers for Disease Control and Prevention funds some of the tobacco prevention activities in Washington State. The program receives a total of \$29.7 million from all sources including the tobacco settlement.
- Tobacco prevention and control activities for women include assessing the availability of community cessation resources for women and distributing information to them locally. The "train the trainer model" is used to train health care providers about tobacco cessation intervention. In addition, the program does, outreach to rural hospitals that provide maternity services. Other activities include attendance at conferences and trainings, many of them focus on women's health issues. Information about quit line services are included in informational packets distributed through the WithinReach program.
- July 1, 2003, the department in collaboration with Department of Social and Health Services, Health and Recovery Services Administration, implemented a Tobacco Cessation Performance Measure in First Steps, a program for pregnant and parenting women. First Steps providers are required to document that each client is asked about tobacco usage and secondhand smoke exposure and is offered an appropriate and individualized intervention. In order to successfully talk to clients about tobacco and second hand smoke exposure, First Steps and WIC providers receive comprehensive training on motivational interviewing techniques, using health education materials, and information on community resources. These comprehensive trainings are held statewide at least twice a year. Over 1,300 First Steps and WIC providers have attended these trainings as of June 2007. Beginning in July 2004, a \$10 reimbursement per First Steps client was made available for

Maternity Support Services providers completing the tobacco cessation performance measure. Currently, ten First Steps agencies are receiving additional technical assistance and trainings in motivational interviewing, systems approach, and program evaluation to enhance their tobacco cessation interventions. A focus on relapse prevention was a new component added to these trainings as of June 2006 and this focus continues.

- In the winter of 2007, all First Steps line staff were contacted and asked to complete the Tobacco Intervention Training Assessment Survey. The survey was conducted as a collaborative effort between the First Steps program and the department's Tobacco Prevention and Control program. Almost 500 surveys were returned and data from this survey was collected and analyzed by the department's Tobacco Prevention and Control program's assessment staff and is being compared to data from two similar surveys conducted in 2001 and 2002. This information will help guide decisions regarding future First Steps Tobacco 101 trainings, Tobacco Cessation Champion projects, and development of new curricula and materials for a Tobacco 201. A preliminary analysis was shared with the department and the Department of Social and Health Services, Health and Recovery Services Administration First Steps Data workgroup in October 2007.
- As of October 1, 2003, exposure to second hand smoke was added as a risk factor for determining eligibility for the First Steps Infant Case Management program, which can continue through the baby's first year of life.
- The department has implemented a statewide Washington Quit Line (1-800 QUIT-NOW) that has a specialized intervention protocol for pregnant women. Pregnant women regardless of health coverage can be enrolled in Free and Clear, the telephone proactive, multiple call intensive program with free nicotine replacement therapy with permission of their health care provider.
- In June of 2005, The Tobacco Prevention and Control program working with the Tobacco Control Resource Center implemented the Quit Line Fax Referral program through the Washington Quit Line. The Fax Referral program will reduce the barriers faced by health care providers in helping tobacco users quit part of routine health care. This program was first available to all First Steps and obstetric providers. As of January 2006, all health care providers may use this program to refer smokers wishing to quit. The medical provider asks about tobacco use, documents use, advises users to quit, and assesses interest in quitting. Those who are interested in quitting are directly referred to the Washington Quit Line using a faxed referral form. The Quit Line will confirm the referral, contact the person to assist in developing a quit plan, and arrange referrals.
- In 2008, the department, in collaboration with Department of Social and Health Services, the statewide Perinatal Advisory Committee and other health care professionals, revised the best practice booklet for prenatal care providers. *Smoking Cessation During Pregnancy: Guidelines for Intervention* includes information on using motivational interviewing techniques, dealing with relapse, developing quit plans, expanded pharmacotherapy, and additional resources. The booklets are disseminated at major medical education meetings, First Steps trainings, Maternal and Child Health Regional meetings, and at Regional Perinatal Centers educational events.
- In January of 2007, the Tobacco Prevention and Control program implemented a targeted and enhanced promotional campaign "Quit for You Quit for Two," to encourage pregnant women who smoke to seek cessation services through the Washington Quit line. This campaign, funded through a special grant from the Centers for Disease Control and Prevention, provides enhanced services to pregnant callers with appropriate materials and interventions targeted to this population and their partners and spouses who smoke. The enhanced quit line protocol addresses post partum relapse as well as cessation.
- The department worked with Department of Social and Health Services to implement the new Medicaid smoking cessation benefit. The new benefit, available through the Washington Quit Line (1-800-QUIT-NOW or www.quitline.com), includes free phone counseling and follow-up support calls; nicotine patches or gum, if appropriate; and prescription medications recommended by a quit line counselor and prescribed by individual physicians, if appropriate.

Unintended Pregnancy and Family Planning

- The Department of Health Family Planning and Reproductive Health program provides funding, technical assistance, training, and consultation to a statewide network of 21 family planning agencies operating in over 100 locations. In 2007, these agencies provided over 175,000 clients with contraceptive care, STD screening and treatment, cancer screening, and other health promotion services.
- Family Planning and Reproductive Health searches for opportunities to promote the importance of emergency contraception and effective contraception among practitioners and the general public.
- The Department of Social and Health Services First Steps Data Base continues to produce updated fact sheets on unintended pregnancy with data from the Pregnancy Risk Assessment Monitoring System, vital statistics, Medicaid, and additional Department of Social and Health Services data sources. Department of Social and Health Services produces county profiles with birth and unintended pregnancy statistics. These reports along with the family planning performance measure billing data assist the Department of Health in First Steps program development and monitoring.

- First Steps “Family Planning Performance Measure” online training modules are available through the Department of Health Smart PH web site. Training includes the review of comprehensive family planning methods as well as client-centered family planning counseling demonstrations.
- The Cuidese Project, administered by Family Planning and Reproductive Health, increases access to family planning services for non-citizen clients who do not qualify for Medicaid family planning services. Eight counties provide these services with special state funds. This project is increasingly important now that some federal programs have implemented additional restrictions on assistance to individuals who cannot prove legal residency status.
- The Federal Office of Population Affairs awarded HIV special project funding to five Title X family planning agencies. The purpose of this project is to expand the availability of on-site HIV counseling, testing, and related referral services and implement the Centers for Disease Control revised recommendations for HIV screening using both conventional and rapid HIV testing methods. In these five agencies, the percentage of tested individuals receiving their test results has increased due in part to the use of new rapid test technology. This technology was previously unaffordable for family planning agencies. The project has helped “normalize” HIV testing by increasing awareness and access.
- Other special projects awarded by the Office of Population Affairs include projects to reduce sexually transmitted disease, increase male involvement in reproductive health, and provide more effective (and expensive) contraceptive methods to low-income individuals.
- The number of special project applications funded by the federal office through Family Planning and Reproductive Health for fiscal year 2009 was much less compared to fiscal year 2008. The funding level per project was also reduced.

Washington Breast and Cervical Health Program

- The Washington Breast and Cervical Health program receives federal, state, and private funds to promote screening and early detection services for breast and cervical cancer to low-income women age 40-64. The Washington Breast and Cervical Health program serves women with incomes up to 250 percent of the federal poverty level who are uninsured or underinsured. Services are provided through a system of seven regional contractors throughout the state. Priority populations are Native Americans, Alaska Natives, African-Americans, Hispanics, Asian and Pacific Islanders, women with disabilities, lesbians, women living in hard-to-reach areas, and women ages 50 years and older.
- Annually the Washington Breast and Cervical Health program develops and implements strategies in the following areas: recruitment; health screening, tracking, and follow-up; case management, quality assurance and improvement; professional development; partnership development; surveillance; and evaluation.
- The Washington Breast and Cervical Health program receives major support from the Susan G. Komen for the Cure (Puget Sound, Eastern Washington, and Portland and Southwest Washington affiliates) through grants to reach and screen more women through the Washington Breast and Cervical Health program for breast cancer. For 2008, the Puget Sound Affiliate contributed approximately \$700,000. For fiscal year 2008, the Oregon and Southwest Washington Affiliate contributed \$100,000 to support services in three counties in Southwest Washington and the Eastern Washington Affiliate contributed \$30,000 for 13 counties on the east side of the state.
- The Breast Cancer Prevention Fund raised and donated \$250,000 to the Washington Breast and Cervical Health program in 2008.
- American Cancer Society also provides grant funding from their Making Strides Campaign. In 2008, the Washington Breast and Cervical Health program received \$200,000. An additional \$100,000 grant was awarded for the Ask Me! Campaign.
- In fiscal year 2008, the Washington Breast and Cervical Health program screened thirty-two percent of the eligible uninsured women in Washington State. The ultimate vision is to reach 100 percent of eligible women with screening and diagnostic services. The need continues to far exceed the resources available.
- In collaboration with the Department of Social and Health Services Health and Recovery Services Administration, the Washington Breast and Cervical Health program works to assist women who are diagnosed with cancer to enroll in Medicaid, which pays their treatment expenses.
- The Washington Breast and Cervical Health program promotes professional development to healthcare providers through teleconferences and trainings sponsored by the Centers for Disease Control, the National Cancer Institute, and the Cancer Information Service.
- The Washington Breast and Cervical Health program distributes brochures, posters, and pins to recruit women into the program. The theme for all materials is, “Ask Me.” These materials are available in English and Spanish. Incentive items, using the same theme have been distributed around the state.

The Washington State Supplemental Nutrition Program for Women, Infants and Children (WIC)

- WIC is a public health nutrition program that serves 50 percent of all infants born in Washington; in rural counties over 67 percent are served. More than 292,000 mothers and children were served in 2008 – 12,000 of these were members of the military or lived in military households. WIC provides education on healthy habits, physical activity, and healthy eating. The program also provides breastfeeding support, nutritious foods, and referrals to health and social services such as Maternity Support Services, prenatal care, immunizations, and tobacco cessation. WIC serves eligible lower-income (185 percent Federal Poverty Level) pregnant, postpartum and breastfeeding women, and children up to age 5. WIC was designed to prevent nutrition related health problems such as obesity, anemia and poor growth, and to support a healthy birth for infants from families with limited economic resources. Research shows that WIC participation improves breastfeeding and immunization rates, improves nutrition intake for young children and lowers the rate of prematurity and low birth weight. For more information go to: <http://www.doh.wa.gov/cfh/WIC/default.htm>
- A joint Department of Health WIC and Maternal Child Health Assessment program research project showed Washington WIC reduced the incidence of a number of adverse pregnancy outcomes. The WIC effect was the same for all racial and ethnic groups studied. Two examples of the results are: Women served by WIC during pregnancy were 40 percent less likely to have a very preterm delivery and 50 percent less likely to have a very low weight birth compared to similar women not on WIC.
- Breastfeeding support is a core WIC service because lower income women have historically had lower breastfeeding rates. Breastfeeding support is primary, cost effective prevention, and a national public health strategy. Children who are not breastfed have higher rates of infections, diabetes, asthma, allergies, childhood obesity, and Sudden Infant Death Syndrome. Over 80 percent of women on WIC in Washington breastfeed, a rate significantly higher than the national average of 54 percent. WIC provides education, peer counseling, and breast pumps and also sponsors the Breastfeeding Coalition of Washington, an alliance of local groups working to increase breastfeeding rates.
- In 2007, the WIC Farmers Market Nutrition program provided over \$600,000 worth of sales to local Washington growers. WIC families also had access to more fruits and vegetables from Farmers Market Nutrition program checks used to buy directly from local farmers at farmers markets in 28 of 38 counties. For more information go to <http://nutrition.wsu.edu/markets/index.html>

For more information contact: Polly Taylor, Women's Health Contact
Washington State Department of Health/ Maternal and Child Health
P.O. Box 47880
Olympia, Washington 98504-7880
(360) 236-3563 or polly.taylor@doh.wa.gov

DOH 950-159 January 2009