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Emerging Issues in Maternal and Child Health

In this issue:

With uncertainties surrounding implementation of the Affordable Care Act and decreases in public health funding at a time of increased need, it is a challenging time for maternal and child health professionals throughout the region. This issue focuses on the major challenges and opportunities brought about by current mandates.

Alonzo Plough, in his editorial, describes the Affordable Care Act's focus on prevention through programs, public education, expanding insurance coverage for preventive services, and research and evaluation. The legislation emphasizes cross-disciplinary collaborations and engagement with communities. He states that the public is still uninformed about the Affordable Care Act and urges maternal and child health professionals to speak up about how our programs improve health outcomes and prevent health problems.

The Affordable Care Act provides funding to implement the life course perspective as a core component and organizing principle of our health care and public health systems. Jane Rees, in her article, describes the research behind the life course perspective and the rationale for the Maternal and Child Health Bureau's promotion of this perspective.

The Affordable Care Act also includes funding for home visiting during pregnancy and early childhood. As Kathy Carson points out, home visiting is a strategy with a long history in public health, but is now receiving national attention because of the accumulation of evidence of its effectiveness. She briefly describes that research and provides resources where readers can obtain more information.

Sandra Smith gives an example of how home visiting can be used to increase health literacy, which can in turn help parents communicate better with health care educators and providers.

The states report on the 2010 Title V Maternal and Child Health Needs Assessment or on the development of a state home visiting plan.

Editorial Board

The Northwest Bulletin is supported by Project #T76 MC 00011 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, United States Department of Health and Human Services, and with additional grants and in-kind contributions.

Updates

We'd like to welcome Patty Hayes and Denise Genaro Wolf to the editorial board. Patty is the executive director of WithinReach. Located in Seattle, this nonprofit organization connects families to health and food resources through toll-free hotlines, ParentHelp123.org, and statewide health coalitions.

Denise is a personal health services supervisor for the North Public Health Center, Public Health-Seattle & King County. There she supervises a multidisciplinary team delivering family planning, maternity support services, infant case management, immunizations, and post-birth programs.

We'd also like to thank Beth Anderson and Ronit Gourarie for their contributions to the *Northwest Bulletin* during their tenures on the editorial board. And extend an especial "thank you" to Jane Rees for her direction of this issue.

Reader Information

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Editorial . . .

Health Care Reform

Driving Our Health System Toward a Focus on Prevention

Alonzo L. Plough

A year has passed since the passage of the Affordable Care Act, also known as "health care reform." Numerous polls indicate that the general public is still uninformed about the core components and unifying logic of this legislation, as media stories and talk shows focus on a single aspect of the plan: the health insurance mandate. It is critically important that public health professionals be informed about the actual components of the legislation and the unifying logic of the plan: driving the health system toward a focus on prevention.

It is not an easy task to wade through the rhetoric or the actual document, but here are some key facts about the legislation, drawn from analysis conducted by Trust for America's Health, that are relevant for anyone concerned about the health and well-being of children and families.

The spirit of the prevention programs within the Affordable Care Act emphasizes new cross-disciplinary collaborations and an enhanced engagement with community-based organizations and neighborhood residents

Focus on Prevention Necessary to Improve Health of Future Generations

Environmental factors before birth and in early childhood influence health over the long term, but there are currently few integrated public health and health care systems that provide early intervention and evidence-based home visitation to vulnerable families. Conversely, our medical care system treats diseases in adults, which might have been prevented in childhood, in costly and often ineffective ways.

National child health indicators that illustrate our lack of attention to prevention include:

- Only 70% of pregnant women have access to adequate prenatal care
- In 2007-2008, 19% of children, aged 6 to 17, were obese
- Nine percent of children have asthma
- In 2008, 25% of 12th graders reported having five or more alcoholic beverages in a row in the last two weeks
- An estimated 17% of children have "some type of developmental disorder," and 21% have a "diagnosable mental or addictive disorder"
- About 1.2 million children drop out of high school every year, with only 70% of freshmen graduating from high school
- The Surgeon General reported the incidence of suicide for adolescents, aged 15 to 19, at 9.5 per 100,000, in 1996

To address these problems requires a focus on prevention if the health of future generations is to be improved. Major provisions of the Affordable

Care Act address prevention through: 1) investing in public health, 2) educating the public, 3) expanding insurance coverage and requiring that health insurance include recommended preventive benefits, and 4) building capacity for better prevention through demonstrations, research, and evaluation.

Linking Public Health and Health Care Delivery Systems

The Affordable Care Act would also put into place advances in prevention science and population health. These advances have existed for years but not taken to scale and made available in a systematic way in our current health care delivery system. This legislation would also provide resources to both improve our nation's public health system and better link public health to health care providers.

Major prevention programs to be funded by the legislation and administered by the Secretary of the Health and Human Services include:

- support for operation and expansion of school-based health centers
- state programs to help lower health risks for Medicaid beneficiaries
- state and local projects to fund implementation, evaluation, and dissemination of preventive health activities through building the capacity of neighborhood–based organizations in partnership with public health departments (community transformation grants)
- state, local, and tribal pilot programs to provide public health community interventions for individuals, aged 55 to 64
- grants to state, local, and tribal health departments and academic centers to increase surveillance and response to emerging public health issues, including infectious diseases (epidemiology and laboratory capacity grant programs)
- grants to state, tribal, and under certain circumstances, non-profit organizations, to provide early childhood home visitation programs, with a requirement that at least 75% of the funding be used for programs using evidence-based models

Challenges for MCH Professionals

The scientific evidence behind prevention activities that are part of the Affordable Care Act must become a visible part of the public discourse on health reform

The Affordable Care Act would provide funding to support national implementation of a developmental and life course perspective as a core component and organizing principle of our health care and public health systems—a clearly transformational opportunity that also comes with many challenges. The first challenge is that the legislation is mired in the contentious politics surrounding health reform. Maternal and child health (MCH) professionals know that school-based health centers and home visitation programs have been evaluated and are effective models to improve child and family health. The scientific evidence behind these and other prevention activities that are part of the Affordable Care Act must become a visible part of the public discourse on health reform.

Second, if these prevention provisions are ultimately funded, there will be a substantial challenge to the usual practice of public health, including those of MCH professionals. Like other public health activities, MCH has been categorically funded for many years and often works in disciplinary silos with partners defined by the funding requirements. The spirit of the prevention programs within the Affordable Care Act emphasizes new

cross-disciplinary collaborations and an enhanced engagement with community-based organizations and neighborhood residents.

The community transformation grants are a good example of this and draw from the growing evidence base of the power of community collaborations to improve social determinants of health. New skills will be needed to develop authentic community partnerships to be competitive for one of these grants and to implement it effectively, if awarded.

MCH professionals have been in the vanguard of promoting the life course perspective in public health, and the Affordable Care Act provides the framework to deeply infuse this perspective into public health and health care practice. You have "real life" examples of what a difference programs like home visiting and school clinics can make in improving health outcomes and preventing health problems. Your leadership in providing examples of the need to implement policies and programs that apply this framework to the longstanding health disparities will be an important part of the ongoing public debate on how to improve the health of our nation.

Alonzo Plough, PhD, MPH, is director of Emergency Preparedness and Response at the Los Angeles County Department of Public Health. He has served as vice president of Strategy, Planning, and Evaluation for The California Endowment; as director and health officer for Public Health – Seattle & King County; and as director of public health for the Boston Department of Health and Hospitals. He has held academic appointments at Harvard, Tufts, and Boston Universities and continues his appointment as professor in the Department of Health Services, School of Public Health, University of Washington.

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Resources

Health Care Reform: How it Affects You
Washington State Office of the Insurance Commissioner
www.insurance.wa.gov/consumers/reform/national_health_care_reform.shtml

Health Reform Source
The Henry J. Kaiser Family Foundation
http://healthreform.kff.org/

HealthCare.gov
www.healthcare.gov/

Trust for America's Health
http://healthyamericans.org/

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Life Course Perspective

A summary of rationale and resources

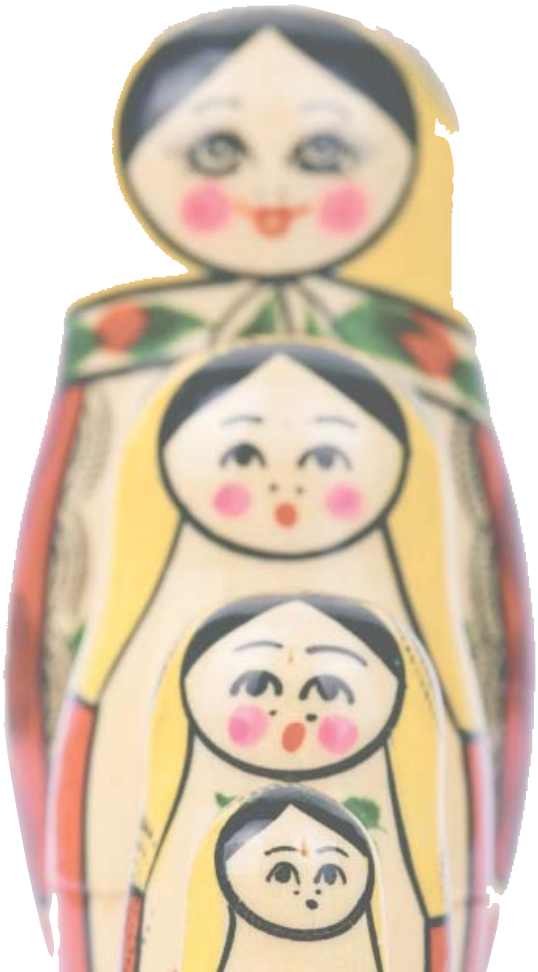
Jane Rees

In order to make greater strides toward improving the health and well-being of women and children, the Maternal and Child Health Bureau has adopted the life course approach to conceptualizing health care needs and services. This approach focuses not only on implementing programs to deal with population-wide health problems but also making sure health care is seamless throughout the life span.

The life course perspective also emphasizes the need to overcome inequities in health care that contribute to poor health and wellbeing for many in the United States. Making this shift in approach requires enhanced leadership skills and a strong effort on the part of all who are involved in maternal and child health throughout the Northwest region and beyond.

An Approach Based on Decades of Research

The Life Course Perspective is based on decades of research in the US and other countries demonstrating that the health of populations depends upon the health of families and individuals at each stage of their lives, as well as the health across the life spans of previous generations. David Barker and colleagues in England, for example, showed the rate of death from heart disease and stroke in a population was linked to infant birth weight—those born lighter were more likely to have the disorders. The characteristic was termed "fetal origins of adult disease."



Barker DJ. Adult consequences of fetal growth restriction. *Clin Obstet Gynecol*. 2006;49(2):270-83.

At the University of Washington, Seattle, Irvin Emanuel demonstrated that among three ethnic groups living in Washington State, the birth weight of an infant correlated to birth weights of both the mother and grandmother, regardless of the mother's age, parity, marital status, education, and prenatal care. Thus, low birth weight, and therefore its relationship to debilitating disease in adulthood, is passed on from one generation to another.

Emanuel I, Kimpo C, Moceri V. The association of maternal growth and socio-economic measures with infant birthweight in four ethnic groups. *Int J Epidemiol*. 2004;33(6):1236-42.

Many studies have pointed out that health and illnesses across the life span, including adolescence and adulthood—not just early life—ultimately

influence individual and population health. It is also known that physical health is not alone in determining population wellbeing. Health is also influenced by socio-economic circumstances throughout life and over generations, and further, clinical and public health interventions can improve health. In short, interactions between biological and environmental factors during life determine health outcomes.

Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: A life-course perspective. *Matern Child Health J*. 2003;7(1):13-30.

Many have contributed to the research basis for the life course perspective by developing and evaluating specific interventions to promote health, social, ethnic, and economic equity among people in life's various phases. Below are examples of the rationale and plans for applying these interventions in maternal and child health.

Guyer B, Ma S, Grason H, et al. Early childhood health promotion and its life course health consequences. *Acad Pediatr*. 2009;9(3):142-9.

Lu MC, Kotelchuck M, Hogan V, Jones L, Wright K, Halfon N. Closing the black-white gap in birth outcomes: A life course approach. *Ethn Dis*. 2010;20(1 Suppl 2):S62-76.

Wise PH. Confronting social disparities in child health: A critical appraisal of life course science and research. *Pediatrics*. 2009;124(Suppl 3):S203-11.

The importance of interventions and support for population health is demonstrated by comparing birth, health, and mortality data from around the world as done by Stephen Bezruchka in a recent University of Washington Pediatric Grand Rounds. For example, infant mortality rates for the United States are much higher than 22 other countries and life expectancy is much shorter in the United States than for people in 29 countries, many of which supply resources to keep families healthy. In many cases, there is ample paid time away from work for pregnant and women with infants.

A Population is as Healthy as its History and Experience

The life course approach focuses not only on implementing programs to deal with population-wide health problems but also making sure health care is seamless throughout the life span

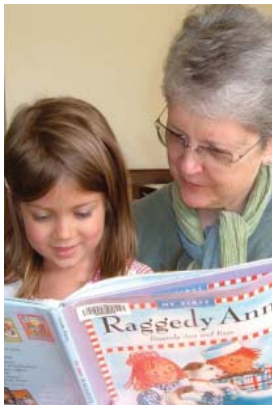
The strong message from this research is that a population is as healthy as its history and experience allow, as individuals are born, grow, mature, reproduce, and support optimal growth and development of the next generation of adults. Basic health can deteriorate or be improved by social, economic, and physical conditions into which people are born and live, and there are appropriate supportive interventions at each stage of life.

The following succinct description of life course perspective was commissioned by the Maternal and Child Health Bureau to guide the work of health professionals working with women and children:

Today's experiences and exposures influence tomorrow's health. (Timeline)
Health trajectories are particularly affected during critical or sensitive periods. (Timing)

The broader community environment–biologic, physical, and social –strongly affects the capacity to be healthy. (Environment)
While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice. (Equity)
These four key concepts—reflecting timeline, timing, environment, and equity—are fundamental to understanding and applying life course theory.(1)

On the basis of evidence of results of studies such as those reviewed above, the Maternal and Child Health Bureau is developing a plan of action based on the life course framework to promote optimal health and development across the lifespan and generations, within all communities and populations. ▣



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1. Rethinking MCH: The Life Course Model as an Organizing Framework. Concept paper prepared by Amy Fine and Milton Kotelchuck for the US Department of Health and Human Services, Health Resources and Services Administration. November 2010. Available at www.hrsa.gov/ourstories/mch-b75th/images/rethinkingmch.pdf

Below are several resources to increase our understanding of life course perspective as it can be applied to maternal and child health.

CityMatCH Life Course Toolbox
www.citymatch.org/lifecoursetoolbox/
(Click on the "practice" tab for examples of successful programs being implemented using the life course perspective.)

Fact sheets from Contra Costa County
www.cchealth.org/groups/lifecourse/

Integrating the Life Course Model in MCH Training Programs
Archived webinar to introduce life course perspective to maternal and child health professionals by research and application experts from Health Resources and Services Administration.
http://webcast.hrsa.gov/postevents/archivedWebcastDetail.asp?aeid=527

The Life Course Approach
Maternal and Child Health Bureau Web site with many references and links to further support maternal and child health professionals in working within the life course perspective.
www.mchb.hrsa.gov/lifecourseresources.htm

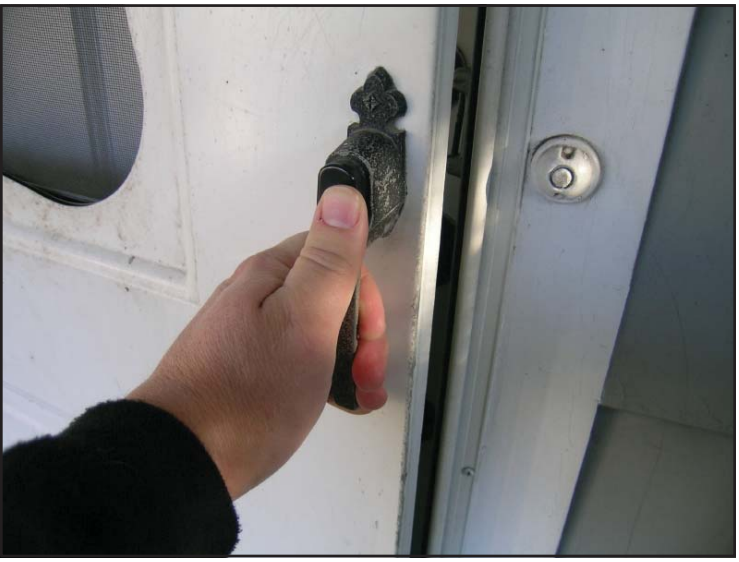
Maternal and Child Health Life Course Research Network
Provides researchers, practitioners, policymakers, and consumers with a platform for interacting, sharing information and tools, and engaging in collaboration and innovative projects, including the development of a life course research agenda.
http://healthychild.ucla.edu/LCRN.asp

Home Visiting

An Old Public Health Strategy with New National Interest

Kathy Carson

Like many of us, I have been doing a lot of thinking about home visiting, prompted by the inclusion in the Affordable Care Act of evidence-based home visiting during pregnancy and early childhood. To apply for home visiting program grant funds, each state must submit a plan addressing how this federal funding will support a state home visiting system. States began this process summer of 2010 with the submission of an initial needs assessment.[1] The last step will be submission of an updated state plan. Guidance for this plan was released February 2011 by the United States Department of Health and Human Services.



Home visiting is a strategy used in public health from its beginnings. Before the phrase "social determinants" was developed, public health nurses and other workers recognized that the physical and social environments of the families they served affected their health and had to be considered in interventions to improve health. The Affordable Care Act brings home visiting front and center into service plans and interventions, making them more relevant and effective.

Increased Interest in Home Visiting

Two factors have converged to increase a national interest in home visiting. One is the accumulation of evidence that home visiting is effective. The other is the realization of the critical role parenting plays in the development of the healthy children.

Families who face the most challenges get the most benefits from home visiting

Through the efforts of David Olds of the Nurse Family Partnership, we can now observe how early interventions can have dramatic impacts on the health and welfare of a family. He has had the foresight to gather a wide variety of outcome measures through long-term evaluation studies. The potential for these interventions to yield enormous benefits to mothers and their children, and to save society expense over time, has caught the interest of policy makers and is stimulating program expansions.

[1]See Washington State's and Idaho State's description of their needs assessment as required by this legislation in the State Reports section.

In addition, research results are revealing how nurturing shapes the development of the healthy brains, hearts, and immune systems that determine life-long health and wellbeing; and epidemiology is demonstrating how the lack of nurturing impacts physical and mental health and learning across the lifespan. The Adverse Childhood Experiences Study is finding that early trauma increases the risk of diabetes, heart disease, and other conditions that are the leading causes of illness and death in the United States.

Breaking the Intergenerational Cycle of Poor Parenting and its Consequences

Evidence-based home visiting is effective because of the support that mothers and families receive to nurture their babies and prevent adverse childhood experiences. Families who face the most challenges in nurturing their infants, because of poverty, trauma, lack of social support, substance abuse, and mental health issues, get the most benefit from home visiting programs, raising our hopes of breaking intergenerational cycles of poor parenting and its consequences.

Not all of us will get to implement evidence-based home visiting—there never will be enough funding to meet all the need—but we can make all our services for women and families more effective by keeping informed of research results and program evaluations. We also can do a much better job collecting data about the problems we are addressing and the outcomes of our interventions so that all our programs are more effective.

What an exciting time for all of us who work with mothers and families! ▣

Kathy Carson, RN, BSN, is health services administrator for Public Health-Seattle & King County. She began her career as a public health nurse visiting young families and the elderly in their homes and has served in management and leadership roles for parent child health programs, including home visiting, since 1985.

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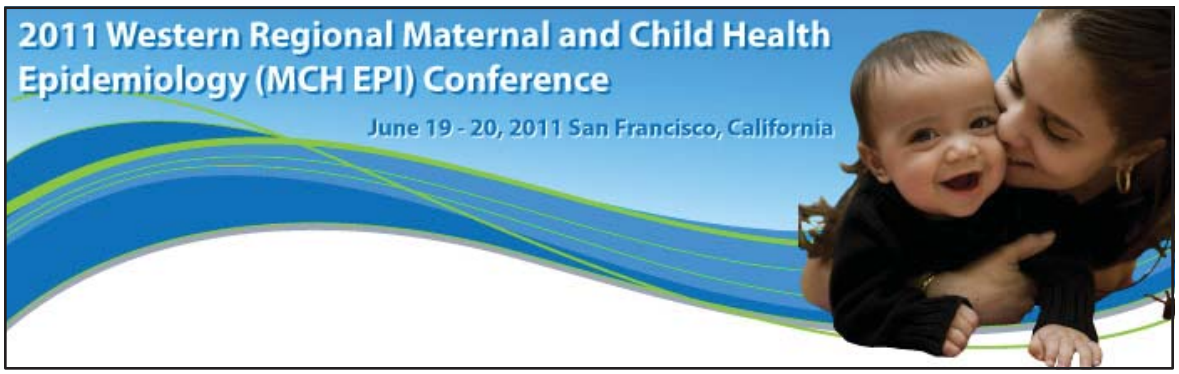
Resources

Nurse Family Partnership evaluation studies
www.nursefamilypartnership.org/proven-results
The Science of Early Childhood
http://developingchild.harvard.edu/#
Adverse Childhood Experiences (ACE) Study
www.cdc.gov/ace/index.htm
The Minnesota Omaha System Users Group
http://omahasystemmn.org/



Home Visiting Programs Provide Opportunity for Enhancing Health Literacy

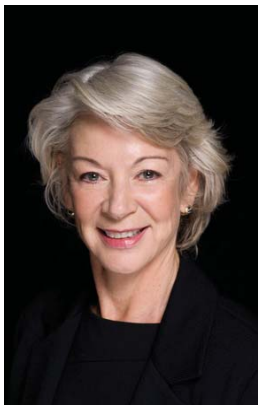
Sandra Smith

Parents in home visitation are new healthcare decision makers for growing families. As a population, they are characterized by poverty, low education, low literacy, and limited access to care —a recipe for low health literacy.

Typically, health literacy is described as the ability to understand basic information needed to make appropriate health decisions (1), and measured as ability to read medical words and documents.(2) Limited reading skill is associated with adverse healthcare outcomes (3), but the pathway linking reading skills to outcomes remains unclear.(4) To increase understanding of the problem and elucidate the range of possible responses, leading researchers call for reconsidering the meaning of heath literacy, and better measures that reflect how people use health information in their lives.(5)

To that purpose we used a health promotion model that defines health literacy as the ability to use information and services to maintain or enhance health.(6) Our study population was 2,572 parents of infants and toddlers who participated in one of six programs representing different models of home visitation (eg, Early Head Start, Healthy Families America). Designed to be integrated into established program models, the intervention consisted of home visitors using a reflective approach to develop parents' interactive and reflective skills. Home visitors completed the Life Skills Progression (7) instrument at initiation of service, every six months, and at closure. We analyzed data on use of health information and services, and health behaviors and parenting practices, such as maintaining safe environments, to estimate parents' health literacy.

Parents achieved significant improvement in health literacy scores after six months of home visiting, regardless of reading level, and scores continued to improve over time. Teens started at a significant disadvantage but improved quickly to achieve parity with their older counterparts. Parents with the lowest reading skills made the greatest gains. These findings support enhanced home visitation as an effective channel for empowering parents to better manage personal and child health and health care. The intervention is recognized as a Quality Innovation by the Agency for Healthcare Research and Quality and National Commission for Quality Assurance. To learn more see www.innovations.ahrq.gov/content.aspx?id=2533.



Sandra Smith, PhD, MPH, is a health education specialist and a national expert on health literacy. Her current research addresses links between health literacy and depression and the role of reflection in empowering healthcare consumers.

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State Reports . . .

Incorporating Life Course Perspective into Public Health Policy

Alaska Department of Health and Social Services

Yvonne Wu Goldsmith

According to life course theory, the interaction of social, environmental, economic, and genetic factors determines the experiences of individuals throughout their lives. In public health, there is a growing awareness that these factors, starting in the womb and continuing through childhood and adolescence, are major influences of adult health. While the life course perspective has not risen to the level of a major initiative, there have been efforts to incorporate it into public health policy within Alaska State's Department of Health and Social Services.

Fine-tuning State Priorities Using the Life Course Perspective

In developing the 2010 Title V Maternal and Child Health Needs Assessment, we used the life course perspective to frame state priorities for maternal and child health. As a result, some of our priorities were broadened. For example, we expanded the goal of reducing childhood obesity to reducing obesity throughout the lifespan. We wanted to recognize that prenatal weight status and weight gain are important for both mother and infant health.

In addition, there was also a shift in focus towards increasing protective factors and reducing risk. Instead of "reduce the rate of teen suicide," we chose "support communities to increase family and youth resiliency." Instead of "reduce the rate of unintended pregnancy," we chose "reduce the risks associated with unintended pregnancy." These may seem to be mere wordsmithing, but the difference in focus could translate to very different types of prevention and intervention programs.

Expanding Delivery of Services to Families with Young Children

Also according to life course theory, birth through three years of age is an especially critical or sensitive period. The Adverse Childhood Experiences (ACE) Study, an on-going collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente, shows that an individual's exposure to trauma in childhood is directly related to his or her physical and mental health as an adult. Alaska State's Division of Behavioral Health has shared results of this study with many of its stakeholders.

In addition, the state is expanding its delivery of services to families with young children through adoption of the Early Comprehensive Childhood Systems (ECCS). This system improves the effectiveness of programs by creating partnerships among federal, state, and community service providers.

Health Impact Assessment Program

The state has also implemented a Health Impact Assessment (HIA) Program—the first in the nation. The program evaluates health effects of development projects in eight categories: social determinants of health; accidents and injuries; exposure to hazardous materials; food, nutrition, and subsistence; water and sanitation; infectious diseases; non-infectious and chronic diseases; and health care infrastructure. The program currently focuses on the potential health impacts from large-scale natural resource development projects. ▣

Yvonne Goldsmith, MS, tracks health indicators and engages in research on maternal, child, and family health for the Alaska Department of Health and Social Services, Division of Public Health. She also serves on the editorial board of the Northwest Bulletin: Family and Child Health.

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To learn more about Alaska State's 2010 Title V MCH Needs Assessment, go to www.hss.state.ak.us/dph/wcfh/titleV/

Idaho State's Home Visiting Program: Starting from Scratch

Idaho Department of Health and Welfare

Laura DeBoer

In accordance with requirements and guidance of the supplemental information request to the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program funding opportunity announcement, Idaho State compiled a statewide data report, defined communities, conducted a data report for communities, identified communities at-risk, described quality and capacity of current home visiting initiatives, and summarized un-met needs.

For the purpose of the needs assessment, public health districts were defined as communities. There are seven multi-county public health districts, which act as the service delivery arm of the Department of Health and Welfare for many public health programs. However, most data sources were available at the county level (44 counties) and county-level data was used for analysis. As prescribed by the supplemental information request, Idaho State analyzed 13 major indicators, with a subset of maltreatment and substance abuse indicators at the state and county level.

Through this process, three communities (health districts) were determined to be at-risk. At this juncture, we are analyzing data to identify smaller target communities within the identified multi-county jurisdictions. This will allow us to target our intervention based on available funding.

Current Services

Currently, three home visiting programs exist in Idaho: Infant Toddler Program (Individuals with Disabilities Education Act, Part C), Early Head Start, and Parents as Teachers. Each program provided service delivery data, including location of services, number of programs, and number of children and families served. Early Head Start and Parents as Teachers indicated significant waiting lists for participation and the Infant Toddler Program determined that 15% of families are not receiving timely services.

Each community has a number of providers offering substance abuse treatment and counseling services for families and individuals. However, there are only four providers in the pregnant women and women with children provider network that offer these services. Some of the likely barriers to accessing these services are transportation, finances, awareness, and waitlists.

What's Next?

Idaho State has begun the planning process but is in a unique position as it doesn't have any state-funded home visiting programs. The state is analyzing current service delivery systems and initiatives, and examining risk factors and populations in communities identified as at-risk. State partners have developed strategic objectives and activities for the home visiting program. In the coming months, partners and project leaders will plan for implementation of a home visiting program in anticipation of guidance for developing the state plan. ▣

Laura DeBoer, MPH, recently joined the Idaho Department of Health and Welfare to manage the Affordable Care Act Home Visiting Program. Before coming to Idaho, she completed her MPH degree at Tulane University, New Orleans, La., and worked with Early Childhood Comprehensive System grants in the states of Louisiana and Iowa.

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To learn more about Idaho State's Home Visiting Needs Assessment, go to www.healthandwelfare.idaho.gov/Children/ChildrensSpecialHealthProgram/HomeVisitingProgram/tabid/1521/Default.aspx

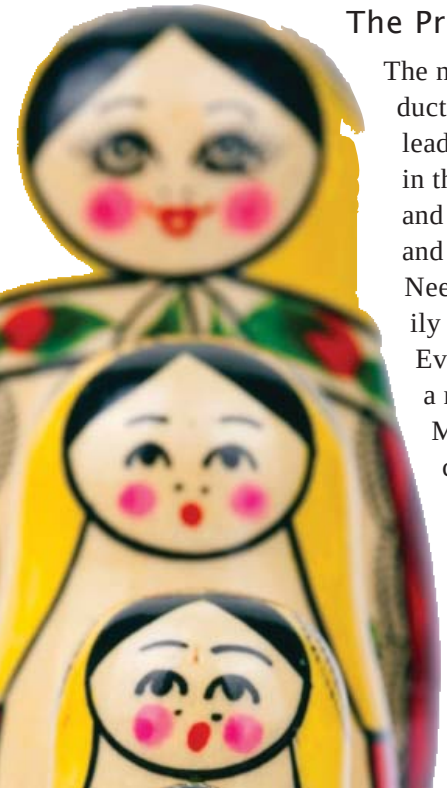
Needs Assessment Illuminates Needs Beyond Traditional Health Care

Oregon Department of Human Services

Molly Emmons

Oregon State's 2010 Title V Maternal and Child Health (MCH) Needs Assessment illuminates a variety of needs ranging well beyond traditional health care. Oregon's MCH stakeholders were most concerned about behaviors leading to the poor health and safety of women and children. Family violence and substance abuse were most commonly raised as important concerns throughout the needs assessment process. The next most common concerns were maternal depression and the need for better access to mental health providers. Stakeholders also identified as concerns:

- resources to improve parenting skills and knowledge
- early childhood oral health
- access to physical and mental health services for adolescents and children with special health needs
- improved availability of specialized health services in rural areas
- health equity



The Process

The needs assessment was conducted under the collaborative leadership of Title V programs in the Public Health Division and the Center for Children and Youth with Special Health Needs. The Office of Family Health's Assessment and Evaluation Unit, created as a result of the 2005 Title V MCH Needs Assessment, conducted a multiple step process that included input from community leaders and professionals working with women and children, and developing and implementing programs and services for these populations.

The process included an on-line survey to create a list of issues for each population, focus groups in four WIC nutrition classes, a data book for the list of issues, an on-line prioritization tool, and in-person meetings with an advisory group to finalize ten priority issues for the Title V block grant.

A Unique Opportunity

The priority issues identified this year provide a unique opportunity for Title V MCH programs to develop strategies using the life course approach to planning and evaluation, as the peri-conception period offers the best opportunity for intervention for many of these issues. Oregon's MCH partners and leaders are ready for these challenges and for collaborating to improve the poor health and safety outcomes identified through the Title V MCH Needs Assessment. ▣

Molly Emmons, MPA, is the Title V coordinator and MCH policy analyst for the Oregon Public Health Division. She was project manager for the past three Title V MCH Needs Assessment, which are conducted every five years.

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To learn more about Oregon State's 2010 Title V MCH Needs Assessment, go to www.oregon.gov/DHS/ph/ch/mch_needsassessment.shtml

To view 2010-2015 state priority needs for region 10, go to https://perfdata.hrsa.gov/MCHB/mchreports/search/program/prgsch01_old.asp

State Agencies Collaborate to Develop a Home Visiting Plan

Washington State Department of Health

Beth Anderson

A cross-agency governance structure leads Washington State's home visiting program and collaborates on the needs assessment. The governance structure is composed of four agencies that all administer programs to promote maternal, infant, and early childhood health and development: the Department of Health, the Department of Social and Health Services, the Department of Early Learning, and the Council for Children and Families.

The Department of Health coordinated the initial needs assessment process in 2010. The Department of Early Learning will coordinate the updated state plan for home visiting in 2011. It also coordinates the Cross Agency Governance Structure and program planning and implementation.

The Process

To identify communities at-risk, we defined a "community" not only geographically but also by race and ethnicity. We collected data for the state and each community on 15 risk indicators related to prenatal, maternal, newborn, and child health. We then converted the indicators to risk scores and used three methods to make comparisons. Communities at-risk are those with summary risk scores higher than the overall state score.

We identified 32 geographic areas and five racial/ethnic groups as at-risk. Over 70% of these communities had risk scores higher than the state score by all three comparison methods. American Indian/Alaska Native communities had higher risk scores than all other communities by all three methods.

Results

Washington State has considerable unmet need for home visiting services. Only a fraction (estimates range from 2% to 11%) of the state's eligible families receive evidence-based early childhood home visiting services. Although there have been significant efforts to build home visiting services across the state, gaps remain:

- 44% of counties have no evidence-based home visiting programs
- use of services and long-term outcomes for children vary considerably
- home visiting programs do not collect data uniformly, making comparisons difficult

In addition, data limitations made summarizing the state's overall substance abuse services difficult. Overall, demand for substance abuse services exceeds available resources.

Next Steps

The Cross Agency Governance Structure will establish a statewide advisory group for home visiting, as well as make the final determination of which communities are at the highest risk and how to implement the home visiting program. A related initiative, the 2010 Washington State Early Learning Plan, is a strategic ten-year roadmap for building the early childhood system in Washington State with the goal of improving outcomes in life and in school for children. One of the strategies in the Early Learning Plan is to make home visiting available to at-risk families. ▣

Beth Anderson, PhD, recently retired as the block grant and legislative coordinator for the Office of Maternal and Child Health, Washington State Department of Health, Tumwater, Wash.

To learn more about Washington State's Home visiting Needs Assessment, go to www.doh.wa.gov/cfh/micah/hvna/default.htm

On-Line Training Opportunity. . .

Sharing isn't Always Easy: Cross-Jurisdictional Relationships

This archived webinar, sponsored by the Northwest Center for Public Health Practice, describes current issues, barriers, and opportunities associated with regionalization and cross jurisdictional sharing in local public health from both public health leadership and elected policy makers' perspectives. Factors that contribute to or detract from the success of cross jurisdictional relationships are discussed.

The webinar features Patrick Libbey, a consultant in public health systems and organizational issues, former executive director of the National Association of County and City Health Officials (NACCHO), and founder of the Public Health Accreditation Board.

After viewing the webinar, participants will be able to (1) identify conditions for successful cross-jurisdictional sharing and regionalization in local public health, (2) describe barriers to cross jurisdictional sharing, and (3) recognize elected policy makers' perspective re: cross jurisdictional sharing and regionalization.

The webinar, availabe at www.nwcphp.org/training/hot-topics/2011-hot-topics/cross-jurisdiction, is part of the Hot Topics in Preparedness series.

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In the news . . .

2011 Study Adds to Our Knowledge about Dental Care and Pregnancy

Studies of the effect of periodontal treatment during pregnancy to reduce adverse birth outcomes (low birth weight, pre-term delivery) have yielded mixed results. A multi-center, randomized controlled trial of over 1,800 US women found periodontal treatment during pregnancy did not reduce the incidence of adverse birth outcomes. However, it did find that dental care during pregnancy was safe.(1)

A recent study published in the *American Journal of Public Health* found that women who received periodontal treatment post delivery or dental treatment at any time during the observation period had lower odds of adverse birth outcomes. The authors retrospectively analyzed the records of 23,441 US women enrolled in a national medical and dental insurance plan who delivered live births from singleton pregnancies, January 2003 through September 2006.(2) These recent findings add to our knowledge about the association between dental care, periodontal disease, and birth outcomes.

For a discussion of dental care during pregnancy, see the editorial by Huebner et al. in the winter 2010 issue of the *Northwest Bulletin: Family and Child Health*.

References

1. Offenbacher S, Beck JD, Jared HL, et al. Effects of periodontal therapy on rate of preterm delivery: A randomized controlled trial. *Obstet Gynecol.* 2009;114:551–559.
2. Albert DA, Begg MD, Andrews HF, Williams SZ, Ward A, Conicella ML, et al. An examination of periodontal treatment, dental care, and pregnancy outcomes in an insured population in the United States. *Am J Public Health*. 2011;101(1):151-56.

Resources . . .

Life Course Perspective

Alaska State's 2010 Title V Maternal and Child Health Needs Assessment
www.hss.state.ak.us/dph/wcfh/titleV/

Contra Costa Health Services Life Course Initiative
www.cchealth.org/groups/lifecourse/

Life Course and Social Determinants Resource Brief
The Maternal and Child Health Library at Georgetown University
http://mchlibrary.info/lifecourse/index.html

The Life Course Approach
Health Resources and Services Administration, Maternal and Child Health Bureau
http://mchb.hrsa.gov/lifecourseresources.htm

MCH Life Course Toolbox
www.citymatch.org/lifecoursetoolbox/

Making a Paradigm Shift in Maternal and Child Health. A report on the National MCH Life Course Meeting prepared by Cheri Pies, Padmini Parthasarathy, Milton Kotelchuck, and Michael Lu. Martinez, CA: Contra Costa Health Services. 2009. Available at http://cchealth.org/groups/lifecourse/pdf/2009_10_meeting_report_final.pdf

Oregon State's 2010 Title V Maternal and Child Health Needs Assessment
www.oregon.gov/DHS/ph/ch/mch.shtml

Rethinking MCH: The Life Course Model as an Organizing Framework. Concept paper prepared by Amy Fine and Milton Kotelchuck for the US Department of Health and Human Services, Health Resources and Services Administration. November 2010. Available at www.hrsa.gov/ourstories/mchb75th/images/rethinkingmch.pdf

Washington State's 2010 Title V Maternal and Child Health Needs Assessment
www.doh.wa.gov/cfh/mch/BlockGrant.htm

Home Visiting

Child Welfare Information Gateway
Administration for Children & Families, US Department of Health & Human Services
www.childwelfare.gov/preventing/programs/types/homevisit.cfm

Home Visiting
The Pew Center on the States
www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=52756

Home Visiting in Washington State
Washington State Department of Early Learning
www.del.wa.gov/development/visiting/Default.aspx

Home Visiting Resource Brief
MCH Library
The Maternal & Child Health Library at Georgetown University
www.mchlibrary.info/guides/homevisiting.html

Idaho State's Home Visiting Needs Assessment
www.healthandwelfare.idaho.gov/Children/ChildrensSpecialHealthProgram/HomeVisitingProgram/tabid/1521/Default.aspx

Investing in Early Childhood: Partnerships to Implement Home Visiting Programs
National Institute for Health Care Management
http://nihcm.org/page/webinar_home_visiting

Oregon State's Home Visiting Needs Assessment
www.oregon.gov/DHS/ph/ch/home_visiting.shtml

Successful Early Childhood Home Visitation State Systems
www.zerotothree.org/public-policy/webinars-conference-calls/home-visitation-webinar.html

Training for the New Realities in Public Health

The 2011 Summer Institute for Public Health Practice, "Training for the New Realities in Public Health," will be held on August 8–12, in Seattle, Washington. The Northwest Center for Public Health Practice has specifically designed this institute for those who work within today's complex and dynamic public health environment.

Read about the courses at www.nwcphp.org/news-events/news-archives/training-for-the-new-realities-in-public-health

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