

## 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

## Lifestyles Free of Substance Use and Addiction

### Focus

This priority focuses on preventing the use of tobacco and illicit drugs among adolescents, pregnant women, and women of childbearing age. It also focuses on preventing alcohol use among adolescents and pregnant women, and on promoting responsible alcohol use among women of childbearing age. Activities that promote lifestyles free of substance use and addiction emphasize education and intervention.

### Objectives and Expectations

The objective of this priority is to decrease the number of women, infants, children, and adolescents who suffer adverse effects from the use of tobacco, alcohol, and illicit drugs. Through efforts to educate women, children, and adolescents about tobacco, alcohol, and drugs we expect that:

- Fewer women and youth will choose to use tobacco, abuse alcohol, and use illicit drugs.
- More pregnant women will experience pregnancies free of tobacco related complications and more infants will be born at full term and at a healthy weight.
- Fewer infants and young children will be exposed to secondhand smoke.
- More infants will be born without alcohol-related birth defects and developmental disabilities.
- More youth will make healthy decisions and adopt healthy behaviors.
- More youth will delay their first experiences with addictive substances.

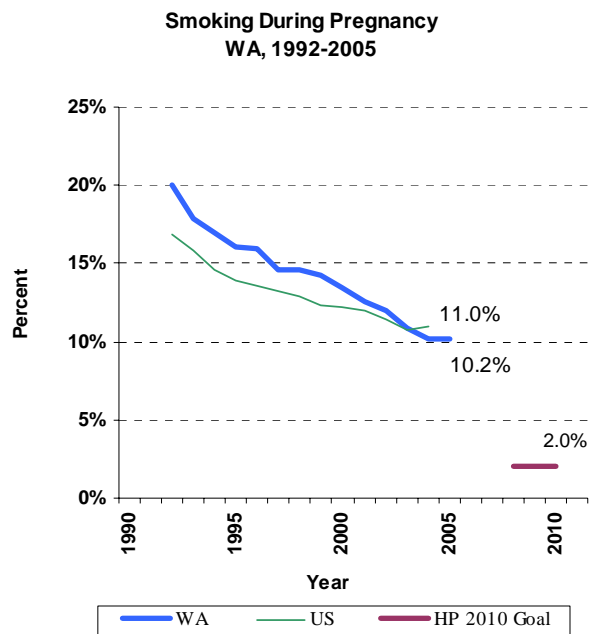
# Key Data from Washington

## Smoking and Alcohol Use During Pregnancy<sup>i</sup>

Tobacco smoking among women who gave birth in Washington State decreased significantly from 19.9 percent in 1992 to 10.2 percent in 2005.

Smoking during pregnancy was highest among women aged 15-19 years and decreased with age.<sup>ii</sup>

From 2004-05, an estimated 53 percent of new mothers reported drinking alcohol during the three months before becoming pregnant. Eight percent reported drinking alcohol during their third trimester of pregnancy.



## Substance Use in Adolescents<sup>iii</sup>

Current cigarette smoking (smoked cigarettes in the past 30 days) decreased overall among adolescents since 1998 but leveled off in 2006. Data in 2006 show that about 2 percent of sixth graders, about 6 percent of eighth graders, 15 percent of tenth graders, and 20 percent of twelfth graders report regular tobacco use. In 2006, an estimated 4 percent of sixth graders, 15 percent of eighth graders, 33 percent of tenth graders, and 42 percent of twelfth graders used alcohol in the past 30 days. About 2 percent of 6<sup>th</sup> graders, 7 percent of 8<sup>th</sup> graders, 18 percent of 10<sup>th</sup> graders, and 22 percent of 12<sup>th</sup> graders reported smoking marijuana in the past 30 days. In 2006, about 4 percent of 8<sup>th</sup> graders, 10 percent of 10<sup>th</sup> graders, and 12 percent of 12<sup>th</sup> graders reported using a prescription narcotic to get high.

Between 2 percent and 10 percent of students reported ever using methamphetamine, cocaine, steroids, or ecstasy in their lifetime. For example, about 2 percent of students in Grade 8, 6 percent of students in Grade 10, and 7 percent of students in Grade 12 reported ever using methamphetamine. About 2 percent of eighth graders, 7 percent of tenth graders, and 10 percent of twelfth graders reported ever using cocaine.

## Disparities<sup>iv</sup>

More American Indian/Alaska Native women, non-Hispanic women, and Native Hawaiian/Pacific Islander women report smoking during pregnancy than women of other races or ethnicities.

More Women on Medicaid, especially women receiving Temporary Assistance for Needy Families (TANF), report smoking during pregnancy compared to non-Medicaid women.

## Activities

The Office of Maternal and Child Health (OMCH) works with other state agencies, local public health agencies, universities, community based organizations, and other entities. Technical and financial support from OMCH 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. Listed below are some OMCH-supported activities related to this priority. Activities that promote lifestyles free of substance use and addiction focus on assurance, policy development, education, and research and surveillance.

## Pregnant Women and Women of Childbearing Age

### Assurance

- Promote tobacco cessation through the First Steps Tobacco Cessation performance measure.
- Provide oversight of First Steps Maternity Support Services (MSS) such as screening, referral, and interventions to promote healthy lifestyles for low-income pregnant women.
- Support the Healthy Families Hotline<sup>1</sup> to link people to services.

### Policy Development

- Collaborate with the Department of Health Tobacco Program to develop and promote tobacco cessation policies.
- Monitor legislation to promote lifestyles free of substance use and addiction.
- Participate in the Solutions for Chemically Dependent Families State Team, to develop interagency approaches related to substance use during pregnancy.

### Education

- Develop and disseminate intervention and resource materials for health care providers.
- Promote the use of Washington State Tobacco Quit Line and the Fax Referral Program among health care providers and the public.
- Collaborate with the Department of Health Tobacco Program to provide cessation trainings to First Steps providers.
- Develop and disseminate CHILD Profile health promotion messages to all families of children ages birth to six years.
- Develop and disseminate preconception health education materials for women.
- Assist the Children's Administration and Department of Social and Health Services with distributing information to providers about new prenatal and postnatal substance abuse policy.
- Develop educational materials for medical and dental providers and pregnant women about the effects of tobacco, alcohol, and methamphetamine use on oral health.

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

### Policy Development

- Disseminate "Guidelines for Testing and Reporting Drug Exposed Newborns."
- Implement recommended strategies from the Washington Healthy Youth Plan.

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<sup>1</sup> The Family Health Hotline used to be known as Healthy Mothers, Healthy Babies (HMHB) Hotline. The organization that operates the hotline recently changed its name from 'Healthy Mothers, Healthy Babies' to 'WithinReach: Essential Resources for Family Health' and it operates several other hotlines in addition to the Family Health Hotline.

<sup>2</sup> Infants are defined as those who are aged birth to 1 year. Children are defined as those who are between 1 and 5 years old. Youth are those who are between 6 and 18 years old. Some activities target all ages or apply to families.

- Coordinate with the Department of Social and Health Services Division of Alcohol and Substance Abuse (DASA) on age of consent issues regarding access to treatment services for substance use.
- Participate in the Division of Alcohol and Substance Abuse Adolescent Substance Abuse Treatment Statewide Coordination Project.
- Collaborate with the Department of Health Tobacco Program to implement a youth-focused tobacco prevention campaign.

### **Education**

- Disseminate best practice materials that encourage providers to screen for alcohol, tobacco, and drug use and to intervene.
- Disseminate hospital guidelines for testing and reporting substance-exposed newborns.
- Disseminate Bright Futures materials through local health agencies to Head Start, Early Childhood Education and Assistance Program (ECEAP), and health care plans.
- Educate First Steps families to reduce secondhand smoke exposure.
- Proposed future education activities include:
  - Developing and disseminating educational materials targeting teens.

## **Research, Surveillance, and Best Practices**

### **Data**

- OMCH maintains data from surveillance systems and population-based surveys that track tobacco and substance use. Related surveillance systems and surveys include:
  - Pregnancy Risk Assessment Monitoring System (PRAMS).
  - First Steps database.
  - Behavioral Risk Factor Surveillance System (BRFSS).
  - Vital Statistics (birth and death certificates).
  - National Survey of Children with Special Health Care Needs.
  - National Survey of Children's Health.
  - Healthy Youth Survey.

### **Examples of Best Practices**

- Provide "NCAST" training.
- Encourage brief intervention for substance use, including tobacco, in women's health care settings such as primary care, prenatal care, and family planning.
- Promote the use of the Washington State Tobacco Quit Line Fax Referral Program for pregnant women in order to increase the quit attempt rate.
- Provide Tobacco Cessation Training to First Steps providers including entry level training and motivational interviewing.

## **Other Public Health Agendas**

By identifying lifestyles free of substance use and addiction as a priority issue for OMCH, the office ensures that its work is consistent with the intent of the state performance measures defined in the

Maternal and Child Health Title V Block Grant and other national and state public health agendas and that its work meets the needs of the people it serves. Healthy People 2010, the Public Health Improvement Plan (PHIP), the Washington State Department of Health Strategic Plan, and the Division of Community and Family Health Strategic Plan serve as guiding documents for Washington's public health system. Each of these emphasizes the importance of achieving and maintaining lifestyles free of substance use and addiction in improving public health.

## Healthy People 2010

Healthy People 2010 identifies ten leading health indicators<sup>v</sup> 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. "Tobacco use" and "Substance abuse" are the leading health indicators most closely related to this OMCH priority.

Some of the Healthy People 2010 objectives selected to measure progress for these indicators among women and children are:<sup>3</sup>

- Increase the age and proportion of adolescents who remain alcohol and drug free. (26-9)
- Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. (16-17)
- Increase smoking cessation during pregnancy. (27-6)
- Reduce the proportion of children who are regularly exposed to tobacco smoke at home. (27-9)
- Reduce tobacco use by adolescents. (27-2)

## Public Health Improvement Plan

The Washington State Public Health Improvement Plan (PHIP)<sup>vi</sup> 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. Indicators for substance use are described in the healthy behaviors category. Substance use indicators include: (1) the percent of adults reporting current cigarette smoking, (2) the percent of women who report smoking during the last three months of pregnancy, (3) the percent of tenth graders who report smoking cigarettes in the past 30 days, 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<sup>vii</sup> created seven long-term goals for public health with related objectives and strategies. Goals 1 and 4 encompass the OMCH priority of lifestyles free of substance use and addiction. 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

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<sup>3</sup> 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/>.

support. OMCH's efforts to promote lifestyles free of substance use and addiction among women and adolescents contribute to these goals and use the stated strategies for achieving desired outcomes.

## Community and Family Health Strategic Plan

The Division of Community and Family Health (CFH) within the Washington State Department of Health created a strategic plan that describes the goals, objectives, and themes of the division's work for 2006-08. Six themes contribute to the goal of improving the health status of people in Washington State. CFH prioritized the "Improve healthy behaviors" and "Address health disparities" themes for the 2006-08 timeframe. The maternal and child health priority of lifestyles free of substance use and addiction 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 substance use and addiction. Information about injury prevention, access to prenatal care, and screening for drug and alcohol use during pregnancy and adolescence can be found in the following issue briefs: (1) Safe and Healthy Communities; (2) Access to Preventive and Treatment Services; and (3) Quality Screening, Identification, Intervention, and Care Coordination. 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](mailto:candi.wines@doh.wa.gov).

## References

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<sup>i</sup> Washington State Department of Health, Center for Vital Statistics. Birth Tables. April 2007. [http://www.doh.wa.gov/ehsphl/chs/chs-data/birth/bir\\_VD.htm](http://www.doh.wa.gov/ehsphl/chs/chs-data/birth/bir_VD.htm)

<sup>ii</sup> National Center for Health Statistics. National Vital Statistics Reports, Vol. 55, No. 14, May 2, 2007 [http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55\\_14.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_14.pdf)

<sup>iii</sup> 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>

<sup>iv</sup> 2006 *MCH Data and Services Report*. Olympia, WA. 2006 Jan. 218 p. Available at: [http://www.doh.wa.gov/cfh/mch/mch\\_assessment/mchdatareport/mch\\_data\\_report\\_home.htm](http://www.doh.wa.gov/cfh/mch/mch_assessment/mchdatareport/mch_data_report_home.htm)

<sup>v</sup> <http://www.healthypeople.gov/LHI/lhiwhat.htm>

<sup>vi</sup> <http://www.doh.wa.gov/PHIP/default.htm>

<sup>vii</sup> [http://www.doh.wa.gov/strategic/StratPlan03\\_05\\_ed1.pdf](http://www.doh.wa.gov/strategic/StratPlan03_05_ed1.pdf)