Report to the Legislature

PREVENTION AND HEALTH PROMOTION IN WASHINGTON STATE GOVERNMENT HEALTH PROGRAMS – A FIVE-YEAR PLAN

Chapter 259, Laws of 2007, Engrossed Second Substitute Bill 5930 (39)

August 31, 2007

Department of Social & Health Services
Health and Recovery Services Administration
Division of Healthcare Services
PO Box 45530
Olympia, WA 98504-5550
(360) 725-1629
Fax: (360) 753-7315

Table of Contents

I. Executive Summary 1

II. Purpose and Scope 2

III. Current work by the agencies in prevention/health promotion 5

IV. Five-Year Plan: Building on opportunities for cross agency collaboration 21

V. Conclusion 31

Appendix 32

REPORT TO THE LEGISLATURE

PREVENTION AND HEALTH PROMOTION IN WASHINGTON STATE GOVERNMENT HEALTH PROGRAMS – A FIVE-YEAR PLAN

I. EXECUTIVE SUMMARY

This report responds to the following directive from Section 39 of E2SSB 5930:

> (1) The Washington State Health Care Authority (HCA), the Department of Social and Health Services (DSHS), the Department of Labor and Industries (L&I), and the Department of Health (DOH) shall, by September 1, 2007, develop a five-year plan to integrate disease and accident prevention and health promotion into state-purchased health programs that they administer by:
>
> a. Structuring benefits and reimbursements to promote healthy choices and disease and accident prevention;
> b. Encouraging enrollees in state health programs to complete a health assessment, and providing appropriate follow up;
> c. Reimbursing for cost-effective prevention activities; and
> d. Developing prevention and health promotion contracting standards for state programs that contract with health carriers.
>
> (2) The plan shall: (a) Identify any existing barriers and opportunities to support implementation, including needed changes to state or federal law; (b) identify the goals the plan is intended to achieve and how progress towards those goals will be measured and reported; and (c) be submitted to the governor and the legislature upon completion.

The DOH, DSHS, L&I, and HCA have collaborated on this report. In addition, stakeholder input was solicited at a public meeting on August 7, 2007. The collaboration on the report and five-year plan is the first step of the plan itself. The report includes descriptions of work that is already being done in disease and accident prevention and health promotion, some of which has begun to take advantage of cross-agency collaboration. The agencies will establish the Cross-Agency Workgroup on Health Promotion and Prevention, a working committee with the goal of fulfilling the legislative mandate through optimal collaboration and integration across the agencies. This committee will build on the work already in progress, with new efforts around benefit design and reimbursement, increasing engagement of enrollees in health promotion activities, and standard approaches to contracting for state-purchased services. By enhancing the collaboration already in place, the agencies can contribute to a Healthier Washington.

II. PURPOSE AND SCOPE

The purpose of this report is twofold:

> (1) To review what is already being done among involved state agencies (DSHS, DOH, HCA and L&I) to integrate efforts around disease and accident prevention and health promotion into health and social services delivery, public health initiatives, and state-purchased health care; and
>
> (2) To describe a model for cross agency coordination and integration of efforts. Over the next five years, agencies will work towards better integration of efforts, to take advantage of the wealth of knowledge across agencies and the body of evidence on how to improve the health of populations who receive services through our programs.

The agencies' work on health promotion and disease and accident prevention intersects with other activities requested by legislation in the 2007 session. For example, E2SSB 5930, sections 1 and 39, stipulates that two five-year plans be developed relating to state-purchased health programs.

Section 1 stipulates that the HCA and DSHS shall develop a five-year plan to change reimbursement within their health care programs. The legislation presents a set of seven (7) areas of focus to guide purchasing and reimbursement strategy and places emphasis on rewarding for quality, efficiency, and consumer involvement in health care delivery and emphasizes collaboration with other state agencies, local public health jurisdictions, physicians and other health care providers, the Puget Sound Health Alliance, and other purchasers during the planning process.

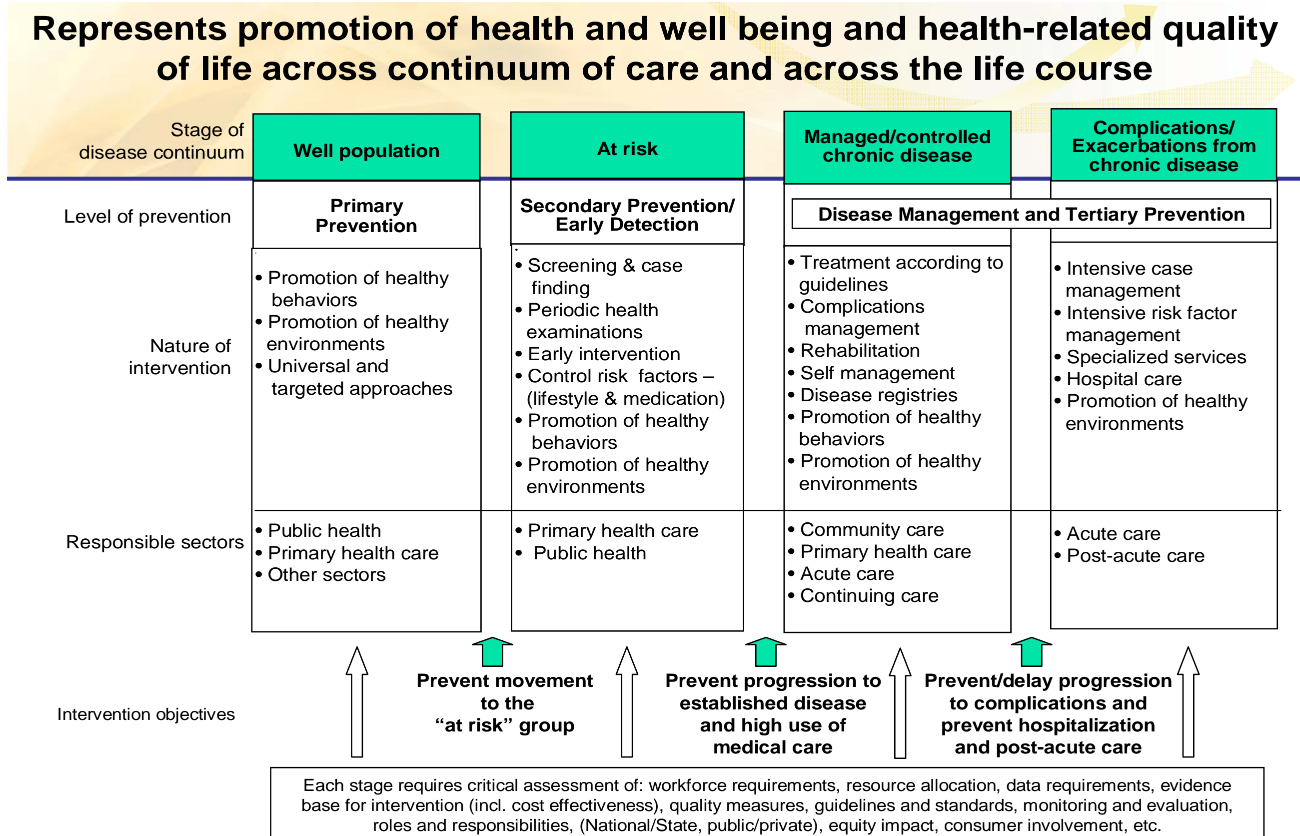
Section 39 directs the HCA, DSHS, L&I and DOH to develop a plan to integrate disease and accident prevention and health promotion into state-purchased health programs.

Disease and accident prevention and health promotion are critical to achieving quality and efficiency in the health delivery system, especially when activities are focused on consumers' involvement in maintaining their own health. As a result, there is a strong link between the goals of the two plans and prime opportunities for integrated collaboration between the involved state agencies. During the planning and implementation stages, these opportunities for integration and collaboration will be developed.

In Sections 4 and 6 of the E2SSB 5930, the agencies are directed to evaluate activities designed to improve chronic illness, and that work will be reported separately. Section 41 describes pilots which will be implemented in state agencies through Washington Wellness, and these may serve as examples for other agencies or nongovernmental groups to emulate. Other links to current work include the 2SSB 5093 Section 4 activities on establishing performance measures related to children's care. There are also natural ties between the health promotion plan and the benefit design changes found in

2SSB 1088 to increase mental health visits for children to 20 per calendar year. Finally, because of the importance of medical homes for preventive care to occur, there is a relationship between this plan and both the chronic care and children's health activities.

In developing this five-year plan, we used a model (below) from the Centers for Disease Control and Prevention (CDC)[1], "Health Promotion and Chronic Care Management across the Life Course", and will focus our efforts on the left side of the model: well population and at-risk population.



We have agreed to use the following definitions of health promotion, disease prevention and accident prevention for the purposes of this plan.

> Health Promotion: "Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

---

[1] US Department of Health and Human Services. *A Public Health Action Plan to Prevent Heart Disease and Stroke.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2003.

Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept, emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being." (*From the Ottawa Charter*.)

Disease Prevention: "Covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seek to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and establishment of chronic conditions through, for example, effective rehabilitation (*Note: for the purposes of this report, we only include primary prevention and the early detection aspect of secondary prevention.)* …Disease prevention in this context is considered to be action, which usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviors." *World Health Organization Health Promotion Glossary, 1998.*

Accident or Injury Prevention:

What is Injury?
To health care professionals and scientists, an injury is an impairment or damage resulting from exposure to mechanical energy, heat or cold, electrical or chemical energy, or from the absence of such essentials as heat or oxygen. To most people, however, injuries are the result of traumatic events such as motor vehicle, pedestrian or bicycle crashes; burns, gunshots, stabbings, falls, assaults, poisonings or drowning – and are much more personal.

Aren't injuries just unavoidable accidents?
Many, if not most, injuries are preventable. Take motor vehicles crashes – the road conditions, traffic signs, skills and sobriety of the driver, the vehicle restraint system, the vehicle itself, and or all of these factors together may contribute to a crash happening or to the severity of injuries that result.

From: Johns Hopkins School of Public Health, Center for Injury Research and Policy

What is injury prevention?
Injury prevention entails education, enforcement of laws and policies, and environmental or engineering intervention to reduce the risk of an injury incident happening or reducing the severity of injury during an incident. Whenever available, injury prevention practitioners use evidence-based best practices for program efforts.

Accident Prevention: An "accident" is an unplanned or uncontrolled event that led to, or could have led to, injury to persons. "Accident prevention" involves the

application of various control measures, such as procedures or instructions, effective communication, good housekeeping, safety devices, and assessment and improvements to the community, home or working environment. (Paul Craythorne, Accident Reporting and Investigation, on www.web-safety.com).

III. CURRENT WORK BY THE AGENCIES IN PREVENTION/HEALTH PROMOTION

Using the interventions described in the CDC model shown above, this section of the report will briefly describe approaches already being used by the agencies involved in this plan. More detailed descriptions of agency initiatives can be found in the appendix to this report. Although there are a number of innovative programs being implemented by the different agencies to meet the needs of their own clients, a number of similarities in programs can be found, such as early detection of health issues, initiating provider incentive programs (pay for performance), and utilizing community support for projects so that clients will be presented with a similar message wherever they go to receive services. These descriptions are provided as examples of work that can be enhanced using cross-agency collaboration as the Cross-Agency Workgroup on Health Promotion and Prevention determines which health themes to focus on.

A. Promotion of Healthy Behaviors:

Many initiatives are already underway to address improving healthy behaviors among clients served by DSHS, DOH, HCA and L&I. These include:

Health Care Authority

The HCA purchases health care for three programs: the Public Employees Benefits Board (PEBB) (including the Uniform Medical Plan (UMP)), Basic Health (BH), and Community Health Services. The PEBB and BH contracts require the contracted health plans to provide primary and secondary preventive care in accordance with the current edition of the "Guide to Clinical Preventive Services" of the U.S. Preventive Services Taskforce.

- **Public Employees Benefits Board:** Beginning in 2008 the PEBB fully-insured offerings will include two managed care organizations accredited by the National Committee for Quality Assurance (NCQA). NCQA requires accredited organizations to use health risk assessments (HRA) and interactive consumer health tools to help enrollees to manage their health. The managed care plans have comprehensive health promotion and prevention programs.

  The **Uniform Medical Plan,** a self-insured preferred provider organization (PPO) offering:
  - Is contracting directly with pharmacies to administer vaccines and flu shots, which streamlines the reimbursement process and removes a

barrier to services. Enrollees will not have to pay upfront; the pharmacies will bill UMP directly for the full costs.
  - Enables smokers enrolled in the Free & Clear tobacco cessation program to get Nicotine Replacement Therapy (NRT) products (i.e. patches and gum) mailed directly to their homes.
  - Is examining ways to improve the incentive for UMP enrollees to participate in Health Counts, the UMP wellness program.

In 2008, the new self-insured PPO health plan, Aetna Public Employees, will feature a personal Health Record (PHR) for enrollees. This will be populated with medical and prescription drug claims information, and will also include tools for enrollees to keep track of lab values or notes from medical appointments, and automatic messaging to both patients and providers with warnings or reminders.

- **Basic Health:** Basic Health's managed care contracts contain a subset of NCQA standards. The 2008 contract requirement will include the NCQA health risk assessment and interactive tools requirements. Basic Health does not cover Tobacco Cessation; however a few of the contracted plans offer the program for free or for a nominal cost.

- **Performance Improvement Projects (PIPs).** The Basic Health managed care contracts require the annual collection of three clinical and two non-clinical, or service, performance improvement projects from the contractor. The two non-clinical PIPs must demonstrate improvements in the service to enrollees.

- **Healthcare Effectiveness Data and Information Set (HEDIS®) measures.** The PEBB contracted managed care plans are required to collect and submit the following prevention/health promotion HEDIS®) measures: 1) Childhood immunization status; 2) Adolescent immunization status; 3) Beta-blocker treatment after a heart attack; 4) Comprehensive diabetic care; 5) Follow-up after hospitalization for mental illness; 6) Cholesterol management after acute cardiovascular events ; 7) Antidepressant medication management; and 8) Chlamydia screening.

- **HCA** publishes information for employees twice a month on health and prevention. In conjunction with the Washington Health Foundation, state agency Medical Directors write "Paradocs" with health information for Thrive magazine that reaches most public employees.

- **Health Care Authority's "Washington Wellness" project** is a comprehensive health promotion effort with the goal of improving health and productivity and positively impacting the medical cost trend for state employees, retirees and dependents. Aspects of the Washington Wellness program include these health promotion activities:

- **Health Risk Assessment (HRA).** HRA aggregate data will be used to compile a health profile for employees and then identify opportunities for risk reduction interventions at both the aggregate state and agency levels. The completion rate goal for 2007 is 30 percent. Completion rates are provided to the 83 agencies and institutions of Higher Education who have appointed Wellness Coordinators to work with Washington Wellness. UMP and Group Health Cooperative (GHC) provide HRAs for their members within Washington Wellness, and a separate vendor provides an HRA for the members of Community Health Plan and Regence. Completion rate and risk profile data from all three HRAs is reported to Washington Wellness, and in turn shared with participating agencies for planning wellness interventions.
- **Agency level wellness program and culture change.** Washington Wellness provides assistance to agencies and institutions of higher education to build the infrastructure necessary to positively impact the risk profile and their internal "culture of health." Washington Wellness provides technical assistance and encourages peer learning through a virtual online knowledge management system, face-to-face trainings, monthly phone trainings, and an online resource library.
- **Additional Washington Wellness interventions for 2007.** Other interventions currently in process include: a state contract with Weight Watchers, a delivery system for onsite flu vaccinations, and implementation of a DOH designed intervention to assist agencies to improve the availability of healthy food selection at the worksite. Washington Wellness is partnering with the Washington Health Foundation to promote participation in the Governor's Health Bowl.

DSHS Aging and Disability Services Administration (ADSA):

- **Nutrition programs.** ADSA funds the Senior Farmers Market Nutrition Program and Congregate Nutrition Meal sites. The Farmers Market Nutrition Program provides vouchers for age 60 and older adults to redeem at local Farmers Markets for fresh produce. Congregate meal sites provide nutritional meals at low or no cost for the vulnerable senior population.

- **Washington Alliance for Healthy Aging (WAHA).** The mission of this alliance is to promote healthy aging statewide. Objectives for this alliance include sharing resources and best practices across partners; advocating for healthy aging policies and practices; and encouraging physical, mental, social, and economic environments that support healthy aging. Key activities include:
  - Foster collaboration among diverse groups that impact healthy aging through conferences and other communication tools.
  - Integrate healthy aging messages and activities into member organizations' goals.

- Encourage governments, organizations, and coalitions to incorporate healthy aging as a priority.

- **Area Agencies on Aging** have been successful in contracting with community organizations and health care providers to promote healthy aging. Examples of these waiver services available to clients include:
  - Pain management to promote increased activity.
  - Dietician consultations provided by certified dieticians to counsel clients on healthy eating, and weight reduction.
  - Physical activity programs through the YMCA and Enhanced Fitness at Adult Day Health.
  - The ADSA is a key collaborator with DOH on the state's Senior Falls Prevention Initiative including implementing the Stay Active & Independent for Life exercise and education Program and providing professional training on fall prevention.

DSHS Health and Recovery Services Administration (HRSA):

- The **Maternity Support Services/Infant Case Management** (MSS/ICM) portion of the First Steps Program provides enhanced support services to eligible pregnant women through the maternity cycle and for high-risk infants and their families through the month of the infant's first birthday. MSS/ICM services are designed to provide interventions as early in a pregnancy as possible to promote a healthy pregnancy and positive birth and parenting outcomes. Sixteen risk factors have been selected as the focus for Maternity Support Services. These risk factors are known to impact pregnancy and early parenting outcomes. Professional judgment is used to determine when to intervene and what interventions best match the client's needs and priorities.

- **Take Charge program.** HRSA's Take Charge program provides family planning services as well as preventive health exams to prevent unwanted pregnancy for qualified low income individuals.

- **Mental Health Division (MHD).** Interdisciplinary teams at Eastern and Western State Hospitals have developed comprehensive treatment programs to promote health and wellness in residents, including nutrition, medication, disease prevention, smoking cessation and exercise education designed to change behaviors and promote healthy living.

- **Division of Healthcare Services:**

Performance Improvement Projects (PIPs). The Healthy Options and State Children's Health Insurance Program contract requires the annual collection of three clinical and two non-clinical performance improvement projects from the contractor (Managed Care Organizations). The contract specifies that

PIPs must achieve significant improvement, sustained over time and are expected to have a favorable effect on health outcomes and enrollee satisfaction. Additionally, there are two PIPs directly related to prevention/health promotion in the HO/SCHIP contract.

HEDIS® measures. The following prevention/health promotion HEDIS® measures are required in the HO/SCHIP contract. 1) Childhood Immunization; 2) Chlamydia Screening in Women; 3) Prenatal and Postpartum Care; 4) Well Child Visits in the First 15 Months of Life; 5) Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; 6) Adolescent Well Child Visits; 7) Use of Appropriate Medications for People with Asthma; 8) Children and Adolescents' Access to Primary Care Practitioners; 9) Practitioner Turnover (for Primary Care Practitioners and OB/GYN and other Prenatal Care Practitioners only); and 10) Comprehensive Diabetes Care. In the HO/SCHIP contract, DSHS developed a Quality Incentive based on HEDIS® measures for childhood immunizations and well child visits.

Improving immunization rates. HRSA has been working through its managed care plans by tracking and rewarding immunization measures as described above. HRSA is also working through its fee-for-service providers to improve immunization rates. One strategy has been to allow pharmacists to bill HRSA directly for immunizations, in order to improve rates of flu, pneumonia and other vaccines.

Department of Labor and Industries:

- Health promotion efforts focus on provider-based health promotion and prevention of long term disability after an injury by providing education, technical assistance, and both financial and non-financial incentives to providers encouraging use of occupational health best practices.

Department of Health:

One of DOH's primary missions is health promotion and prevention of disease, injury and high-risk behaviors. To that end, DOH conducts health promotion activities, including education, outreach, and direct services in the following areas:

- **Sexually-Transmitted Disease Section:** Behavioral risk reduction is carried out through general educational materials distributed throughout the state. Over 100,000 language- and education-level appropriate materials are distributed annually that focus on abstinence, delay of sexual activity and monogamy, as well as individual sexually-transmitted diseases (STDs) and conditions.

- **Family Planning and Reproductive Health Section (FPRH):** DOH contracts with family planning agencies to provide health information to their communities in schools, community service offices, health events, and to clients who come to their clinics. The information focuses on several topics including contraception, abstinence, and STD prevention as well as the importance of cancer screenings, pregnancy planning, and pre-conception counseling. Family planning agencies also provide emergency contraception information to help people avoid unintended pregnancies.

  FPRH develops and prints a pamphlet that helps people choose a birth control method. FPRH also prints wallet cards and information sheets regarding emergency contraception and its availability for victims of sexual assault in hospital emergency rooms.

Prevention and Vaccine Preventable Disease:

- **Immunization Program CHILD Profile**. In addition to making available recommended childhood vaccines to all children 18 and under in the state of Washington, the Immunization Program CHILD Profile sends reminders about regular check-ups and immunizations to parents of children aged birth to six years of age.

Nutrition and physical activity health promotion activities

- In 2003, DOH published the Nutrition and Physical Activity State Plan. The plan provides a framework for policymakers interested in increasing the proportion of Washingtonians whose lifestyle reflects the Dietary Guidelines for Americans and get at least 30 minutes of moderate activity on five or more days per week.

- The Office of Maternal and Child Health provides numerous educational materials for health care providers to distribute to the general female population including information on healthy lifestyles and healthy pregnancy.

- CHILD Profile's one month letter to parents encourages mothers to plan ahead to continue breastfeeding their infants after returning to work or school.

- The Washington State Nutrition Program for Women Infants and Children (WIC) continues to be a very effective way to address nutrition and health issues for families in our state. Half of the infants born in our state participate in WIC. Breastfeeding promotion and assistance, nutrition education, checks for nutritious food and essential resource linkages are just a few of the areas that address nutrition behaviors.

Office of Emergency Medical Services & Trauma System:

- DOH's EMSTS contracts with the Washington Poison Center to provide prevention and treatment guides and access to the center's toll free, confidential, expert poison information that is available 24 hours a day, seven days a week.

- Provides free brochures, posters, and other promotional materials to promote healthy relationships and youth suicide prevention.

- Sends brochures to health care providers to promote the DOH sponsored Violence Against Women website.

- Offers the Stay Active & Independent for Life – Information Guide for Adults 65+ which provides information on physical activity related to preventing falls, the leading cause of injury-related hospitalization in this state. Training for communities on implementing the Stay Active & Independent for Life exercise and education program is also available.

B. **Promotion of Healthy Environments:**

Health Care Authority:

- Conducts Ergonomic Assessments for all new employees upon seven days of hire to prevent musculoskeletal disorders.

- Provides safety training specific to the job description, i.e. forklift and lifting training for warehouse employees, First Aid/CPR/Defibrillator Training for Safety Committee and Emergency Response Teams.

- Recently held personal safety and self defense classes for all interested employees.

- Local police departments give personal safety classes annually for all interested employees in both our Lacey and Seattle Office.

- Is updating the Agency's Accident Prevent Program to include the following: New Employee Safety Orientation; and Hazard Identification Training and Reporting.

Department of Labor and Industries:

Workplace-based health promotion and prevention efforts currently include targeted publications, research into workplace injury prevention, on-site consultations to help employers identify and mitigate hazards, and worksite inspections. L&I actively involves stakeholders in education and program

development by working cooperatively with business associations and labor organizations to raise awareness of workplace health and safety issues. Key strategies and initiatives include:

- Employer consultation services – health and safety specialists offer nearly 3,000 consultations a year to employers. Employers take advantage of this service to help identify and fix serious workplace health and safety hazards. Consultations help employers and workers control or eliminate safety risks that endanger worker health and safety.

- Targeted education based on research – leading researchers in workplace safety and health develop research and publications aimed at high hazard conditions such as fall prevention and safe patient handling in nursing homes. Educational publications and training offered by L&I helps employers, unions, and workers to understand and adopt industry best practices that improve workplace health and safety.

- Workplace inspections – health and safety specialists visit more than 9,000 work sites a year, which helps eliminate over 18,000 serious hazards. This includes investigating workplace fatalities and catastrophic incidents that require hospitalization.

- Small Business Safety Programs – other insurers and countries have found ways to tailor their safety programs to employers based on size. Large employers are more likely to have safety and return-to-work programs while small employers are not. The agency is developing a small business safety program for employers with 25 or fewer employees. This initiative will include recognition for small employers with strong safety programs. Indicators of exemplary programs will be injury and illness rates below the industry average.

L&I's prevention efforts have helped employers and workers make workplaces safer, which has resulted in a declining number of workplace injuries over the past decade.

Department of Health's Activities:

- The Nutrition and Physical Activity State Plan, published in 2003, provides a framework for policymakers to build and support environments across the state that will slow the increase in the proportion of adults that are obese, reduce the rates of chronic disease, and improve quality of life.

- The DOH Tobacco Prevention and Control Program works to educate the public about the harmful affects of secondhand smoke and disease prevention.

- Maintains the Health Education Resource Exchange (H.E.R.E) website, a clearing house of public health education and health promotion projects, materials and resources in the state of Washington.

- The Nutrition Program for Women Infants and the Children and Office of Maternal Child Health work to promote breastfeeding through the infant's six months of life. Research has shown that breastfeeding is linked to obesity and chronic disease prevention.

DOH Office of Emergency Medical Services and Trauma System:

- Promotes healthy environments as well as injury/accident prevention through the Safe Kids and Injury Prevention and Education Programs. These programs promote use of safety equipment, motorcycle/bicycle/ automobile/pedestrian safety, drowning prevention, and through the Washington Poison Center the promotion of poison prevention and treatment for humans and animals/pets.

- Promotes best practices in suicide prevention, safe storage of firearms, sexual violence prevention, and universal screening by health care professionals for domestic violence.

- DOH's Safe Kids Program works with a statewide network of organizations that provides injury prevention information, safety devices, activities and events, and empowers local communities to prevent accidental injuries in children 0-14 years of age.

- Provides training and technical assistance to local, regional and state agencies on the best practices as well as the early identification of risks for suicidal and violent behavior among Washington's youth.

- Offers consultation on local program development to reduce falls among older adults, which is the leading cause of injury-related hospitalization. This consultation includes best practices for professionals and for the public and an educational manual for seniors.

DSHS Office of Risk Management:

The Office of Risk Management (ORM) produces monthly newsletters for employees that include safety information. Recent issues have included topics on safety while driving, how to handle threats of violence in the workplace, and safety program principles. The ORM website has links to the Occupational Safety and Health Administration (OSHA) safety news, information about ergonomics, and safety training.

DSHS/MHD:

- Workplace Safety Plan was implemented with the assistance of Labor & Industries to create a safe environment for Western State Hospital staff members and patients.

- The Non-Violent Initiative has been implemented with the assistance from the Alternatives to Restraint and Seclusion State Infrastructure Grant Project, an initiative of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center. The initiative is designed to promote the implementation and evaluation of best practice approaches to preventing and reducing the use of seclusion and restraint in mental health settings.

- Joint Commission has noted patient falls as a National Patient Safety Goal and the hospital has taken a proactive stance to prevent serious injuries related to falls:
    - Safe Ambulation Committee reviews patient falls and makes recommendations to the treatment team to prevent injuries related to falls.
    - Specialized Nora Flooring is being introduced on our wards to prevent injury with falls.

- The Sharps Injury program through the Employee Health department addresses specific protocols and equipment, in conjunction with the Safety Committee, to employees reporting any Blood Borne Pathogen exposures.

DSHS/Health and Recovery Services Administration:

- HRSA sponsors Weekly Wellness Classes such as strength exercises, stress management, singing/choir to promote well-being and weekly Wednesday walks sponsored by Executive Committee.

- HRSA's employee wellness committee encourages participation in the Governor's Health Bowl.

- HRSA's website devoted to wellness includes tips on stretching, healthy exercises, skin cancer awareness, how to be a smart sleeper, how to calculate your BMI, healthy bones, etc.

DSHS/Aging and Disability Services Administration:

- ADSA has initiated an employee wellness program including a survey to identify the needs and preferences of staff related to health promotion and disease prevention and a Wellness Website.

C. Screenings, Case Finding, Periodic Health Exams:

Health Care Authority:

- The PEBB and BH contracts require the contracted managed care plans, and the UMP, to provide primary and secondary preventive care in accordance with the current edition of the "Guide to Clinical Preventive Services" of the U.S. Preventive Services Taskforce.

DSHS/Health and Recovery Services Administration:

- Washington State Screen, Brief Intervention, Referral, and Treatment (WASBIRT) program. Funded by a five-year (2003-2008) grant from the federal Substance Abuse and Mental Health Services Administration, WASBIRT screens individuals for substance abuse-related problems in nine hospital emergency departments across the state. Based on the screenings, individuals are provided with either a brief intervention (usually in the hospital), or, when needed, a referral to brief therapy and/or a full course of chemical dependency treatment. Provision of services is not means-tested. Research completed to date on the results of the program indicate substantial health care savings in Medicaid realized as a result of fewer emergency room visits, fewer inpatient hospital stays, and shorter inpatient stays when they occur. It is likely that similar savings are realized among clients covered by Health Care Authority-administered programs.

- GAIN-SS – Patients with substance abuse and/or mental health problems are now being screened with a common screening tool, the GAIN-SS. The purpose is to provide better information on possible co-occurring disorders, so that better, more integrated treatment can be provided. It is hoped that the provision of such treatment will have significant impacts both on patient health, and medically-related costs.

- Early Periodic Screening & Diagnostic Treatment (EPSDT) activities for clients under 20: EPSDT services are required screening protocols to detect physical and mental conditions that are covered at established, periodic intervals (periodic screens) and whenever a problem is suspected (inter-periodic screens). Screening includes a comprehensive health and developmental history, an unclothed physical exam, and appropriate immunizations. HRSA employs an incentive program for managed care and fee-for-service providers to discover, as early as possible, the issues that affect the health of Medicaid children. HRSA has been engaged in several collaboratives to improve EPSDT outcomes and increase incentives.

- Healthy Options plans send reminders to parents about the need for children's immunizations and well child check-ups.

- Healthy Options enrollees may also self-refer for the following screenings without prior authorization from the managed care organization:
    - Family planning services and sexually-transmitted disease screening and treatment services provided at family planning facilities, such as Planned Parenthood.
    - Immunizations, sexually-transmitted disease screening and follow-up, HIV screening, tuberculosis screening and follow-up, and family planning services through the local health department.

- Access to Baby and Child Dentistry (ABCD) program for children's oral health: The ABCD program was established to increase access to dental services for Medicaid-eligible clients through age five. The program's goal is to ensure that positive dental experiences in early childhood will lead to lifelong practices of good oral health. This is done in part by identifying and removing obstacles to early preventive treatment, such as the lack of transportation to a dental office, language interpretation issues, etc.

- A jointly managed program with DOH, the First Steps Maternity Support Services provides nutrition screening, education and counseling for pregnant and postpartum, Medicaid-eligible women and their infants. The First Steps providers also screen for substance abuse.

DSHS/Aging and Disability Services Administration:

- ADSA screens for depression, drug and alcohol abuse, and caregiver stress using the CARE tool for all clients at initiation of service, annually, and with significant change.

Department of Health:

- CHILD Profile health promotion materials provide reminders about regular check ups and immunizations to parents of children aged birth to six years.

- The Office of Newborn Screening tests the infants born in Washington State for certain treatable disorders, as determined by the State Board of Health, that may not otherwise be detected before developmental disability or death occurs. This is accomplished through population based laboratory screening of all infants born in the state in conjunction with follow-up services, specialized diagnosis and treatment systems.

- Programs in the Office of Maternal and Child Health work to educate providers about screening for certain diseases.

- Numerous efforts to educate primary health care providers to screen children and adolescents for oral health, mental health, substance abuse, and sexual activity.

- The Oral Health Program support school-based dental sealant programs which provide basic oral health screening for students in Grades 2 and 3.

- HIV Client Services program provides laboratory testing as a part of HIV disease management to maintain or improve health status.

- State and federal funding is provided to the six AIDSNETs through HIV Prevention and Education Services to support HIV antibody testing and risk factor counseling.

- The Family Planning and Reproductive Health section funds family planning agencies to screen for pregnancy and sexually transmitted disease and screening and referral for breast and cervical cancer as well as provide information on early detection.

- The Washington State Breast and Cervical Health Program provides early screening and detection services.

- The Office of Maternal Child Health ensures that child care health consultants receive training regarding social and emotional issues so that they can better provide guidance to providers of infant and toddler child care.

- The Office of EMS & Trauma System ensures health care providers have access to current screening information and techniques through its Violence & Suicide Prevention programs.

- The Infertility Prevention Program provides gonorrhea and Chlamydia screening and treatment to over 80,000 women through 140 clinics in the State. This program accounts for about 35 percent of all the reported cases of Chlamydia.

- The Washington State Comprehensive Cancer Control Plan includes goals for cancer screening. The Washington Comprehensive Cancer Control Partnership developed these goals, largely informed by the US Preventive Services Task Force recommendations and the American Cancer Society screening guidelines.
    - Breast Cancer: Increase the proportion of women ages 40-70 who have had a screening mammogram in the last 2 years

- Cervical Cancer: Increase the proportion of women ages 21-65 who have had a pap test in the last three years.
- Colon Cancer: Increase the proportion of men and women ages 50 and older who have had a Fecal Occult Blood Test in the last year and/or a sigmoidoscopy in the last five years and/or a colonoscopy in the last ten years
- Prostate Cancer: The scientific evidence regarding prostate cancer screening is insufficient to recommend either for or against screening. The Partnership encourages men and their providers to discuss the risks and benefits of screening (with a prostate specific antigen test) so that men may make an informed decision about screening and possible treatment options that is appropriate for their lifestyle and values.

D. Early Intervention:

DSHS:

- Improve immunization rates for older adults: Through a collaborative effort with ADSA, HRSA, DOH and community organizations, DSHS intends to improve immunization rates for older adults to meet the 2010 target of 90 percent.

- The First Steps Maternity Support Services program, jointly managed with DOH, provides education and access to expedited chemical dependency treatment, medical nutrition therapy to reduce pregnancy and long term risks associated with being overweight prior to pregnancy, and education and referral services for pregnant women seeking tobacco cessation and prevention of secondhand smoke exposure.

DOH:

- Provides educational materials that focus on the asymptomatic nature of many of STDs and the need to ask for screening tests. Both DOH and counties fund disease investigation specialists at the county level to work with populations such as migrants, high-risk youth at juvenile detention, and schools.

- HIV Client Services Program provides individuals access to services to help eligible persons with HIV the health care services they need to maintain or improve their health status.

- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.

- The Office of EMS & Trauma System provides violence and suicide prevention training and information to a broad array of stakeholders in order to prevent poor health outcomes from the causes of injury and trauma.

L&I:

A key objective of L&I's health care improvement efforts is to prevent injured workers from experiencing long-term disability. The department has implemented a combination of secondary prevention strategies aimed at promoting use of occupational health services with the goal of preventing work related disability.

L&I's provider-based health promotion and disability prevention initiatives presently include pilot projects aimed at encouraging physician use of occupational health best practices. In order to improve prevention of workplace disability and improve worker recovery, the department has contracted with four medical centers that specialize in occupational health care. The medical centers have clinical leaders and health care teams who offer services and training to physicians either in their community or medical center. The pilots create a way for respected clinical leaders to transfer specialized expertise in occupational health to primary care providers. Key strategies and initiatives include:

- Primary Care Education with Incentives: L&I implemented two Centers of Occupational Health and Education (COHEs) in eastern and western Washington. The pilots are improving secondary disability prevention by increasing physician use of occupational health best practices. By adopting best practices providers have identified high-risk workers early, coordinated their care, and improved recovery. Over 700 physicians are participating in the COHEs. By using incentive pay tied to use of quality indicators, the COHE have fostered increased use of occupational health best practices for specific conditions. The pilots also make available health service coordinators who track patient progress and facilitate return-to-work efforts. The COHEs offer free continuing medical education and publicize key concepts that support reducing workplace disability. By applying these concepts in practice, participating physicians have focused more attention on preventing chronic disability.

E. **Control risk factors (lifestyle and medication):**

DOH and DSHS co-sponsored program, Preventing Falls Among Older Adults:

- In 2002, Washington received a grant from the Centers for Disease Control and Prevention (CDC) to develop and evaluate a community-based targeted injury prevention intervention for falls in older adults.

- DOH conducted a randomized controlled trial of a fall risk assessment, exercise, and education program in Pierce and Spokane counties. The study showed significant improvements in strength, balance, mobility; and a 25 percent reduction in falls in the intervention group.

- DOH also created a model senior falls prevention coalition to provide an exercise and education model to seniors. Coalitions are being formed in communities across the state including Pierce County, Vancouver, Wenatchee, Brewster, Seattle and North Bend. Various agencies and organizations come together in each of these communities: health care providers, EMS, AAA, hospitals, senior centers, etc. DOH and Northwest Orthopedic Institute then work with each coalition to provide education and training support to the Stay Active and Independent for Life program. The coalitions are in their second year.

- Expanded coalition partners in Pierce County in order to conduct full-day training sessions for 300 physical therapists in fall prevention assessment and intervention.

- DOH and DSHS/ADSA are continuing to fund a full-time state position and one consultant position to local communities.

- Provide consultation and technical assistance to other communities on: (1) best practices for senior falls prevention, (2) coalition building, (3) exercise and education program information, "Stay Active & Independent for Life," and (4) presenting to wide range of medical providers including EMS providers and Area Agencies on Aging staff.

DOH:

- Office of Prevention and Education Services (OPES) is mandated by RCW 70.24 to allocate state and federal HIV prevention funding to six Regional AIDS Service Networks (AIDSNETs) which are responsible for prioritizing HIV prevention services and activities for their region of the state. Specific groups at high risk of HIV infection, including men who have sex with men and injection drug users, are targeted with messages and interventions to encourage reductions in behaviors that transmit HIV.

- Medical HIV Case management is a range of client centered services that ensure timely and coordinated access to primary medical care, medications and insurance (through Early Intervention Program), and other support services including treatment adherence for HIV-positive individuals.

- DOH family planning contract agencies provide a variety of contraception methods and sexual health information and counseling to prevent unintended pregnancy.

- Lack of adequate physical activity and poor nutrition are risk factors for chronic disease. Numerous DOH programs address and promote best practices related to nutrition and physical activity across populations. The Washington State Nutrition and Physical Activity Plan provides a framework to address both nutrition and physical activity.

- The Washington State Collaborative trains providers on the use of electronic registries to track patient's use of medication and can include tracking of behavioral modification plans to prevent chronic disease.

- DOH collaborates with the Washington Traffic Safety Commission on initiatives relating to reducing traffic-related injuries. Examples include leading focus groups to work on ways to improve teen driving and implementing local community programs addressing prevention of driving under the influence of alcohol or drugs.

IV. FIVE-YEAR PLAN: BUILDING ON OPPORTUNITIES FOR CROSS-AGENCY COLLBAORATION

A. Goal for the Five-Year Plan:

DSHS, L&I, DOH, and HCA will establish a working committee on health promotion, disease prevention, and accident prevention. Through this body, the agencies will implement initiative(s) across multiple programs that: 1) are consistent with the prevention mandates in E2SSB 5930, particularly regarding incentives, 2) build on current strengths and programs, and 3) optimize efficiency across State programs. The initiative will be based on current evidence for priority health care problems within populations served by the agencies, as well as on which approaches, based on best available evidence, have the greatest potential for success. The agencies will use strategies appropriate to their roles as health care purchasers and as members of the health care community of Washington. The committee will measure progress toward the goals as issues are identified and initiatives are completed.

B. Barriers:

- Medicaid rules favor paying for illness, not prevention. There is a lack of coverage or mechanism to pay for preventive medical services, leading to greater medical and drug costs. Examples include routine preventive care visits for adults, smoking cessation treatment for non-pregnant clients, weight reduction or management programs.

- There is no special funding available to pay for accident reduction measures such as sports helmets (biking, skate boarding), life jackets, etc. Lack of funding is the key factor limiting development and implementation of falls prevention projects for adults ages 65 and older.

- People, including many leaders, may think that injuries are accidents and nothing can be done to prevent them. Other individual level barriers include a resistance to behavior change, or resistance among some to being told what they can and cannot do.

- There has been limited discussion or understanding that suicide and violence are related to public health and health practice.

- Promoting safe storage of firearms and removal of lethal means is controversial to some gun owners. While not a strategy to ban firearms, it is seen as such by some factions of this population.

- Access to services is a barrier for clients of all agencies. Many physicians and dentists are reluctant to serve Medicaid clients. The lack of medical homes in the fee-for-service system has a negative effect on health promotion and prevention efforts (this has recently been verified in research conducted for the Commonwealth Fund).

- For mental health services, the most significant barrier is that Medicaid does not pay for early intervention, health promotion or disease prevention services. Clients with mental illness also have difficulty in accessing medical services, making it challenging to manage physical illness.

- Stakeholder support for programs can be time consuming and difficult to build. Community providers are asked to provide support and assistance for a variety of state-funded projects and are rarely adequately reimbursed for their efforts. Integration of state agency efforts to produce better-coordinated programs may reduce this barrier to care.

- Systems issues around coordinating health improvement efforts include the current inability of systems to communicate information about common clients and programs. Even within DSHS this means that the same client may receive care management and other services from more than one part of the agency. Systems communication between agencies is even less efficient as agencies build data bases and systems to fit their own needs.

- Evidence based approaches may not be available for people with disabilities. There has been less research to support some interventions with people who are disabled or in different racial/ethnic groups.

- Substance abuse-related problems are significantly underdiagnosed, with the result being substantially poorer health outcomes, and higher medical costs. Physicians may not screen for substance abuse disorders even when the patient presents with conditions often associated with such disorders.

- The interpretation of privacy rules may prevent data sharing across agencies, and other data tracking issues internal to agencies may also create barriers. For example, the rules that prohibit sharing of data about chemical dependency treatment are more strict than those for medical treatment, and that may pose a barrier for sharing across systems.

- Emergency departments do not regularly screen for substance abuse disorders, or provide brief interventions and/or referrals. There is no continuing funding for continuation and expansion of the WASBIRT program, despite its proven record of health care cost savings.

- In general, there is a lack of available professional education for health care providers on health promotion and prevention topics. One specific example is that physician education related to screening and referral for substance abuse may not be adequate. In addition, medical practitioners may lack training in providing brief interventions for patients who may not yet require a full course of chemical dependency treatment.

- Health disparities: Access to healthcare is an issue generally. The Robert Wood Johnson foundation recently published findings that African Americans, Hispanic Americans and Asian Americans all use preventive services at lower rates compared to the white, non-Hispanic population in the U.S. This means that for these populations, receiving the benefits of preventative health services is an even greater challenge.

C. **<u>Themes or action areas for consideration</u>**:

The agency representatives who collaborated on this report have identified priority health areas in common across the populations served. Specific focused initiatives will be selected after a review of the available research regarding best evidence for prevention and cost-effectiveness.

- Fitness and obesity, diet and nutrition, prevention of diabetes
- Smoking cessation
- Substance abuse
- Infectious diseases
- Mental health
- Oral health
- Injury, accident and disability prevention
- Screening for cancer and chronic illnesses

D. **Approaches to these issues**:

DSHS, DOH, HCA, and L&I have different purchasing, regulatory, and leadership roles in relationship to clients and providers of health care. For example, HCA and DSHS purchase health care services through both managed care and fee-for-service contracts. DOH funds health care programs and some health services mainly through contracts with other state agencies, local health jurisdictions and other community-based organizations. All of the agencies are seen as leaders in setting health policy, but not all are seen as leaders with regard to health promotion and disease prevention. Because of these differences, different approaches to a similar health promotion or prevention issue may be taken by the agencies on the Cross Agency Workgroup.

How could the state agencies use their purchasing power to influence the health care delivery system? Provider incentives, client incentives, and contracting standards are all methods of structuring benefits and reimbursements that are available to agencies that contract for health care services. Other approaches might involve the schools, which offer health programs and also can influence children's health just as adults' work sites influence theirs. Collaborative work in communities can be more effective than centralized approaches; this has been seen with the Falls Coalitions and local health promotion campaigns to increase fitness. Social marketing is a tool than can be applied in many settings as a technique that "seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society."[2]

The workgroup developed Table 1 as a way to display which approaches may best fit the issue or action area chosen for intervention. The table shows how government agencies, the private sector, and communities can combine multiple strategies to bring a wide array of resources to bear on prevention of specific health conditions. Unified strategies that cut across multiple organizations improve the chances of making measurable improvements in health and avoiding chronic illnesses. Chronic illness accounts for 50 percent of the resources used in the US health system (Halvorsen, Epidemic of Care). The first year of evidence review will bring additional focus or emphasis to selected approaches.

[2] Philip Kotler and Gerald Zaltman, cited in "What is Social Marketing" by Nedra Kline Weinreich.

Table 1

Health Promotion and Prevention Interventions by Condition

	Reimbursement Design & Provider Incentives	Benefit Design & Client Incentives	Electronic Medical Records	Quality Measures	Contract Standards	Community Collaboratives	Social Marketing & Reminders	Workplace Services & Incentives	School Health Programs
Physical Fitness & Obesity (Diet)		x	x				x	x	x
Smoking Cessation/Tobacco Use Prevention		x		x	x	x	x		x
Substance Abuse Prevention & Early Intervention	x	x		x	x	x	x	x	x
Infectious Diseases	x	x	x	x	x	x	x	x	x
Mental Health		x	x	x	x	x	x	x	x
Oral Health		x				x	x		x
Injury & Accident Prevention						x	x	x	x
Disability Prevention	x		x	x	x	x	x	x	
Screening for Cancer	x		x	x	x	x	x		x

Some of the cells in Table 1 have activities already underway in one or more state agencies. Others will take work group planning and new resources for implementation. Specific examples of approaches in each focus area which could be started or expanded by the agencies follow.

Physical fitness and obesity:

- Other states have implemented interesting models of providing client incentives for participating in healthy behaviors. One method is to establish health opportunity accounts that incentive funds can be directed to. There would most likely be different approaches to client incentives based on whether they are well or they are at risk for chronic illness. Examples of states approaches are described in a new report from the Center for Health Care Strategies on "Medicaid Efforts to Incentivize Healthy Behaviors." Florida's program, for example, "will provide a direct incentive to enrollees to take an active role in their health and further the consumer driven model as they will have direct control over funds earned."

- In collaboration with the Office of the Superintendent of Public Instruction, health promotion in schools could be greatly expanded. Building on current efforts to provide healthier food choices and physical activity for students, Washington could be a leader in standards for health education.

- Washington Wellness is supporting similar efforts for public employees by encouraging healthy food choices in state agency cafeterias and at meetings.

- Public employees need support for fitness activities during the work day as well. Weight Watchers is becoming available for all state agencies, but employees also need support for flexible scheduling in order to exercise regularly.

Smoking cessation/tobacco use prevention:

- Some state agencies are already developing expertise in social marketing. The other agencies can learn from their leadership and collaborate on prevention and promotion messages. General information for all state clients might include tools people can use to better manage lifestyle-related risk factors such as smoking. As an example, health promotion materials can be added to HCA's Quality Forum website.

- Smoking cessation benefits might be provided at no cost to state employees, as an incentive to quit.

Substance abuse prevention and early intervention:

- The proven success of the Washington State Screen, Brief Intervention, and Referral to Treatment (WASBIRT) program in reducing medical and emergency room costs in nine Washington hospitals can be extended statewide. In addition, with the implementation of the new CMS codes, physicians can be trained in and use simple screening and brief intervention protocols related to

substance abuse when evaluating patients with conditions associated with substance abuse, including diabetes, hypertension, heart problems, and a substantial range of other diseases and conditions. The cost savings to state-purchased health programs are potentially massive.

- The Division of Alcohol and Substance Abuse (DASA) is implementing a Strategic Prevention Framework-State Incentive Grant (SPF-SIG). In this federally-funded research project that focuses on reducing underage drinking, 12 Washington communities have identified their specific community needs and then selected specific evidence-based strategies to address those needs. The involvement of community members in the planning efforts to identify needs and to select strategies is the key to making the SPF-SIG approach successful. Results will be rigorously evaluated with an eye toward expanding to more communities as appropriate and as funding becomes available.

Infectious diseases:

- The agencies may use measures of screening and/or immunization for infectious diseases as a basis for determining practitioner incentives. Approaches include rewarding those practitioners who achieve certain benchmark levels on outcome measures of prevention. For example, rates of immunization.

- The data acquired through health risk assessments can help agencies determine whether certain high-risk behaviors should be targeted through employee education. If agency participation in the HRA reaches 30 percent, aggregate data will be fed back to the agency to assist in this assessment.

Mental health:

- Screening for depression is a new HEDIS measure which could become a contracting standard for the state agencies which purchase health care services through managed care organizations. Group Health, which contracts with both DSHS and HCA, has voluntarily begun a new program to encourage providers to screen for depression in order to increase performance on this measure.

Oral health:

- Washington Dental Service (WDS) and Willamette Dental work closely with the dental profession to design dental plans that steer high-quality evidence-based treatment along the most cost-effective path. As any dentist will tell people, the key to having good teeth and avoiding dental problems is prevention. WDS and Willamette Dental Service programs are structured to encourage regular dental visits and early treatment of dental problems while they are still minor.

- Individual agencies or divisions may choose to request funding to expand access to needed preventive services. For example, the Washington Dental Health Foundation has proposed using the ABCD model to expand Medicaid dentist services for adults with chronic illness. DSHS might also consider requesting

funds to cover new benefits such as smoking cessation treatment for clients with chronic illness.

- There are efforts in the community for medical providers to learn about applying fluoride, making sure that children have a dental provider by three years of age, and that dentists encourage immunizations and well-child checks. These examples of integration across disciplines should be encouraged, and would be helpful to areas other than oral health.

Injury and accident prevention:

- Safety programs protect workers from on-the-job hazards and create healthier work environments. For instance, safe patient handling programs in nursing homes have reduced health care workers' musculoskeletal injuries caused by poor lifting techniques. In general, Washington's employers have continually improved their workplace safety programs, which have reduced employee injury rates. By targeting safety programs to high-risk jobs, organizations experience noticeable improvements in employee health and wellness. Safety programs offer the benefits of increased morale, higher productivity, reduced absence, and lower claim costs. Recently, state agencies increased their efforts to improve workplace safety at the request of Governor Gregoire. She charged agency directors, in February 2007, with the job of analyzing their current safety programs and injury-illness trends. Each agency director is charged with developing an action plan for improving their workplace safety programs.

- The School Health Collaborative Community Project improves the health of children in Lakewood by utilizing community mobilization around the issue of injury prevention. Objectives of the project include increasing injury prevention education for grades K-12, increasing parent and community awareness, and using the media to send injury prevention messages to children. The evaluation includes pre- and post-tests, observational studies, and parent/student surveys. Project collaborators include Clover Park School District, St. Clare Hospital, and 70 different social agencies in the Lakewood community.

Disability prevention:

- Reducing disability due to workplace accidents continues to be a challenge. Workers who are disabled for more than six months have a 50 percent chance of ever returning to work. This makes disability prevention an area of critical importance for workers, employers, unions and policy makers. Promising examples of disability prevention are two pilots designed by L&I in collaboration with business, labor and providers. The pilots improve disability prevention in partnership with key stakeholders using a community collaborative model. Known as the Centers for Occupational Health and Education (COHEs), the pilots offer community-based services and incentives that increase physician, employer, union, and worker understanding of occupational health best practices and disability prevention. Physicians receive free medical education, incentive pay for use of best practices and the COHEs

have local business-labor advisory boards. By creating a community-based system that links key stakeholders together and increases workplace disability prevention efforts, fewer workers have experienced long-term disability from workplace injuries. Recent evaluations by the University of Washington show significant impacts from use of more effective health care services delivered earlier combined with better communication between the provider and the workplace.

Screening for cancer:

- The agencies may choose to use common indicators for measuring success in achieving outcomes in prevention. Examples include the screening measures developed by the Veteran's Administration, the National Committee for Quality Assurance, or the Medicare Quality Indicator set. Health plans have used standard quality indicators to give feedback to practitioners, and the agencies could learn from their experience.

- The state agencies that contract for health care services could develop common standards on preventive services for health plans. One example would be using the US Preventive Services Task Force guidelines to determine the correct intervals for screening for disease. Healthy People 2010 can also be used as a guide for targets. The Community Guide to Preventative Health Services is an excellent catalogue of best practices.

- Sharing data or data analysis results across agencies may add to our depth of knowledge. One example is that DSHS/HRSA and ADSA use a common predictive modeling tool to identify high-risk clients. While those clients are identified for chronic care management, the At Risk population can be identified as well. This would enable DSHS to use the predictive modeling software as an identification process for those clients who need specific preventive interventions, such as mammography or other health screenings.

Various tools could be implemented or supported that cut across many of these approaches to various health concerns:

- DSHS has applied for a Federal Transformation grant for the Value-Driven Healthcare Program. The primary objectives of the transformation grant are to develop and implement a new program to: 1) Create a performance based system to reward providers for high quality health care services; 2) Create a customized chronic disease electronic management system (registry); 3) Develop material to support client informed choice of value-based care; and 4) Develop value-based performance measures and alignment of physician incentives. If Washington receives the grant, it would support the work of the workgroup on health promotion and prevention.

- Practitioner incentives can also be based on implementing process improvements, for example, putting in place an electronic medical record or a client registry to support health promotion activities. For providers, the use of

an electronic registry is a tool to identify and track their patients' risk factors for disease or injury, health education received, and plans to modify behavior towards a healthier lifestyle.

- Another client focused approach is to provide tools, such as personal health records, that clients can use to track their own preventive service use. These can be hard copy or electronic.

- The agencies would like to take advantage of other work in the community. One opportunity is that the Puget Sound Health Alliance will soon release a report with suggested focus areas for prevention work, for example, tobacco use, flu and childhood immunization, and physical activity and nutrition. The report will include a description of the evidence base for approaches that work for these focus areas, and will provide important background for the workgroup. Linking clients and providers to community-based health promotion and prevention activities could also be strengthened.

E. **<u>High level timeline</u>**:

July 2007 – Fall 2007	Create a standing Cross-Agency Workgroup on Health Promotion and Prevention Bring stakeholders into discussions and meetings: • Identify important stakeholders. • Develop methods to get feedback through focus groups, collaboratives, workgroup meetings, etc.
Fall 2007 through Summer 2008	Evaluate the evidence for the most fruitful opportunities in the health themes identified in Section C above. This work includes identifying the priority issues in common, and then evaluating the success and cost-effectiveness of health promotion and prevention activities across dimensions such as: • evidence of success in multiracial or ethnic populations; • approaches that serve to reduce health disparities; • different methods for well and at-risk populations; • interventions for clients at different levels of income; • cost-effectiveness of various approaches. Identify strategies that take advantage of cross agency work. The Workgroup will choose a few focus areas where we can integrate efforts for maximum effect.

First major milestone: January 2008	Identify opportunities for quick success where evidence is already in hand or interventions already being developed, such as: • Childhood immunizations, where there are already indicators being tracked and provider incentives being used in some agencies; • Flu and pneumonia immunizations, where ADSA and L&I have efforts underway at workplace and facilities, HCA through UMP and contracted health plans has methods to improve rates, DOH has established a flu clinic for employees, HCA and DSHS are working on improving access through direct contracting with pharmacies. • Recommended screenings for healthy clients or employees, such as HCA's efforts to improve health risk assessment completion rates and DSHS efforts to have employees complete wellness surveys. • Establish goals for the five-year plan.
September 2008 through December 2011	Three or four areas for cross agency work are implemented. • Measures will be developed (cf. GMAP model) for each action area. Annual updates will be available beginning Fall 2008. Budget and other legislative action requested if needed.
July 2012	Evaluation of the five-year plan is complete.

V. CONCLUSION

HCA, L&I, DSHS, and DOH are enthusiastic about the opportunities for collaboration offered by the five-year plan for health promotion and accident and disease prevention. The agencies are well aware that this is a starting place, and that a long term commitment will be needed to sustain the changes to make the population healthier. The agencies are committed to providing leadership on the critical issues, but will need dedicated resources on an ongoing basis. Many benefit changes that produce healthier clients are not cost saving in the short term, but will result in reduced costs into the future. This is especially true of preventive health care provided in the prenatal and early childhood periods, but is also true for avoiding complications of injury in the elderly. During the first year, the work group will identify and request funding for some activities that produce a rapid return on investment, but the agencies will work toward sustained improvement in the future. Our vision of a healthier Washington will require new thinking, new resources, and ongoing support.

REPORT TO THE LEGISLATURE

PREVENTION AND HEALTH PROMOTION IN WASHINGTON STATE GOVERNMENT HEALTH PROGRAMS – A FIVE-YEAR PLAN

Appendix

This is an appendix to the legislative report which describes some of the health promotion and disease and accident prevention activities currently in place in four state departments with responsibility for health care in Washington State – the HCA, DSHS, L&I, and the DOH.

Washington State Health Care Authority

I. Washington Wellness

Improve health and productivity and positively impact the medical cost trend for state employees, retirees and dependents

Washington Wellness was initiated by a Governor's Directive. It was then placed into statute by SB 5930, Section 40, as part of the BRC Health Reform Bill. Washington Wellness has co-accountability to the HCA and DOH. It is staffed by the HCA.

Descriptions of current activities include:

1. **Health Risk Assessment (HRA).** HRA aggregate data will be used to compile a health profile for the target audience (employees only for 2007) and then identify opportunities for risk reduction interventions at both the aggregate state and agency levels. The completion rate goal for 2007 is 30 percent. Monthly and YTD completion rates are provided to the 83 agencies and institutions of Higher Education who have appointed Wellness Coordinators to work with Washington Wellness. Uniform Medical Plan (UMP) and Group Health Cooperative (GHC) provide HRAs for their members within Washington Wellness, and a separate vendor provides an HRA for the members of CHPW and Regence. Data from all 3 HRAs is reported to Washington Wellness, both monthly completion rate data, and year-end aggregate risk profile data. This data, state aggregate and agency specific, is then provided by Washington Wellness to the participating agencies for use in planning their agency specific wellness interventions.

2. **Agency level wellness program and culture change.** Washington Wellness provides assistance to agencies and institutions of higher education to build the infrastructure necessary to positively impact the risk profile and their internal "culture of health." Each agency has identified a Wellness Coordinator to lead this effort. Washington Wellness provides technical assistance and encourages "peer learning" through a virtual peer online community, face-to-face trainings, monthly phone trainings, and an online resource library. An additional focus is on policy and the built environment at the agency level.

3. **Demonstration Program.** SB 5930, Section 41, established a demonstration program for Washington Wellness. The legislation allotted $600,000 over 2 years for this project, and mandated measurement of and interventions to improve: diabetes, high blood pressure, cholesterol, obesity, tobacco use, absenteeism, and use of preventive care measures. Participation was limited to no more than 8,000 employees. Washington Wellness will select 4-8 agencies to participate in this project. The Institute for Health and Productivity Management (IHPM) has been selected as a partner to provide a project template and data management to address the specific clinical components of diabetes, cholesterol and blood pressure. The intervention will include onsite biometric data measurement. It will also include a pilot of a validated tool to that links "productivity" with health risks. GHC will be the vendor for biometric data collection.

   Washington Wellness is actively pursuing an agency partner(s) to test the GHC "Momentum" product as a second arm of the Demonstration Program.

4. **Additional Washington Wellness interventions for 2007.** Other interventions currently I process include: a state contract with Weight Watchers, a delivery system for onsite flu vaccinations, and implementation of a DOH designed intervention to assist agencies to improve the availability of healthy food selection at the worksite. Washington Wellness is partnering with the Washington Health Foundation to promote participation in the Governor's Health Bowl.

5. **Evaluation.** The University of Washington with consultation from the University of Michigan will develop and conduct a rigorous evaluation of Washington Wellness process and outcomes.

II. Health Plan Partners

Uniform Medical Plan and Group Health Cooperative are the major health plan partners for the PEBB population.

Uniform Medical Plan

UMP provides interventions in the form of programs and benefits designed to positively impact health promotion and disease prevention

- Partners with Washington Wellness
- **Health Counts**: A $30 incentive is provided for members who accumulate 100 points by completing an HRA and participating in a tailored set of behaviors.
- **Co-insurance** has been eliminated for preventive health services.
- **Asthma disease management**: Members with asthma are contacted telephonically to engage them in participating in optimal asthma care.
- **Diabetes disease management**: UMP is releasing an RFP to identify a diabetes DM vendor.
- **Free and Clear**: Tobacco cessation program

Group Health Cooperative

- Partners with Washington Wellness
- **Integrated HRA and EMR:** The goal is to enhance the patient/provider interaction. HRA data is integrated into the Electronic Medical Records used by the providers. Providers have been trained in motivational interviewing and integrating HRA results into the patient visit. The HRA is populated with clinical data available in the EMR.
- **Co-insurance** has been eliminated for preventive health services
- **Free and Clear:** Tobacco cessation program
- **Rx Adherence:** Outbound calls are placed to increase Rx adherence for a set of chronic illness maintenance medications.
- **Discounts** for approved weight control programs
- **Momentum product.** A new set of benefits named "Momentum" is available to add to the benefit structure. Momentum includes:
    - Predictive modeling.
    - Health Coaching. Uses a "whole person" model instead of single condition-based.
    - Shared decision making for sensitive diagnosis such as prostate cancer.
    - Reward component to provide incentives to members that complete identified behaviors.

Department of Social & Health Services

This section was completed by two administrations – ADSA and HRSA. The HRSA report is comprised of reports from three HRSA divisions – DASA, Medical Assistance and MHD. ADSA's report includes work done in areas of aging and developmental disability.

Aging & Disability Services Administration

I. Administration on Aging Strategic Action Plan

Increase the number of older people who stay active and healthy.

The State of Washington and specifically the State Unit on Aging are involved with a number of activities to promote the health and physical activity of elderly and disabled populations. The focus of future efforts related to healthy aging and those behaviors will include activities and interventions that are evidence based and have proven success with elder and disabled citizens.

Descriptions of current and planned activities include:

1. The development of an Adult Immunization Collaborative to address improving the rate of adult immunizations for influenza and pneumonia. This collaborative is a result of the work done by the Washington State team attending the workshop Evidence Based Disability and Disease Prevention for Elders: Translating

Research into Community Based Programs sponsored by the Agency for Health Care Research and Quality and the Administration on Aging in February 2006. The team attending the conference, and working on the immunization collaborative include staff from the State Unit on Aging, an Area Agency on Aging, the DOH, Residential Care Services, and the state Medicaid Agency.

The goal of our collaborative is to improve the immunization rate for older adults from the current rate to the 2010 Target of 90 percent. At present the Washington State rates (2004) are:

- 68 percent of adults 65 years of age and older had received a flu shot within the past year;
- 66 percent of adults age 65 years of age and older had ever received a pneumococcal vaccination.

A matrix of potential providers and targeted client groups has been identified with action plans in development to address barriers and improve our rates.

2. A grant from the Administration on Aging Alzheimer's Disease Demonstration Grant to States has been awarded to the State of Washington, ADSA for the development and implementation of a Dementia Partnerships Service Integration model program. This Dementia Partnerships for Service Integration program will be a three year project designed to improve the responsiveness of Washington State's system of home and community-based services to the needs and preferences of individuals with dementia and their family caregivers by integrating dementia-capable services into existing state programs. These new and expanded services will be connected through dementia partnerships with the statewide Family Caregiver Support Program, the expertise of the Alzheimer's specific organizations, and the service potential of the adult day services providers. Funding to the selected project sites began February 2006 and continues through June 2008.

   The objectives of this demonstration project are:

   - Creation of a local Dementia Partnership model to improve access to and utilization of family caregiver support and respite care services;
   - Dementia day services;
   - Dementia specific family consultation services; and
   - Family caregiver counseling services.

   The two project sites are:

   - Northwest Regional Council (Area Agency on Aging); and
   - Seattle/King County Aging and Disability Services (Area Agency on Aging).

   One of the interventions to be applied through the Dementia Day Service providers will be a physical activity program developed using evidence based healthy aging physical activity programming (ProjectEnhance) and a dementia

specific physical activity program, Reducing Disability in Alzheimer Disease" (RDAD), developed by Dr.'s Linda Teri and Rebecca Logsdon of the University of Washington.

The vision for this physical activity model for dementia clients receiving Adult Day Services will be:

- A structured physical activity program that responds to the specific needs of people with dementia. It is designed to take exercise to an intensity level that will have positive health benefits for those with different levels of ability.

- Format and content that accommodates for the changes typical in Alzheimer's disease or related dementias such as diminished communication ability, limited attention span, inconsistent judgment, and the inability to initiate activity or maintain a routine.

- Maintaining, to the greatest extent possible, the elements critical to the success of the two original evidence-based approaches upon which it is based (e.g., including focus on aerobic activity, strength, flexibility, balance; focus on tracking outcomes; recognizing cognitive and behavioral needs, etc.).

- An education component designed to prepare instructors, dementia day staff, and family caregivers to deliver and support the program.

- A component targeting the family caregivers of participants with the goal of engaging the family participation in a way they see as valuable and that supports them in continuing the effort at home.

- A format and structure that can be replicated at different sites.

3. The Washington Alliance for Healthy Aging

The State Unit on Aging within ADSA is an active partner in the Washington Alliance for Health Aging (WAHA). The mission of this alliance is to promote healthy aging statewide

Objectives for this alliance include:

- Provide statewide communication opportunities for WAHA partners to share resources, research, and best practice strategies.
- Advocate for local and state healthy aging policies and practices.
- Encourage physical, mental, social, and economic environments that support healthy aging.

Key Activities include:

- Link with key partners to impact policy change

- Foster collaboration among diverse groups that impact healthy aging through conferences and other communication tools
- Integrate healthy aging messages and activities into member organizations' goals
- Encourage governments, organizations, and coalitions to incorporate healthy aging as a priority healthy aging strategies

II. Medicaid Title XIX Health Promotion and Disease Prevention Activities

Although limited by waiver funding various Area Agencies on Aging have been successful in contracting with community organizations and health care providers to promote healthy aging. Examples of these waiver services available to clients include:

1. Pain management to promote increased activity and quality of life. Pain management is provided by hospice organizations and nurse practitioners.
2. Dietician consultations provided by certified dieticians to counsel clients on healthy eating, and weight reduction.
3. Physical activity programs through the YMCA and Enhanced Fitness at Adult Day Health.
4. The Intensive Chronic Case Management project is using information from the Impact Pro Predictive Modeling to inform and refer clients for disease prevention screenings including mammograms, colonoscopy, pelvic exams, flu and pneumonia vaccinations, as well as other evidence based interventions.
5. All clients receiving services through the ICCM project are provided evidence based assessment and interventions for diabetes, pain, physical activity, medication management, fall prevention, and care giving education.
6. All clients assessed using CARE as of June 1, 2007, will be screened for receipt of the flu and pneumonia vaccination.

Future opportunities include an evaluation of current Medicaid waiver services for inclusion of additional disease prevention and health promotion activities. Ideas discussed have a focus on increasing physical activity, improving nutrition and weight loss.

Division of Developmental Disabilities (DDD) Action Plan

Health Promotion and Disease Prevention Activities

The goal of DDD is to help people with developmental disabilities in all age groups to gain and maintain good health in order to live productive and satisfying lives.

Descriptions of current and planned activities include:

1. Health alerts for providers and family members based upon issues that need additional focus and attention are developed as needed and sent to all providers as well as posted on the web.

2. "Self-Advocates teaching Self-Advocates" contract with People First of Washington (a self-advocacy organization) to develop health care curriculum (in conjunction with DDD Nursing Care Consultants) on topics of concern and then to have members teach each other about their health care needs. The first curriculum has just been developed and is being taught on depression. The second is being developed on diabetes management.
3. DDD coordinates with Community Residential Services providers to hold an annual residential conference and one of the tracks is devoted to health care topics.
4. In June 2007, the new DDD Assessment was begun. The Assessment is required yearly of clients who are receiving DDD funded services. It is now flagging health care risks that require a nurse's screening.
5. A quarterly news letter is sent to clients and their families who get no paid services and it includes health care alerts, based upon a recent mini-assessment, client surveys and other data and the resultant issues that emerged.
6. DDD Nursing Care Consultants are working on developing an Aspiration curriculum to train providers and to make available to families. Death from aspiration/pneumonia is a much higher risk factor for people with developmental disabilities than the general population.
7. DDD has been offering an oral hygiene program on a statewide basis for over twenty years. The program offers training and information regarding the prevention of dental disease and referrals to dental professionals for people with developmental disabilities. The program is provided at no expense to people with developmental disabilities living in Washington State.
8. DDD has established a State Mortality Review Team, which meets monthly and reviews death reports regarding clients served by DDD funded providers. These reviews are intended to monitor support systems and programmatic operations to ensure reasonable medical, educational, legal, or psychological interventions are being provided prior to deaths. A "reasonable" intervention is one that would have been possible given known circumstances and resources available. The systematic review of deaths described in this policy does not replace procedures conducted by investigative agencies.

Health & Recovery Services Administration

I. Division of Alcohol & Substance Abuse

Alcohol and drug abuse and addiction result in a massive toll on the health and well-being of Washington residents and communities. They result in higher medical costs, higher emergency room utilization, poorer health status and increased health complications, higher crime and criminal justice-related costs, more reliance on public assistance, lower rates of employment and lower worker productivity, higher child welfare costs and more Child Protective Services referrals, higher social service costs, poorer school performance, higher school dropout rates, and higher rates of youth delinquency.

According to *Healthy People 2010*, alcohol and other drug abuse and addiction are associated with motor vehicle accidents and fatalities, drowning deaths, falls, chronic liver disease and cirrhosis, infectious diseases, diabetes, hypertension, and a large range of other diseases and conditions.

A study conducted by the National Center on Addiction and Substance Abuse at Columbia University estimated that of $13.9 billion in Washington State government spending in 1998, $1.51 billion was spent on services related to impacts of substance abuse, more than the entire Medicaid budget ($1.46 billion). Only 4 percent of that was spent on prevention and treatment. Some $273.7 million was spent on health-related impacts; only $57.2 million on prevention and treatment. Substance abuse is one of the three largest actual causes of morbidity and mortality (together with tobacco and obesity) in Washington State.

DASA does not provide services through state-purchased health programs. However, the provision of DASA-funded intervention and treatment services to patients in need of them have been demonstrated to have substantial health-related impacts, and have resulted in substantially lower health care costs within state-purchased health programs such as Medicaid, and likely within other state-purchased health care programs administered by the Health Care Authority. These include:

- Washington State Screen, Brief Intervention, Referral, and Treatment (WASBIRT) program - Funded by a five-year (2003-2008) grant from the federal Substance Abuse and Mental Health Services Administration, WASBIRT screens individuals for substance abuse-related problems in nine hospital emergency departments across the state. Based on the screenings, individuals are provided with either a brief intervention (usually in the hospital), or, when needed, a referral to brief therapy and/or a full course of chemical dependency treatment. Provision of services is not means-tested. Research completed to date on the results of the program indicate substantial health care savings in Medicaid realized as a result of fewer emergency room visits, fewer inpatient hospital stays, and shorter inpatient stays when they occur. It is likely that similar savings are realized among clients covered by Health Care Authority-administered programs.

- Treatment Expansion – In 2005, the Legislature and Governor enacted legislation substantially increasing access to chemical dependency treatment for clients covered by Medicaid, Supplemental Security Insurance, or receiving General Assistance. Studies thus far indicate that costs of providing treatment to Medicaid Disabled clients is more than offset by net savings to Medicaid of $289 per patient per month.

- Integrated Crisis Response/Secure Detoxification – DASA funds two pilot projects in Pierce and the North Sound Counties to provide secure detoxification for individuals who are gravely disabled and in crisis as a result of substance abuse. Patients can be held for up to 17 days for detoxification and diagnosis, and then referred for further treatment or to housing and/or other support services in

the community. Previously, these patients would like have ended up in hospital emergency rooms, psychiatric hospitals, or jails at great expenses, and cycled in and out of these facilities which could not provide the treatment and support services they require.

- Opiate Substitution Treatment – Opiate substitution treatment is provided for patients with serious addiction to heroin or other opiates. In recent years, the percentage of patients who enter treatment programs with non-heroin opiate addiction, usually prescription-type opiates, has increased substantially. Opiates substitution treatment has been shown to significantly lower medical expenses for Medicaid clients. Currently, other drugs such as buprenorphine have been prescribed through medical offices for the treatment of addiction.

- GAIN-SS – Patients with substance abuse and/or mental health problems are now being screened with a common screening tool – GAIN-SS. The purpose is to provide better information on possible co-occurring disorders, so that better, more integrated treatment can be provided. It is hoped that the provision of such treatment will have significant impacts both on patient health, and medically-related costs.

- In recognition of the comorbidity of substance abuse with other diseases and conditions, and recognizing the number of individuals who are not identified appropriately as in need of intervention or chemical dependency treatment, effective January 2007, the U.S. Centers for Medicare and Medicaid Services (CMS) began reimbursement for alcohol and drug screening and brief interventions (SBI) given by medical providers . CMS added two new codes to the level II Health Care Service Procedures Coding System (HCPCS–standard national billing codes) used by Medicaid, Medicare and other third-party payors. By creating these codes, CMS and the Office of National Drug Control Policy enables screening and brief interventions to become a routine addition to primary and emergency medical care.

II. Medical Assistance

HRSA Medical Assistance has two main health care delivery modes – fee-for-fervice (FFS) and managed care.

FFS Preventive Care includes the following benefits for clients covered by Medicaid programs:

- Screenings for adults, which include one physical examination every 12 months for clients with developmental disabilities, cancer screenings, vision and hearing screenings.

- EPSDT screenings-regularly scheduled examinations and evaluations of the general physical health, growth, development and nutritional status of infants, children, and youth. These include five screenings during the first year of life,

three screenings between 1-2 years of age, one screening per year between ages 2-6, and one screening every two years between ages 7-20.

- For children in the foster care system, one screening exam every 12 months and within 30 days of foster care placement.

- Preventive health exams performed by Take Charge providers, and over the counter contraceptives, drugs, and supplies and sterilizations to prevent pregnancy.

- Oral health including the ABC dental program and fluoride varnish for clients age 18 years and younger.

- Immunizations for children and adults including the flu vaccine-and for certain clients: gardasil, meningococcal, respigam, and synagis.

- HIV-AIDS Counseling-two sessions of risk factor reduction counseling per lifetime.

- Genetic counseling and genetic testing.

- Maternity support services that include community health nurse visits, dietician visits, community health worker visits, and behavioral health worker visits.

- Tobacco cessation treatment for pregnant and postpartum women.

Managed Care Preventive Care

- Early Periodic Screening & Diagnostic Treatment (EPSDT) activities:
  EPSDT services are required screening protocols to detect physical and mental conditions that are covered at established, periodic intervals (periodic screens) and whenever a problem is suspected (inter-periodic screens). Screening includes a comprehensive health and developmental history, an unclothed physical exam, appropriate immunizations. HRSA employs an incentive program for managed care and fee-for-service providers to discover, as early as possible, the issues that affect the health of Medicaid children. HRSA has been engaged in several collaboratives to improve EPSDT outcomes and increase incentives.

- Smoking Cessation benefit
  - Offered to all managed care enrollees as part of their Healthy Options benefit package.
  - First Steps providers are also offered an incentive to get the mothers they see into smoking cessation programs

- Screening as part of the integrated managed care programs
  - Two of our managed care pilot programs for clients who are aged or disabled contract with health plans that have teams of "care coordinators" – clinical and administrative personnel to screen clients for possible health care issues and then case manage and connect people with needed services.

First Steps Program Maternity Support Services Risk Factors and Minimum Interventions

The Maternity Support Services/Infant Case Management (MSS/ICM) portion of the First Steps Program provides enhanced support services to eligible pregnant women through the maternity cycle and for high-risk infants and their families through the month of the infant's first birthday. MSS/ICM services are designed to provide interventions as early in a pregnancy as possible to promote a healthy pregnancy and positive birth and parenting outcomes. MSS' Risk Factor model is described below.

Maternity Support Services Minimum Interventions define minimum standards for risk intervention over the course of service delivery. **Sixteen risk factors** have been selected as the focus for Maternity Support Services. These risk factors are known to impact pregnancy and early parenting outcomes. Professional judgment should be used to determine when to intervene and what interventions best match the client's needs and priorities. Risk factors can be identified any time during the MSS period or the priorities of interventions for identified risk factors may change as the pregnancy progresses and a more trusting relationship is developed with the client. For clients with more than one risk factor, interventions and service plan development will be discussed with MSS team members during the case conferencing process. Client participation in prioritizing needs should be included and documented on MSS Mother's Plan for Care.

Listed below are a few of the 16 risk factors:

MSS #1: **Late Entry, Intermittent or No Prenatal Care**

Evaluate:

- Note any known history and the client's verbal and non-verbal cues for alcohol/substance use, domestic violence, developmental disabilities, mental health symptoms and any other signs of distress.
- Explore barriers to participation in prenatal care, such as lack of transportation, reluctance to be involved with government programs, language barriers, cultural and/or religious differences, frequent moves, unaware of pregnancy, fear of CPS, or legal involvement, minimal or punitive support system, or conflict with health care provider.

Inform:

- Tell the client about the importance of early prenatal care.
- Provide a list of Healthy Options prenatal care providers, or other fee-for-service prenatal care providers.

- For the post-partum client on Medicaid, describe/offer Maternity Support Services. Screen, and if eligible, offer Infant Case Management. Provide a list of pediatric care providers.

Act:

- Document risk factor on care plan.
- Address the client's identified issues, using interventions for identified risk factors, such as alcohol/substance use, domestic violence.
- Problem-solve with client the barriers to initiating or participating in regular prenatal care.
- For the postpartum client, explore barriers to follow up care, family planning services and pediatric health care.
- Refer to WIC if not already involved.
- Case Conference with team members.

Ongoing Follow-up and Outcome:

- Determine if medical care is established and continue to review barriers, if any.
- Enroll the infant in Infant Case Management services if risk factors are not significantly ameliorated by two months postpartum.
- Monitor infant and mother for negative pregnancy related and birth outcomes.
- Document outcomes on the care plan, and if no changes occurred since the risk factor was identified, describe why.

MSS #2: Brief Interventions for Adjustment to Pregnancy

Evaluate:

- Evaluate the client's feelings and thoughts about the current pregnancy, including timing/planning, and the involvement of the baby's father.
- Determine the adequacy and effectiveness of current support system.
- Explore options the client has considered, if any.
- Evaluate the client's current plans for this pregnancy.
- Who is available to the client for discussion about the pregnancy?
- Explore the client's awareness regarding the impact pregnancy and parenting may have on her life (e.g. relationships, work, school, her body, finances).

Inform:

- Inform the client about the availability of options and counseling, if desired.
- Normalize the mixed emotions associated with initial awareness of a pregnancy.
- Provide relevant information on the issues.

Act:

- Document risk factor on plan for care.
- Refer if applicable, to local community resources (e.g. WIC, support groups).

- Provide unconditional emotional support to client as she processes her feelings and makes a decision to parent or not.
- Refer to MSS Behavioral Health Specialist and/or case conference with team members.

Ongoing Follow-up and Outcomes:

- Revise the plan for care, as needed, with the client.
- Conduct additional interventions based on discussion with interdisciplinary team.
- Follow-up with the client on current feelings and plans throughout the pregnancy.
- Explore the outcome of referrals made to community resources.
- Document outcomes on the plan for care, and if no change occurred since the risk factor was identified, note why.

MSS#5**: Medical Conditions**

Evaluate:

- Review the client's health history (e.g. hypertension, diabetes, premature delivery).
- Observe and record any negative physical health symptoms or client complaints discovered or discussed during a visit.
- Determine the current status of the medical condition/symptoms and management by the obstetrical care provider.
- Review and record any treatment prescribed or self-administered to decrease symptoms and/or prevent complications during the maternity cycle.
- Explore the client's understanding of the medical condition/symptoms, treatment and the potential effects it may have on pregnancy health and infant outcomes.

Inform:

- Share preventive health information and self-care methods that may enhance the woman's ability to cope with the condition/symptoms and follow any prescribed treatment regimes.
- Review basic health care messages including "danger signs" during pregnancy.

Act:

- Document risk factor on plan for care.
- Refer to MSS Nurse regarding any emergent or increasing symptoms of physical distress or discomfort.
- Consult with the obstetrical care provider regarding emergent symptoms and/or emergency room when symptoms require immediate intervention.

- Refer to the MSS Registered Dietitian for evaluation of diet in relation to medical issues (e.g. diabetes, hypertension, anemia, bariatric surgery, Crohn's, and/or bed-rest)
- Case conference and develop a plan with interdisciplinary team when medical conditions are complex, infectious or chronic.
- Determine a lead worker for complex medical issues, based on the client's needs, team members' knowledge of the condition, and relationship with the client.

Ongoing Follow-up and Outcomes:
- Continue to follow issues as needed and make referrals.
- Document any communications with medical providers.
- Document outcomes on the plan for care, and if no change occurred since the risk factor was identified, note why.

MSS #6: Mental Health (MH) Concerns

Evaluate:
- Identify changes in appetite, speech patterns, sleep, and mood congruence that may be symptoms of MH concerns.
- Observe/discuss ability to perform daily activities such as meal preparation, grooming, hygiene, eating, and post pregnancy ability to care for infant and recognize/respond to infant's cues.
- Explore adequacy of client's support system and coping skills.
- Inquire about involvement in MH services and/or past history of treatment.
- Assess the client's awareness of her behavior, symptoms, and willingness to address them.
- Determine the client's awareness of the impact mental health issues can have on pregnancy and parenting the newborn.
- Assess emergent safety issues such as harm to self or others.

Inform:
- Provide information regarding the effects of mental health/emotional well being on physical health and pregnancy.
- Stress the importance of a support system.
- Provide resource information and appropriate linkages, including referral to Behavioral Health Specialist on the MSS team.

Act:
- Document risk factor on plan for care.
- Refer to the MSS Behavioral Health Specialist.
- If client is involved in MH Services, obtain a release and coordinate with MH provider.
- Administer a depression screening tool, if applicable.
- Obtain permission and collaborate with medical provider.

- Assess safety risks for client and/or others and contact CPS and/or county designated mental health professional as indicated.
- Case conference with interdisciplinary team.

Follow-up and Outcomes:

- Follow-up on the client receiving services/referrals and advocate on client's behalf, if needed.
- Document outcomes on the plan for care and if no change occurred since the risk factor was identified, note why.
- Additional considerations for mood disorders:
    - Administer a depression screening tool when entering care and each trimester thereafter, including two months post pregnancy.
    - Emphasize the importance of light, exercise, and proper nutrition in improving mood.

Last Revised: September 6, 2006 34 First Steps Manual Core Services. To see the other risk factors, visit First Steps Website http://fortress.wa.gov/dshs/maa/firststeps, go to First Steps Provider Page then First Steps Manual.

III. Mental Health Division (MHD)

- MHD participates in DASA's State Incentive Grant (SIG) which involves a five-year community-based research project designed to reduce underage drinking. That project emphasizes use of evidence-based prevention strategies to reduce community-wide indicators of that problem. Washington's Healthy Youth Survey identified as many as 26 percent of students who report drinking heavily and 42 percent who have had at least one drink in the past month by grade 12. Alcohol is a depressant and alcohol abuse is often linked with depression, anxiety and other emotional issues. This SIG grant will operate in twelve communities and form the basis for a request to the Legislature to support prevention of underage drinking.

- The interdisciplinary teams at Eastern State Hospital (ESH) promote health and wellness by developing comprehensive treatment programs for patients that address all aspects of their health. These include individual and group counseling on topics such as nutrition, medication, disease prevention, socialization and exercise programs. ESH has an active Infection Control program that provides education designed to change behaviors to facilitate healthier living (i.e. the prevention of HIV and other sexually transmitted disease.)

- Western State Hospital (WSH) participated in the National Association of Psychiatric Health Systems teleconference "Smoking Cessation in Psychiatric Facilities" to identify strategies they can use to move toward tobacco-free treatment environments, thus promoting a healthier lifestyle for patients and staff.

- WSH publishes a quarterly Infection Control newsletter which addresses specific areas of health promotion, including, but not limited to: stress, self care, influenza, HIV, TB and hand hygiene.

- The Infection Control Department of ESH has a comprehensive hand hygiene program and has placed hand sanitizer dispensers throughout the hospital. They also purchase various lotion, foams, soaps and gels to promote hand hygiene. Their interdisciplinary departments (nursing, pharmacy, medicine, housekeeping, etc) work collaboratively to identify high-risk populations (includes patients at high risk of spreading contagious diseases as well as patients that are immune-compromised) and develops plans to prevent spread of disease.

- WSH has implemented a Diabetic Care Team to assist the treatment teams to develop a comprehensive program which will improve blood glucose control, lifestyle modification, and provide diabetes self-management education for the patients.

- WSH also implemented Heart Healthy Diet to establish a healthy nutrition program for patients in an effort to decrease rates of obesity, diabetes and heart disease

- MHD has implemented a co-occurring disorder screening statewide as a result of SB5763. This screening provides for the early detection of mental illness and substances abuse (the co-occurrence of which increases risk if not treated), promotes education and appropriate treatment planning and increases the likelihood of positive outcomes

- MHD provides Peer Support Training. Peer support counselors promote strength and competence through support and their own credibility.

- Wraparound Services indirectly promote health/disease prevention. The child and family work with a community team to bring creative solutions to problems and through collaboration can identify risk factors and provide preventive interventions.

- The Mental Health Transformation Grant also prioritizes prevention and has developed a prevention workgroup to identify prevention strategies and promote early intervention with infants and very young children.

- The Infection Control, housekeeping, and safety staff at ESH does weekly surveys of the environment to monitor for compliance and identify environmental hazards. This team will develop a report and communicate their findings with various supervisors so plans of actions can be developed and implemented.

- WSH has implemented a wide variety of accident prevention activities, including:

  1. Workplace Safety Plan was implemented with the assistance of Labor & Industries to create a safe environment for every WSH staff member and patient.
  2. Non-Violent Initiative has been implemented with the assistance from the Alternatives to Restraint and Seclusion State Infrastructure Grant Project, an initiative of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center. The initiative is designed to promote the implementation and evaluation of best practice approaches to preventing and reducing the use of seclusion and restraint in mental health settings.
  3. Joint Commission has noted patient falls as a National Patient Safety Goal and the hospital has taken a proactive stance to prevent serious injuries related to falls:
     a. Safe Ambulation Committee reviews patient falls and makes recommendations to the treatment team to prevent injuries related to falls.
     b. Specialized Nora Flooring is being introduced on our wards to prevent injury with falls.
  4. The Sharps Injury program through the Employee Health department addresses specific protocols and equipment, in conjunction with the Safety Committee, to employees reporting any Blood Borne Pathogen exposures.

- MHD contracts with 13 Regional Support Networks (RSN) around the state who also participate in prevention activities. Some of these are listed below:

  1. Health Promotion: Working with Public Health to bring in an Integrated Primary Care/Behavioral Health Clinic into the Center for Community Health. The Center is focused on recovery and health care prevention for all persons by creating a network of care. The Center contains partners of Public Health, Mental Health/Substance Abuse Providers, Hotel Hope (a 16 bed integrated detoxification / Involuntary Treatment Act facility using the practice of recovery), 109 beds for inpatient substance abuse, a 16 bed deaf program for substance abuse, and co-location crisis team, mental health ombudsperson, Veteran's Administration, Department of Community Services which includes mental health, substance abuse, housing, prevention programs, consumer run organization etc.

  2. Supporting free clinics for persons with mental illness who fall outside the eligibility criteria.

  3. Establishing a Mental Health Summit to begin to plan for the community on how to pull all the system providers together to form a single

access/emergency care/crisis care/inpatient partnered with the Medical Community, such as hospitals, clinics and individual medical providers.

Department of Labor & Industries

A principle goal of L&I is to make Washington workplaces safer. L&I uses a combination of strategies to promote workplace health, prevent occupational disease, reduce disability, and prevent on-the-job injuries. The strategies are aimed at encouraging use of best practices by key stakeholder groups, in particular employers, workers, unions, and health care providers. L&I's workplace safety and health program focuses on primary prevention at the worksite. The department's health care program focuses on secondary prevention in the health care delivery system and doctors' offices.

Workplace-Based Health Promotion and Prevention of Accidents and Disease

L&I's workplace-based health promotion and prevention efforts currently include targeted publications, research into workplace health issues, on-site consultations to help employers identify and mitigate hazards, and worksite inspections. L&I actively involves stakeholders in education and program development by working cooperatively with business associations and labor organizations to raise awareness of workplace health and safety issues. Key strategies and initiatives include:

- Employer consultation services – health and safety specialists offer nearly 3,000 consultations a year to employers. Employers take advantage of this service to help identify and fix workplace health and safety hazards. Consultations help employers and workers control or eliminate safety risks that endanger worker health.

- Targeted education based on research – leading researchers in workplace safety and health develop research and publications aimed at high hazard conditions. Educational publications and training offered by L&I helps employers, unions, and workers to understand and adopt industry best practices that improve workplace health and safety.

- Workplace inspections – health and safety specialists visit more than 9,000 work sites a year, which helps eliminate over 18,000 serious hazards. This includes investigating workplace fatalities and catastrophic incidents that require hospitalization.

L&I's prevention efforts have helped employers and workers make workplaces safer, which has resulted in a declining number of workplace injuries over the past decade.

Provider-Based Health Promotion & Disability Prevention

When injuries and diseases occur, health care providers are key to preventing workers from experiencing long-term disability. Long-term disability is a serious problem - these claims represent 8 percent of all claims and account for 92 percent of costs. Research

shows that workers who remain off work for more than six months have a 50 percent chance of ever returning to work. The longer workers are away from work, the more likely their disability will become chronic and long-term.

A key objective of L&I's health care improvement efforts is to prevent injured workers from experiencing long-term disability. The department has implemented a combination of secondary prevention strategies aimed at promoting use of occupational health services with the goal of preventing work related disability.

L&I's provider-based health promotion and disability prevention initiatives presently include pilot projects aimed at encouraging physician use of occupational health best practices. In order to improve prevention of workplace disability and improve worker recovery, the department has contracted with four medical centers that specialize in occupational health care. The medical centers have clinical leaders and health care teams who offer services and training to physicians either in their community or medical center. The pilots create a way for respected clinical leaders to transfer specialized expertise in occupational health to primary care providers. Key strategies and initiatives include:

- Primary Care Education with Incentives – L&I implemented two Centers of Occupational Health and Education (COHEs) in eastern and western Washington. The pilots are improving secondary disability prevention by increasing physician use of occupational health best practices. By adopting best practices providers have identified high-risk workers early, coordinated their care, and improved recovery. Over 700 physicians are participating in the COHEs. By using incentive pay tied to use of quality indicators, the COHE have fostered understanding of occupational health best practices for specific conditions. The pilots also make available health service coordinators who track patient progress and facilitate return-to-work efforts. The COHEs offer free continuing medical education and publicize key concepts that support reducing workplace disability. By applying these concepts in practice, participating physicians have focused more attention to preventing chronic disability.

- Specialty Care Education with Incentives – the department implemented an Orthopedic Quality Improvement Pilot in 2006, based on lessons learned from the COHE pilots. Nearly 200 surgeons are participating in the pilot. The aim of the initiative is to improve worker access to surgeons who agree to use occupational health best practices. Similar to the COHEs, this pilot encourages use of key occupational health concepts that will help prevent workers with short-term disability from shifting into chronic disability.

- Health Care System Education and Incentives – the agency implemented two COHE-like pilots in two large health centers in Seattle and Everett. These pilots implement key features of the COHEs, but on a smaller scale in specific health care institutions. Instead of using a community-based approach, like the COHEs, the pilots use clinical leaders to work with physicians in their own institutions as a way to encourage health care provider adoption of occupational health best practices.

The department developed the COHEs and other pilots in consultation with national and regional experts in occupational health. Input from stakeholders was provided through a variety of committees including statewide and local business-labor advisory boards and physician advisory groups. The University of Washington conducted program evaluation research through an interagency agreement. A skilled team of researchers from the UW evaluated the effects of the COHEs on disability prevention, health and disability costs, patient satisfaction.

Department of Health

Community and Family Health Division

Office of Infectious Disease and Reproductive Health

Health Promotion

Sexually Transmitted Disease Section: Behavioral risk reduction is carried out through *general educational materials* distributed throughout the state. Over 100,000 languages and education level appropriate materials are distributed annually that focus on abstinence, delay of sexual activity and monogamy as well as individual sexually transmitted diseases (STDs) and conditions. Materials also focus on the asymptomatic nature of many of STDs and the need to ask for screening tests. Both DOH and counties fund disease investigation specialists at the county-level to work with populations such as migrants, high-risk youth at juvenile detention, and schools.

Family Planning and Reproductive Health Section (FPRH): DOH contracted family planning agencies provide health information to their communities in several venues such as schools, community service offices, health events, and to clients who come to their clinics. The information focuses on several topics including contraception, abstinence, and STD prevention as well as the importance of cancer screenings, pregnancy planning, and pre-conception counseling. Family planning agencies also provide emergency contraception information to help people avoid unintended pregnancies.

FPRH develops and prints a pamphlet that helps people choose a birth control method and prints wallet cards and information sheets regarding emergency contraception and its availability for victims of sexual assault in hospital emergency rooms.

HIV Prevention and Education Services: Office of Prevention and Education Services (OPES) is mandated by RCW 70.24 to allocate state and federal HIV prevention funding to six Regional AIDS Service Networks (AIDSNETs) which are responsible for prioritizing HIV prevention services and activities for their region of the state. Health promotion activities targeted to the general public are not a high priority although this varies by region. Specific groups at high risk of HIV infection, including men who have sex with men and injection drug users, are targeted with messages and interventions to encourage reductions in behaviors that transmit HIV.

HIV Client Services Section:

- Medical HIV Case Management is a range of client centered services that ensure timely and coordinated access to primary medical care, medications, and other support services, including treatment adherence, for HIV-positive individuals. Primary activities link a person to primary medical care or services.
- *Early Intervention Program*: provides access to services to help eligible persons with HIV get the health care they need to improve and maintain their health.
- *CAREvent 2007*: A statewide HIV care conference for HIV care providers and consumers with the purpose of enhancing the quality of HIV services across Washington State and helping assure services provided are consistent with community needs and public health priorities.

Hepatitis C Program: DOH worked with partners to develop a pilot public awareness campaign to educate the public about the transmission risks for hepatitis C virus (HCV). The campaign consists of posters, transit and billboard media; radio ads; and health care provider education materials. The campaign materials highlight risk factors, encourage testing if at risk, and provide resources for more information. To date, the campaign has run in Pierce and Spokane counties and will run in other areas of the state as funds become available.

Behavioral risk reduction is also being addressed through the distribution of general educational materials throughout the state.

Disease Prevention

Sexually Transmitted Disease Section: Secondary prevention assures that adequate clinical services are available to persons in need of STD testing and treatment. The treatments of individual patients are documented on case reports to assure all patients receive treatment in accordance with *Center for Disease Control and Prevention's (CDC) Treatment Guidelines.* The state and CDC do not currently fund individual STD clinics. Counties must find local tax dollars to fund STD clinics at the county level charging through fee-for-service and sliding scale. Adolescents 14 years and over can seek medical care at clinics without their parent's permission. Women who attend clinics for family planning services are offered STD testing and treatment.

Another secondary prevention project is Expedited Partner Therapy. This is a special project run through the University of Washington that provides partner notification interviews and treatment to sexual contacts through clinics and pharmacies.

Primary disease prevention is accomplished through the purchase of condoms. The program purchases and distributes thousands of condoms annually through the Infertility Prevention Project (IPP). IPP is a Chlamydia screening program funded by CDC and provides screening and treatment to over 140 clinics in the State who provide screening to over 80,000 women. This program accounts for about 35 percent of all the reported cases of Chlamydia. Currently, clinics send Chlamydia

tests into two centralized laboratories in the state. Washington uses Nucleic Acid Amplification Tests (NAAT) for Chlamydia and Gonorrhea. Partner notification is offered to the STD clients in the major counties in the state.

Family Planning and Reproductive Health Section (FPRH): DOH funded family planning agencies provide counseling and testing for STDs and HIV, treatment for STDs, and information on preventing these diseases. Screenings and referrals for breast and cervical cancer are also provided as well as information on early detection.

HIV Prevention and Education Services: State and federal funding provided to the AIDSNETs supports HIV antibody testing in local health jurisdictions (LHJs) and other community test sites; counseling and referral for partners of HIV infected persons; individual, group, and community level behavior change interventions targeted to high-risk populations; and syringe exchange programs for injection drug users.

HIV Client Services Section: Secondary prevention assures that adequate clinical services are available to persons in need of HIV treatment. This is accomplished through:

- The Early Intervention Program (EIP) that provides services to help eligible people with HIV receive the health care they need to improve and maintain their health. This includes prescription medication coverage, medical visits and laboratory tests, risk factor counseling, insurance premium payment assistance, and Medicaid spend down payment assistance.
- Local HIV care related programs including HIV case management, mental health and substance abuse treatment, and access to oral health care.

In addition to improving health outcomes and quality of life for persons with HIV, providing HIV treatment also decreases the likelihood of spreading the disease.

Hepatitis C Program: Funding appropriated by the legislature for the 2007/2008 biennium will be used to develop and implement a pilot HCV testing program in local health department clinics and Syringe Exchange Programs (SEPs). Once patients are aware of their infection status, they can make behavioral adjustments to reduce the risk of infection to self or transmission to others.

DOH has also hired staff to improve the state and local health department surveillance system to increase and enhance knowledge of HCV incidence and prevalence in Washington. A better understanding of disease burden in our state will allow us to appropriately target prevention activities.

Office of Community Wellness and Prevention

Tobacco Prevention and Control Program

DOH's Tobacco Prevention and Control program uses a comprehensive approach to reduce tobacco use in Washington. Tobacco prevention and cessation is known to prevent chronic disease. Provider and patient education about tobacco cessation is included in Washington State Collaborative efforts as a health outcome goal that providers interested in preventing chronic disease in their population can track. The tobacco program also has considerable experience in developing public education media campaigns and data regarding campaign effectiveness. (See website at http://www.doh.wa.gov/Tobacco/fact_sheets/programfact.htm).

Nutrition, Physical Activity, and Obesity Prevention Program (NPAO)

In 2003, the Washington State DOH and statewide partners launched the Washington State Nutrition & Physical Activity Plan (http://www.doh.wa.gov/cfh/NutritionPA/our_states_approach/npa_state_plan/default.htm). This plan provides a framework in which policy makers can work together to build and support environments that make it easier for Washington residents to choose healthy foods and be physically active. Creating healthy environments in communities across the state will:

- Slow the increase in the proportion of adults who are obese.
- Reduce rates of chronic disease.
- Improve the quality of life.

Since the launch of the plan the DOH has been working with partners to implement the plan in schools, worksites, and communities to: 1) increase access to healthy foods; 2) increase the proportion of mothers who breastfeed their infants and toddlers; 3) reduce hunger and food insecurity; 4) increase the number of physical opportunities available to children and adults; 5) increase the number of people who access to free or low cost physical activity opportunities; and 6) increase the number of active community environments. The Environmental & Policy Changes Progress Report 2003-2006 provides specific information about the NPAO activities to address obesity prevention, nutrition, and physical activity. The Partners in Action website (supported by DOH) lists interventions that state plan partners around the state are implementing to address obesity prevention, nutrition, and physical activity (http://depts.washington.edu/waaction/)

The Office of Maternal and Child Health

The Office of Maternal and Child Health (OMCH) supports and participates in a variety of health promotion, disease prevention, and accident prevention efforts. The programs in OMCH take a broad approach to promoting the health and well being of women, infants, children including children with special health care needs,

adolescents, and their families. OMCH is involved in many partnerships throughout the DOH, with local public health, and hospitals, organizations, and academic institutions throughout the state. The following is a list of selected health promotion and disease prevention activities supported by OMCH in the areas of oral health, obesity and physical activity, mental health, preventive screening, tobacco use, and substance abuse. Also included is a list of selected injury and accident prevention activities.

Health Promotion

Oral health:

- Develop educational materials about oral health (e.g. Bright Futures and Tooth Tutor) using consistent and evidence-based messages. These materials cover the effects of tobacco, alcohol, and methamphetamine use on oral health, as well as how to maintain good oral hygiene and prevent oral disease. The materials also emphasize the need for dental care during pregnancy.
- First Steps Maternity Support Services provides oral health education, counseling and referrals for pregnant and postpartum Medicaid-eligible women and their infants.
- Develop and disseminate materials, created by DOH and professional organizations such as the March of Dimes, for women of childbearing age and pregnant women about the importance of good oral health related to prevention of pregnancy complications and preterm birth.

Obesity and Physical Activity:

- OMCH develops educational materials and distributes them to health care providers who give them to clients. Educational materials include "Nine Months to Get Ready" for pregnant women and resources containing information about physical activity, nutrition, and healthy lifestyles for college women and the general female population.
- CHILD Profile's one-month letter to parents encourages mothers to plan ahead so they can continue breastfeeding their infants after returning to work or school.
- Child Care Health Consultants in local health districts receive training on nutrition and physical activity for young children.
- First Steps Maternity Support Services provides nutrition screening, education and counseling for pregnant and postpartum Medicaid-eligible women and their infants.
- First Steps Maternity Support Services promotes/supports breastfeeding initiation and duration to prevent postpartum weight retention and offer their baby a healthy start. Infants who are solely breastfeed have healthier weight gains and are less likely to become overweight children and obese adults.
- First Steps Maternity Support Services educate and promote the importance of physical activity to maintain a healthy weight gain and support stress management by helping women find easy ways to be more active.

- First Steps Maternity Support Services developed and provides online nutrition training and resources for dietitians to properly assess and support proper nutrition and weight in pregnant and postpartum women and infants.
- First Steps Maternity Support Services provides nutrition screening, education and counseling for pregnant and postpartum, Medicaid-eligible women and their infants.
- OMCH is working on developing more questions on PRAMS and BRFSS to better understand the obesity problem among women of child-bearing age.
- MCH conducted preconception healthy living focus groups with women 18-19 which included questions related to nutrition and physical activity. Questions explored attitudes, beliefs, barriers and motivators. Data will be used to develop strategies to improve women's health prior to and in between pregnancy

Mental Health:

- The Early Childhood Comprehensive Systems Grant ("Kids Matter") promotes and coordinates social, emotional, and mental health strategies and outcomes for children from birth to kindergarten entry.
- Child care health consultants receive training regarding social and emotional issues to help them provide consultation to providers of infant and toddler child care.
- Adolescent health fact sheets related to social, emotional, and mental health issues such as suicide prevention and communication between parents and teens are developed and distributed to parents and teens on request.
- Parents receive the "Speak Up When You're Down" postpartum depression brochure in the one-month CHILD Profile mailing.
- Raise awareness about the effect of mental illnesses and eating disorders on oral health.
- First Steps Maternity Support Services/Infant Case Management screening and core services includes mental health issues, education on treatment and prevention, brief interventions and support for Medicaid-eligible women and their infants.

Preventive screening:

- Educate health care providers to screen pregnant women for hepatitis B, vaccinate newborns, and counsel pregnant women with hepatitis B about preventing transmission to sexual partners and others.
- Send CHILD Profile health promotion materials containing information on immunizations, health and development, and postpartum depression to parents of children aged birth - 6 years.
- Conduct newborn hearing screening.
- Provide education and resources on Human Papillomavirus (HPV) and its vaccine.
- CHILD Profile health promotion materials provide reminders about regular check ups and immunizations to parents of children aged birth - 6 years.

- Inform providers about prenatal HIV testing and counseling procedures required by Washington State law.
- Primary health care providers are advised to screen children and adolescents for oral health, mental health, substance abuse, and sexual activity indicators.
- OMCH promotes the family health initiative, which encourages individuals to learn about diseases that affect their relatives.
- Inform providers and pregnant women about Group B strep (GBS) screening at 36-37 weeks of pregnancy to ensure intrapartum treatment for GBS+ clients and prevent GBS transmission to the newborn.

Tobacco use:

- Promote tobacco cessation through the First Steps Tobacco Cessation performance measure.
- Promote the use of Washington State Tobacco Quit Line and the Fax Referral Program among health care providers, including First Steps providers and the public.
- Collaborate with the DOH 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.
- Educate First Steps families to reduce secondhand smoke exposure.
- The Oral Health Program works with the Tobacco Program to promote tobacco intervention by dental providers.

Substance abuse:

- Develop and disseminate intervention and resource materials for health care providers, including First Steps providers.
- Assist the Children's Administration and DSHS with distributing information to providers about new prenatal and postnatal substance abuse policies.
- 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.
- First Steps Maternity Support Services providers screen for substance abuse, provide education, and through an inter-agency agreement, clients have access to expedited treatment services.

Disease Prevention

Oral health:

- Local public oral health programs work with dental care providers within their communities to improve referrals to dental care.
- Local public oral health programs work with community members and health care providers to develop coalitions that define the local oral health needs and solutions.

- The Oral Health Program provides technical assistance and funding to Access to Baby and Child Dentistry (ABCD).
- The Oral Health Program supports school-based dental sealant programs which provide basic oral health screening for students in Grades 2 and 3.
- Develop and disseminate materials, created by DOH and professional organizations such as the March of Dimes, for women of childbearing age and pregnant women about the importance of good oral health related to prevention of pregnancy complications and preterm birth
- Inform providers and pregnant women about Group B strep (GBS) screening at 36-37 weeks of pregnancy to ensure intrapartum treatment for GBS+ clients and prevent GBS transmission to the newborn.
- First Steps MSS/ICM program facilitates linkages and referrals between clients and dental care providers.

<u>Obesity and Physical Activity:</u>

- First Steps Maternity Support Services dietitians, nurses, behavioral health specialists, and community health workers visit low-income pregnant and postpartum women. The visits include assessment and counseling about folic acid, proper nutrition, food insufficiency, weight, and exercise related to health and birth outcomes.
- Maternity Support Services coordinates nutrition services with other programs such as Women, Infants, and Children (WIC) and Head Start to support nutrition services.
- Health care providers receive training to screen and work with clients to change behaviors related to physical activity, body mass index (BMI), fruit and vegetable consumption, and folic acid supplementation.
- Maternity Support Services developed and provides online nutrition training and resources for dietitians to properly assess and support proper nutrition and weight in pregnant and postpartum women and infants.
- Maternity Support Services providers counsel mothers with infants less than two months of age about breastfeeding and recommended nutrition and feeding practices.
- Local public health agencies coordinate services provided by Community Feeding Teams, Children with Special Health Care Needs Coordinators, the Children with Special Health Care Needs Nutrition Network, and the Medical Home Leadership Network.
- Families receive referrals and linkages from the WithinReach: Essential Services for Families Family Health Hotline regarding nutrition resources, WIC, Head Start, food banks, food stamps, local free meals, Maternity Support Services, breastfeeding consultants and resources, and medical care. Referral Specialists provide eligibility screenings for many programs such as Medicaid, Maternity Support Services, and WIC.
- OMCH supports the "Getting Connected" nutrition services for children with special nutrition needs.

- DOH Office of Health Promotion and OMCH developed healthy living messages for women of child-bearing age which were included in the 2007 version of the DOH brochure, “Birth Control: Choosing the Method that’s Right for You.” Messages include healthy eating and physical activity.
- First Steps Maternity Support Services works to prevent high weight gain during pregnancy that can result in pregnancy complications and increases the risk for maternal weight retention postpartum and obesity later on in life.
- First Steps Maternity Support Services provide medical nutrition therapy to reduce pregnancy and long term risks associated with being overweight or obese prior to pregnancy.

Tobacco:

- First Steps Maternity Support Services educate and provide referral services for pregnant women and their families regarding quitting tobacco usage, relapse prevention, and preventing secondhand smoke exposure.

Mental Health:

- First Steps Maternity Support Services and Infant Case Management partnered with the University of Washington School of Nursing to develop training modules for providers to improve their knowledge and skills for screening and referring pregnant and postpartum women for depression.
- OMCH provides support to the Solutions for Chemically Dependent Families program in the DSHS to increase behavioral health services such as healthy relationships and parenting for chemically dependent pregnant and parenting women.
- OMCH supports parent organizations that provide mentoring and emotional support to parents of children with special health care needs.
- Infants with hearing loss receive early intervention and parent-child attachment is improved through the early identification of infants with hearing loss.
- First Steps Maternity Support Services includes a behavioral health component to assist low-income pregnant women and new mothers in developing necessary skills and behaviors that may affect pregnancy and parenting outcomes. The program addresses domestic violence, mental health concerns, substance abuse, grief and loss issues, and social support.

Preventive screening:

- OMCH supports laboratory services for testing pregnant women for hepatitis B.
- OMCH promotes medical homes to improve well-child and preventive care and to coordinate comprehensive care for children with special needs.
- Maternity Support Services (MSS) and Infant Case Management (ICM) providers ask pregnant women about tobacco use, signs of domestic violence, family planning needs, drug and alcohol use, HIV infection, and nutrition needs.
- Health care providers screen for and report certain birth defects to DOH for inclusion in the birth defects registry.
- OMCH promotes the use of Early Periodic Screening Diagnosis and Testing (EPSDT) services among providers throughout the state.

- Genetic counselors work with families to identify genetic risks.

Accident Prevention

- Health care providers, including First Steps providers receive information about domestic violence screening and referrals.
- OMCH collaborates with the Washington State Coalition Against Domestic Violence to distribute the "Domestic Violence and Pregnancy Guidelines" booklet and "Domestic Violence Fact Sheet."
- OMCH supports local public health agencies, community-based organizations, and health care providers who educate women of childbearing age and pregnant women about injury prevention, including domestic violence.
- Children with Special Health Care Needs (CSHCN) Coordinators and public health nurses screen home environments as part of a broader assessment and recommend improvements and modifications to better manage chronic care needs and improve health outcomes. CSHCN Coordinators also help families identify means to pay for any necessary modifications.
- First Steps Maternity Support Services (MSS) providers receive and disseminate information regarding injury prevention for infants.
- Parents receive the "Never Shake a Baby" brochure in the one-month CHILD Profile health promotion mailing.
- OMCH is a partner on the Youth Suicide Prevention Program, which provides: 1) public awareness through media messages and resource materials; 2) gatekeeper training to adults who interact with children and youth; 3) education in schools; and 4) support to communities to address suicide prevention.
- Healthy Child Care Washington and the Washington State Child Care Resource and Referral Network educate parents and caregivers about environmental safety.
- OMCH works with the Department of Ecology and other partners to promote safe and clean playgrounds.
- All families in Washington State with children aged birth - 6 years receive messages regarding safety and injury prevention. Messages include information about car seat safety, women's health, growth and development, and protecting children from lead and other toxins.
- Local Child Death Review Teams review data related to unexpected deaths among children and make recommendations to communities about how to prevent similar deaths.
- Oral health educational materials provide information on how to prevent dental trauma in children, and how to treat dental injuries effectively if they occur.
- OMCH collaborates with National Institute of Child Health and Human Development (NICHD) to disseminate the education module for nurses about SIDS risk reduction and how to teach parents and caregivers risk reduction strategies.

Immunization Program CHILD Profile

The Department of Health Immunization Program CHILD Profile provides health promotion in the form of educational materials mailed to Washington parents of children birth through six years of age. DOH also makes available recommended childhood vaccines to all children under 19. Immunizations are an effective public health measure to prevent vaccine preventable disease.

Office of Health Promotion

The following are resources and links to health promotion information:

Health Education Resource Exchange (H.E.R.E) website
http://www3.doh.wa.gov/here/default.html

CDC Community Guide for evidence-based recommendations for programs and policies to promote population health. http://www.thecommunityguide.org/

Long Term Care Task force presentation related to prevention and the Chronic Care Model
http://www.governor.wa.gov/ltctf/ac_ccm/060327/Jan_Norman_Presentation_3-27-06.pdf

Guide to Clinical Preventive Services
http://books.google.com/books?id=1oEFAAAACAAJ&dq=The+guide+to+clinical+preventive+services

UW Health Promotion Research Center, "Employment-Based Prevention of Chronic Disease in Washington State" http://depts.washington.edu/hprc/docs/re_wa_emp_05.pdf

In addition, this website provides helpful information on oral health, including the Washington State Oral Disease Burden Document:
http://www.doh.wa.gov/cfh/Oral_Health/burden.htm

HEALTH SYSTEMS QUALITY ASSURANCE DIVISION

Office of EMS and Trauma System

Accident Prevention

Safe Kids & Injury Prevention Programs: The DOH has statewide injury prevention programs, which partner with local coalitions and programs such as:

- The eight EMS & Trauma Regional Councils for targeted injury prevention programs within the statewide EMS & Trauma System.
- The eighteen Safe Kids Coalitions for unintentional injuries among children 0-14 years of age.
- Designated trauma services.
- Local fire departments and districts.
- Local health jurisdictions.
- Other state and local agencies.

DOH staff provide training, technical assistance, leadership, data, funding and, occasionally, safety devices with targeted funds that DOH receives from national or federal sources.

Violence/Suicide Prevention Programs:

- Promote best practices in suicide prevention, safe storage of firearms, sexual violence prevention, and universal screening by health care professionals for domestic violence.
- Provide training and technical assistance to local, regional and state agencies on the best practices as well as the early identification of risks for suicidal and violent behavior.

Preventing Falls Among Older Adults:

- In 2002, Washington received a grant from the Centers for Disease Control (CDC) to develop and evaluate a community-based targeted injury prevention intervention for falls in older adults.
- DOH conducted a randomized controlled trial of a fall risk assessment, and exercise and education program in Pierce and Spokane counties. The study showed significant improvements in strength, balance, mobility; and a 25% reduction in falls in the intervention group. A model senior falls prevention coalition was created in Pierce County and extended sites to provide an exercise and education model to seniors. The coalition is in its second year.
- Expanded coalition partners in Pierce County in order to conduct full-day training sessions for 300 physical therapists in fall prevention assessment and intervention. This full-day training was funded by Gentiva Home Health Services, a Pierce County coalition partner.

- DOH and DSHS are continuing to fund a full-time state position and one consultant position to local communities.
- Provide consultation and technical assistance to other communities on: 1) best practices for senior falls prevention; 2) coalition building; 3) exercise and education program information, “Stay Active & Independent for Life”; and 4) presenting to a wide range of medical providers including EMS providers and Area Agencies on Aging staff.