

WASHINGTON STATE FIRST STEPS NEWS

A newsletter for Maternity Support Services and Infant Case Management Providers



Issue 8
March 2007

NEW MSS RD REQUIREMENT FOR STATE CERTIFICATION

Submitted by Cynthia Huskey, RD CD, County Lead and Nutrition Consultant

An important email went out January 2007 to all First Steps Coordinators regarding a new requirement for First Steps Maternity Support Services (MSS) Registered Dietitians (RD) to be state certified. This change in requirements brings First Steps into alignment with state Medicaid requirements for reimbursement of nutrition services. Our target effective date is March 1, 2008 for requiring all First Steps MSS RDs be state certified. Currently the First Steps program has approximately 170 RDs working in Maternity Support Services; 135 of these RDs are already state certified.

Below is a timeline and resources. If you have any questions regarding MSS RD qualifications or state certification, please contact Cynthia Huskey, First Steps Nutrition Consultant, at Cynthia.huskey@doh.wa.gov or (360)236-3599.

Timeline:

- RDs working in MSS after January 25, 2007 will be required to be a Washington state certified dietitian by July 1, 2007.
- RDs working in MSS prior to January 25, 2007 will be required to be a Washington state certified dietitian by March 1, 2008.

State Certification Requirements/Costs:

- Commission on Dietetic Registration card showing current registration (*Note: this is already a First Steps requirement*)
- Four hours of HIV/AIDS training (\$0-\$45 cost)
- Application with a initial \$75 fee

Resources:

- DOH website for Dietitians https://fortress.wa.gov/doh/hpqa1/hps3/Diet_Nutritionist/default.htm
- State Certification Application https://fortress.wa.gov/doh/hpqa1/hps3/Diet_Nutritionist/forms.htm
- HIV/AIDS Training locations and cost http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/training.htm

MONITORING PLAN UPDATE

The First Steps state team has recently completed phase one of a monitoring pilot, including testing new monitoring tools designed to streamline the monitoring process. This is the first step in the way we will conduct monitoring activities. The team used a set of criteria to identify which agencies to visit as part of a 6-month pilot to test and revise the tools and the process, if needed. We identified 2-3 smaller agencies in different parts of the state as the pilot agencies – we will be contacting them soon. The monitoring tools will be sent at least one month before the agency's scheduled monitoring visit. If you have further questions about the new monitoring plan, please contact either Diane Bailey at diane.bailey@doh.wa.gov, phone 360-236-3580, or Maureen (Mo) Lally at lallyma@dshs.wa.gov, telephone 360-725-1655.

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THE NATIONAL 5-A-DAY CAMPAIGN IS COMING TO AN END

Submitted by Amy Ellings, Fruit and Vegetable Nutrition Coordinator, DOH

The Produce for Better Health Foundation (PBH), Centers for Disease Control and Prevention (CDC), and other national partners conducted focus groups, surveys and in-depth interviews to create a new identity that encourages people to eat more fruits and vegetables. The new national brand, "Fruits and Veggies-More Matters," will be launched to the public in March 2007. All "5-A-Day" materials will be phased out completely by 2009. During the transition period, PBH and CDC will be developing new resources and updating old materials. **Materials with the new "More Matters" logo are available from both www.shop5aday.com and www.5aday.gov.** New materials will be posted regularly on CDC's 5 A Day website, www.5aday.gov.

Please contact Amy Ellings, the Washington Fruit and Vegetable Nutrition Coordinator, if you have any questions. Amy can be contacted at Amy.Ellings@DOH.WA.GOV or 360-236-3754.

NEW REPORT FROM THE FIRST STEPS DATABASE CSO PROFILES: MATERNAL CHARACTERISTICS AND BIRTH OUTCOMES FOR COMMUNITY SERVICES OFFICES, 1991 TO 2004



Submitted by Laurie Cawthon, MD, MPH, Research and Data Analysis, DSHS



Our latest report is the first in the series of CSO Profiles to describe birth rates, maternal characteristics, and birth outcomes at the CSO level. The characteristics of women who gave birth are key to understanding the variability in birth rates across CSOs. This report will complement local knowledge and information to help programs assess maternity care and family planning services needs of CSO clientele. It also demonstrates that the women who gave birth vary greatly across CSOs, suggesting that community-based interventions target different risk factors and behaviors for the women residing within each community in Washington State.

Selected Findings

- The communities described in this report—the neighborhoods surrounding the DSHS Community Services Offices (CSOs)—are quite diverse with respect to financial well-being/poverty, race/ethnicity, birth rates, and other characteristics.
- On average, 3.5 times more Medicaid women were smokers than non-Medicaid women. In 2003-04, only 4.0% of non-Medicaid women smoked during pregnancy compared to 21.8% of Medicaid citizens. Medicaid non-citizens had very low smoking rates - even lower than that of non-Medicaid women.
- The proportion of birth to non-citizens increased over three-fold, from 2.6% in 1991-92 to 9.1% in 2003-04. Everett CSO experienced the greatest increase (over sixty-fold) and nine other CSO had a ten-fold or greater increase.
- While the average age at first birth has increased for both non-Medicaid and Medicaid women, a gap persists. On average, from 1991 to 2004, non-Medicaid women were approximately 7 years older at first birth than Medicaid women.

Related Reports

CSO Profiles: Birth and Unintended Pregnancy Statistics for Community Services Offices, 1991 to 2002. [Publication Date: 8/2005](#). Report Number 9.77.

CSO Profiles: Birth and Unintended Pregnancy Statistics for Community Services Offices, 1990 to 1997. [Publication Date 2/2000](#). Report Number 9.56.



In 2003, a family with three children (ages 3, 2, and 10 months) left their apartment while the landlord activated three cans of insecticide fogger. The foggers contained 0.075% of the pyrethroid tralomethrin plus hydrocarbon propellants. The label prohibited use of more than one can per room and stated that one fogger effectively treats up to 6000 cubic feet. Their 4 room apartment was approximately 6,400 cubic feet. The insecticide foggers were nearly three times the amount sufficient for control yet it did not constitute a label violation. Foggers were applied at similar rates to the other three apartments in the four-unit building.

Timing of the exposure:

- Two hours after the application, an apartment window was opened and a fan turned on.
- Four hours after the application the carpet was vacuumed and the counters were wiped.
- Six to eight hours after the application the children re-entered
- The youngest child (10 months) was put to bed on the carpet on a blanket that evening.
- In the morning that child was found dead.

The other two children (ages 2 and 3 years) slept on the couch and were asymptomatic, although the mother reported they had runny noses for the next two days. The case received internal scientific review at DOH as well as external medical review by physicians at National Institute for Occupational Health and Safety (NIOSH) and the National Pesticide Information Center. There was consensus that a suspicious classification was appropriate given the temporal association between the exposure and the death, the potential for pyrethroids to cause respiratory distress, and the lack of information about presence of respiratory distress at the time of death.



PROTECTING CHILDREN FROM PESTICIDES: DEFINITION OF PESTICIDES AND THE SPECIAL CHARACTERISTICS OF EXPOSURES TO CHILDREN.

Submitted by Cheryl Hanks, RN, BSN, DOH Pesticide Illness Monitoring and Prevention Program

The Environmental Protection Agency defines pesticides as products generally considered to be intended for preventing, destroying, repelling, or mitigating any pest or intended for use as a plant regulator, defoliant, or desiccant. A pest may be any unwanted insect (such as termites and roaches), rodents (such as mice), plants, weeds, fungus, mold, virus, or bacteria. Pesticides are used in parks, on farms, golf courses, cemeteries, along roads, and in buildings. They are also used in homes, gardens, swimming pools, and lawns, as well as on people to kill lice, and on pets to kill fleas.

Did you know? In 2002 Poison Control Center Statistics showed 2.4 million human exposures, 92.3% were residential exposures and 51.6% involved children **less than** 6 years of age. Most exposures are by skin, breathing, and eating. Examples of pesticides are a can of **insect repellent**, a bottle of **weed killer**, a box of **rat or mice bait**, shampoo for lice, and **flea shampoo** for the dog. Pesticides are in "bug sprays" and in the wood bought to build a play set for the kids. **Pressure treated wood** contains an arsenic compound to preserve it against insects and decay. Swimming pool chemicals in the shed may contain **algaeicides** and **antimicrobials**. There may be **fungicides** in paints, wallpaper, shelving paper and even in some clothes. Some fertilizers contain **pesticides**.

The special vulnerability of children to pesticide exposures: children are generally more sensitive than adults to pesticides.

- Children have more skin surface for their size than adults. They absorb proportionally greater amounts of many substances through their lungs and intestinal tracts, and take in more air, food and water per pound than adults.
- Children crawl, explore, climb, reach under furniture, use hand to mouth activities, and play in grass, dirt, and on carpets. All of these can increase the possibilities for their exposure to toxic pesticides.
- Farm workers' children are of particular risk for pesticide exposure. The parents may bring pesticide into the home on their clothes, footwear, hats, and coats. These may be in the form of residues, which break down slowly.
- Pesticides may drift from fields into the children's play areas or through open windows.

Children have not developed immune systems, nervous systems, or detoxifying mechanisms completely and so are less capable of fighting the introduction of pesticides into their systems.

Next issue (July, 2007): Integrated Pest Management (IPM) A Valuable Approach: the What, When, and How. Information about the DOH Pesticide Illness Monitoring and Prevention Program can be found at <http://www.doh.wa.gov/ehp/ts/Pest/default.htm>

If you have any questions please call the Pesticide Program at 360-236-3365 or ask for Cheryl at 1-877-485-7316.

EDITOR'S NOTE:

Future Issues of First Steps News will include articles by Cheryl Hanks concerning:

- Monitoring and Prevention Program
- The importance of the pesticide label and the MSDS
- Safe storage of pesticides
- Caring for a child with a pesticide exposure
- Lice-methods of safe treatment
- Dangerous overuse of bug bombs
- Notification of parents and staff by day care centers when pesticides are to be used (*17.21 RCW, The Pesticide Application Act*)
- Web resources for easy access to further information



ABCs OF FIRST STEPS WEB-BASED TRAINING UPDATE

Submitted by Kathi Lloyd, Health Education Consultant, Dept of Health

In November 2006, the ABCs of First Steps on-line training was piloted by over 40 First Steps participants, representing 15 First Steps agencies. An evaluation was conducted electronically and via teleconference calls in December. Overall there was agreement that the design and content of the course was excellent. The DOH SmartPH system presented some navigation problems for a number of participants; those needing technical assistance were promptly assisted by the SmartPH Help Desk staff. We want to provide excellent service to all First Steps providers who will be taking the on-line course, so we are addressing recommendations from the evaluation. We expect the training to be implemented in April 2007. Details and guidelines will be sent in March to all First Steps Coordinators.

For more information, please contact Kathi Lloyd at 360-236-3552 or kathi.lloyd@doh.wa.gov



CHANGES TO COME FOR FSCC BACKGROUND CHECK PROCESS

Submitted by Cathy Hewins, First Steps Child Care Program Manager, DSHS

Staff who work with First Steps Childcare (FSCC) clients, please note an upcoming change to the steps to access a background check result for your client's childcare provider(s). New instructions on how to complete the form will be added to the FSCC website and sent via the listserv. To access the website go to <http://fortress.wa.gov/dshs/maa/firststeps/> and see "Instructions on How to Complete the Background Authorizations form". The new instructions are effective beginning March 31, 2007. The "user-friendly" revisions are positive improvements to simplify the process for you.



2007 TOBACCO CESSATION CHAMPION

PROJECT RETREAT Submitted by Kathi LLOYD, Health Education Consultant, Dept of Health

Twenty representatives from eight First Steps MSS/ICM agencies and two First Steps CBE agencies participated in the 2007 Champion Project Retreat held in Seattle on December 11-12, 2006. Karen Artz, Penny Brewer and Jonnae Tillman, expert consultants from Free & Clear, provided training in motivational interviewing and tobacco cessation interventions for pregnant and parenting Medicaid eligible women, as well as developing agency action plans addressing system changes. Kathi LLOYD from DOH provided an overview regarding the history and requirements of the Performance Measure, a review of state and county data specific to tobacco usage. She also worked with the attendees to begin developing agency-specific project evaluations. Juliet Thompson, Tobacco Cessation Program Coordinator from DOH, provided an overview of the DOH Tobacco Prevention and Control Program's goals. Gillian Schauer, Program Manager of the Tobacco Cessation Resource Center, provided a comprehensive overview of the services available from Free & Clear.

The objectives of the retreat were to assist the attendees:

- Increase their comfort and confidence levels in using Motivational Interviewing (MI) approach working with First Steps clients.
- Increase their comfort and confidence levels in modeling the MI approach and being a resource for MI questions from staff at their agencies.
- Develop an agency action plan that would use a systematic approach to integrating tobacco cessation and secondhand smoke exposure interventions into their agency's work. The action plan included tasks, responsibilities and timelines.
- Use existing evaluation tool kits and develop agency specific evaluation models.
- Describe the rationale and steps in the action plan and build agency support.
- Understand how to work with other First Steps cessation champions and community consultants.

The MSS/ICM agencies selected to attend this year were:

1. Chelan Douglas Health District (Wenatchee)
2. Columbia Basin Health Association (Othello)
3. Columbia Valley Community Health Center (Wenatchee)
4. First Step Family Support Center (Port Angeles)
5. Makah Tribal Council (Neah Bay)
6. La Clinica Community Health Center (Tri-Cities)
7. Puget Sound Neighborhood Health Centers (Seattle-Greenwood site)
8. Puget Sound Neighborhood Health Centers (Seattle-High Point site)

The CBE agencies selected to attend this year were:

1. Child and Parenting Alone (CAPA) (Spokane)
2. Legacy Health System, Salmon Creek Hospital (Vancouver)

For more information, please contact Kathi LLOYD, First Steps Health Education Consultant, at 360-236-3552 or kathi.lloyd@doh.wa.gov.



SAVE THE DATE * SAVE THE DATE
****TRAINING OPPORTUNITY****

FIRST STEPS TOBACCO CESSATION DURING PREGNANCY PERFORMANCE MEASURE



Annual trainings have been conducted since 2003 in order to support compliance and facilitate implementation of this performance measure. Two new trainings are scheduled for May 2007 in Spokane and Seattle. All First Steps staff who have not yet attended a previous training are invited to attend. In addition to receiving information regarding compliance requirements, staff will benefit from enhancing their skills to provide client centered interventions.

Goals of the training are:

1. Help your staff develop motivational interviewing skills they can use with clients to improve their health in many areas, including tobacco use;
2. Give your staff tools to deliver appropriate, client-centered tobacco cessation interventions to their clients who use tobacco and help those clients make plans to reduce secondhand smoke exposure during and after their pregnancies; and
3. Help your agency implement the MSS Tobacco Cessation Performance Measure.

To register, log on to <http://www.regonline.com/firststeps2007>. For details, contact Kathi LLOYD, First Steps Health Education Consultant at 360-236-3552 or kathi.lloyd@doh.wa.gov

SPOKANE
Wednesday, May 2
Spokane Regional Health District
1101 W. College
Room: Auditorium

SEATTLE
Wednesday, May 16
New Holly Campus
7050 – 32nd Avenue South
Room: Gathering Hall

FS NEWS
IS TAKING A HIATUS

NO MAY ISSUE

Watch for the next
FS News issue in **July!**



FIRST STEPS TOBACCO CESSATION PERFORMANCE MEASURE TOBACCO INTERVENTION TRAINING ASSESSMENT SURVEY 2007

Submitted by Kathi LLOYD, Health Education Consultant, Dept of Health



A Tobacco Intervention Training Assessment Survey is currently being done through a joint effort between the First Steps Program and the DOH Tobacco Prevention and Control Program. This survey was mailed to the First Steps Coordinators during the first week of February 2007. The survey will be completed by all First Steps staff throughout the state. Data from this survey will be collected and analyzed by the DOH Tobacco Prevention and Control Program Assessment staff and will be compared with survey data collected in 2001 and 2002. This information will help guide decisions regarding future First Steps Tobacco 101 trainings, Tobacco Cessation Champion projects, and development of new curricula and materials for Tobacco 201 training. All surveys are to be returned to the DOH Tobacco Prevention and Control Program by **March 23, 2007**. Upon completion of the data analysis, a summary report will be written by the Tobacco Program and available upon request. For a copy of the survey or if you would like more information, please contact Kathi LLOYD, First Steps Health Education consultant at 360-236-3552 or kathi.lloyd@doh.wa.gov

BIRTH CERTIFICATE DATA REVEAL PRENATAL CARE SUCCESSES AND AREAS OF NEED

Submitted by Patricia Starzyk, Department of Health Center for Health Statistics

New birth certificate data analyses included in *Washington State Vital Statistics, 2004* show important patterns for women having late or no prenatal care (care begun in the third trimester or no care).



Time trends: The percent of expectant mothers receiving late or no prenatal care increased steadily between 1980 and 1989. Starting in 1989, however, this trend took a turn for the better. Between 1989 and 1993, the proportion of mothers receiving late or no prenatal care decreased by 7.8% per year. Not coincidentally, 1989 marked the first year for implementation of the *First Steps* program.

Unfortunately, recent trends are not quite as positive. Between 1993 and 2002, the rate of decrease slowed to 2.0% per year. The proportion of women having late or no prenatal care actually appears to increase for 2003-2004. These years were not included in the analysis because of differences in the data collection method and high rates of missing data.

Geographic patterns: In 2000-2004, the South Puget Sound and South Central Washington regions consistently had more late or no prenatal care than the rest of the state. These two regions averaged 330 more births per year with late or no prenatal care than expected.

The South Puget Sound region includes parts of Mason, King, Kitsap, Pierce, and Thurston counties. The South Central region includes parts of Adams, Benton, Franklin, Grant, Walla Walla, and Yakima counties.

To see these maps and graphs, visit <http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/main.htm>. Click on *What's New in the 2004 Vital Statistics Report*. The report also has maps and graphs for maternal smoking, low birth weight, and infant mortality.



FIRST STEPS FAMILY PLANNING PERFORMANCE MEASURE TRAINING UPDATE



Submitted by Kathi LLOYD, Health Education Consultant, Dept of Health

There are no face-to-face onsite trainings scheduled this year. The training is changing to a web-based training and will be available for all First Steps providers after September 1, 2007.

For more information, please contact, Kathi LLOYD, First Steps Health Education Consultant at 360-236-3552 or kathi.lloyd@doh.wa.gov