



Maternal and Child Health Bureau

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Maternal and Child Health Bureau

Presentation for MCHCOM.COM Call

February 12, 2004

Health Resources and Services Administration
Maternal and Child Health Bureau

Welcome
Peter C. van Dyck, MD, MPH

Moderator
Lisa King, MA
Women's Health Specialist

WELL Project

Women Enjoying Life Longer

Diana Cheng, M.D.

Medical Director, Women's Health

Center for Maternal and Child Health

Maryland Department of Health and Mental Hygiene

Maternal Child Health Bureau

Health Resources and Services Administration

Partnership of Title X and Title V in Maryland

■ Title X

Maryland Family Planning Program

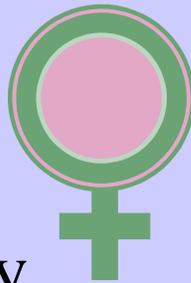
- “Reproductive age” population
- Women with difficult access to healthcare

■ Title V

Women’s Health Services

- “Reproductive age” population
- Women with difficult access to healthcare

Maryland Title X Family Planning Program, Services Offered



- Contraception
- Pap smear/colposcopy
- History and physical, including breast exams
- Blood pressure, hgb
- Pregnancy testing
- Preconception care
- Genetic screening
- Smoking assessment
- STD screening, including HIV
- Rubella immunization

WELL Project Guiding Principles

*A large gap exists between
health services received (e.g. family planning)
and health services needed.*

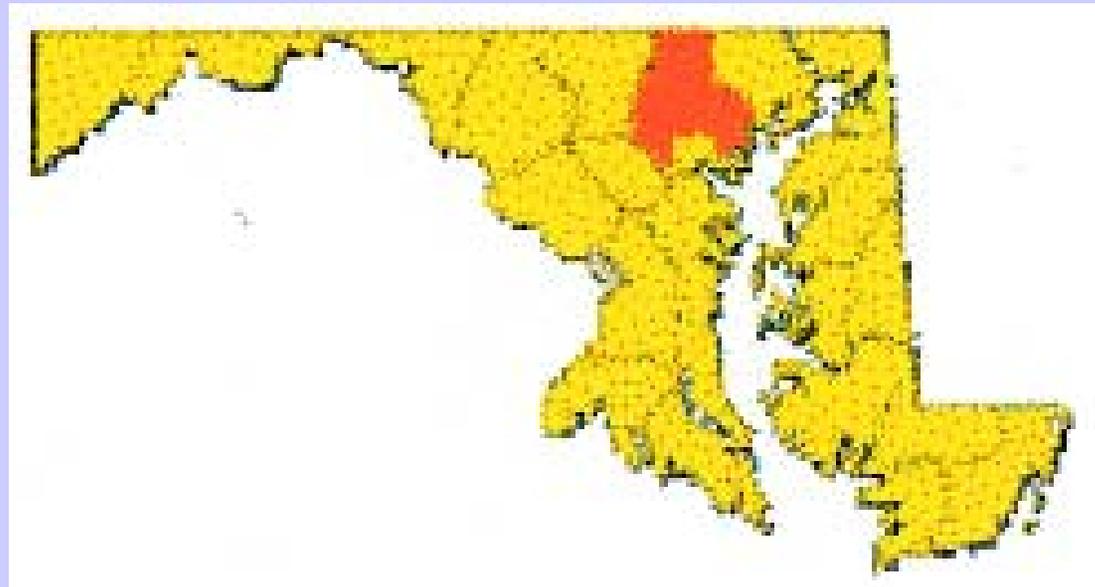
WELL Project Guiding Principles

Women of reproductive age need comprehensive health services that promote physical and emotional wellness beyond reproductive health.

WELL Project Guiding Principles

*Premature death, chronic and acute disabilities
can be prevented by
reducing risk factors earlier in life.*

Baltimore County, Maryland







**BALTIMORE COUNTY
HEALTH DEPARTMENT**



ESSEX HEALTH CENTER

DEPARTMENT OF HEALTH



DUNDALK HEALTH CENTER

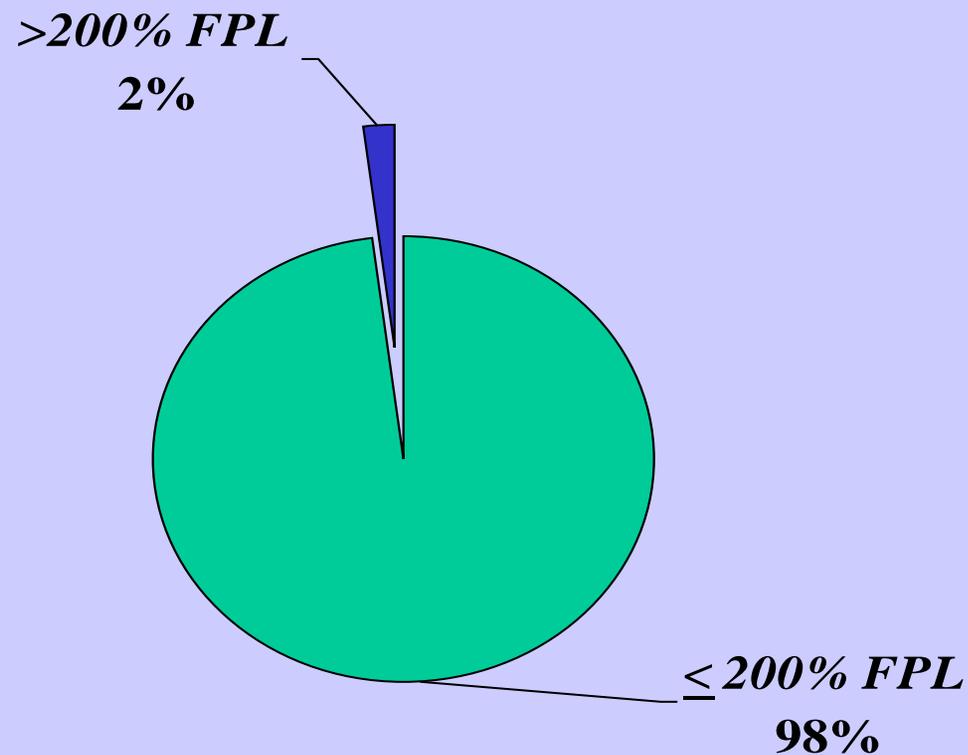
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DUNDALK
HEALTH CENTER
BALTIMORE COUNTY
DEPARTMENT OF HEALTH

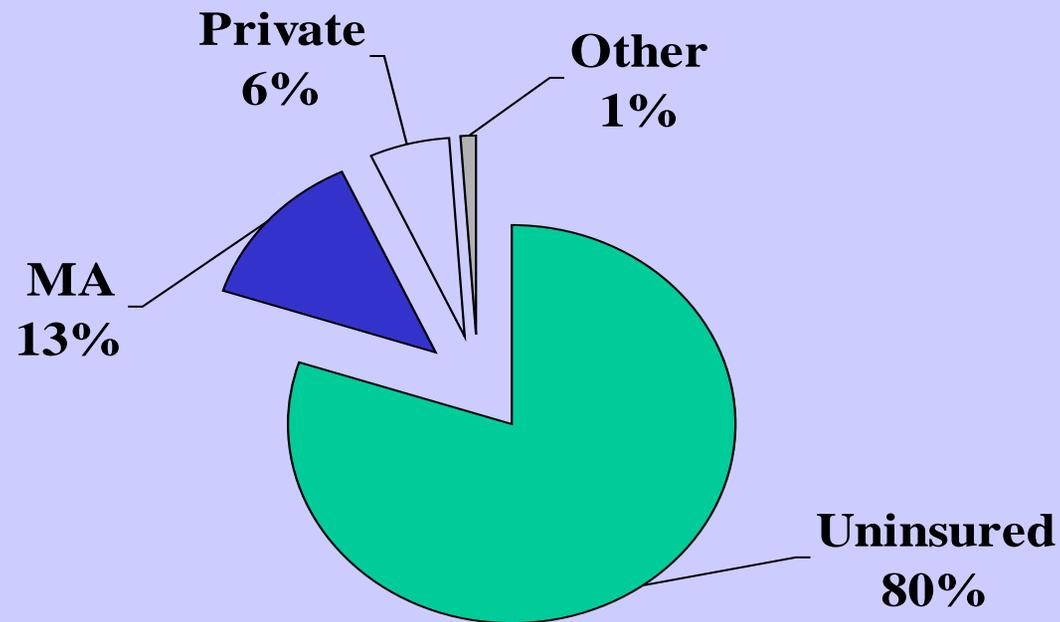
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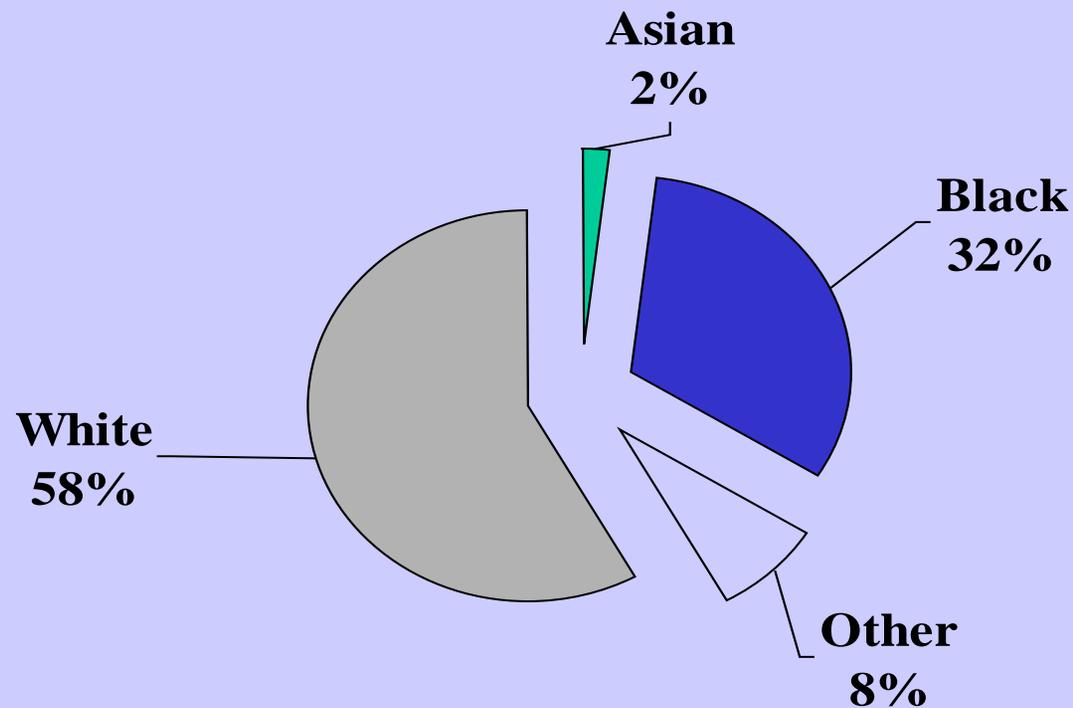
Baltimore County Title X Family Planning Program by Poverty Level



Baltimore County Title X Family Planning Program by Means of Payment

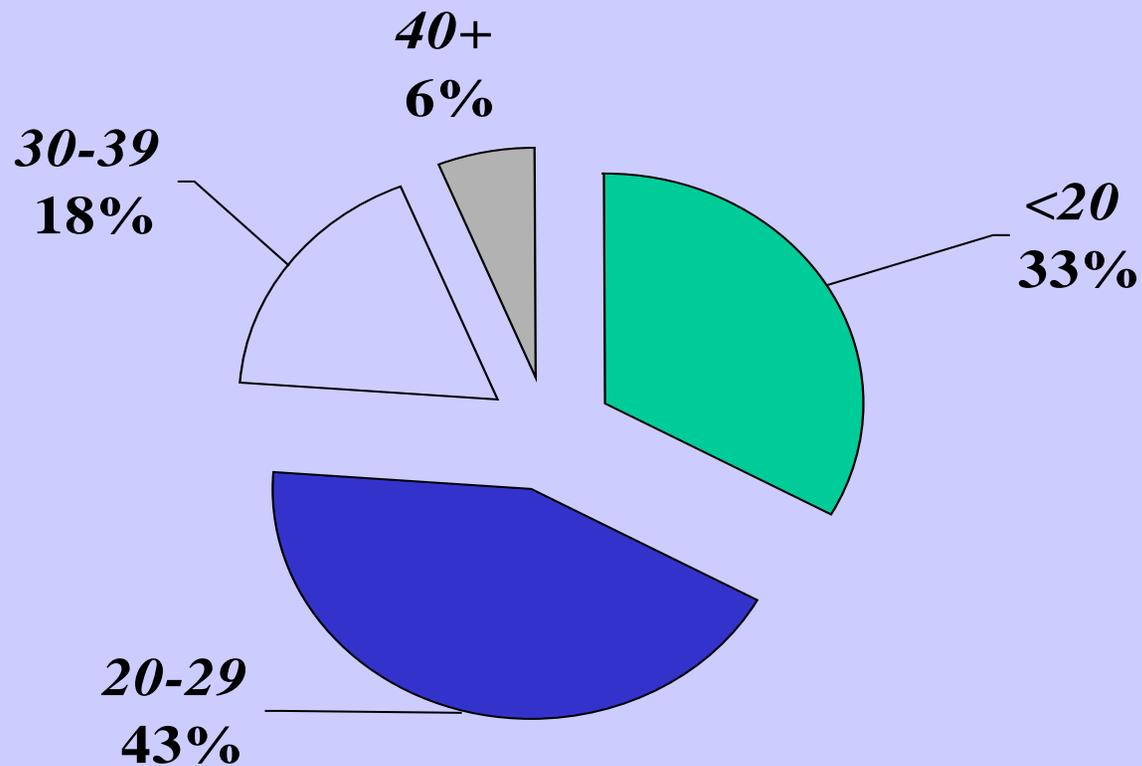


Baltimore County Title X Family Planning Program by Race



Note: 7% Hispanic

Baltimore County Title X Family Planning Program by Age



WELL Project Data

Towson University Health Education

- Community Needs Assessment

 - Interviews of providers &
consumers

- Resource guide

- Evaluation

 - women's health knowledge test

Health Care Service Needs

Clients interviews

- Nutrition /exercise
- Vision and dental care
- General health care
- Mental health, stress, alcohol and drug abuse, violence
- Smoking cessation
- Medications
- Legal and social services
- Support groups

Provider interviews

- Nutrition
- Vision and dental care
- General health care
- Mental health, stress, alcohol and drug abuse, violence
- Smoking cessation
- Medications
- Transportation
- Insurance coverage
- Child care

The Health of Maryland Women 2002

Executive Summary



Women's Health, Center for Maternal and Child Health, Maryland Department of Health and Mental Hygiene

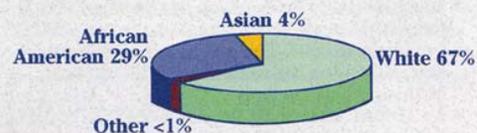
The concept of women's health has recently expanded beyond conditions related to reproductive health and now includes the many different conditions that affect women throughout their lifespan. This Executive Summary provides highlights from the report, *The Health of Maryland Women 2002*, and lists key indicators that reflect the status of women's health in our state. Recognition of these basic health issues is important for the development of strategies that will improve care and quality of life for women.

Population

- Approximately 2.7 million women live in Maryland, accounting for 52% of the population.
- Maryland is racially diverse.
- Four percent of Marylanders are of Hispanic ethnicity (included in the white and African American racial categories).
- Over 350,000 Maryland women are 65 years of age or older, making up 13% of the female population. It is projected that this number will double to 700,000 by 2050.

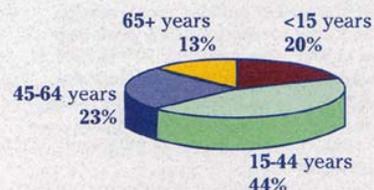
Racial distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 1999



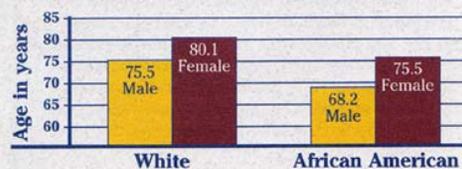
Age distribution of Maryland women

Source: Maryland Vital Statistics Annual Report 2000

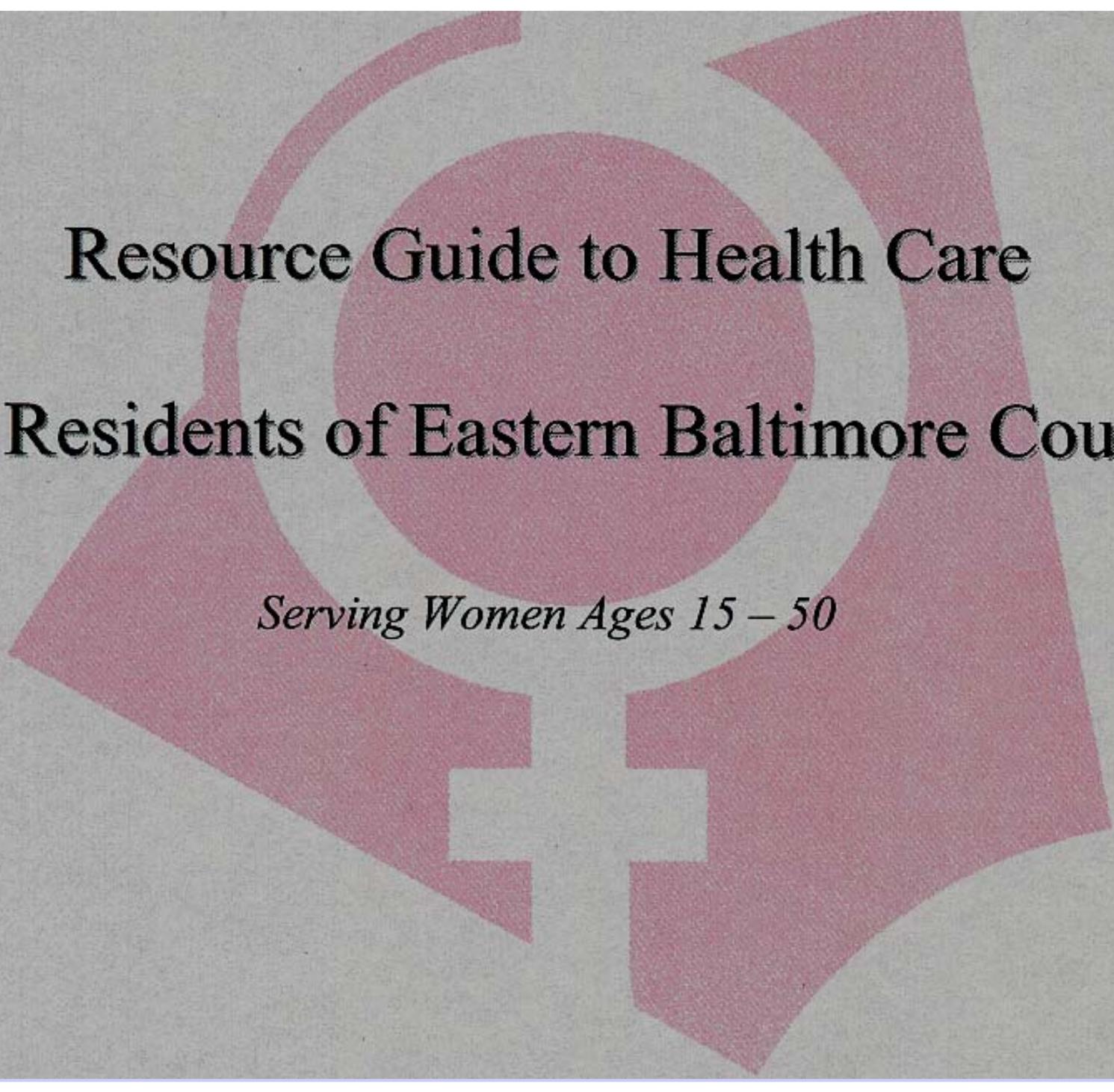


Life expectancy by race for Maryland men & women

Source: Maryland Vital Statistics Annual Report 2000



- Women live longer than men across all racial groups.
- Due to the longer life expectancy, 72% of Maryland residents 85 and older are women
- Life expectancy of white females is 4.6 years more than that of African American females.



Resource Guide to Health Care
For Residents of Eastern Baltimore County

Serving Women Ages 15 – 50



Adolescents ages 12-18 who have run away from home or are homeless.



Shelter and supportive services



No Cost



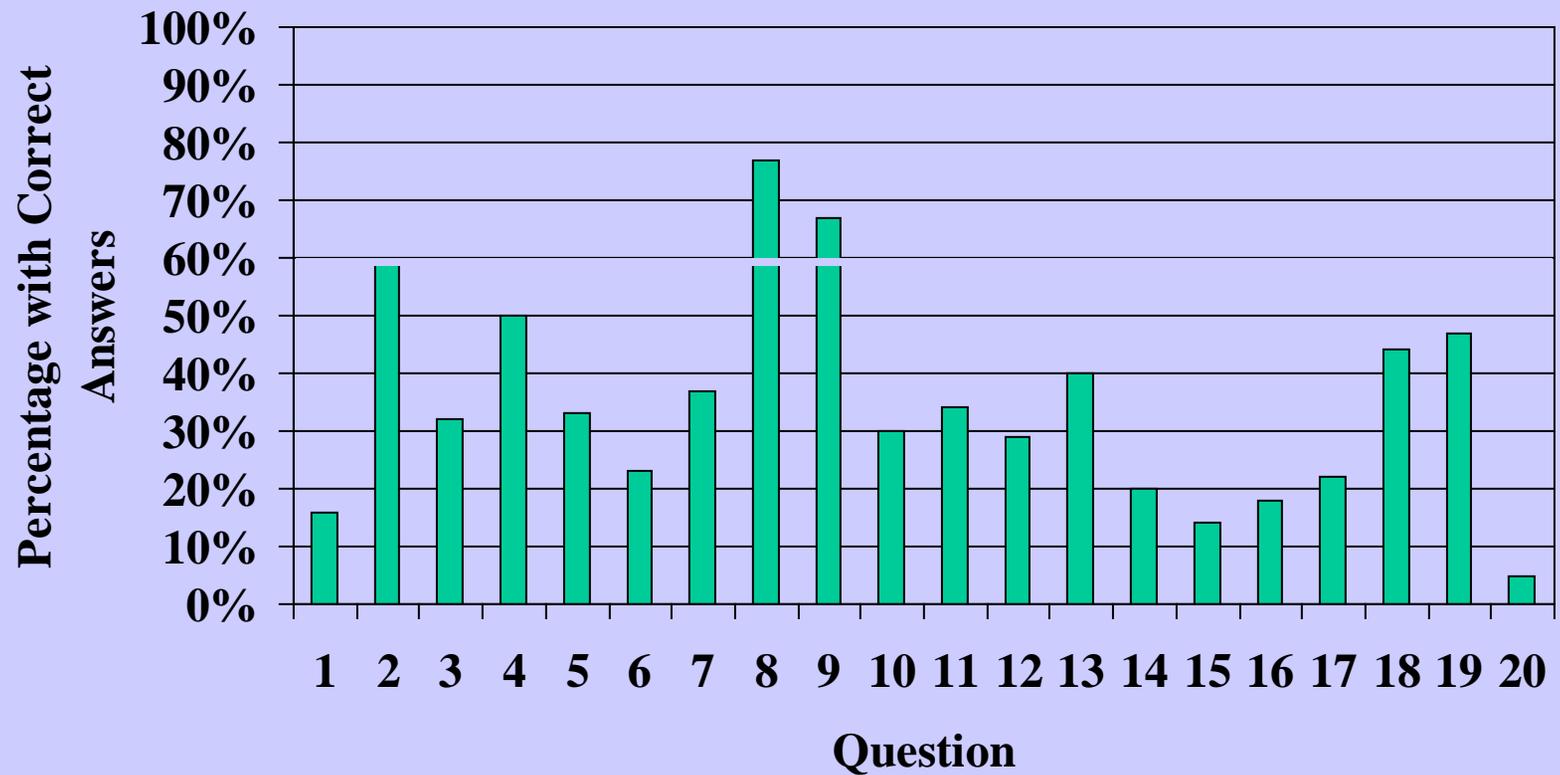
Case workers, interpreter services

Majority of women did not know:

- heart disease is the #1 cause of death
- hepatitis B is a sexually transmitted disease
- smoking increases risk for osteoporosis
- a bottle of beer has same alcohol content as glass of wine
- fruits are not a good source of calcium
- depression occurs more commonly before menses

Test Results

Women's Health



Infrastructure for WELL Project

Women's Health

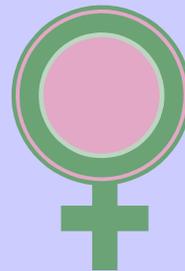
- Maryland Steering Committee
- Baltimore County Task Force

Client Centered

- Interviews
- Baltimore County Task Force
- Health center events
- Health programs
- Women's health clinical guidelines

Maryland Title X Family Planning Program, Services Added

- Smoking cessation treatment (Zyban, patch)
- STD treatment
- PMDD treatment
- Screening and referral
 - Alcohol abuse
 - Drug abuse
 - Domestic violence
 - Depression
 - General medical
- Adult immunization (hepatitis B, tetanus)
- Counseling
 - Menopause
 - Nutrition (calcium, folic acid, general)
 - Physical activity
- Prevention screens
 - Cholesterol, thyroid, diabetes
- Needs assessment, resource guide, pre/post test



General Counseling WELL Project



- Contraception
- Preconception
- HIV

- Nutrition
- Physical activity
- Menopause



General Screening WELL Project



- STDs
 - Chlamydia, syphilis, gonorrhea, HIV
- Cervical cancer
 - Pap smear, colposcopy
- Genetic
 - PKU, hemoglobinopathies
- Rubella immune status
- Smoking
- Domestic violence
- Depression
- Substance abuse
- General medical
 - Cholesterol
 - Thyroid disorders
 - Diabetes

YES NO 1. HAVE YOU EVER been emotionally or physically abused by your partner or someone important to you?

IF YES, by whom: _____

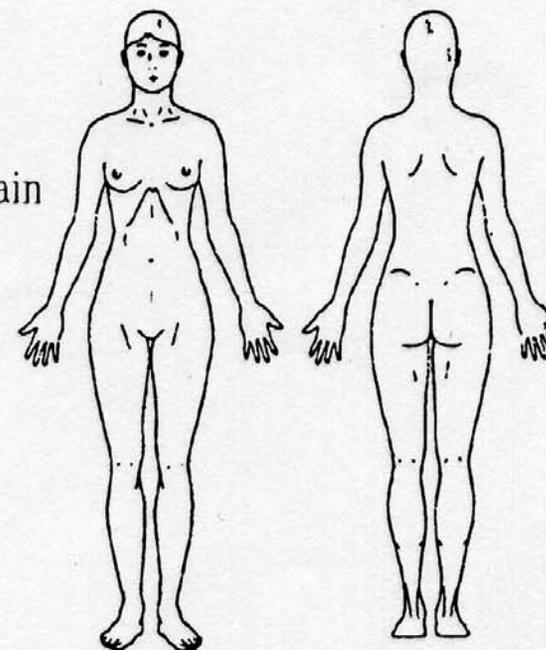
YES NO 2. WITHIN THE LAST YEAR, have you been hit, slapped, kicked or otherwise physically hurt by someone?

IF YES, by whom: _____

Number of times _____ Last time _____

Record the number of times each incident occurred.:

- _____ . . . Threats of abuse including use of a weapon
- _____ . . . Slapping, pushing; no injuries and/or lasting pain
- _____ . . . Punching, biting, kicking, bruises, cuts and/or continuing pain
- _____ . . . Beating up, severe bruises, burns, broken bones
- _____ . . . Head injury, internal injury, permanent injury
- _____ . . . Use of weapon; wound from weapon



Mark the area(s) where you were injured on this diagram. →

YES NO Did you receive medical care?

Stay Healthy Stuff for Teens

To Do	How Often
General Health	
Checkup with height & weight	Discuss with health care provider
Blood pressure	Discuss with health care provider
Dental checkup	1 to 2 times per year
Breast Exam	Discuss with health care provider
Mole Exam	Monthly self exam
Hearing test	Discuss with health care provider
Reproductive Health	
Pap test & pelvic exam	At 18 or when sexually active, then once a year
Pregnancy	See your health care provider immediately if you think you're pregnant
Chlamydia, Gonorrhea test	Yearly if sexually active
Sexually transmitted diseases (STD) test for syphilis, HIV	Yearly if you have multiple partners or partner with STD
Mental Health Screening	Discuss with health care provider & take the test on the flip side
Immunizations	
Rubella (German Measles)	Discuss with health care provider
Varicella (Chickenpox)	Discuss with health care provider
Hepatitis B	Discuss with health care provider
Tetanus-Diphtheria Booster	Every 10 years

This chart is a guideline only. Talk to your provider to personalize the timing of each test. Adapted from The National Women's Health Information Center, <http://www.woman.gov>



Treatment Options

- Smoking cessation
 - Counseling
 - Zyban
 - Nicotine patches
- Premenstrual Dysphoric Disorder
 - Sarafem
- Immunization
 - Rubella, hepatitis B, tetanus

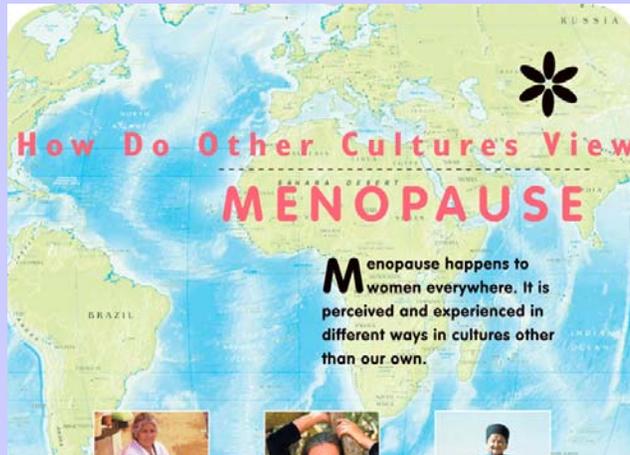


Test Results	Date	Result	Date	Result	Date	Result
Pap smear						
Syphilis						
Gonorrhea						
Chlamydia						
Total cholesterol						
HDL cholesterol						
LDL cholesterol						
Fecal occult blood test						
Mammogram						

Educational Presentations



- Depression
- Violence
- Osteoporosis
- Menopause
- Smoking cessation
- Immunization
- Nutrition
- Substance abuse
- Physical activity
- Heart disease
- General medical screening guidelines



How Do Other Cultures View MENOPAUSE

Menopause happens to women everywhere. It is perceived and experienced in different ways in cultures other than our own.



Mexico
Aging is seen as a natural and positive experience; few women seek medical help for menopausal symptoms.



United Kingdom.
In most Western cultures, menopause is seen as a medical condition requiring treatment, the end of youth and sexual attractiveness.



China
Menopause is perceived as a natural event. Women rarely consult doctors about symptoms or take hormones.



Botswana
In some African cultures, menopause gives women the right to command the labor of their juniors. In Botswana, it signals a time of sexual liberation.



India
In Rajasthan, a part of India, women no longer have to wear a veil after menopause. Older women are treated with more respect.



Japan
Women are typically not encouraged to talk about their health and complain of few symptoms. The Japanese language, for example, has no word that clearly means "hot flash".

Approved in part by grants (R01NS041851) from the National and State Health Service Center (NHSC) of the State Health Center of Botswana, Health Services and Services Administration, Department of Health, and Health Services, Washington, DC.



Leading KILLERS

#1
HEART DISEASE. Heart Disease is the number 1 killer—causing the deaths of one out of every three women.

#2
CANCER. Lung cancer kills more women than any other cancer, followed by breast cancer.

#3
STROKE is also the leading cause of serious long-term disability among women.

Top 3 Causes Of Death Among U.S. Women

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*Baltimore County Department of Health
James T. Smith, Jr., County Executive*

*You are cordially invited to attend
the launch of the WELL Program
(Women Enjoying Life Longer)
and to celebrate the
newly renovated Eastern Family
Women's Health Center*

October 29, 2003

9:30 a.m. – 11:30 a.m.

Eastern Family Resource Center

First Floor Conference Room

9100 Franklin Square Drive

Baltimore, Maryland 21237

Light Refreshments Provided

WELL Project

Women Enjoying Life Longer

- Reproductive health
 - Contraception/preconception
- Preventive medical services
 - Screening/immunization
- Health education
 - Nutrition/physical activity
- Treatment
 - Smoking cessation/mental health (PMDD)
- Linkage to referral sources

Incarcerated Women's Passport for Healthy Families



Janet Schadee RN MHA

IWP Family Services Director

Jschadee@iwp.doc.state.in.us

Grant funded through:

HRSA – MCHB

Integrated Comprehensive Women's

Health Services in State MCH

Programs

Indiana Women's Prison

Indianapolis, IN



- **The first maximum security adult female correctional facility in the U.S. established in 1873.**
- **It began with 16 female offenders, and in 2003 there are over 1,700 women and**

The *mission* of the prison is to effectively manage a diversified population in a safe and secure healthy environment that encourages rehabilitation through quality programming while ensuring the protection of the public, staff and offenders.

What do our populations look like ?



Background Issues



- Females incarcerated is growing faster than male populations in prison's
- Over 80% report significant mental illness diagnosis, many dual diagnosis
- Special needs populations are escalating
- 72% have less than 9th grade education
- Over 75% report substance abuse
- Over 85% are victims of abuse since childhood
- Most did not seek preventative health care services for themselves or their children
- Most report high risk behaviors for exposure to HIV, Hep C
- Multiple unplanned pregnancies
- 80% have children and/or pregnant

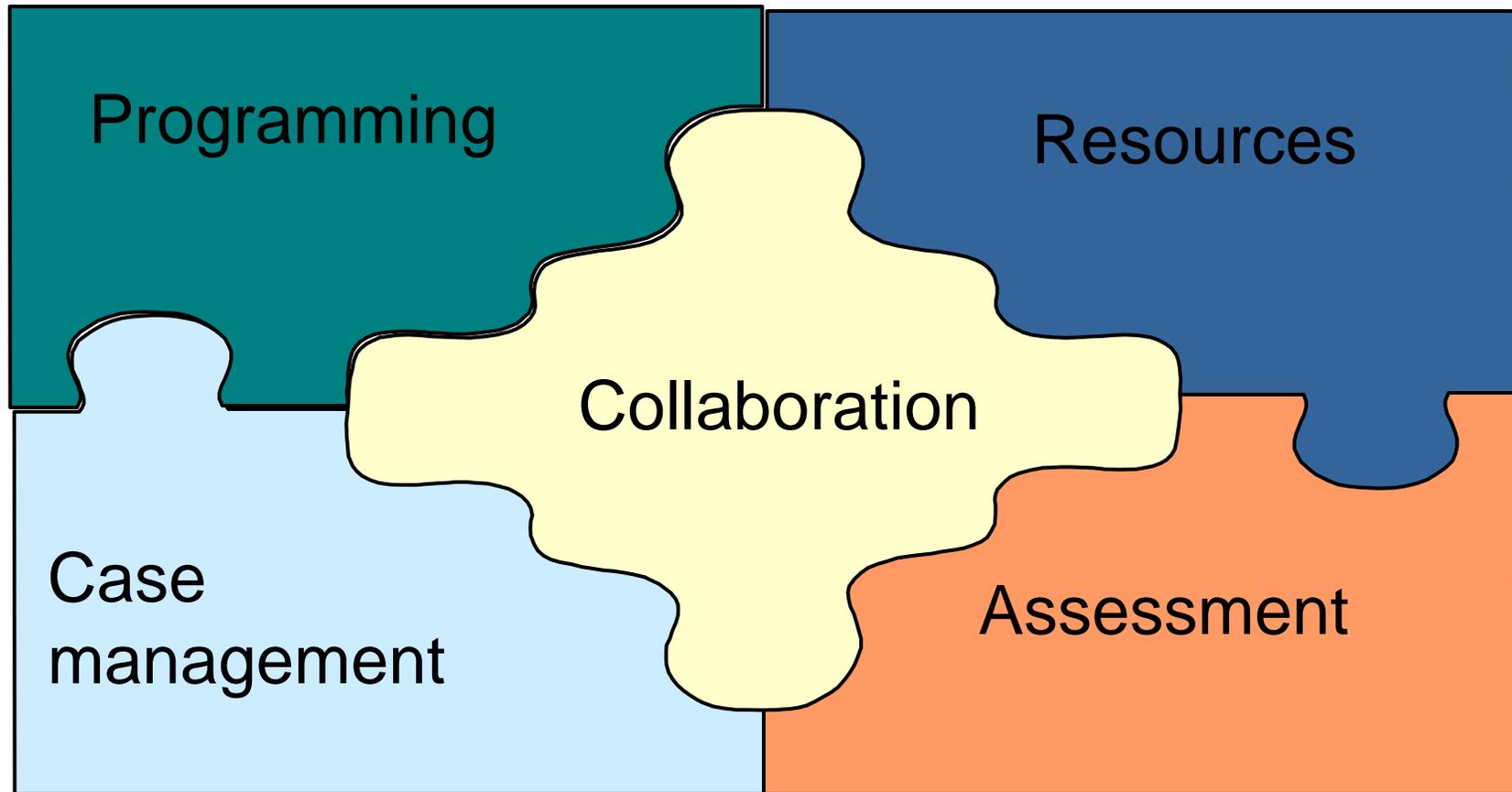
IWP Management Practices-Divide and Conquer

- Department of Corrections issues
- Separate housing units (Zones)
- Zone specific supervisors/staff
- Zone specific operational procedures
- Zone specific programming
- 50%Nurturing 50% Structure
- Teach giving back to others & respect
- Place burden of responsibility on offenders for continuation of programs
- Zero tolerance of Insolence
- “How Can I Help” from staff
- Case managing the family & offender

Project Objective:

Develop an interagency infrastructure that promotes positive health behaviors and simplifies the integration of preventative health education and services within the Indiana Women's Prison, as well as create linkages to needed community services.

Integrated System of Services:



HOW IS IT PUT TOGETHER ?

The collaboration of MCH programs and community agencies in prison works because there is ...

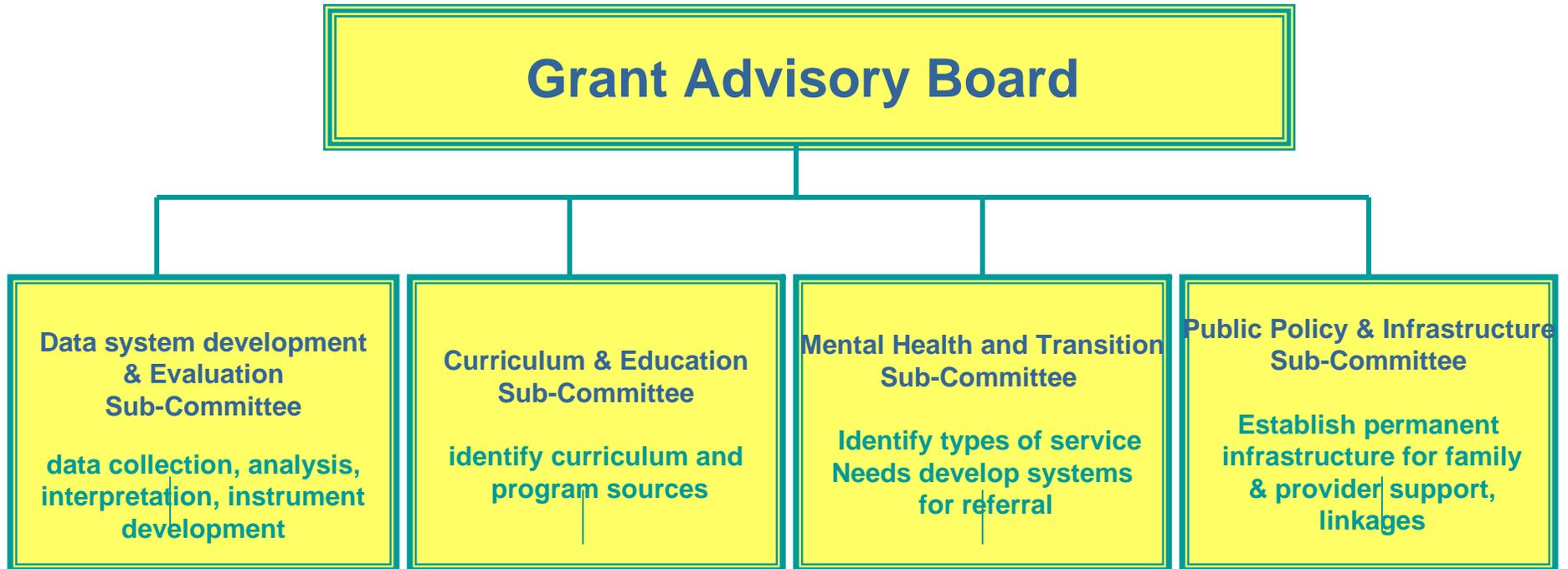
- Easy access to a high risk population of women and their children for program services, to meet the community/state agencies identified goals.
- Safe environment within the prison facility.
- Accessibility of prison staff to assist and coordinate services within the prison
- Availability of vital health statistics and clearly identified needs of service for the women and their children.
- Tracking ability for long term outcomes.
- Strong commitment from all to help these women and families

The community and prison work together, to train up the women and children in the way that they should go.....

The First Lady of Indiana visits summer camp



Collaboration of State and Community Key Stake holders



Members consist of legislators, MCH agencies, state agencies, health professionals, IT consultant....

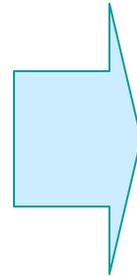
Funding Sources



- Continuous search for support
- Funding from HRSA (Health Resource Services Administration)
- State funding - Family Social Services Admin., Department of Health-MCH, Title X
- March of Dimes
- Ascension Health Partnership funding
- Indiana Perinatal Network
- Local churches, community agencies and hospitals sharing services

Goal 1

- Develop a comprehensive case management/tracking system to identify and evaluate health needs of the women and their children
 - Electronic tracking system
 - Staff training modules
 - Case management teams
 - Sharing of statistics
 - Evaluate need for interventions



Indiana Women's Prison

Comprehensive Case Management and Scheduling Software

State of Indiana

Switchboard

Family Preservation Center

Dana Blank, Superintendent

Janet Schadee, Director



Department of Correction

Indiana Women's Prison

401 North Randolph Street
Indianapolis, Indiana 46201

(317) 639-2671

Offender Information



Scheduler



Programs



Offender Information

- Searchable screen for demographic information
- Various assessments
- Parenting and child information
- Growth Plan and reviews
- Discharge forms



Children's Center built and cared for by the offenders within the grounds of the prison

Goal 2

- Develop a system to link mothers and their children with appropriate services during and after the mother's

Women's Health Issues:

- Education, Nutrition & Exercise
- Prenatal-Post Partum Care Coordination
- Family Planning
- Link to medical home provider
- Utilization of wrap around services

Substance Abuse/Mental Health Issues:

- Education
- Treatment
- Link to service

Children's Issues:

- Family Preservation Program
- Link to family friendly counseling services
- Special educational issues
- Address infant mental health issues

Goal 3

Integrate community programs to empower women to make choices.



- Survival skills
- Family Preservation, parenting
- Exercise/Nutrition Plans
- Cognitive Therapy
- Stress Management
- Effective drug counseling
- Smoking cessation
- Domestic Violence Prevention

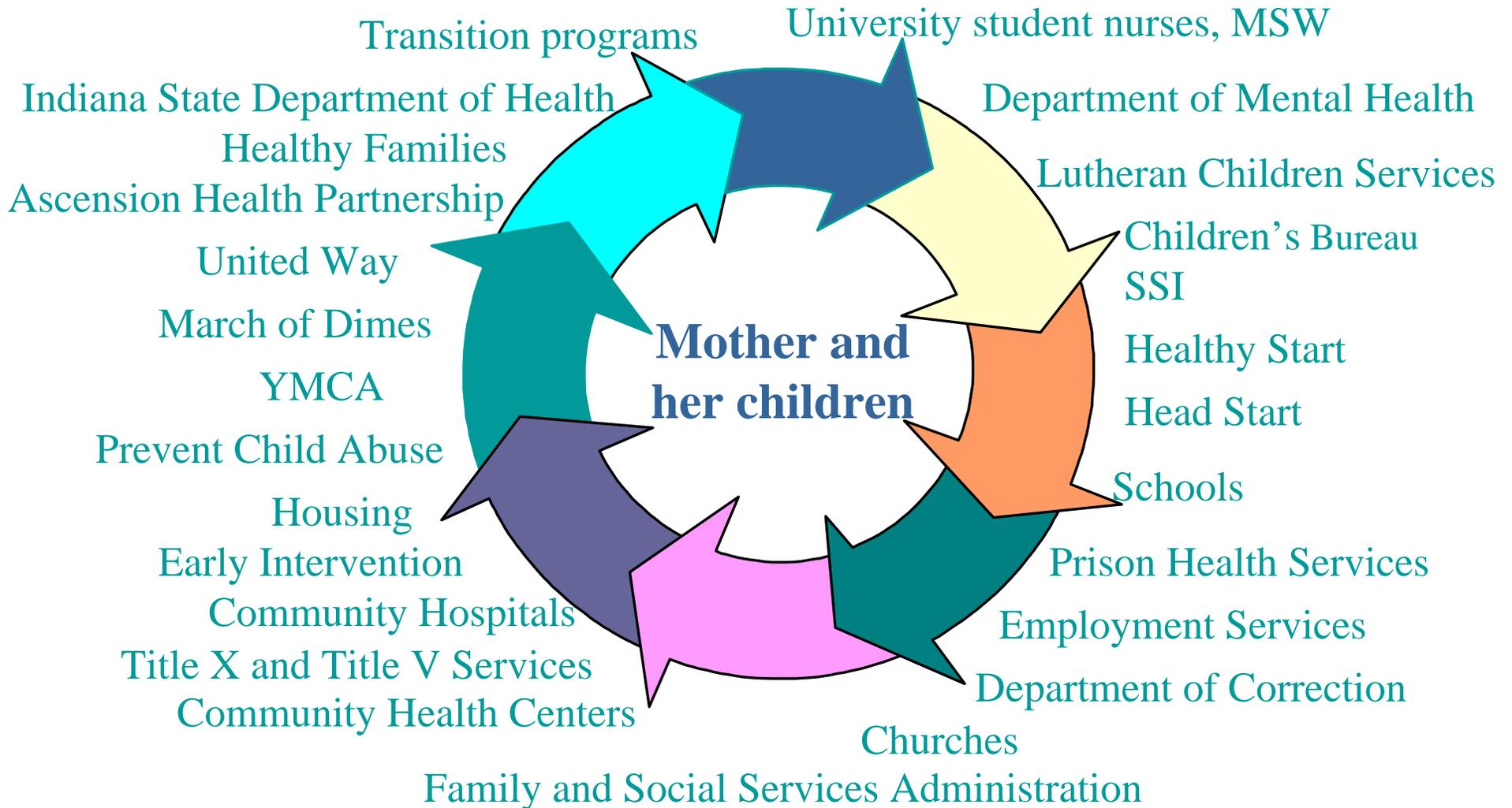
To teach that we can all learn, care and share with one another....



Through Coordination and Cooperation as keys to survival...



Coordination of Services



So that safe arms will
wrap around all of them
and help them grow....



Questions and Answers

Please visit www.mchcom.com for an archive of this event and others.