Local and State Action to Prevent Fetal Alcohol Spectrum Disorders

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RoseMary Asman - Mary Claire Massi-Lee
Objectives

• Increase awareness of FASD prevention activities at local and state levels, specifically Ohio's Not a Single Drop initiative and Michigan's FASD Community Grants.

• Learn about strategies to support education and screening of pregnant women for exposure to alcohol.

• Learn how to engage communities in FASD prevention activities through partnerships at the local and state health departments.
Presenters

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National Association of County & City Health Officials
Presenters

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Ohio Department of Health,
WIC Program
Presenters

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Michigan Department of Community Health, Division for Family and Community Health

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Public Health, Delta and Menominee Counties, Substance Abuse Services
Overview of Fetal Alcohol Spectrum Disorders
Fetal Alcohol Spectrum Disorders (FASD)

- Group of conditions that occur in a person whose mother drank alcohol during pregnancy
- Effects may include physical problems, behavioral problems, and difficulty with learning
- FASD is not a clinical diagnosis
- Effects can range from mild to severe
Types of FASDs

- Fetal Alcohol Syndrome (FAS)
- Alcohol-Related Neurodevelopmental Disorder (ARND)
- Alcohol-Related Birth Defect (ARBD)
# Signs, Difficulties and Disabilities by Age Level

<table>
<thead>
<tr>
<th>Age Level</th>
<th>Signs, Difficulties, and Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANTS</td>
<td>Low birth weight; irritability; sensitivity to light, noises and touch; poor sucking; slow development; poor sleep-wake cycles; and increased ear infections.</td>
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<tr>
<td>TODDLERS</td>
<td>Poor memory capability; hyperactivity; lack of fear; no sense of boundaries; and a need for excessive physical contact.</td>
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<tr>
<td>GRADE-SCHOOL YEARS</td>
<td>Short attention span; poor coordination; and difficulty with both fine and gross motor skills.</td>
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<td>OLDER CHILDREN</td>
<td>Trouble keeping up with school; and low self-esteem from recognizing that they are different from their peers.</td>
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<tr>
<td>TEENAGERS</td>
<td>Poor impulse control; cannot distinguish between public and private behaviors and must be reminded of concepts on a daily basis.</td>
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<tr>
<td>ADULTS</td>
<td>Need to deal with many daily obstacles, such as affordable and appropriate housing, transportation, employment and money handling.</td>
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</tbody>
</table>

*Signs, Difficulties and Disabilities by Age Level* by The Arc Fetal Alcohol Spectrum Disorder Prevention Project
FASD Facts

- Scientists believe that there are at least 3 times the number of FASDs as FAS
- An estimated 0.2 - 1.5 cases of FAS occur for every 1,000 live births
- Each year 40,000 babies are born with an FASD
- FASDs are a leading preventable cause of intellectual disabilities
FASD in Comparison

U.S. Estimated New Cases in 2014

- SIDS
- Down Syndrome
- Cerebral Palsy
- FASD
- Autism

Source: CDC, SAMHSA

The Arc
Fetal Alcohol Spectrum Disorder Prevention Project
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Financial Impact of FASD

- FASDs cost about $6 billion per year
- The *lifetime cost* of caring for one individual with FASD is estimated to be greater than $2 million
- For a child with identified FAS, incurred health costs are 9 times higher than for children with an FASD
Facts about Alcohol Use

- **7.6% of pregnant women** and 51.5% of non-pregnant women reported drinking alcohol in the past 30 days.
- **1.4% of pregnant women** and 15.0% of non-pregnant women reported binge drinking in the past 30 days.
- The highest estimates of reported alcohol use among pregnant women were:
  - Aged 35-44 years
  - White
  - College graduates
  - Employed

*Defined as at least one drink of any alcoholic beverage in the past 30 days.

State-Specific Weighted Prevalence Estimates of Alcohol Use (Percentage of Any Use*/Binge Drinking†)
Among Women Aged 18 – 44 Years — BRFSS, 2012

*Any use: One or more drinks during the last 30 days
†Binge: Four or more drinks on any one occasion during the last 30 days
FASD Prevention & Reduction

• Prevention begins with communication
  • Ask all women of child-bearing age about alcohol use
  • Talk about the effects of alcohol on an individual and on a fetus

• Brief interventions
  • Outreach, screening, referral, and other activities that promote the health of the mother and the fetus

• Public Health Messaging
  • No known safe amount of alcohol use during pregnancy or while trying to get pregnant
  • FASDs are completely preventable if a woman does not drink alcohol during pregnancy
FASD Resources

• The Arc
  • http://www.thearc.org/learn-about/fasd

• Centers for Disease Control and Prevention (CDC)
  • http://www.cdc.gov/ncbddd/fasd/index.html

• Substance Abuse and Mental Health Services (SAMSHA)
  • http://www.fasdcenter.samhsa.gov/
Ohio’s FASD Initiative

Phil Petrosky, Parent Network
Ohio FASD Steering Committee

Ohio Department of Health
Phil.Petrosky@odh.ohio.gov
August 28, 2014
Ohio’s FASD Initiative

2003 - Foundation
Mrs. Hope Taft, First Lady of Ohio (Emeritus), in partnership with members of the Ohio Family and Children First (OFCF) Cabinet Council, formed the Ohio FASD Steering Committee. Original committee included: nine state agencies, institutes of higher education, providers and parents.
Ohio’s FASD Initiative

Ohio FASD Steering Committee State Agency Membership

- Ohio Department of Aging
- Ohio Department of Alcohol and Drug Addiction Services merged into Ohio Department of Mental Health and Addiction Services (July 2013)
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Job and Family Services
- Ohio Department of Medicaid (Launched July 2013)
- Ohio Department of Mental Health merged into Ohio Department of Mental Health and Addiction Services (July 2013)
- Ohio Department of Developmental Disabilities
- Ohio Department of Rehabilitation and Corrections
- Ohio Department of Youth Services
Ohio’s FASD Initiative

Ohio FASD Steering Committee Advocacy Membership

- 7 Parents/Caregivers
- Ohio Center for Autism and Low Incidence
- Ohio Family and Children First Council
- Double ARC – Toledo, Ohio
- Montgomery County ADAMHS Board
- Akron Children’s Hospital Regional Genetics Center
- Lorain County General Health District
- First Step Home (Women’s Center)
- Cincinnati Children’s Medical Center
Ohio’s FASD Initiative

• On Sept. 9, 2004, the FASD Steering Committee held a Town Hall Meeting to increase awareness of the challenges faced by Ohio’s children and families.

• This testimony and a needs assessment conducted in 2005 with The Ohio State University’s Center for Learning Excellence, using the Partnerships for Success Strategic Planning Process, led to a course of action based on key findings.
Ohio’s FASD Initiative

Strategic Planning Findings

• Many professionals who provide services to children and families in Ohio are ill-prepared to address FASD.

• Children are often diagnosed with several mental and physical health disorders that can lead to a variety of uncoordinated services. New and existing services should be designed and coordinated to screen for FASD.

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Strategic Planning Findings

• With the exception of a few areas of the state, services available to individuals affected by FASD are inadequate.

• There are few services available for parents, foster parents and other caregivers, who play key roles in promoting the welfare of children affected by FASD.
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Strategic Planning Findings

• Efforts should be undertaken to establish formal recognition of FASD. Policies should be developed and adopted that define how FASD is addressed in educational settings.

• Ohio-specific FASD prevalence data should be collected on a continuing basis.
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Steering Committee Mission

To establish efficiency in state systems resource allocation, coordination of services and augmentation of available resources to address Fetal Alcohol Spectrum Disorders (FASD)
Ohio’s FASD Initiative

The Strategic Plan Has Five Goals

1. Increase the availability of services for those already affected by FASD and for parents and other caregivers;

2. Increase awareness regarding the risks associated with alcohol use during pregnancy;

3. Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD;
Ohio’s FASD Initiative

The Strategic Plan Has Five Goals

4. Adopt appropriate FASD screening tools and protocols and increase access to screening; and

5. Create and implement a data tracking system to track FASD risk factors, prevalence, and incidence in Ohio, and measure progress toward reaching the other four goals.
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FASD Parent Network

• The Ohio FASD Parent Network is a workgroup of the Steering Committee. Their mission is to increase FASD awareness and provide information and resources to families and caregivers as well as organizations serving individuals affected by FASD.

• The parent network has held meetings in five Ohio regions for input from families about their experiences with FASD. Feedback is provided to the Steering Committee to help shape Ohio goals and priorities.

• Three parent network families participated in an FASD training video for educators entitled: In Their Own Words
Ohio’s FASD Initiative

On August 16, 2005, the 1st Ohio FASD Conference was held with expert featured speakers: Dr. Larry Burd, Dr. Susan Astley, Ira Chasnoff, and Kathleen Mitchell.

- About 350 families, health & human service professionals, & teachers participated
Ohio’s FASD Initiative

Ohio's FASD Web Site
https://notasindedrop.mh.state.oh.us/

Launched in April 2006, the site includes featured links for: definition of FASD, information on Ohio’s FASD initiative, evidenced-based practices, screening and diagnosis, living with FASD, and resources including Ohio’s Marketing Toolkit and FASD Generalist Training Power Point.
Ohio’s FASD Initiative

Welcome to Ohio’s FASD Initiative

Features

- Watch Ohio’s FASD Public Service Announcement
- Listen to Ohio’s FASD Radio Ads
- Marketing Toolkit

***Governor Kasich designates September as Fetal Alcohol Spectrum Disorders Awareness and Prevention Month***

NotASingleDrop.org is Ohio’s web site about Fetal Alcohol Spectrum Disorders (FASDs). FASD refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

The FASD Statewide Steering Committee is a partnership that includes representatives from 9 state agencies, 3 universities, providers and parents. Our mission is to establish efficiency in state systems resource allocation, coordination of services, and augmentation of available resources to address FASD. To learn more about this initiative, click here!

Learn More about The Ohio FASD Parent Network, CLICK HERE!

To register for the FASD Parent Network, Regional Forums, CLICK HERE!

Featured Links:

- Think Outside the Stigma “Think Outside the Stigma” is a mass campaign launched October 2007 by the Ohio Department of Alcohol and Drug Addiction Services to inform the public about the financial, emotional and physical problems associated with addiction. For more information, click here!

To view a FASD Awareness Slide Show, CLICK HERE!

Disclaimer: References from this web site or on any of the information services sponsored by Ohio’s FASD Initiative to any non-governmental entity posted, service or information listed, does not constitute an endorsement or recommendation by OHIO'S FASD Initiative, Ohio University, the state’s FASD Initiative Steering Committee members or anyone. For full disclaimers and copyright information, please CLICK HERE.

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April 2006 - FASD Awareness

The Ohio FASD universal marketing campaign kicked off with public service announcements airing on WBNS 10TV, Ohio News Network, Mix 97.1FM and Ohio News Network Radio.

Advertisements also ran in Columbus Parent magazine and its sister publications throughout the state.
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September is FASD Awareness Month in Ohio

In 2011, the Governor’s Resolution on *FASD Prevention and Awareness Month* was presented at an FASD celebration of accomplishments in the Ohio Statehouse Atrium in Columbus.

First Lady of Ohio, Karen Kasich, presented the Governor’s Resolution to the Ohio FASD Steering Committee.
Ohio’s FASD Initiative

September is FASD Awareness Month in Ohio

A letter for Maternal and Child Health Care programs is provided with information to assist with FASD awareness month efforts; the letter includes attachments such as:

- Governor’s FASD Month Designation
- FASD Awareness Day Suggestions Sheet
- FASD Fill-in Press Release
- FASD Fill-in Letter to Elected Officials
- Ohio FASD Facts Sheet
Ohio’s FASD Initiative

Ohio FASD Fast Facts Sheet

Did You Know...

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications.

- Fetal alcohol syndrome is the leading cause of preventable birth defects in the country.
- Each year, as many as 40,000 babies are born with an FASD, costing the nation about $4 billion.
- FASD is an irreversible, lifelong condition that affects every aspect of a child’s life and the lives of the child’s family.
- There is no cure for FASD.

According to the Centers for Disease Control and Prevention and the US Surgeon General, there is no known safe amount of alcohol to drink during pregnancy.

It has been estimated that the cost of FASD to Ohio taxpayers for providing special services for education, juvenile justice, medical, and mental health services, foster care, and unemployment is nearly $200 million every year.

Raising a child with FASD is 100 times more expensive than preventing FASD in a child.

Due to a combination of factors, most go undiagnosed. In fact, of the estimated 14,000 Ohioans living with FASD, only 20% have been correctly diagnosed.

Early diagnosis and treatment for FASD can help children reach their fullest potential, lessen secondary disabilities and problems, and help families better understand and cope.

Although the various effects of FASD are permanent conditions, specific symptoms may be irreversible or manageable. People with FASD can grow, improve, and function in life with proper support.

It is hard to determine lost potential such as educational achievement and other ways that alcohol affects children that go unnoticed.

FASD is a 100 percent preventable birth defect. All women of child-bearing age need to know — Not A Single Drop.

September 9th is set aside annually as International Fetal Alcohol Syndrome Awareness Day.

Primary Disabilities:

Possible facial features associated with FASD/NAE include:
- Short palpebral fissures (small eye slits)
- Short upturned nose
- Low nasal bridge
- Enlarged vertical grooves between the upper lip and nose
- Thin upper lip
- Flared nostrils
- Small chin
- Small ears
- Simply forward, low-set ears

Other possible physical defects include:
- Eye and ear defects
- Respiratory (lung) problems
- Heart murmurs
- Limb reduction
- Low birth weight
- Hutchinson teeth

The following primary cognitive disabilities associated with FASD/NAE are caused by brain damage. May affect all areas for other disabilities. Therefore, many children will be misdiagnosed or undiagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Obsessive Compulsive Disorder (OCD), Sensory Integration Disorder (SID), and Learning Disabilities (LD), among others.

- Developmental delays — often acts younger than his or her age.
- Inconsistent performance — seems to “get it” one day and not the next.
- Hypersensitivity — constantly in motion.
- Impulsivity — stays and does whatever comes to mind without thinking about consequences.
- Attention deficit, distractibility — at times their lack of ability to stay focused on a task for very long is due to attention deficit disorder, may also be easily distracted.
- Organization — often can’t find things, unprepared for school or work.

Fetal alcohol syndrome — has problems making and keeping friends, does not understand social cues or body language.

Lingual thinking — doesn’t understand subtle ideas or statements that have double meanings, for example, don’t want to “hit the road” when you mean “leave” or “Eat it out” when you mean “feed.”

Difficulty with abstractions — struggles with abstract concepts such as math, money management, time, ownership, and consequences.

Difficulty with transitions — needs help when switching from one activity to another. May become very involved in current activity and will have difficulty changing to a new one, especially if it feels that the current activity is incomplete.

Memory problems — difficulty storing and retrieving information.

Processing defects — may think more slowly, may only understand every third word of normally paced conversation.

Ability to repeat instructions, but inability to put them into action.

Inability to predict outcomes or understand consequences and cause-effect — poor judgment.

Difficulty generalizing from one situation to another — a lesson learned in one situation does not carry over to a new situation.
Ohio’s FASD Initiative

Ohio FASD Awareness Activities

In 2010, provided FASD Training for Parents and Providers in NW and SW Ohio Regions, & FASD Generalist Training in NE Region

In 2013, provided FASD Diagnostic Capacity Training for health care practitioners in SE & Central Ohio Regions
Ohio’s FASD Initiative

Additional Ohio FASD Prevention Efforts

ASBI stands for Alcohol Screening Brief Intervention.

• It is a process modeled after California Women, Infants, and Children’s program (WIC), which screens all pregnant WIC participants for alcohol use, provides brief interventions to all who screen positive, follows those receiving brief interventions during pregnancy, and refers them to treatment services.

• The goal is to educate pregnant women about the dangers of drinking alcohol while pregnant and, in turn, positively influence their decision about reducing or completely ceasing drinking.
Ohio’s FASD Initiative

Additional Ohio FASD Prevention Efforts

Results from Montgomery County, Ohio WIC pilot ASBI project indicated that:

- five percent of the pregnant women screened positive,
- 97 percent abstained from further alcohol use after an initial brief intervention, and
- 99 percent abstained after two brief interventions.
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Additional Ohio FASD Prevention Efforts

Ohio WIC and the Montgomery County WIC program developed four Alcohol Screening and Brief Intervention training modules for Ohio WIC projects and other programs’ use.

Modules are on the *OhioTrain* website: Course number 1044743


Click on ASBI and scroll down to links for:
- ASBI Screening and Scoring Tools
- WIC Project CARE Health and Behavior Workbook
- ASBI Follow-up Visit Questions
- What is a Standard Drink
Ohio’s FASD Initiative

Additional Ohio FASD Prevention Efforts
As of April 7, 2014

- 650 Ohio WIC employees had been trained on the ASBI process.
- There were 5,160 Ohio WIC participants that had been screened, and
- 564 brief interventions were given.
Ohio’s FASD Initiative

Additional Ohio FASD Prevention Efforts
NCADD Alcohol and Drug-Related Birth Defects Awareness Week May 2013 & 2014
Ohio’s FASD Initiative

Additional Ohio FASD Prevention Efforts

Prenatal Alcohol Use Fact Sheet - MCH Grant
Ohio’s FASD Initiative

There is no safe amount and no safe time to drink alcohol during pregnancy.
Questions??
Michigan Health and Wellness Dashboard

Performance Key:
- Performance improving
- Performance staying about the same
- Performance declining

Click on the links in the table below for more detail.

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<thead>
<tr>
<th>Access to Health Care</th>
<th>Prior</th>
<th>Current</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Uninsured adults</td>
<td>12.7%</td>
<td>11.7%</td>
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<tr>
<td>Primary care physicians (per 100,000 population)</td>
<td>117.4</td>
<td>119.4</td>
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<td>Veterans using Veterans Administration health care services</td>
<td>20.9%</td>
<td>22.2%</td>
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<thead>
<tr>
<th>Health Indicators</th>
<th>Prior</th>
<th>Current</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Life expectancy at birth</td>
<td>78.1</td>
<td>78.0</td>
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<tr>
<td>Preventable hospital stays (per 1000 Medicare enrollees)</td>
<td>69.8</td>
<td>70.3</td>
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<tr>
<td>Infant mortality (per 1,000 births)</td>
<td>7.4</td>
<td>7.3</td>
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<td>Attempted suicide and self-inflicted injury</td>
<td>5,380</td>
<td>4,881</td>
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<tr>
<th>Healthy Communities</th>
<th>Prior</th>
<th>Current</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Schools not selling unhealthy food and beverages</td>
<td>26.7%</td>
<td>25.5%</td>
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<tr>
<td>Food stamp sales at Michigan's farmers markets</td>
<td>$1,530,319</td>
<td>$1,701,926</td>
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<th>Health Behaviors</th>
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<tr>
<td>Obesity in the population (adult)</td>
<td>31.3%</td>
<td>31.1%</td>
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<td>Obesity in the population (high schoolers)</td>
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<td>13.0%</td>
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<td>Adult physical activity*</td>
<td>n/a</td>
<td>19.7%</td>
<td>n/a</td>
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<td>Adequate daily consumption of fruits and vegetables*</td>
<td>n/a</td>
<td>17.8%</td>
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<td>Routine checkups in past year</td>
<td>65.5%</td>
<td>66.5%</td>
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<td>Recent dental visits*</td>
<td>n/a</td>
<td>66.0%</td>
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<td>Childhood Immunizations</td>
<td>92.9%</td>
<td>87.0%</td>
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<td>Teen birth rate (births per 1000 women ages 15-19)</td>
<td>30.1</td>
<td>27.8</td>
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<td>Adult cigarette smokers</td>
<td>23.3%</td>
<td>23.3%</td>
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<tr>
<td>Excessive alcohol consumption</td>
<td>7.0%</td>
<td>6.1%</td>
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<tr>
<td>Sexually transmitted disease - chlamydia (per 100,000 population)</td>
<td>507</td>
<td>403</td>
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Michigan Governor’s Dashboard of Priorities

what is the relevance to FASD?

Researchers identified:

• Prenatal alcohol exposure and fetal death association more than 20 years ago.
• Fetal mortality was found to be 77 percent higher when alcohol was consumed during pregnancy.
• Prenatal alcohol exposure is associated with a higher rate of infant death.
• Likelihood of miscarriage increased directly with alcohol consumption.
• Risk was twice as high in women consuming 1 ounce of absolute alcohol as infrequently as twice a week.

Curriculum for Addiction Professionals (CAP); Level 1
http://fasdcenter.samhsa.gov/educationTraining/courses/CapCurriculum/
Accessed 10/28/2011
FASD Interagency Strategic Plan

2012-2014

- Goal 1: Prevention of Prenatal Alcohol Exposure Among Women of Reproductive Age.
- Goal 2: Intervention for Affected Children Birth to 18 Years
- Goal 3: Resource Development for FASD

Target Populations

for FASD promotion, prevention, and intervention

- General Populations
- Women of Reproductive Age
- Children & Adolescents
- Youth in Transition
- Adults Affected by FASD DD Diagnosis
- Parents/Caretakers/Partners/Extended Family
- Native American Tribal Communities, Latino & African American Community-Based Projects
- Workforce Training
Components of the Current Michigan FASD Program

Network of 5 Diagnostic Clinics
- Diagnose Children, Birth to 18 years
- Provide Initial Plan of Care for the Child & Family

8 Community-Based Projects
- Provide Local Community Prevention Initiatives
- Linkage & Referral to Local Community Services
- Family Support

Training and Education
- 16 CDC FASD Certified Trainers in Michigan
- FASD State Coordinator
Statewide Alcohol Specific Screening for Medicaid Pregnant Women

- The Maternal Infant Health program (MIHP) is Michigan’s Medicaid Fee for Service home visiting program.
- Largest home visitation program in the state and all counties have services.
- Provided by: Federally qualified health centers; Home Health Agencies; Hospital based clinics; Native American tribes; Private providers; Local and regional public health departments.
- Includes home visitation support and care coordination for pregnant women and infants.
- Uses evidence based, comprehensive Maternal and Infant Risk Identifiers that determines the maternal or infant risks based on an algorithm designed into the database plus professional observation.
- Consists of standardized training, forms, interventions and plan of cares.
MIHP Alcohol Specific Screening

- T-ACE embedded into the MIHP Risk Assessment that all pregnant women and mothers received at time of enrollment into program
- Approximately 27,000 women and another 25,000 mothers of infants screened yearly
- 130,821 pregnant women Risk Assessments since 2008
- 28,967 (22.1 percent) admitted to having consumed alcohol while pregnant, Most reported quitting after finding out they were pregnant
- [www.michigan.gov/mihp](http://www.michigan.gov/mihp)
Public Health, Delta & Menominee Counties

FASD Reduction Project

http://www.phdm.org/
• **Mission**: To enhance the quality of life for the community by preventing disease, encouraging healthy lifestyles, and protecting the environment.

• **Vision**: To be a community leader in promoting, protecting, and providing for the public’s health.
Integration of FASD Community Project at PHDM

Benefits for women of reproductive age

• Multiple programs offered that connect to Medicaid beneficiaries and pregnant women

• Staff work in several programs:
  • MIHP
  • WIC
  • Family Planning
  • Early On
  • Substance Abuse Services

• It’s a small community
• Staff educate about the risks of alcohol during pregnancy in all programs

• Strong “in house” referrals

• MIHP home visiting program has the strongest opportunity for early interventions

• T-ACE is built into the risk assessment
T-ACE

• **TOLERANCE**: How many drinks does it take to make you feel high?

• Have people **ANNOYED** you by criticizing your drinking?

• Have you ever felt you ought to **CUT DOWN** on your drinking?

• **EYE OPENER**: Have you ever had a drink the first thing in the morning to steady your nerves or get rid of a hangover?
Alcohol-Specific Risk Screening during pregnancy & post-partum

PHDM education packet includes FASD information brochures to prevent alcohol exposed pregnancy (AEP)

FASD Brochures:

Think Before You Drink (ARC & CDC)
I Never Thought I’d Get Pregnant (CDC)

Family Planning Information
Low Risk

Basic Education on alcohol & other drugs
FASD brochures/information

Moderate Risk

Potential effects of alcohol on fetal development
Advising access to services
FASD brochures/information

High Risk

Brief interventions & referral to treatment
Advising access to services/suggest alternatives
FASD brochures/information
MIHP Postpartum Plan of Care

• Review Family Planning methods available

• Referrals to Family Planning or provider of choice

• On-going WIC involvement/dietician

• Availability to set up appointments for other on-site programs

• Early-On staff on site for infants eligible for both MIHP & Early-On

• Possibility of the same staff working with families in multiple programs
FY Data Year to Date 2014

- 77 Women Screened
- 56 Low Risk
- 21 Moderate to High Risk

Low Risk (72%)
Moderate to High (27%)
Lessons Learned Since Involvement

• Initially we were targeting only those affected

• Moved to a true prevention based model

  *Universal*- messages/education

  *Indicated*- screening for alcohol use and family planning

  *Selected*- those at risk from screening

• Assume minimization with WIC program reporting
Strengths

• Umbrella of services

• Appears to be a greater awareness of FASD

• Women reporting abstinence upon knowledge of pregnancy

• Committed NP’s in Family Planning

• Good relationships with:
  Hospital Social Worker
  Women’s Center
  Upper Peninsula Health Plan (UPHP)

• Knowledge of PHDM staff
Questions??
FASD Prevention Project

www.thearc.org/FASD-Prevention-Project

Thank You!

Kerry Mauger - mauger@thearc.org