

## Executive Summary

### Background

The Federal Maternal and Child Health Bureau provides states with Title V funds to support family-centered, culturally/linguistically competent, community-based systems of care for women, infants, children, adolescents and their families. Every five years states are required to submit a plan identifying the health needs of their maternal, child and adolescent population and their state's capacity to meet those needs. California due to its size, geography and diversity of population depends on local maternal, child and adolescent health jurisdictions where services are provided to conduct community needs assessments at a county level. For 2010-2014 planning, counties were asked to identify priority needs and assess the capacity of local MCAH health systems to carry out the ten essential public health services.

### Sonoma County Maternal, Child and Adolescent Health Program

The mission of the MCAH Program is to promote the physical, social and emotional health of childbearing women, children, adolescents and their families in Sonoma County. The program embraces the following vision and overarching goals:

*Families in Sonoma County are healthy and supported by communities that are safe and nurturing providing opportunities for all to thrive and realize their life goals.*

- *All children are born healthy to healthy mothers.*
- *No health status disparities among racial/ethnic, gender, economic, and regional groups.*
- *A safe and healthy environment for women, children, adolescents, and their families.*
- *Equal access for all women, children, and their families to appropriate health care within an integrated system.*
- *All children have opportunities to maximize their potential.*

The MCAH program is organized within the Public Health Division of Sonoma County Department of Health Services. The program interacts with the community MCAH system as a partner in providing direct safety net services to high risk MCAH populations and as a convener and coordinator of community wide services and programs.

The MCAH Five-Year Needs Assessment for the 2010-2014 plan was conducted July 2008 – June 2009. The leadership team of the MCAH Advisory Board and the Executive Director for First 5 Sonoma County joined with the MCAH Director and Coordinator early in the year to map out the overall design of the assessment, identify data sources and select optional health indicators. Throughout the year the MCAH Advisory Board reviewed findings and gave guidance on the process. Individuals and organizations that serve maternal child populations provided stakeholder input through focus groups, surveys and key informant interviews. Consumers were surveyed and participated in a parent focus group. Existing community assessments were identified and provided additional data and sources of community feedback. The final report was reviewed and approved by the local Public Health Officer. This report

summarizes conclusions of a 12-month assessment process and includes priority and capacity needs for improving maternal, child and adolescent health in Sonoma County.

### Highlights of the MCAH Needs Assessment Findings

There are approximately 5,800 live births each year and 112,000 children under the age of 18 living in Sonoma County. Health indicators are used to monitor the health status of perinatal and pediatric populations compared to state averages and Healthy People 2010 data.

Twenty-seven mandatory health status indicators and twelve optional indicators were reviewed as part of the needs assessment process. Immunizations, anemia, teen alcohol use and prenatal care were selected for in-depth analysis because they showed alarming trends. Teen pregnancy was studied more closely because Sonoma County has had neighborhood “hot spots” not recognized by looking at the overall county rate.

Sonoma County data indicated favorable trends in the following areas:

- rate of prematurity
- death rate for children 1-14 years
- rates of non-fatal injuries due to motor vehicle accidents for children 0-14 years
- rate of hospitalizations for all non-fatal injuries for children 0-14 years
- teen birth rate for 18-19 year olds
- rate of children 5-17 years hospitalized for asthma

Sonoma County showed worsening trends in six areas and compared poorly to the State rate:

- % women received prenatal care in the 1st trimester
- % children with iron deficiency anemia
- % 11th graders who reported drinking alcohol
- % 9th & 11th graders reported binge drinking
- % kindergarteners with recommended immunizations
- Non-fatal injury hospitalizations age 15-24

**Based on the above data and feedback from a broad array of stakeholders, the following needs were selected as priority areas for the 2010-2014:**

1. Improve access to a medical home that includes physical, oral and mental health services.
2. Promote healthy behaviors including healthy eating, physical activity and oral hygiene.
3. Prevent tobacco, alcohol and other drug use by youth, teens and childbearing women.
4. Strengthen assets of youth to reduce risk-taking behaviors and increase educational attainment.
5. Improve immunization rates.
6. Promote effective parenting skills.

**Capacity needs of the MCAH community system of care for Sonoma County were assessed using data and information gleaned from focus groups and surveys. The priority capacity needs identified include:**

1. Data and surveillance systems need to be expanded.
2. Opportunities to research local population-based MCAH practices need to be cultivated.
3. Improved coordination of programs and services serving MCAH populations.
4. Outreach to the underserved and segments of the community that mistrust the medical establishment.
5. Increased understanding of MCAH programs by the public and policy makers.
6. Systems to ensure a culturally and linguistically competent workforce.

#### Additional Public Health Issues and Influences

Attention to the social determinants of health, adopting the life course perspective and investing upstream in MCAH programs and services are needed to improve the health of the maternal, child and adolescent population and in turn the health of the entire community. Technology offers a promising tool to more effectively use data and reach underserved populations. The MCAH public health system will benefit by finding ways to improve coordination of existing resources, remove silos and integrate programs.

#### Next Steps

During the 2009-10 Fiscal Year, MCAH leadership in collaboration with the MCAH Advisory Board will use findings from the needs assessment to guide planning for the next five years of activities and programming. New approaches will be integrated that align with public health priorities incorporating concepts of social determinants of health, population health management, and evaluation of outcomes.