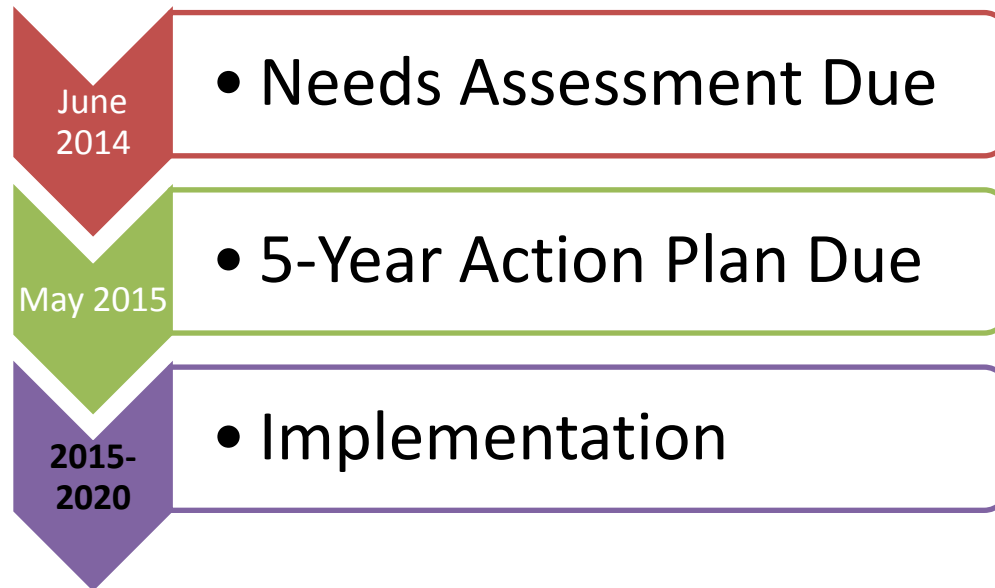
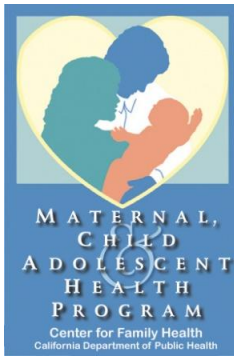


# Maternal Child & Adolescent Health Community Health Needs Assessment 2013-2014



# Title V Maternal and Child Health Block Grant

- Title V is the only federal funding which allows health departments to develop programs based upon local needs.
- Every five years a comprehensive statewide needs assessment must be conducted to determine what those needs are.
- California decentralizes the statewide process by having each local jurisdiction conduct a needs assessment





# MCAH Title V Scope of Work

## California Department of Public Health

Goal 1: Improve outreach & access to quality health & human services

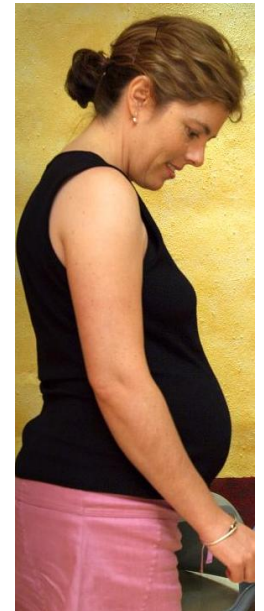
Goal 2: Improve maternal and women's health

Goal 3: Improve infant health

Goal 4: Improve nutrition and physical activity

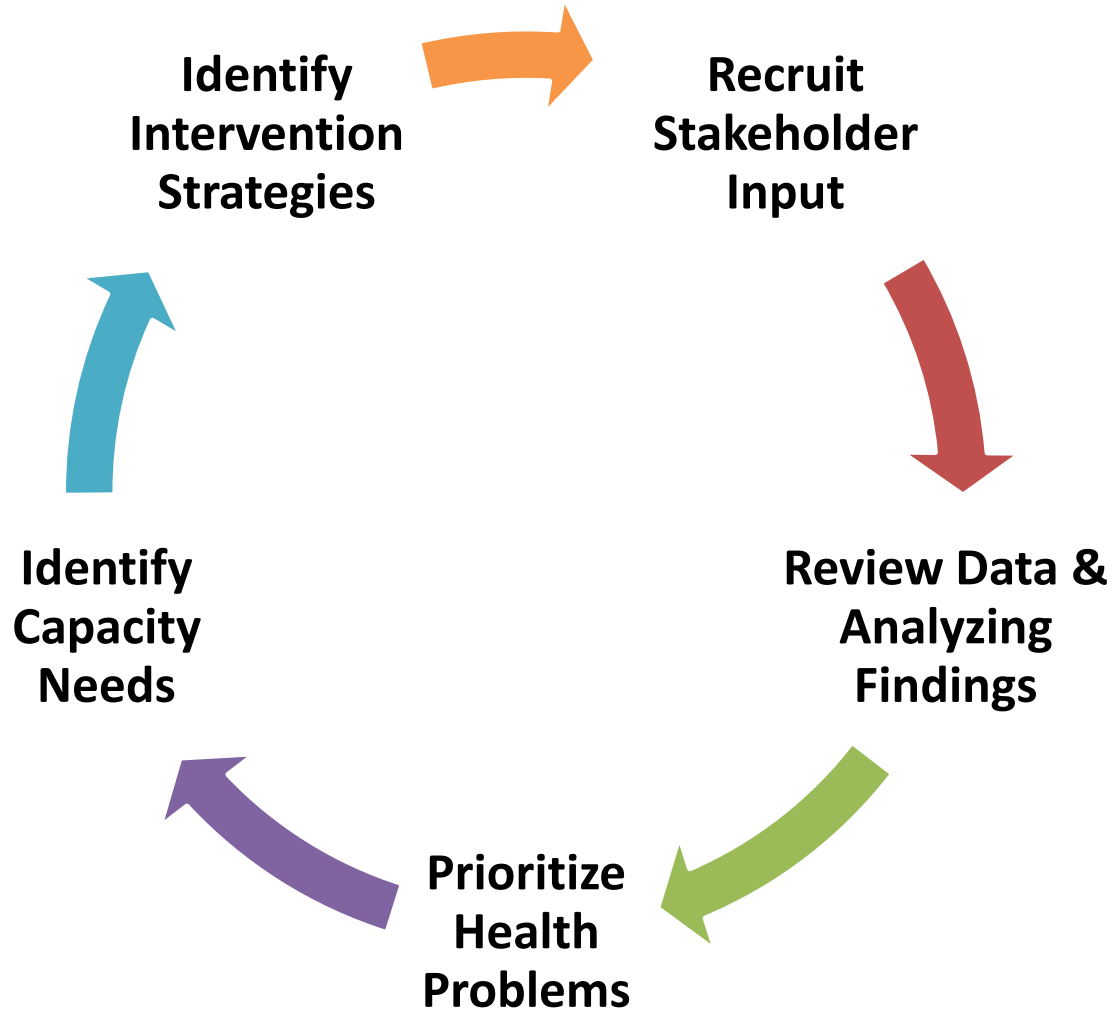
Goal 5: Improve child health

Goal 6: Improve adolescent health



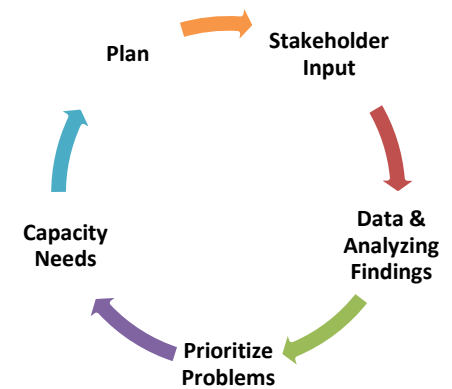
# Needs Assessment Process

Timeline: Due June 2014

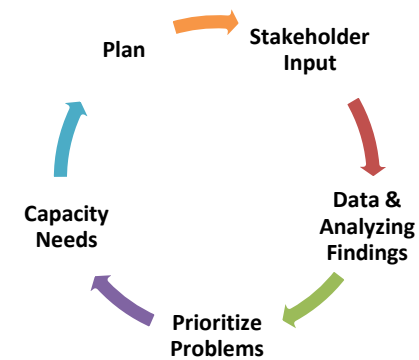


# Stakeholders

- Consumers – women, youth, parents
- Boards & coalitions
- Health & Human Service Providers
- Community-based organizations
- Community clinics, hospitals
- Medi-Cal managed care
- Schools, academia
- Faith-based organizations



# Data



- Focus on:

- worsening trends
- areas where Sonoma compares poorly to the state &/or HP2020
- disparities by age, race/ethnicity or geographic

- Sources of data:

- Primary: Family Health Outcome Project (UCSF) ≈ 50 indicators
- Supplemental: California - Birth Statistical Master Files, Health Interview Survey, Healthy Kids Survey, MIHA, Office of Statewide Health Planning & Development, Physical Fitness Assessment; U.S. Census Bureau
- Local data – WIC, treatment programs, Drug Free Babies
- Qualitative data – focus groups, key informant interviews



# How do we Prioritize Problems?



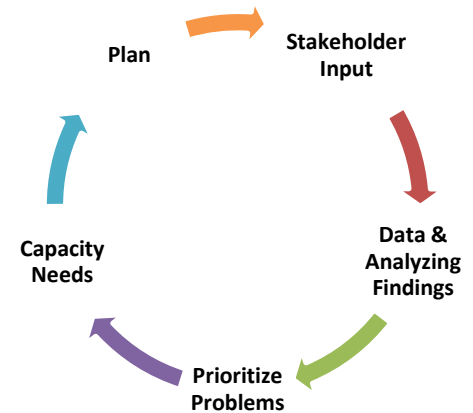
## Consider:

- numbers affected & disparities by age, race/ethnicity, geography
- seriousness of issue & impact downstream
- economic impact of addressing vs. not addressing
- are there ways to measure progress
- is there “community will” to address the problem
- are there best practices & resources exist to address
- does MCAH’s have a unique ability to impact &/or would partnering significantly increase effectiveness

# Capacity Assessment

Identify resources needed to address problems in our community

May include: Staff training, best practice information, more data





# Preliminary Review of Sonoma Data

## **Areas of Concern for 2014:**

- poverty and self sufficiency indicators
- substance use – tobacco, alcohol, marijuana, prescription drug, NAS
- mental health
- overweight & obesity
- entry to early prenatal care

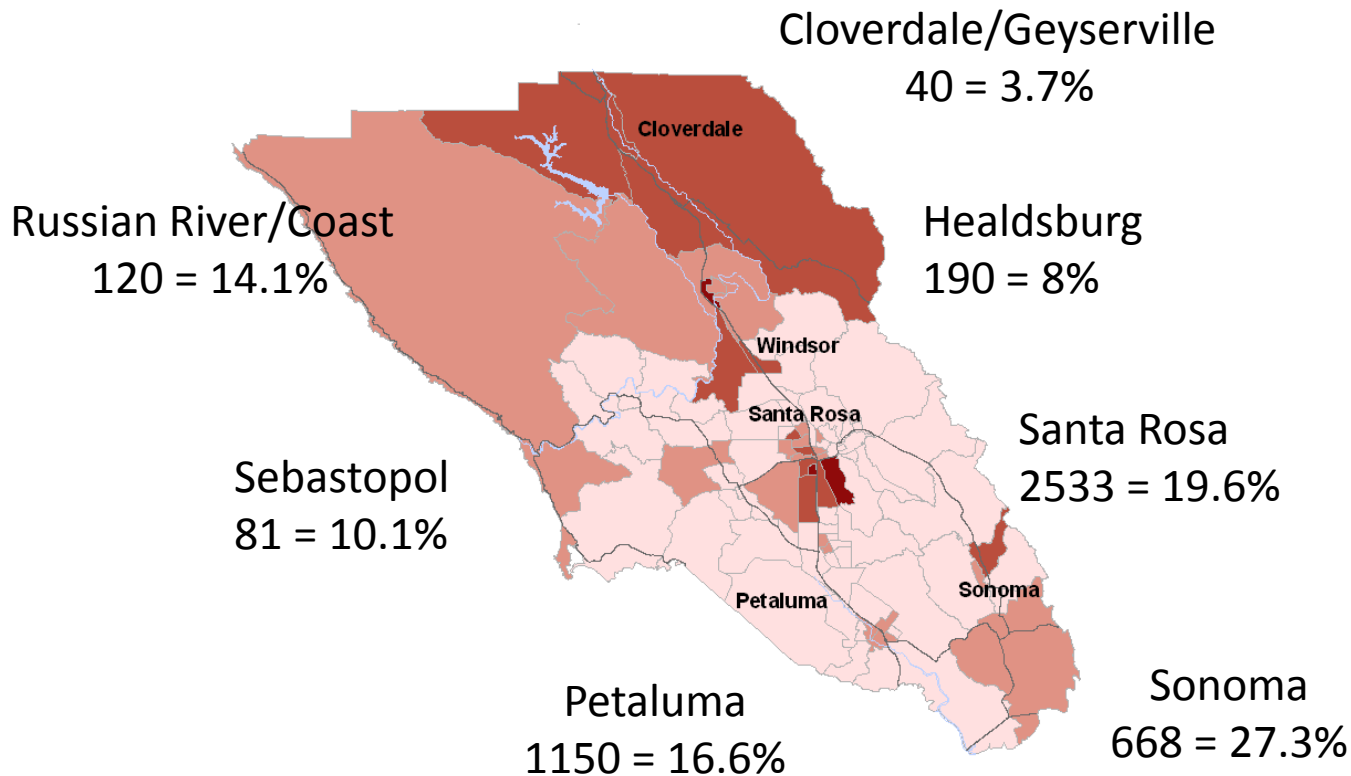
# Poverty & Economic Self-Sufficiency

Worsening trend; disparities by race/ethnicity & geography

- Number of children and adolescents age 0 to 18 living in poverty (0-200%)
- Number of females age 18 to 64 living in poverty (0-200%)
- Percent children < 5 yr below FPL by county subdivision
- Percent uninsured & underinsured age 0 to 18
- Percent uninsured & underinsured females age 18 to 64
- Births occurring within 24 months of a previous birth to women age 15 to 44

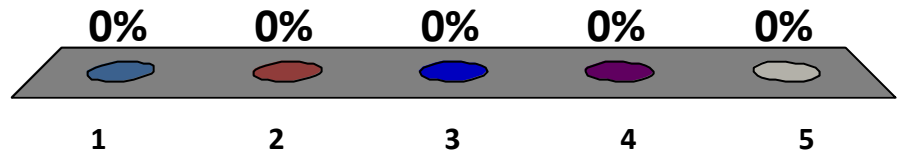
# Percent Children <5 years below FPL By County Subdivision

Number & % of total children



There are evidence-based strategies that our community can use to help increase economic self sufficiency among families.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree

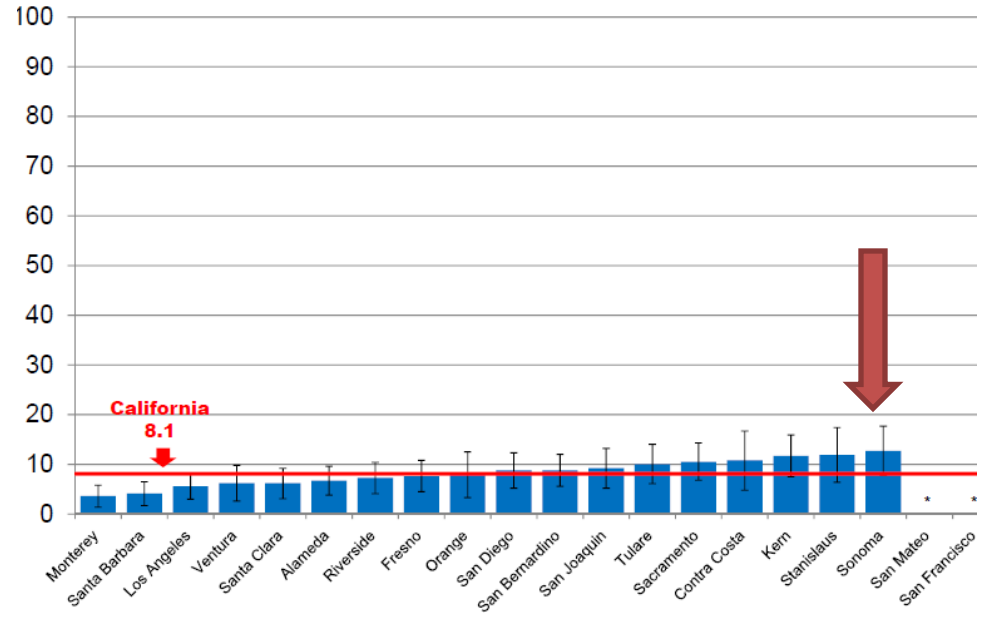
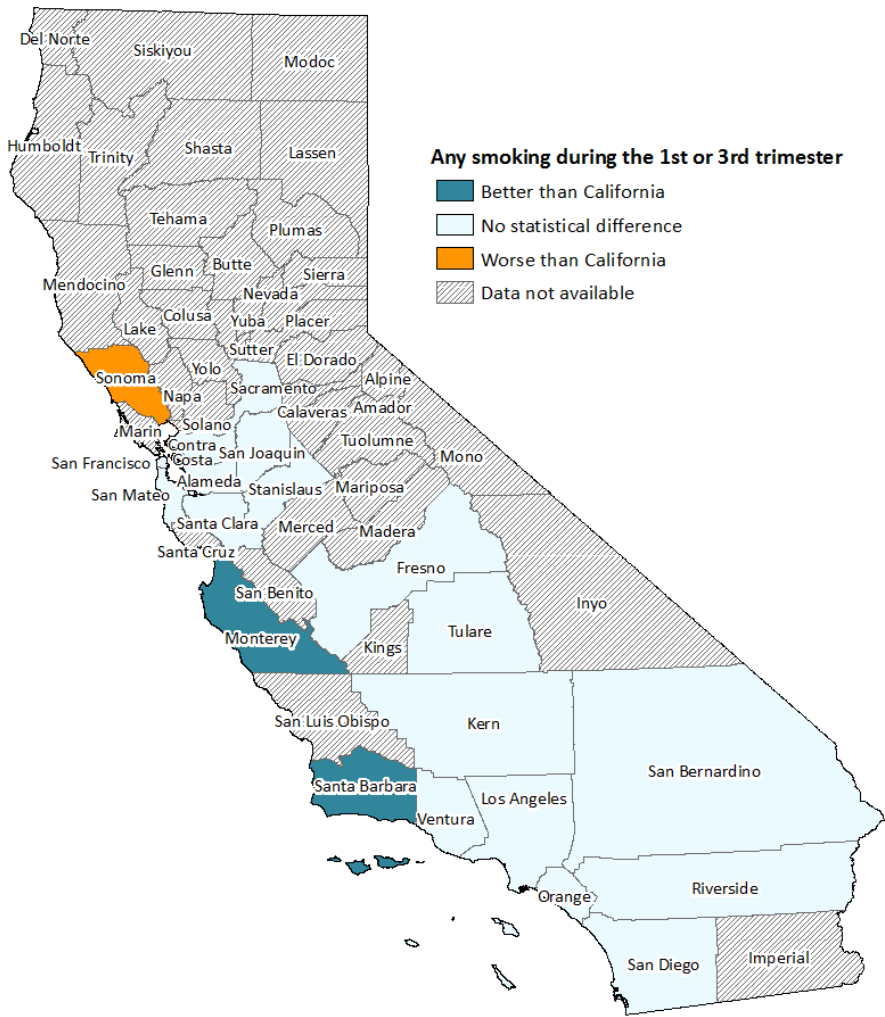


# Substance Use

Statistically higher than state &/or worsening trend

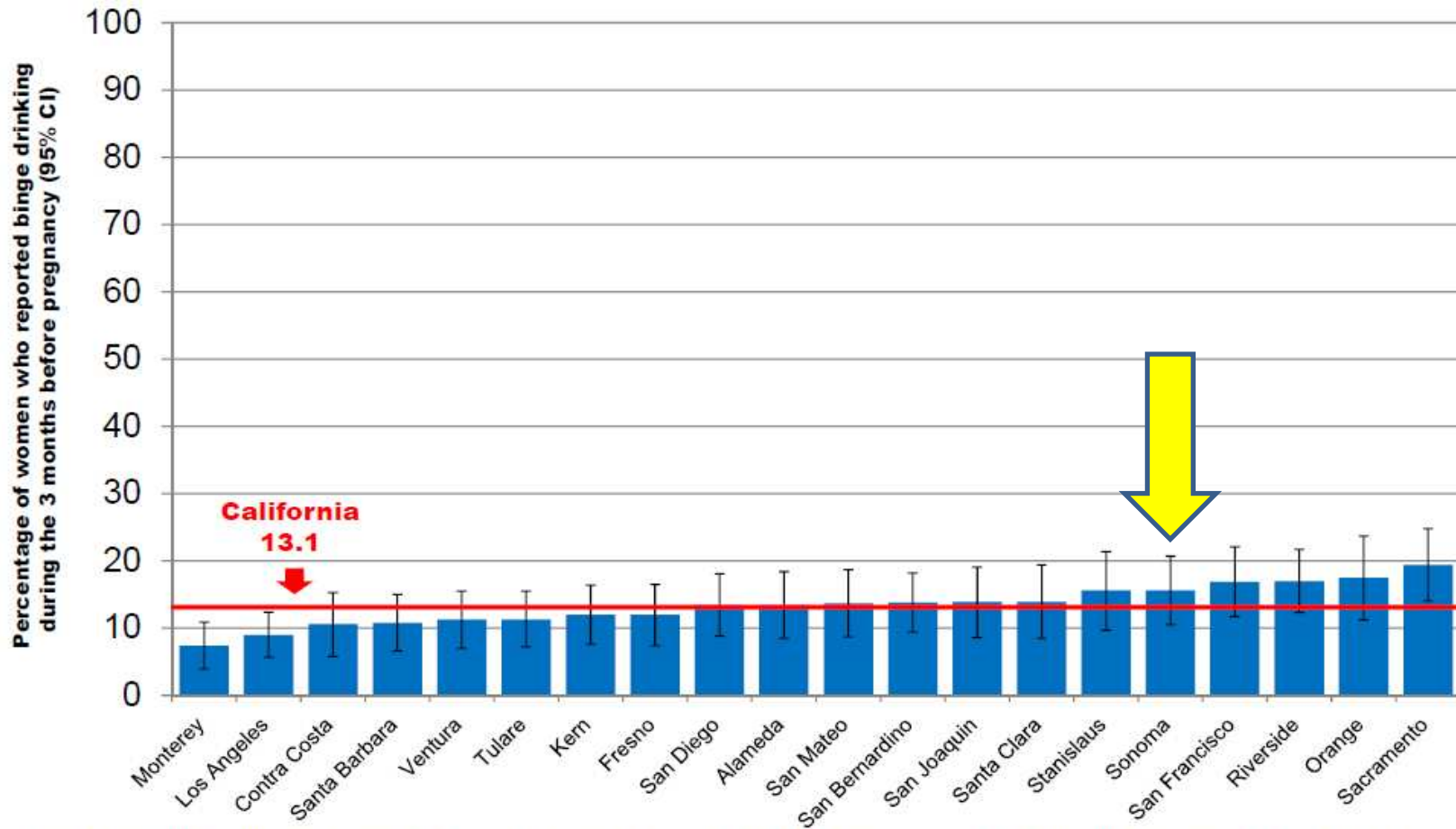
- Any substance abuse diagnosis per 1,000 hospitalizations of pregnant females 15 to 44 yr
- Any substance-affected diagnosis for still or live-born infant age 0 to 89 days per 1,000 hospital births
- Newborn hospital discharges with diagnosis of neonatal abstinence syndrome
- Any smoking during pregnancy/postpartum
- Marijuana use by 9<sup>th</sup> & 11<sup>th</sup> graders

# Percentage of Women Who Smoked Tobacco during 1<sup>st</sup> or 3<sup>rd</sup> Trimester



Source: CDPH, MIHA Survey, 2011

# Any binge drinking during the 3 months before pregnancy, MIHA 2011



The Maternal and Infant Health Assessment (MIHA) Survey is an annual population-based survey of women with a live birth, with a sample size of n=6,853 in 2011. Percentages and 95% confidence intervals are weighted to represent all women with a live birth in 2011 in California and in the counties shown. Confidence intervals are shown as thin black lines extending above and below the top of the blue bars.



## **Any Alcohol Use During 1<sup>st</sup> or 3<sup>rd</sup> Trimester**

2011: Sonoma 26.7% (CI 20.7- 32.8)

California 19.6% (CI 17.9 -21.2)

## **Any Binge Drinking, 3 Months before pregnancy**

2011

California 13.1 (CI 11.9-14.4)

Sonoma 15.6 (CI 10.5-20.7)

Sonoma Combined 2010 & 2011

Sonoma: 17.6 (CI 13.8-21.4)

Medi-Cal 15.7 (CI 10.3-21.1)

Private Insurance 19.4 (CI 13.9-24.9)

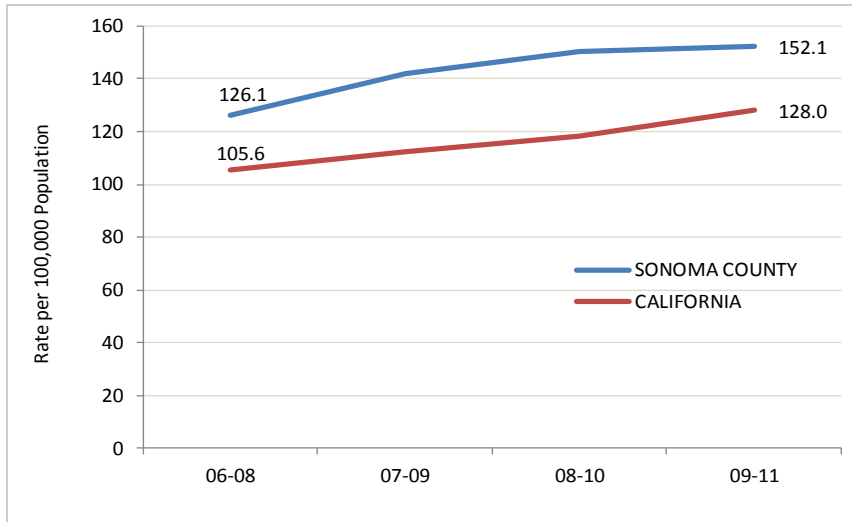
Hispanic 11.1 CI 6.3-16.0)

White 23.0 (CI 17.3-28.8)

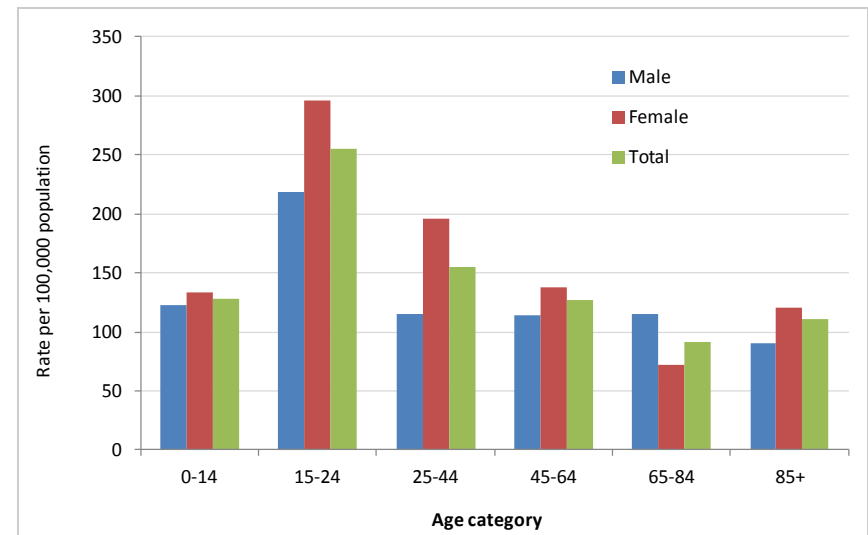


# Drug Overdose Emergency Dept Visits

**Drug overdose ED visit rate  
3 year moving average, 2006-2011  
Sonoma County and California**



**Age-specific drug overdose ED visits rate by sex  
3 year average, 2008-2011 ,Sonoma County**



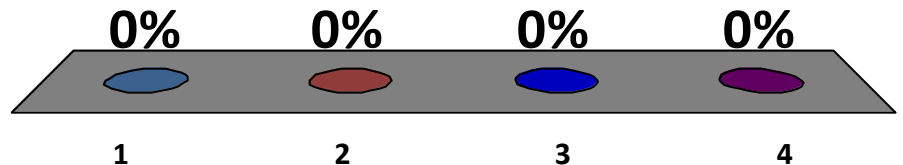


## Newborn hospital discharges with neonatal abstinence syndrome, Sonoma County residents

<b>2000-2011</b>	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011
<b># NAS Diagnosis</b>	42	40	31	29	27	29	31	38	49	55
<b>Rate per 1000 newborn discharges</b>	<b>2.6</b>	<b>2.4</b>	<b>1.8</b>	<b>1.7</b>	<b>1.6</b>	<b>1.7</b>	<b>1.8</b>	<b>2.3</b>	<b>3.0</b>	<b>3.5</b>

# Which substance do you think is most important for MCAH to address in our next 5 year plan?

1. Marijuana use
2. Risky alcohol use
3. Tobacco use
4. Prescription drug



# Mental Health

“Mental health diagnosis per 1,000 hospitalizations, pregnant females 15-44yr”

- Sonoma County rate is higher than the state & is trending upward<sup>1</sup>

“Saw any healthcare provider for emotional/mental and/or a AOD issue”

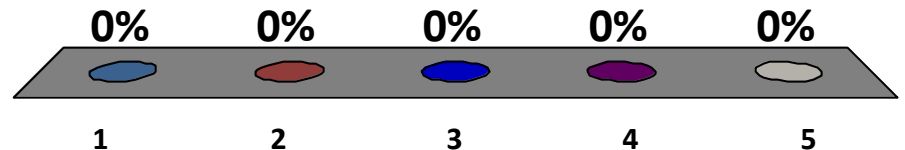
- Sonoma = 17.1% versus California = 12.1%<sup>2</sup>

Source: <sup>1</sup>CA Office of Statewide Health Planning and Development, Patient Discharge Data, 2000-2011;

<sup>2</sup>California Health Interview Survey, 2011-12

On a scale of 1 to 5, do you agree that addressing mood disorders among women of reproductive age will help reduce perinatal substance use?

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree



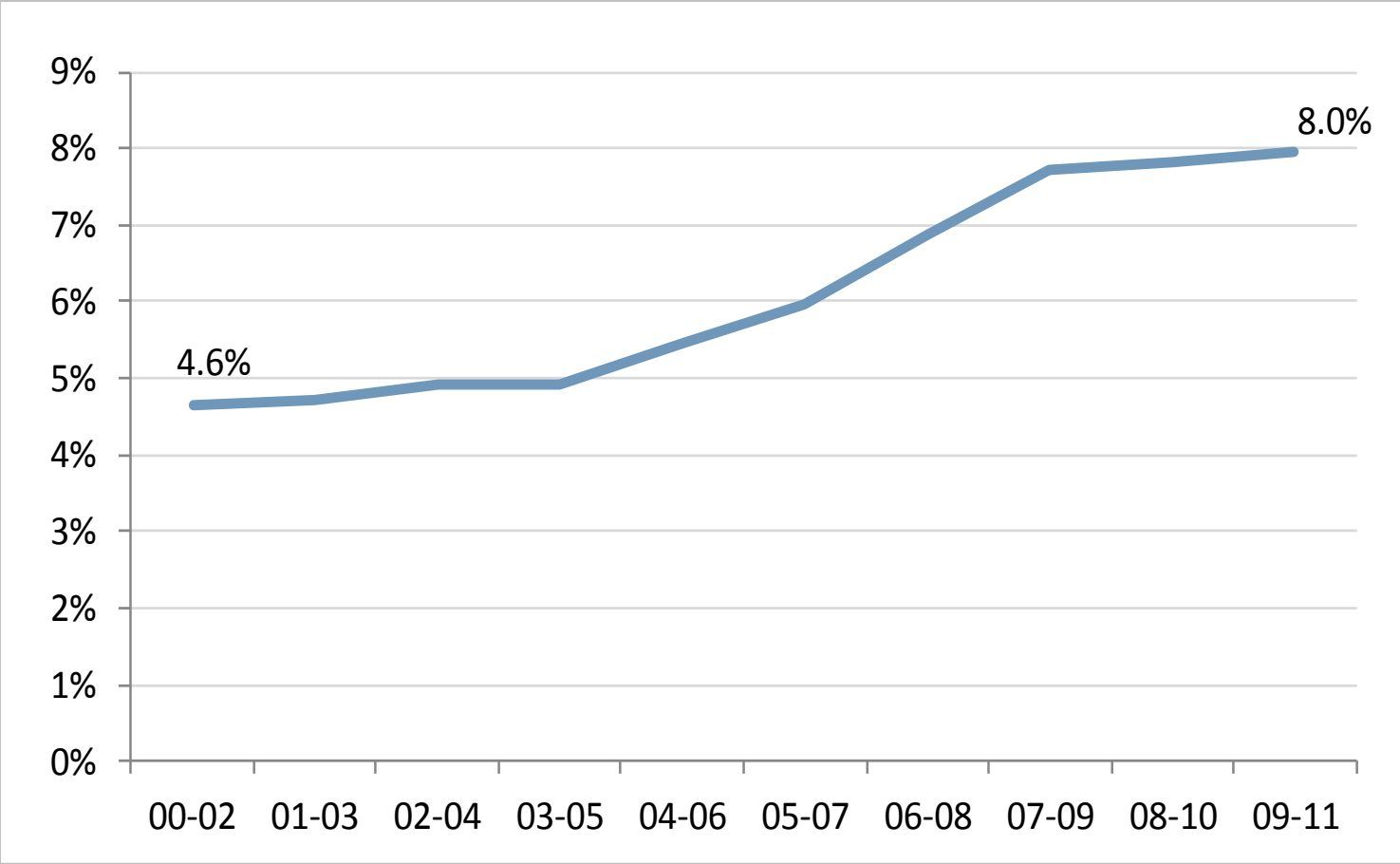
# Overweight & Obesity

Statistically higher than the state or upward trend

- Gestational diabetes per 1,000 pregnant women age 15 to 44 hospitalized at delivery
- Percent of women hospitalized for labor and delivery with a diagnosis of gestational diabetes
- Percent of infants born *Large for Gestational Age*
- Percent of low income children in WIC who were obese ( $\geq$ 95th Percentile)
- Percent students who were obese by 7<sup>th</sup> & 9<sup>th</sup> grade

# Percent of Women Hospitalized for Labor and Delivery with a Diagnosis of Gestational Diabetes

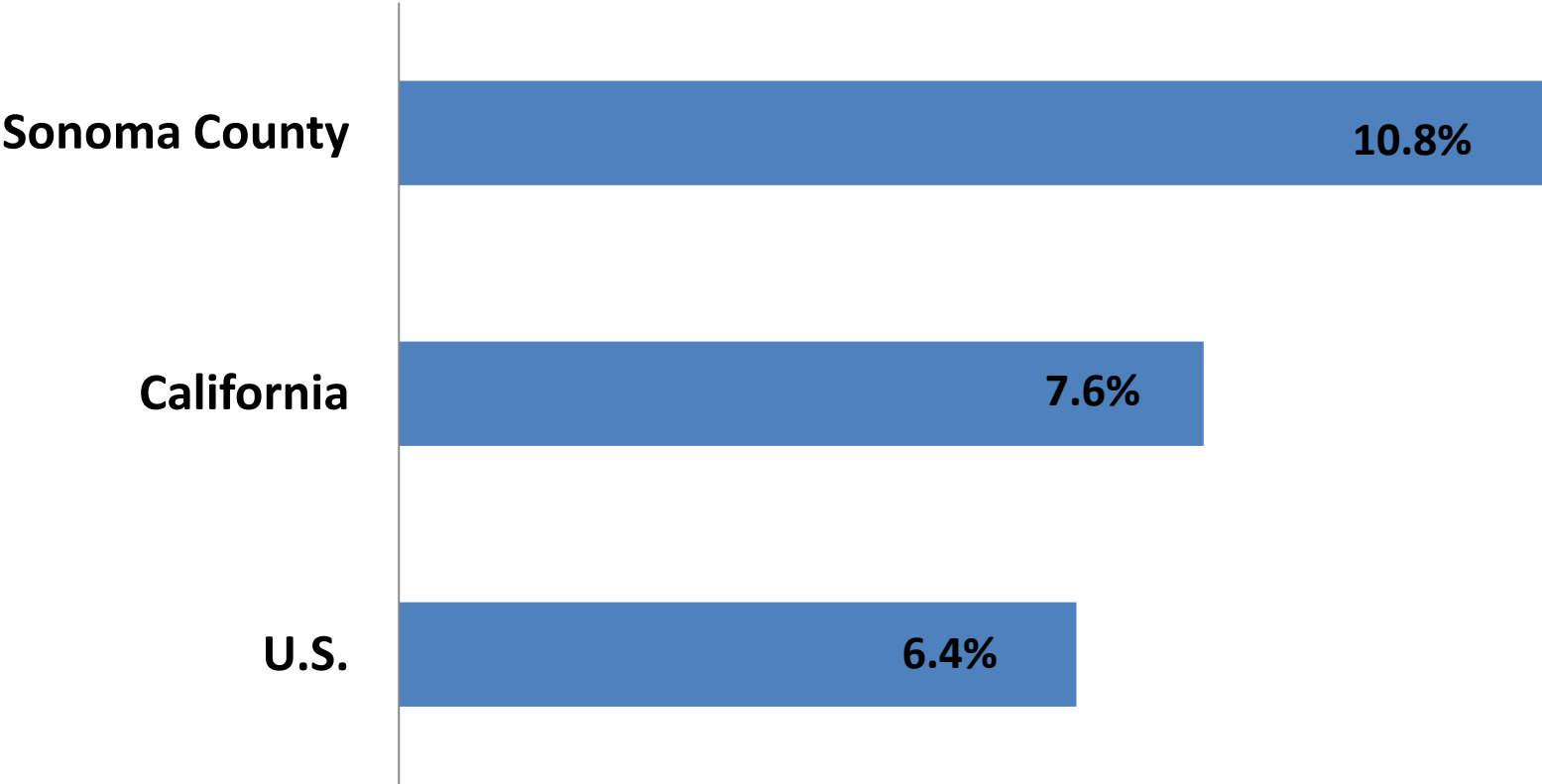
Sonoma County, 2000-2011, 3-year moving average



Source: CA Office of Statewide Health Planning & Development, Patient Discharge Data, 2000-11

# Macrosomia in Sonoma County Exceeds California & U.S. rates

Incidence of Babies Born >4000 grams, 2008

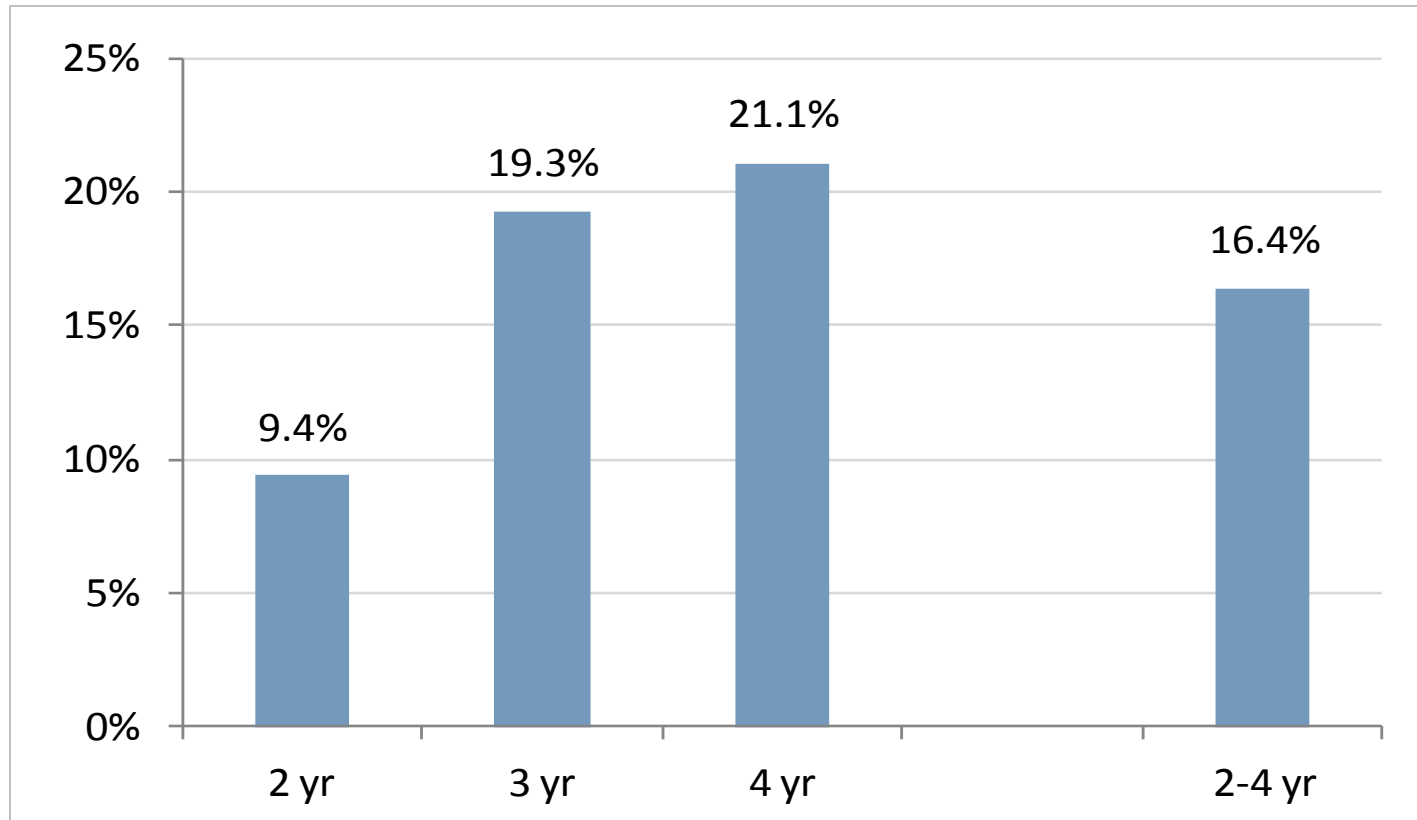


Source: Pediatric Nutrition Surveillance, CDC



# Percent of Low Income Children in WIC Who Were Obese ( $\geq 95$ th Percentile)

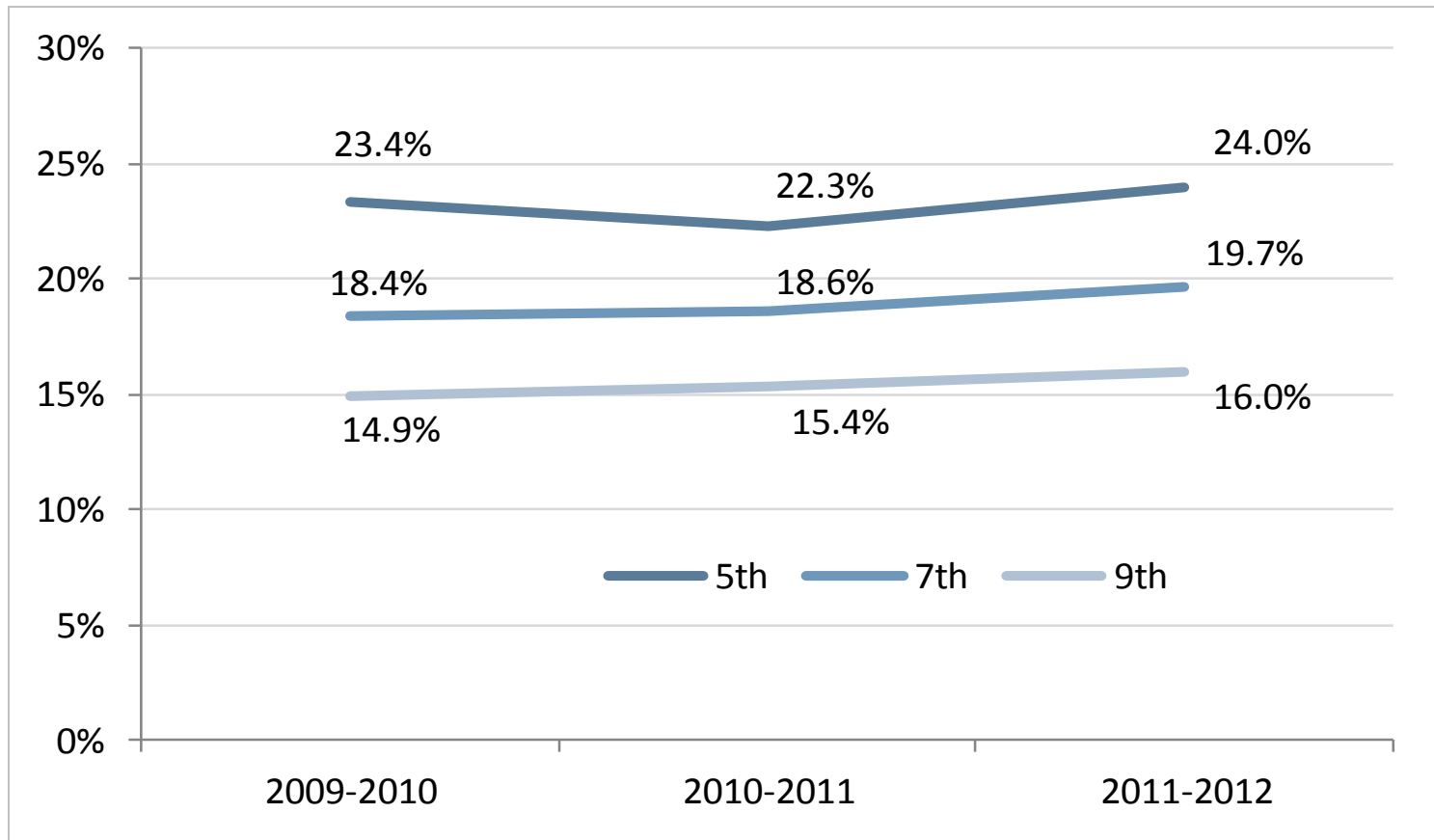
Sonoma County 2012 and 2013



Source: Sonoma County WIC, 2011-2013

# Percent Obese Students ( $\geq$ 95th Percentile)

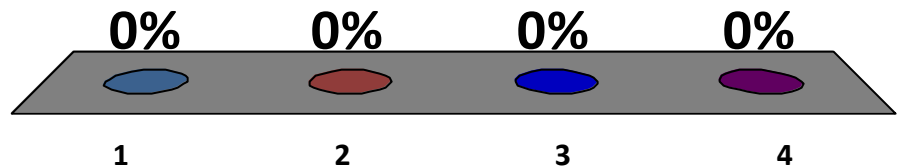
Sonoma County 2009/10 to 2011/12



Source: California Physical Fitness Assessment, 2009-2012

# Where is MCAH able to have the greatest impact reducing overweight and obesity in Sonoma County?

1. encouraging exclusive breastfeeding & healthy infant feeding practices
2. preventing gestational diabetes
3. Promoting healthy eating, physical activity & adequate sleep among children
4. Work on soda tax and other policies




# Adequacy of Prenatal Care

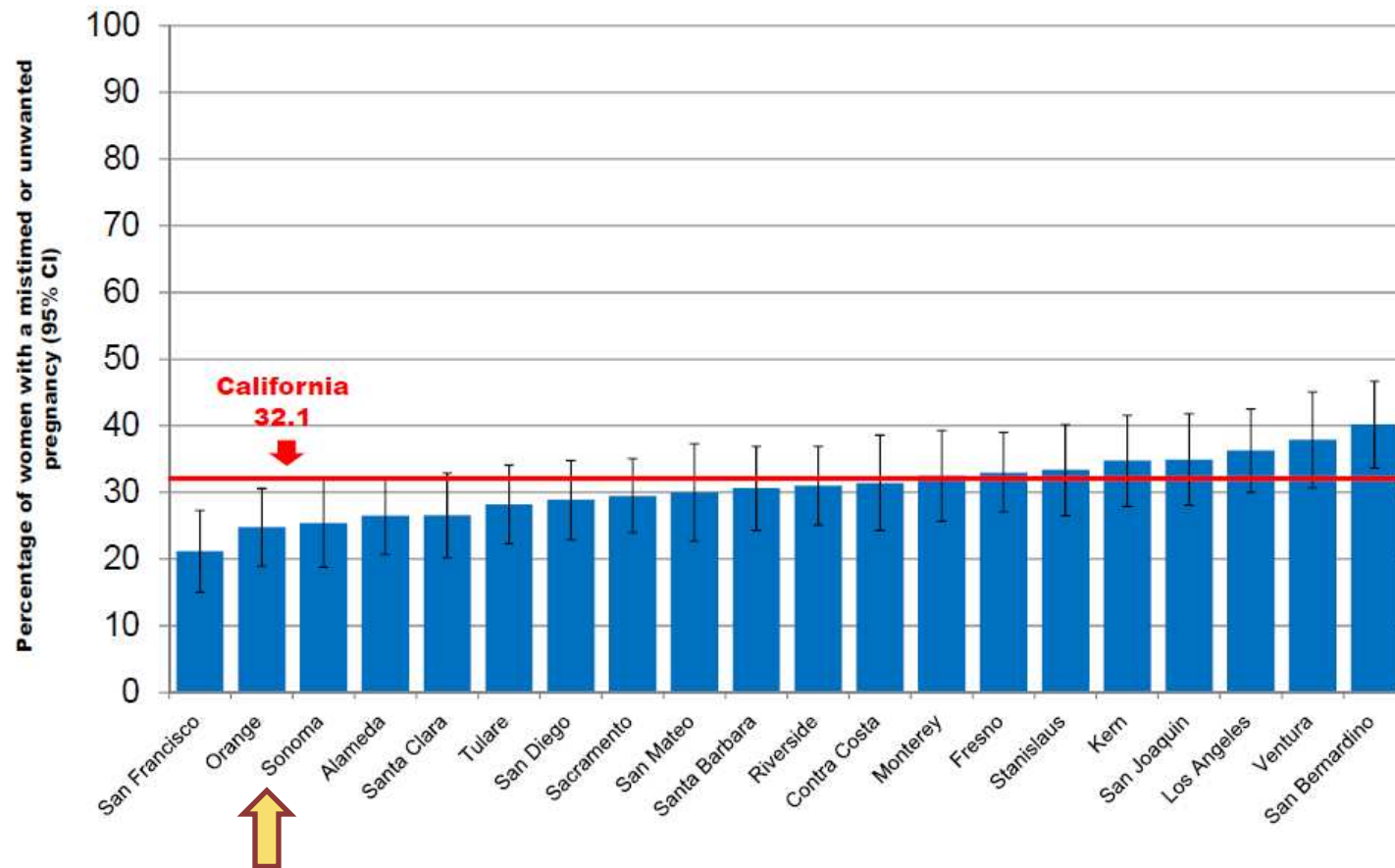
Statistically worse than the state or disparities

- Percent of females who received prenatal care in the first trimester of pregnancy
- Percentage of births that receive late (only 3<sup>rd</sup> trimester) or no prenatal care
- Percent of births with the ratio *of* observed to expected prenatal visits greater than or equal to 80% on the *Kotelchuck Index*
  - Measures early entry and number of prenatal visits

# Mistimed or Unwanted Pregnancy

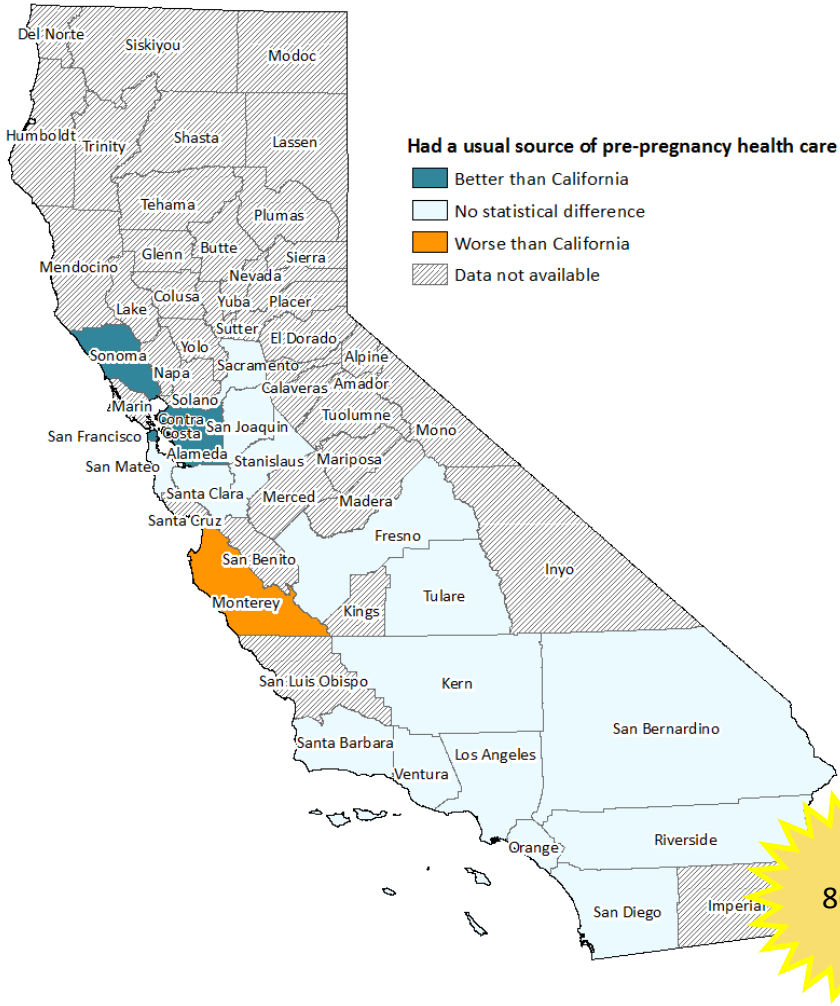
- California 32.1% (CI 30.1 - 34.1)

 Sonoma 25.4% (CI 18.8 – 31.9)

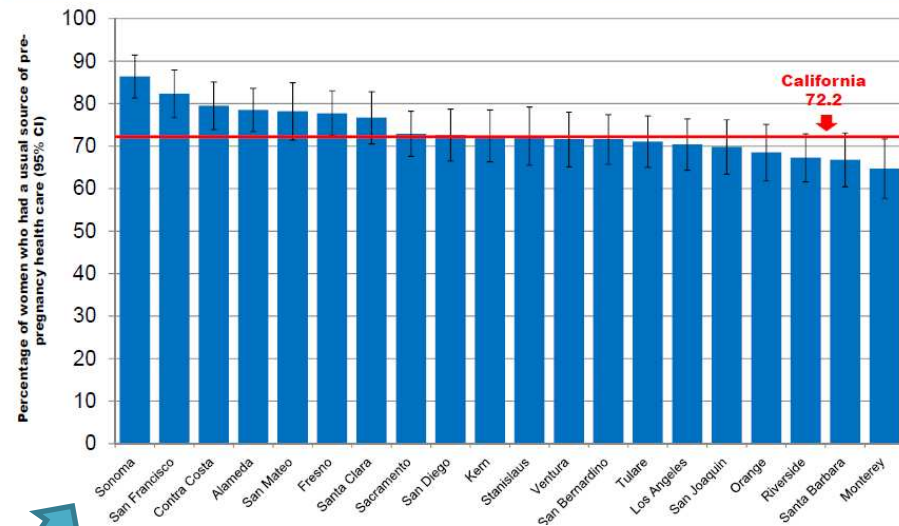


Source: CDPH, MIHA Survey, 2011

# Health Care Utilization & Coverage

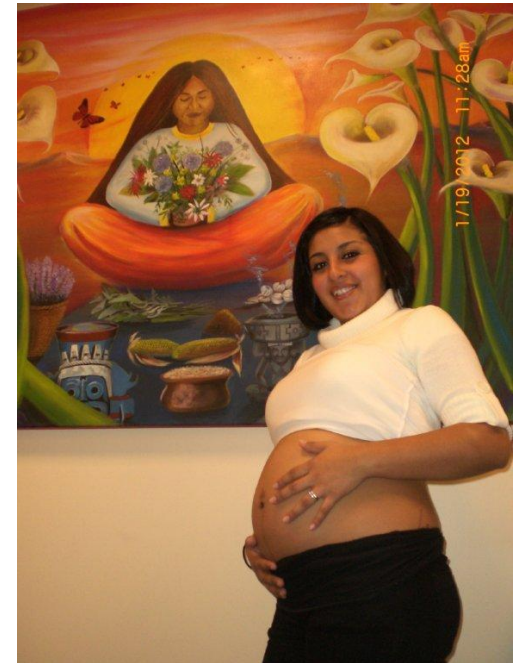


Had a usual source of pre-pregnancy health care, MIHA 2011



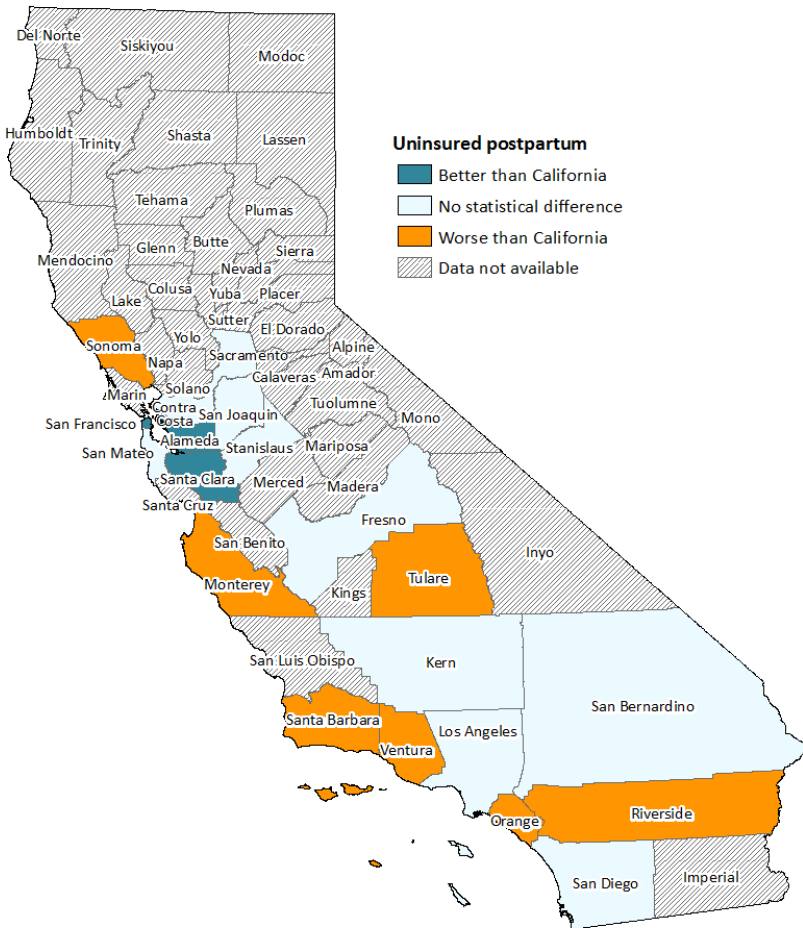
# First Trimester Prenatal Care

Sonoma 94.5% vs. 85.6% for State



# Health Care Utilization & Coverage

Mom is uninsured at the time of the survey (3-4 months postpartum)



## Uninsured postpartum

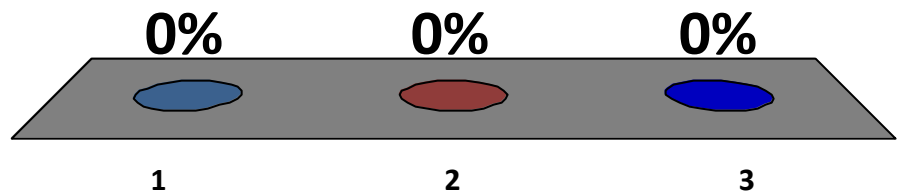
County	Percent	95% CI	Population Estimate of Indicator
California	17.4	15.9 - 18.8	85,000
Alameda	✓ 10.0	6.9 - 13.2	1,900
Contra Costa	✦ 14.0	8.9 - 19.0	1,600
Fresno	✦ 16.5	11.7 - 21.3	2,600
Kern	✦ 16.2	11.2 - 21.3	2,300
Los Angeles	✦ 15.4	11.0 - 19.8	19,500
Monterey	✗ 25.4	19.5 - 31.3	1,700
Orange	✗ 22.8	18.1 - 27.6	8,500
Riverside	✗ 27.7	22.2 - 33.2	8,300
Sacramento	✦ 13.2	9.5 - 16.8	2,600
San Bernardino	✦ 19.5	14.3 - 24.7	5,800
San Diego	✦ 16.9	12.3 - 21.6	7,200
San Francisco	✓ 10.9	6.2 - 15.7	900
San Joaquin	✦ 16.2	11.5 - 21.0	1,600
San Mateo	✦ 14.7	8.7 - 20.7	1,300
Santa Barbara	✗ 22.7	17.2 - 28.1	1,300
Santa Clara	✓ 10.0	6.3 - 13.7	2,300
Sonoma	✗ 24.4	18.2 - 30.6	1,200
Stanislaus	✦ 18.2	13.0 - 23.5	1,400
Tulare	✗ 24.5	18.6 - 30.3	1,900
Ventura	✗ 23.5	17.4 - 29.6	2,400

Source: CDPH, MIHA Survey, 2011



The most important reason women don't receive early prenatal care in Sonoma County is because...

1. They don't know it is important
2. They lack health insurance
3. It is difficult to get an appointment



# Further analysis



- Look closer at entry to prenatal care by zip code, hospital, mother's birth location & work with PHC
- Analyze data from diabetes and pregnancy program
- Key informant interviews with subject matter experts

# Five-Year Action Plan

*Based on our Needs Assessment findings,*  
develop a 5-Year Action Plan to address each  
priority problem

