

Sonoma County Five Year Maternal, Child & Adolescent Health (MCAH) Needs Assessment
Survey of Health Care & Human Service Professionals, March 2009

Reported profession of those completing the MCAH Needs Assessment Professional Survey

	N	%
Total responses	149	100%
Other Health Care Professional (HCP)	44	29.5%
Social worker	25	16.8%
PHN	15	10.1%
Psychologist/MFT	14	9.4%
Health educator	12	8.1%
RN	10	6.7%
Advocate	9	6.0%
MD/DO	7	4.7%
Registered dietician	5	3.4%
Certified nurse midwife	4	2.7%
Nurse practitioner/PA	3	2.0%
Licensed nurse midwife	1	0.7%

A total of 149 people responded to the MCAH Needs Assessment Professional Survey via survey monkey. Sub analyses were conducted by profession and region of work/practice for those categories with responses of 7 or more.

Reported place of work of those completing the MCAH Needs Assessment Professional Survey

<i>Place of work</i>	N	%
Total responses	155	100%
Public Health	29	18.7%
Human Services Agency	26	16.8%
Community Based Organization	25	16.1%
Other	23	14.8%
Clinic	22	14.2%
Private practice	13	8.4%
Hospital	9	5.8%
Youth Development	8	5.2%

Place of work: The highest proportion of respondents work in public health. There were 155 responses for 149 respondents indicated that some individuals selected multiple places of work.

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Reported region of work/practice of those completing the MCAH Needs Assessment Professional Survey

Area work/practice	N	%
Total responses	319	100%
Central	127	39.8%
Northern	46	14.4%
Southern	53	16.6%
West	48	15.0%
East	45	14.1%

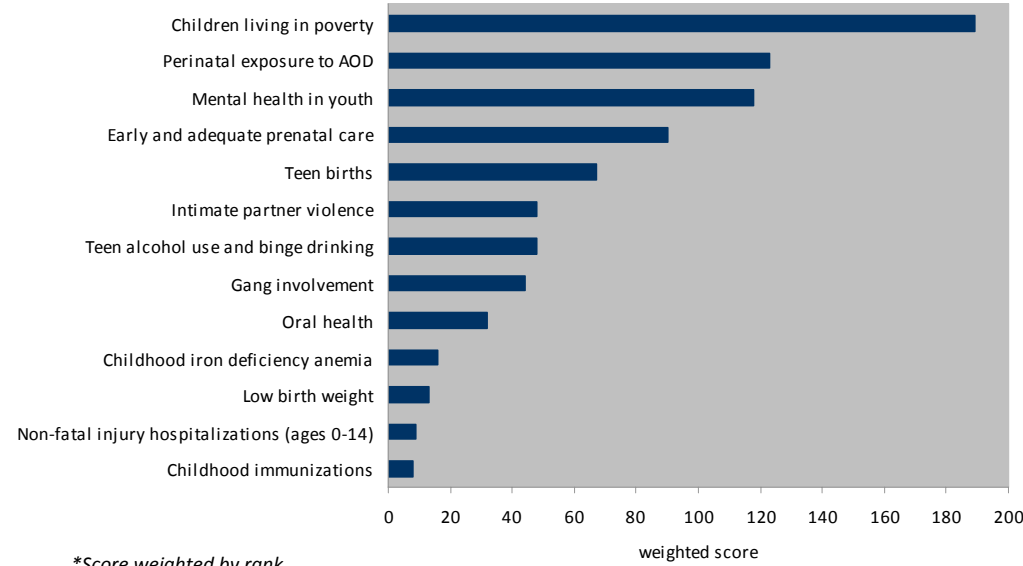
Regionally: There were 319 responses for 149 respondents indicating that many participants work in more than one region of the county.

Reported number of client/family contacts/month of those completing The MCAH Needs Assessment Professional Survey

Client/family contacts per month	N	%
Total responses	148	100%
Supervise staff that provides direct services	24	16.2%
1 to 50	65	43.9%
101 to 500	23	15.5%
51 to 100	22	14.9%
>500	4	2.7%
Do not provide client services	10	6.8%

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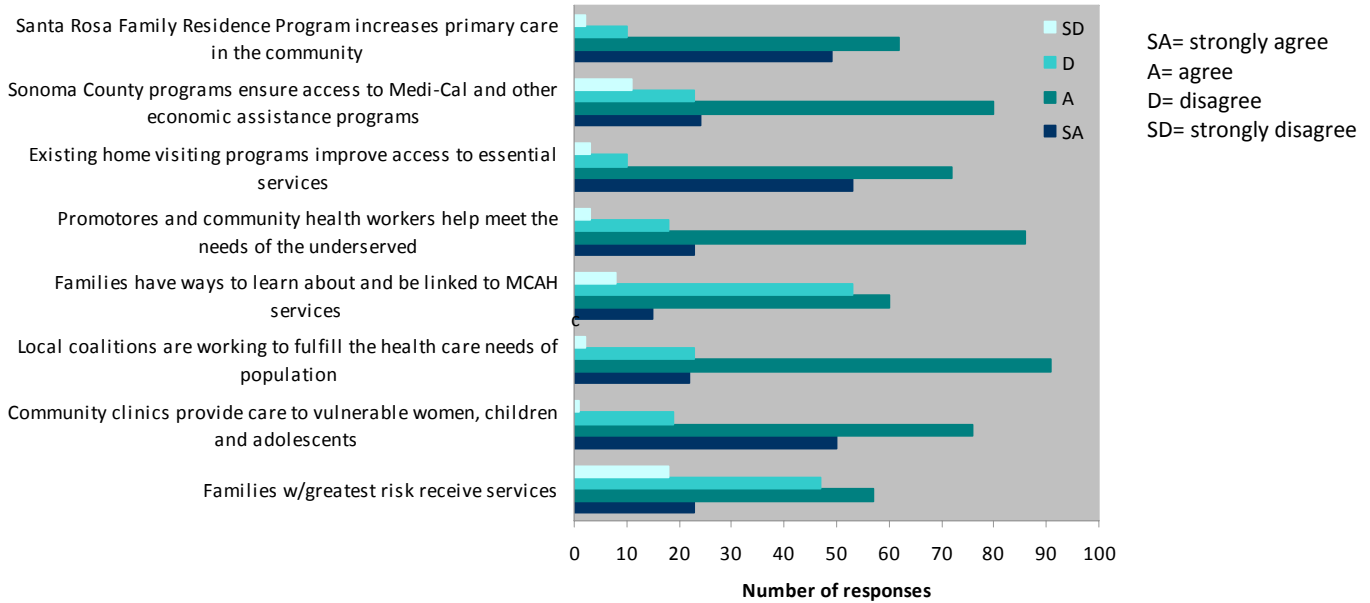
Priority issues by weighted score*, MCAH Needs Assessment Professional Survey



Responses were summed for each issue by rank (highest, second highest, third highest) and weighted to produce a score. (Highest ranked issues were weighted highest and third highest weighted lowest). Children living in poverty received the greatest score of those issues presented.

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Perception of identified strengths of those completing the MCAH Needs Assessment Professional Survey



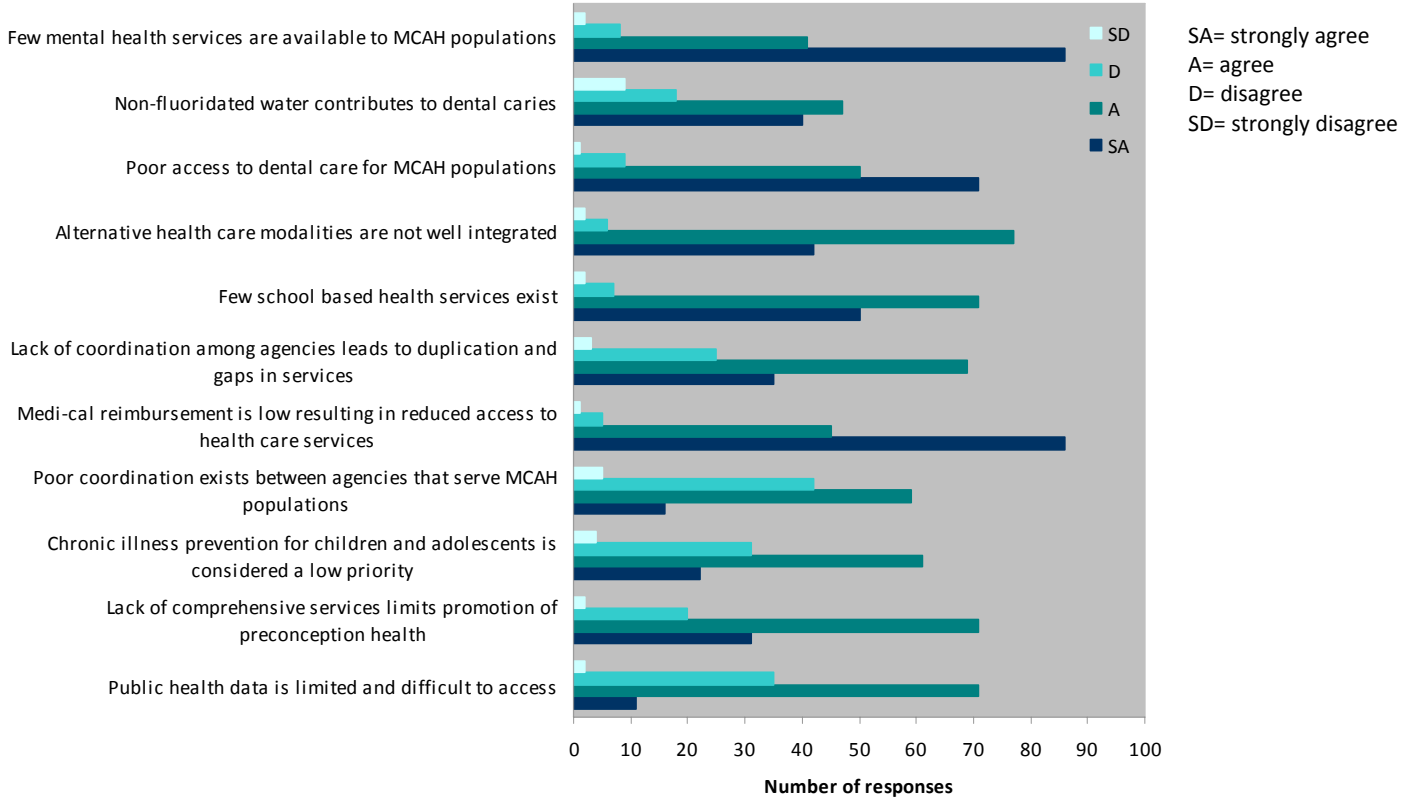
SA= strongly agree
A= agree
D= disagree
SD= strongly disagree

This graphic shows the relative perception of identified strengths. While it is important to know who agrees or disagrees with the information, it is also interesting to see the degree of agreement or disagreement. Most respondents agreed with the above statements but strong agreement (and low disagreement) was seen most for SR Family residency program, home visiting program, and community clinics.

Conversely, there was a high degree of disagreement (even though the majority of respondents agreed) that families have ways to learn about and be linked to MCAH services and families with greatest risk receive services.

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Perception of identified weaknesses of those completing the MCAH Needs Assessment Professional Survey



Again, while most respondents agreed with the above statements, a strong degree of agreement was indicated for few mental health services, poor access to dental care, and low Medi-Cal reimbursement. Issues that received a higher rate of disagreement include statements about poor coordination with agencies that serve MCAH populations, data limitations and access, and chronic illness prevention as a low priority.

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Perception of identified strengths by reported profession, Sonoma County MCAH Needs Assessment 2009

<i>Strengths</i>	Total		Advocate		Health educator		MD/DO		RN		PHN		Social worker		Psychologist		Other_HCP	
	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D
Families w/greatest risk receive services	55%	45%	88%	13%	73%	27%	57%	43%	70%	30%	33%	67%	54%	46%	43%	57%	53%	47%
Community clinics provide care to vulnerable women, children and adolescents	86%	14%	100%	0%	82%	18%	86%	14%	90%	10%	93%	7%	76%	24%	71%	29%	91%	9%
Local coalitions are working to fulfill the health care needs of population	82%	18%	86%	14%	64%	36%	57%	43%	78%	22%	86%	14%	88%	13%	86%	14%	83%	18%
Families have ways to learn about and be linked to MCAH services	55%	45%	86%	14%	60%	40%	20%	80%	70%	30%	57%	43%	54%	46%	54%	46%	43%	58%
Promotors and community health workers help meet the needs of the underserved	84%	16%	71%	29%	100%	0%	67%	33%	90%	10%	80%	20%	100%	0%	86%	14%	75%	25%
Existing home visiting programs improve access to essential services	91%	9%	75%	25%	100%	0%	83%	17%	80%	20%	93%	7%	92%	8%	92%	8%	95%	5%
Sonoma County programs ensure access to Medi-Cal and other economic assistance programs	75%	25%	88%	13%	91%	9%	33%	67%	90%	10%	80%	20%	72%	28%	77%	23%	71%	29%
Santa Rosa Family Residence Program increases primary care in the community	90%	10%	83%	17%	100%	0%	83%	17%	78%	22%	100%	0%	92%	8%	89%	11%	86%	14%

Perception of community strengths was aggregated into strongly agree/agree (SA/A) and strongly disagree/disagree (SD/D) and stratified by profession. Highlighted in yellow are the areas where SA/A and SD/D were similar. Highlighted in blue are areas where SA/A is less than SD/D (professional probably does not think this is a strength for the community).

While existing home visiting programs and SR Family Residency program had a high rate of overall agreement, agreement rates varied by profession.

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Perception of identified strengths by region of work/practice, Sonoma County MCAH Needs Assessment 2009

Strengths	Total		Central		North		South		East		West	
	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D
Families w/greatest risk receive services	55%	45%	57%	43%	60%	40%	62%	38%	66%	34%	62%	38%
Community clinics provide care to vulnerable women, children and adolescents	86%	14%	85%	15%	85%	15%	85%	15%	84%	16%	85%	15%
Local coalitions are working to fulfill the health care needs of population	82%	18%	82%	18%	80%	20%	81%	19%	81%	19%	85%	15%
Families have ways to learn about and be linked to MCAH services	55%	45%	54%	46%	50%	50%	53%	47%	57%	43%	59%	41%
Promotores and community health workers help meet the needs of the underserved	84%	16%	85%	15%	85%	15%	88%	12%	87%	13%	85%	15%
Existing home visiting programs improve access to essential services	91%	9%	90%	10%	98%	2%	94%	6%	98%	2%	98%	2%
Sonoma County programs ensure access to Medi-Cal and other economic assistance programs	75%	25%	77%	23%	78%	22%	74%	26%	76%	24%	72%	28%
Santa Rosa Family Residence Program increases primary care in the community	90%	10%	89%	11%	95%	5%	98%	2%	98%	3%	98%	2%

In general, there was less of a discrepancy about community strengths by region where professional works/practices than by profession. Still, the strengths “families with greatest risk receive services” and “families have a way to learn about and be linked to services” received a relatively similar proportion of agrees to disagrees. Existing home visiting programs and SR Family residency strengths had a high degree of agreement across all regions.

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Perception of identified weaknesses by reported profession, Sonoma County MCAH Needs Assessment 2009

Weaknesses	Total		Advocate		Health educator		MD/DO		RN		PHN		Social worker		Psychologist		Other_HCP	
	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D
Public health data is limited and difficult to access	69%	31%	86%	14%	60%	40%	67%	33%	71%	29%	53%	47%	62%	38%	88%	13%	79%	21%
Lack of comprehensive services limits promotion of preconception health	82%	18%	86%	14%	63%	38%	100%	0%	80%	20%	80%	20%	79%	21%	63%	38%	92%	8%
Chronic illness prevention for children and adolescents is considered a low priority	70%	30%	71%	29%	73%	27%	83%	17%	75%	25%	87%	13%	52%	48%	89%	11%	76%	24%
Poor coordination exists between agencies that serve MCAH populations	61%	39%	43%	57%	63%	38%	67%	33%	56%	44%	64%	36%	70%	30%	67%	33%	64%	36%
Medi-cal reimbursement is low resulting in reduced access to health care services	96%	4%	88%	13%	100%	0%	100%	0%	90%	10%	100%	0%	96%	4%	91%	9%	95%	5%
Lack of coordination among agencies leads to duplication and gaps in services	79%	21%	71%	29%	73%	27%	100%	0%	56%	44%	93%	7%	84%	16%	80%	20%	77%	23%
Few school based health services exist	93%	7%	71%	29%	100%	0%	100%	0%	90%	10%	93%	7%	96%	4%	67%	33%	100%	0%
Alternative health care modalities are not well integrated	94%	6%	71%	29%	100%	0%	100%	0%	78%	22%	100%	0%	95%	5%	91%	9%	95%	5%
Poor access to dental care for MCAH populations	92%	8%	100%	0%	100%	0%	100%	0%	89%	11%	87%	13%	100%	0%	89%	11%	85%	15%
Non-fluoridated water contributes to dental caries	76%	24%	100%	0%	78%	22%	100%	0%	50%	50%	86%	14%	79%	21%	75%	25%	74%	26%
Few mental health services are available to MCAH populations	93%	7%	88%	13%	100%	0%	100%	0%	89%	11%	92%	8%	96%	4%	92%	8%	92%	8%

In general, there was a consensus of agreement about identified weaknesses in the community. Nurses (RN and PHN) were more likely to disagree about issues identified as community weaknesses, possibly because they work in public health and are more aware of service/resource availability. Reimbursement rates for Medi-Cal received the highest rate of agreement for all possible community weaknesses. The lowest rates of agreement were for poor coordination between agencies that serve MCAH populations.

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Perception of identified weaknesses by region of work/practice, Sonoma County MCAH Needs Assessment 2009

Weaknesses	Total		Central		North		South		East		West	
	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D	SA/A	SD/D
Public health data is limited and difficult to access	69%	31%	70%	30%	72%	28%	68%	32%	74%	26%	62%	38%
Lack of comprehensive services limits promotion of preconception health	82%	18%	84%	16%	79%	21%	78%	22%	77%	23%	74%	26%
Chronic illness prevention for children and adolescents is considered a low priority	70%	30%	74%	26%	76%	24%	68%	32%	66%	34%	67%	33%
Poor coordination exists between agencies that serve MCAH populations	61%	39%	62%	38%	66%	34%	61%	39%	62%	38%	62%	38%
Medi-cal reimbursement is low resulting in reduced access to health care services	96%	4%	96%	4%	95%	5%	96%	4%	95%	5%	91%	9%
Lack of coordination among agencies leads to duplication and gaps in services	79%	21%	77%	23%	83%	17%	71%	29%	73%	27%	80%	20%
Few school based health services exist	93%	7%	92%	8%	95%	5%	94%	6%	95%	5%	93%	7%
Alternative health care modalities are not well integrated	94%	6%	92%	8%	95%	5%	93%	7%	95%	5%	93%	7%
Poor access to dental care for MCAH populations	92%	8%	92%	8%	93%	7%	94%	6%	90%	10%	93%	7%
Non-fluoridated water contributes to dental caries	76%	24%	73%	27%	75%	25%	72%	28%	68%	32%	71%	29%
Few mental health services are available to MCAH populations	93%	7%	93%	7%	98%	2%	92%	8%	95%	5%	93%	7%

Across regions in the county, there was a consensus of agreement about identified weaknesses in the county. In every region, Medi-Cal reimbursement received > 90% agreement rate. The lowest rates of agreement were for poor coordination between agencies that serve MCAH populations.

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Top three priority issues by rank and reported profession, Sonoma County MCAH Needs Assessment 2009

Priority Issues	Total	Advocate	Health educator	MD/Do	RN	PHN	Social worker	Psychologist	Other_HCP
Early and adequate prenatal care		2	3		3	3			
Perinatal exposure to AOD	2	3		2	1	1	3		2
Low birth weight				2					
Children living in poverty	1	1	1	1	2	2	1	3	1
Mental health in youth	3		2	1			3	1	2
Teen births				2			2		
Teen alcohol use and binge drinking				2					
Other								2	

In general, *children living in poverty* was the leading priority indicated by professionals. This problem was among the top three for all professionals who responded to the survey. Perinatal exposure to AOD and mental health in youth were also leading issues for the majority of respondents.

Top three priority issues by rank and region of work/practice, Sonoma County MCAH Needs Assessment 2009

Priority Issues	Total	Central	North	South	East	West
Early and adequate prenatal care			3	2		
Intimate partner violence						
Perinatal exposure to AOD	2	2	2	2	3	3
Children living in poverty	1	1	1	1	1	1
Mental health in youth	3	3	3	2	2	2
Teen births					3	

By region, the leading priority was overwhelmingly children living in poverty followed by perinatal exposure to AOD and mental health in youth.