
- Needs Assessment Due: June 2014
- 5-Year Action Plan Due: May 2015
- Implementation: 2015-2020
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.
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

Identify Intervention Strategies

Recruit Stakeholder Input

Review Data & Analyzing Findings

Prioritize Health Problems

Identify Capacity Needs

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

- Sonoma: 668 = 27.3%
- Cloverdale/Geyserville: 40 = 3.7%
- Santa Rosa: 2533 = 19.6%
- Petaluma: 1150 = 16.6%
- Russian River/Coast: 120 = 14.1%
- Sebastopol: 81 = 10.1%
- Healdsburg: 190 = 8%

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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

[Rating scale: 1-5, 0% for each option]
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 9th & 11th graders
Percentage of Women Who Smoked Tobacco during 1\textsuperscript{st} or 3\textsuperscript{rd} 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=6,053 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\textsuperscript{st} or 3\textsuperscript{rd} 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)

Source: CDPH, MIHA Survey, 2010 & 2011
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

Source: CA Office of Statewide Health Planning and Development, Patient Discharge Data, 2000-2011
# Newborn hospital discharges with neonatal abstinence syndrome, Sonoma County residents

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<tbody>
<tr>
<td># NAS Diagnosis</td>
<td>42</td>
<td>40</td>
<td>31</td>
<td>29</td>
<td>27</td>
<td>29</td>
<td>31</td>
<td>38</td>
<td>49</td>
<td>55</td>
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<tr>
<td>Rate per 1000 newborn discharges</td>
<td>2.6</td>
<td>2.4</td>
<td>1.8</td>
<td>1.7</td>
<td>1.6</td>
<td>1.7</td>
<td>1.8</td>
<td>2.3</td>
<td>3.0</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Source: CA Office of Statewide Health Planning and Development, Patient Discharge Data, 2000-2011
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 upward¹

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

• Sonoma = 17.1% versus California = 12.1%²

Source: ¹CA Office of Statewide Health Planning and Development, Patient Discharge Data, 2000-2011; ²California 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 (>95th Percentile)
- Percent students who were obese by 7th & 9th 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

Sonoma County: 10.8%
California: 7.6%
U.S.: 6.4%

Source: Pediatric Nutrition Surveillance, CDC
Percent of Low Income Children in WIC Who Were Obese (≥95th Percentile)

Sonoma County 2012 and 2013

<table>
<thead>
<tr>
<th>Age</th>
<th>Obese (%)</th>
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<tbody>
<tr>
<td>2 yr</td>
<td>9.4%</td>
</tr>
<tr>
<td>3 yr</td>
<td>19.3%</td>
</tr>
<tr>
<td>4 yr</td>
<td>21.1%</td>
</tr>
<tr>
<td>2-4 yr</td>
<td>16.4%</td>
</tr>
</tbody>
</table>

Source: Sonoma County WIC, 2011-2013
Percent Obese Students (≥ 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\textsuperscript{rd} 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 \textit{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

86.4%
First Trimester Prenatal Care

Sonoma 94.5% vs. 85.6% for State

Source: CDPH, MIHA Survey, 2011
Health Care Utilization & Coverage

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

Uninsured postpartum

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

- **Needs Assessment Due**
  - June 2014

- **5-Year Action Plan Due**
  - May 2015

- **Implementation**
  - 2015-2020