Maternal, Paternal, Child, & Adolescent Health (MPCAH)

Alameda County Title V Local MPCAH Needs Assessment

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Agenda

- Introduction to the Title V Needs Assessment & Purpose
- Needs Assessment Process Overview
  - Partners and collaboratives engaged
  - Data collection and analysis
- MPCAH Needs Assessment Findings
  - Prominent themes, recommendations, and priorities
  - Reflections from community health survey
- Next Steps & Action Planning

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Purpose & Context

Purpose

- Title V legislation directs Local Health Jurisdictions (LHJs) to conduct a Needs Assessment for:
  - Pregnant women
  - Mothers
  - Infants & Children
  - Adolescents
  - CYSHCN
  - Fathers (included in Alameda County)
- Highly collaborative process with partner agencies, committees, community-based organizations, program clients, and residents
- Priority needs inform the State's 5-Year Action Plan and our Local MPCAH Scope Of Work

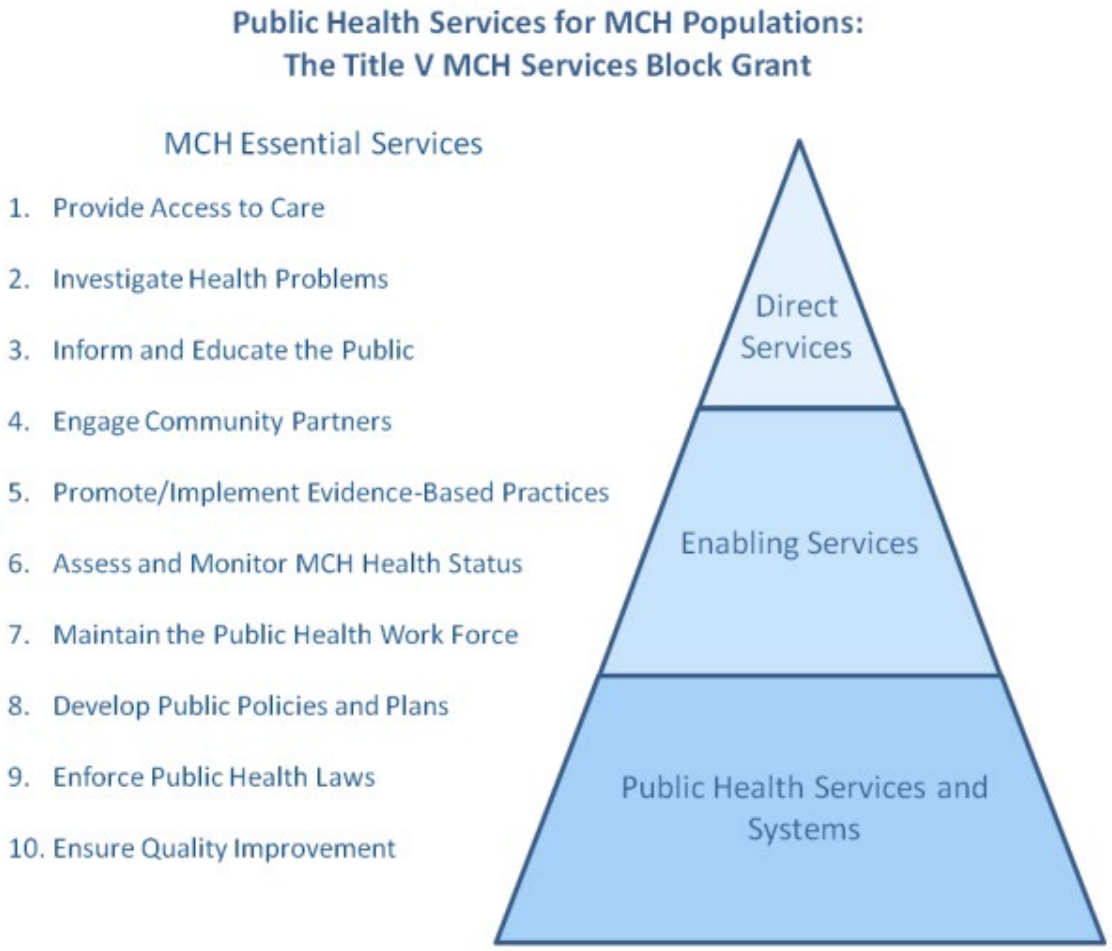

Figure 1, HRSA, Title V Maternal and Child Health Services Block Grant

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The MPCAH Needs Assessment is grounded in our purpose, values, and guiding principles…

Promoting and supporting client-centered decisions and goals for health which include positive pregnancy outcomes, thriving births, families, and communities

Maternal and infant mortality disparities drive interventions, programs and our collective work, specifically in the Black community and other populations such as parents of medically fragile and first-time mothers.

Relationship Based

Trauma Informed

Race & Equity Focused

Life Course Perspective

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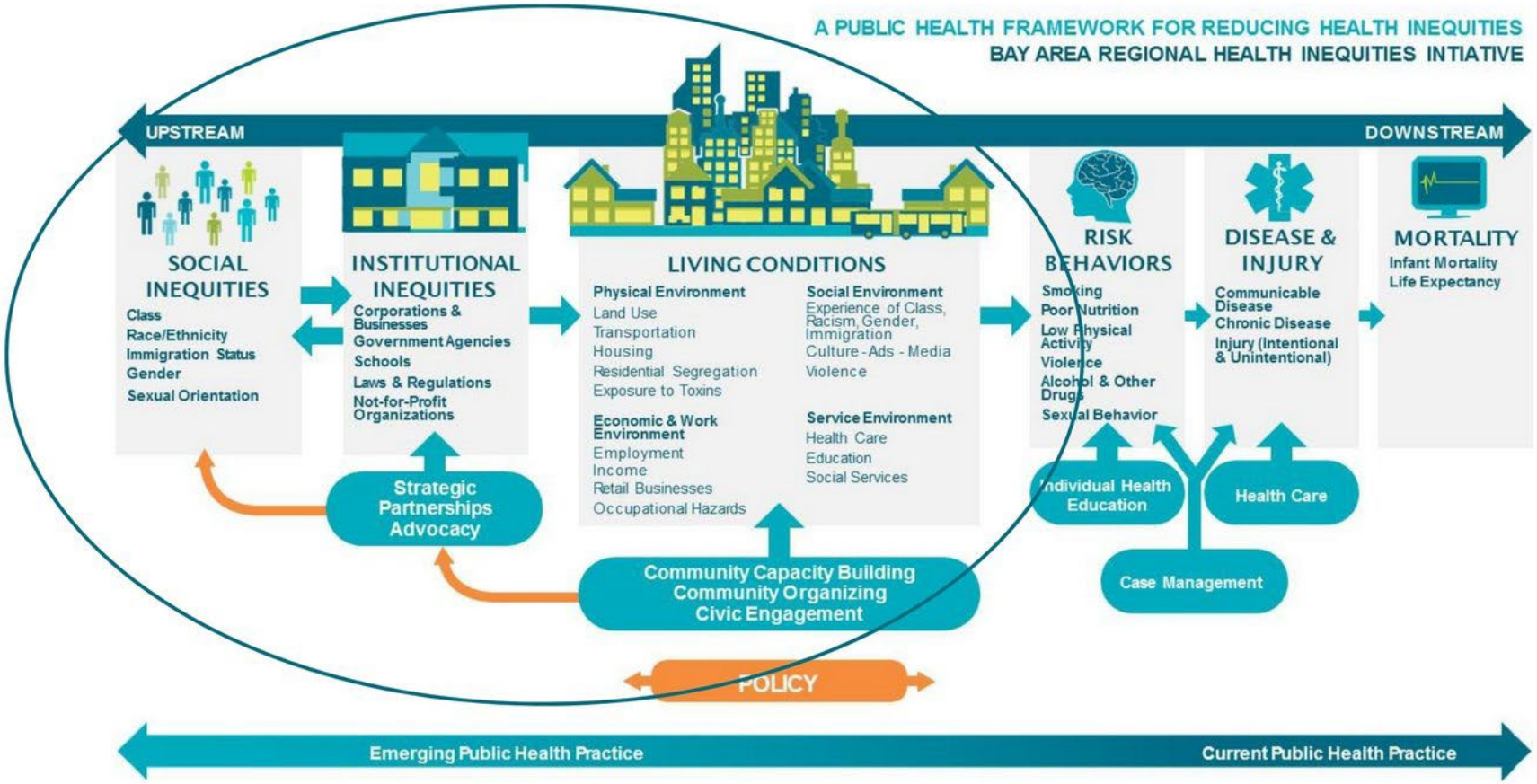
Bay Area Regional Health Inequities Initiative (BARHII) Framework



Source: Bay Area Regional Health Inequities Initiative

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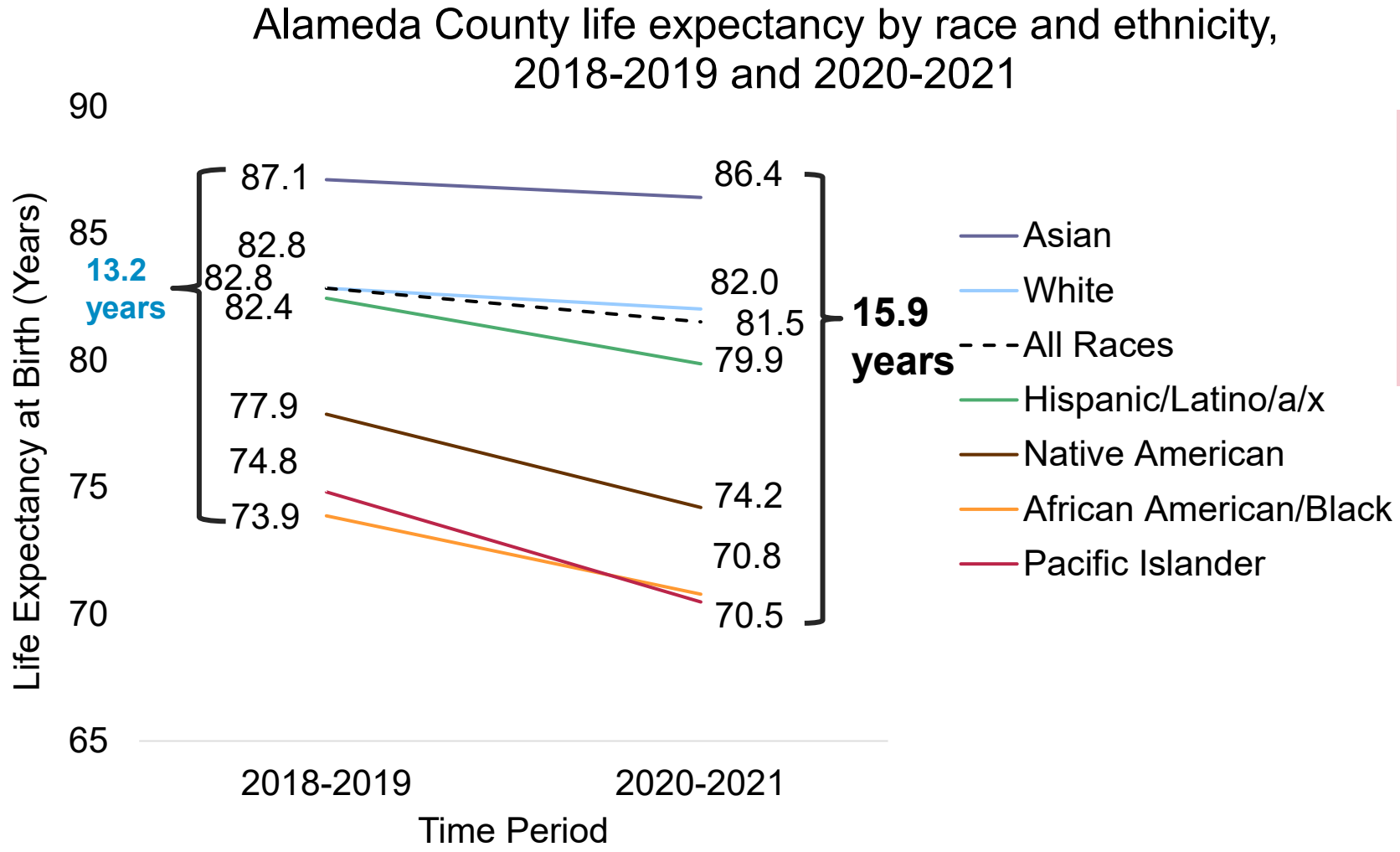
Already large racial and ethnic disparities in life expectancy in Alameda County grew worse in 2020-2021



The already-large gap in life expectancy by race and ethnicity grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021

Source: MPCAH Indicator Slide Deck, Indira D'Souza

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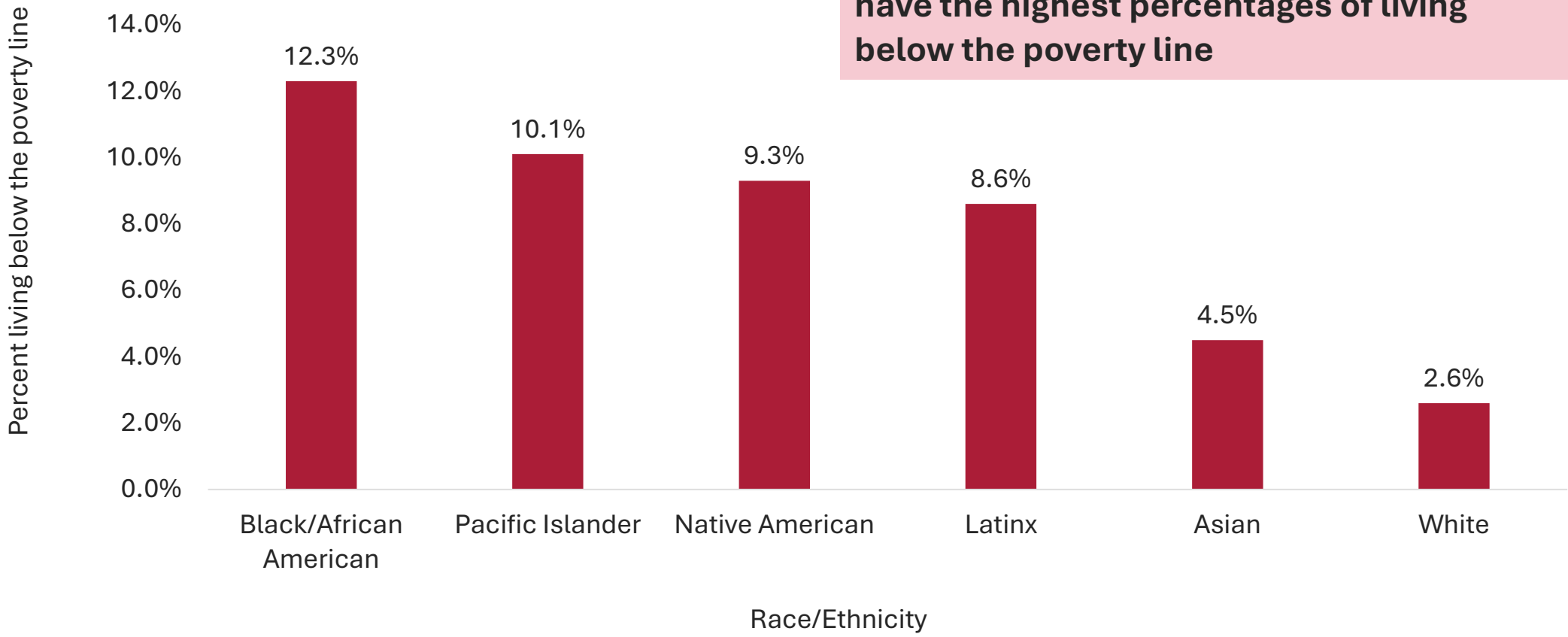
Households Living Below Poverty Line by Race/Ethnicity, Alameda County, 2019

In Alameda County, Black/African American and Pacific Islander households have the highest percentages of living below the poverty line



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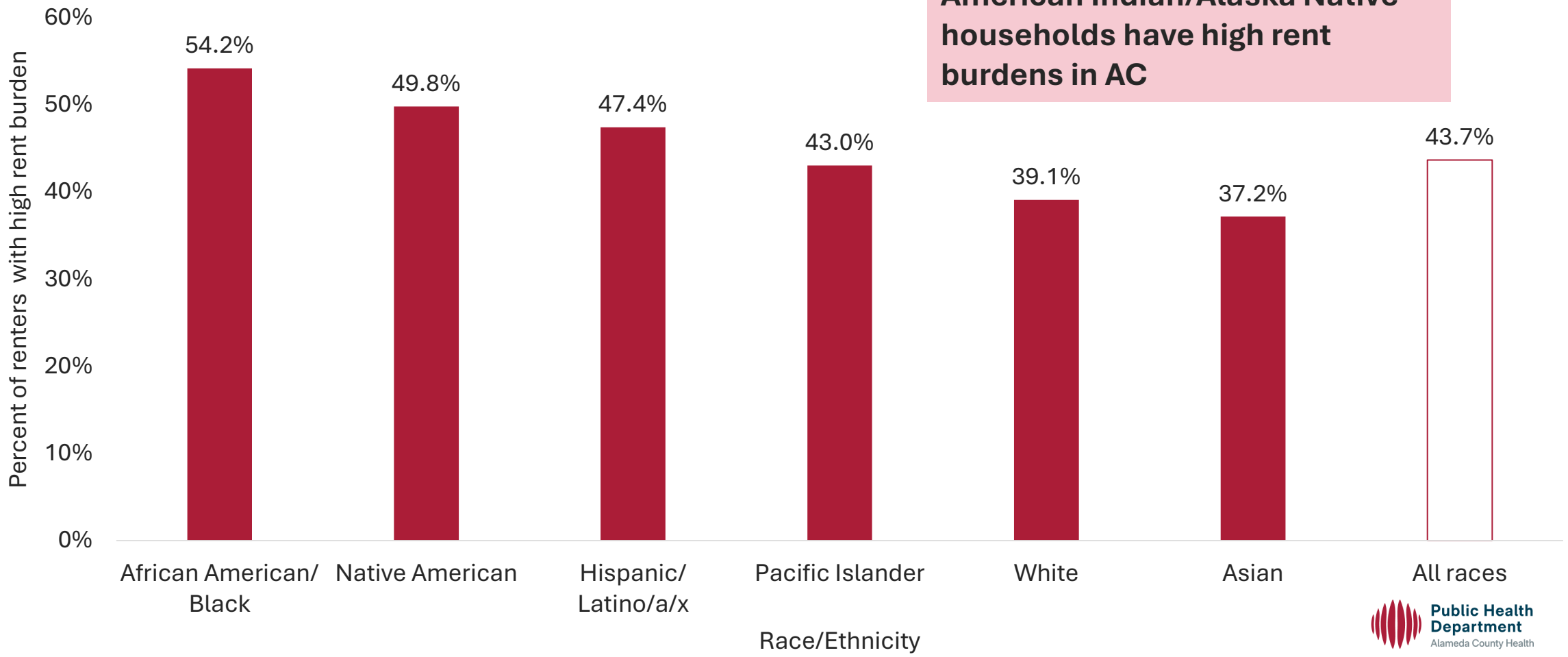
Source: Community Health Needs Assessment 2022-2025 (acphd-web-media.s3-us-west-2.amazonaws.com)

High Rent Burden by Race/Ethnicity, 2017-2021

Households are considered cost burdened when they spend more than 30% of their income on rent, mortgage and other housing needs. (US Department of Housing and Urban Development)

Black/African American and American Indian/Alaska Native households have high rent burdens in AC



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Source: American Community Survey 5-Year Files, Alameda County

Having A Child in Alameda County

Median Household Income
$121,913

Annual Household Expenses
$121,703

Average Childcare Costs
$16,000-$20,000

Families Living in Poverty
13,743

Black/African American and Hispanic/Latino/a/x/e families bear a **disproportionate amount of poverty** due to **structural racism**

https://unitedwaysca.org/wp-content/uploads/2023/05/alameda_county.pdf,
https://www.healthyalamedacounty.org/indicators/index/view?indicatorId=2107&localeId=238
https://calbudgetcenter.org/resources/paid-family-leave-program-is-out-of-reach-for-many-californians/
Federal Poverty (FPL) Guidelines: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Federal_Poverty_Guideline_Chart.aspx
Source: MPCAH Indicator Slide Deck, Indira D'Souza

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Process

MPCAH Needs Assessment

Health Indicators

Compile and understand key county wide MPCAH health indicators in the context of racial inequities and social determinants of health. Look at county data in comparison to state wide averages to initiate further discussion and assessment.

Community Engagement

Collaborate with local agencies, community based organizations, residents, clients, advocates, and subject matter experts to gather information, learn about issues, and share reccommendations by population domain.

Learn Through Listening

The Needs Assessment includes information from multiple group meetings/collaboratives, client surveys, and focus groups to better understand what matters most to the MPCAH population and identify their most pressing needs.

Needs Prioritization

Once information is gathered from various sources using multiple mediums, data is quantified and summarized to develop key themes and prioritize top three needs of each MPCAH domain/population type.

Share Findings

The top three issues per population domain are identified and communicated to CDPH to inform the action plan and scope of work. Loop back with community and stakeholders to share results and plan next steps.

Engaging Partners Strategically To Best Identify Needs Of Target Populations

Women/Maternal Health	Perinatal/Infant Health	Child Health	Adolescent Health	CYSHCN	Men/Paternal Health
• Perinatal Equity Initiative Steering Committee • Pre-5 Collaborative • MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee • Pediatric Leads, CHCN	• Perinatal Equity Initiative Steering Committee • Pre-5 Collaborative • MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee • Pediatric Leads, CHCN	• Pre-5 Collaborative • MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee • CMS Ops	• Pre-5 Collaborative • MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee • CMS Ops	• Pre-5 Collaborative • MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee • CMS Ops • Pediatric Leads, CHCN • Special Needs Committee	• MPCAH Staff • Starting Out Strong Steering Committee • Family Advisory Committee

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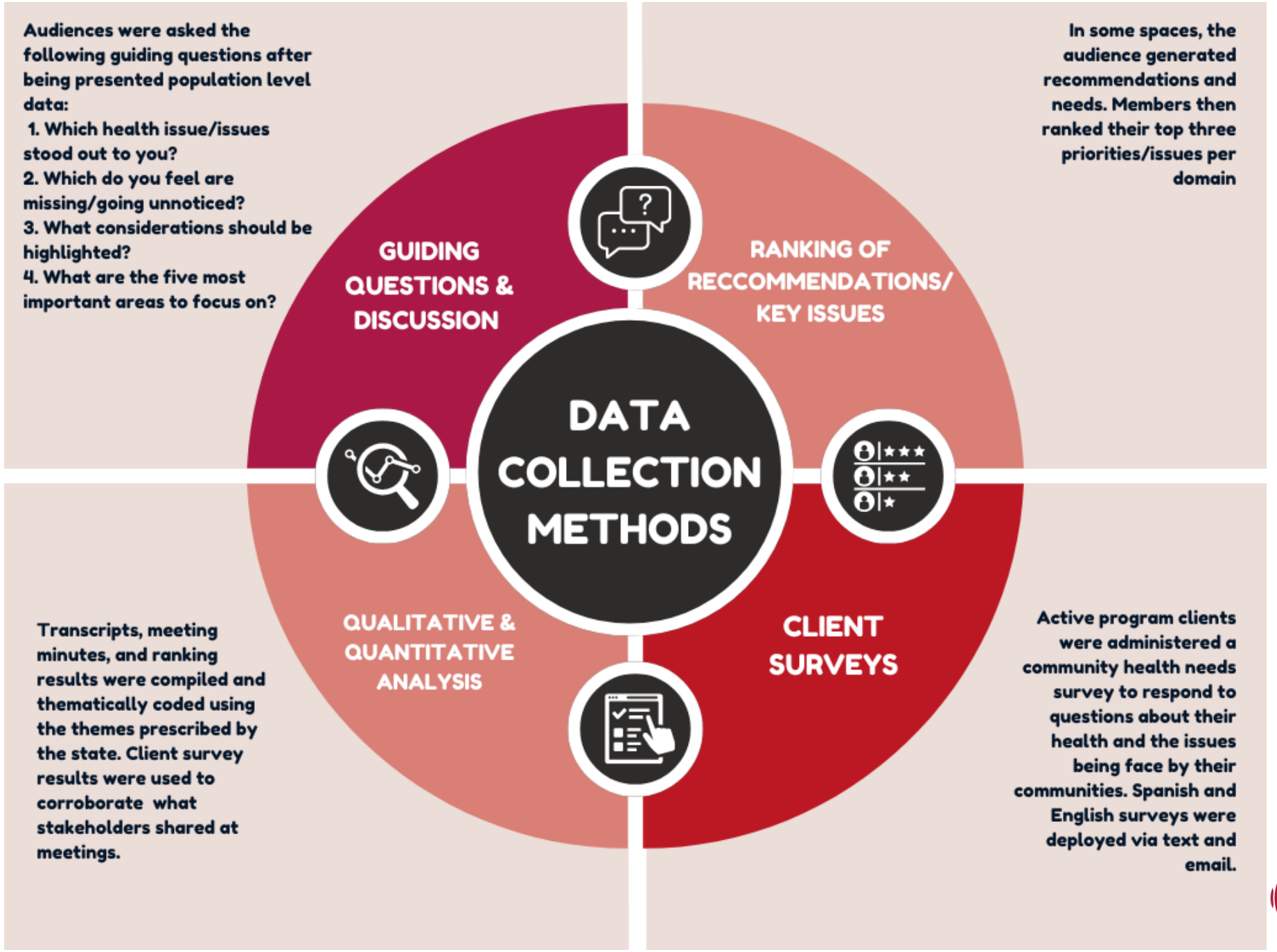

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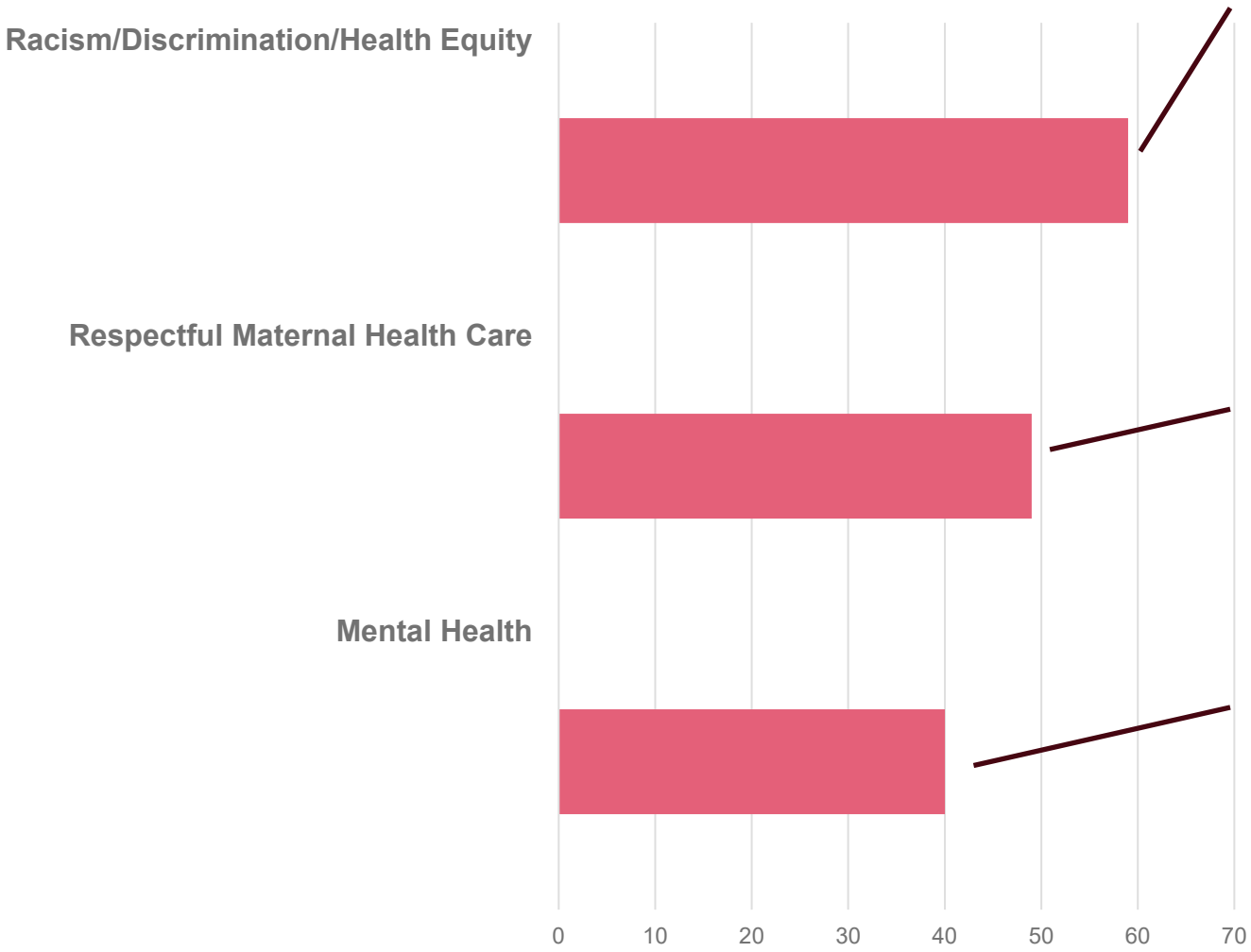
Results & Findings

Top 3 Priorities: Women/Maternal Health



"Racism in maternal care, prenatal care impact birth outcomes due to subpar care"

"Providers need to be held accountable for racist treatment and care in the healthcare system."

"Relationships w/provider is key, many do not have empathy or are dismissive or blaming"

"Educate providers in their training about sympathy/empathy to low/income women"

"Expand / Diversify mental health workforce to address need"

"Build structures for creating connections to other parents to reduce feelings of isolation"

Frequency of statements aligned with theme

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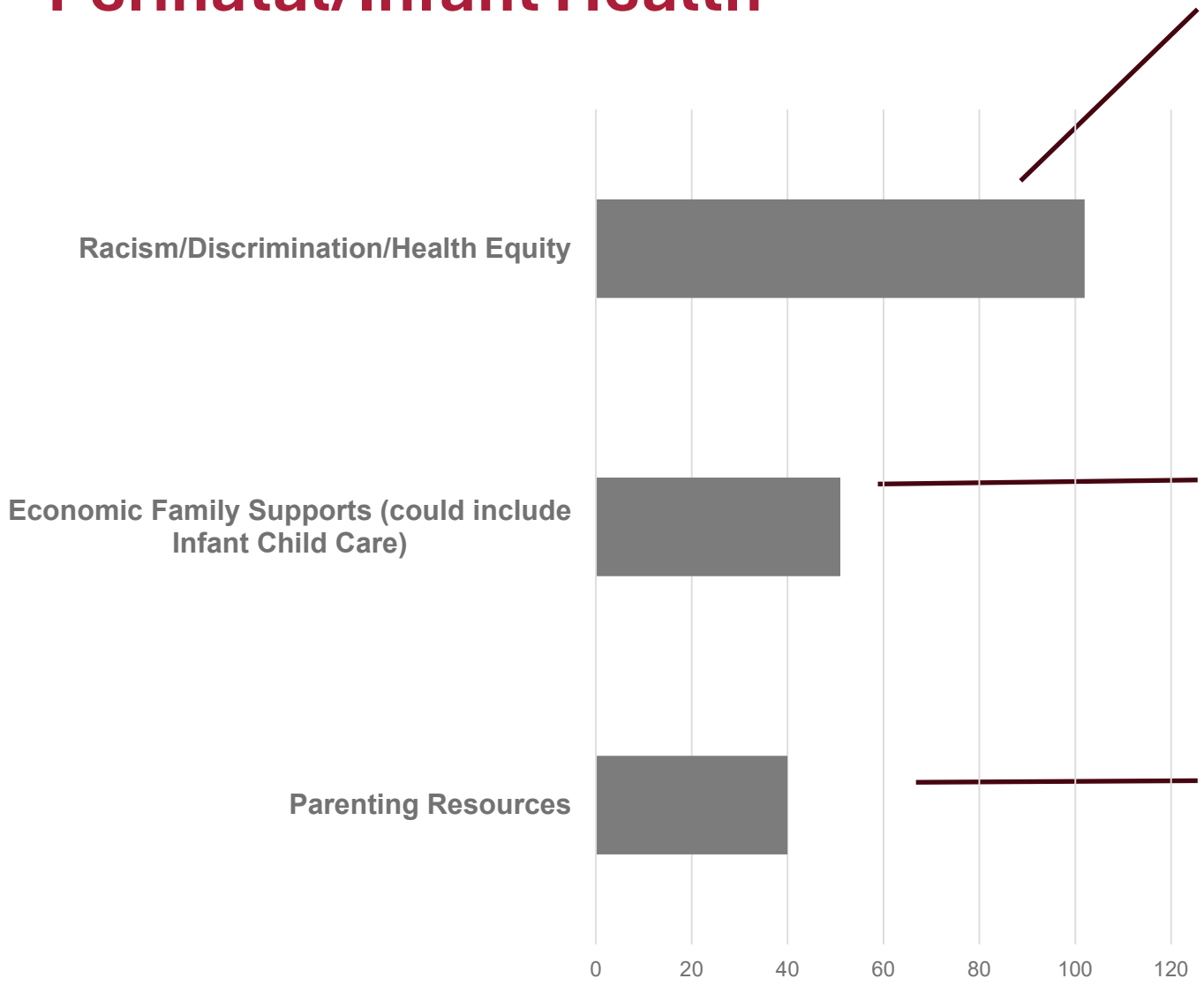
Top 3 Priorities: Perinatal/Infant Health



"More Racially Concordant Care"

"More culturally concordant preventative care before pregnancy"

"Better maternity leave policies with legal/financial protections and benefits for immigrants"

"Root of all of these outcomes is poverty"

"More resources/$ for pregnant people (e.g. guaranteed income)"

"Economic support for families"

"Community: parent groups facing similar challenges for resource sharing "

"Build structures for creating connections to other parents to reduce feelings of isolation"

"Hold parent group sessions/education"

Frequency of statements aligned with theme

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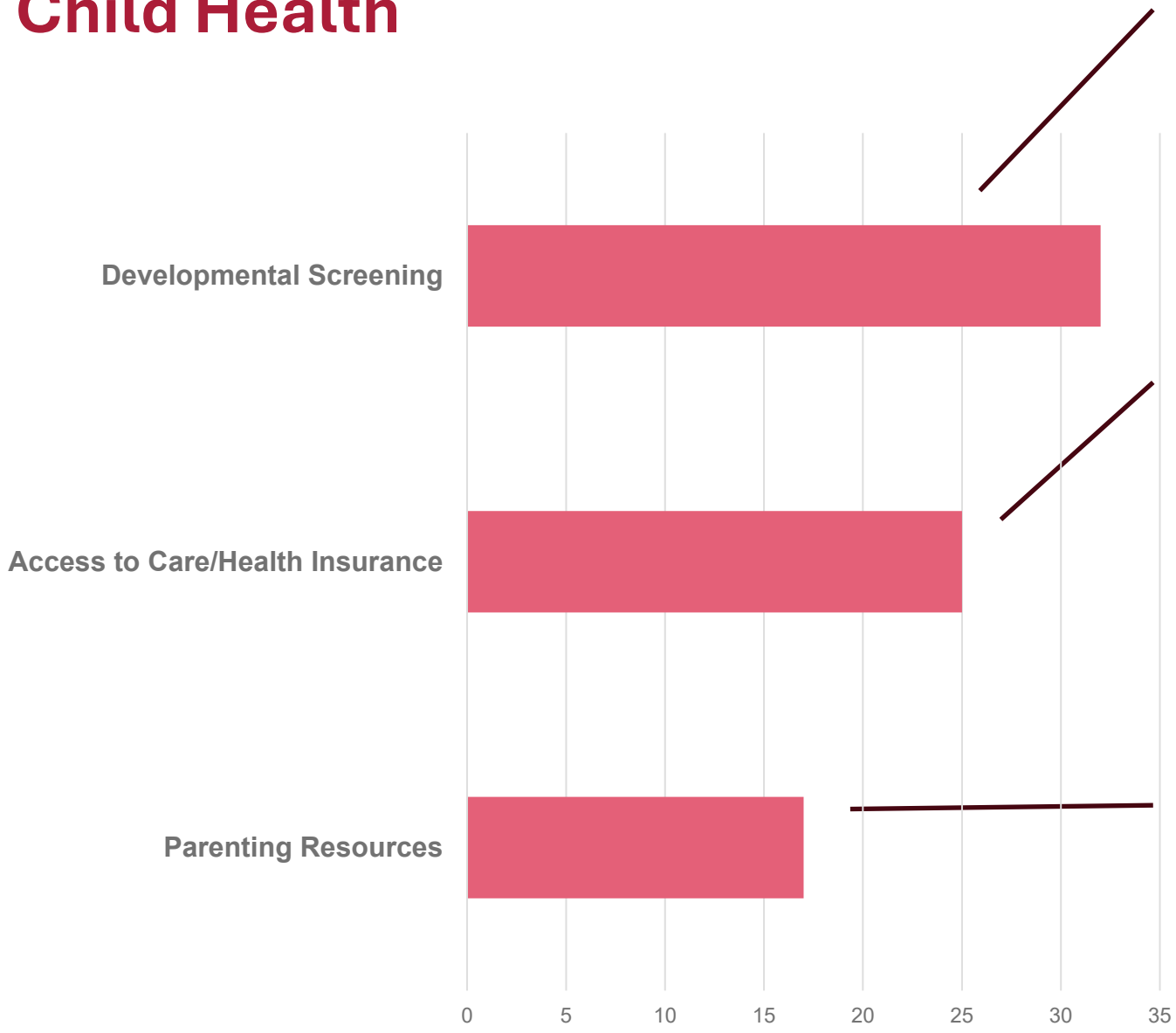
Top 3 Priorities: Child Health



Frequency of statements aligned with theme

"Improve screening – expand services to find risks sooner and more broadly E.g. more frequent screens for high-risk groups. E.g. More thorough health histories (recommend) "

"Engage and motivate parents to get children into early learning"

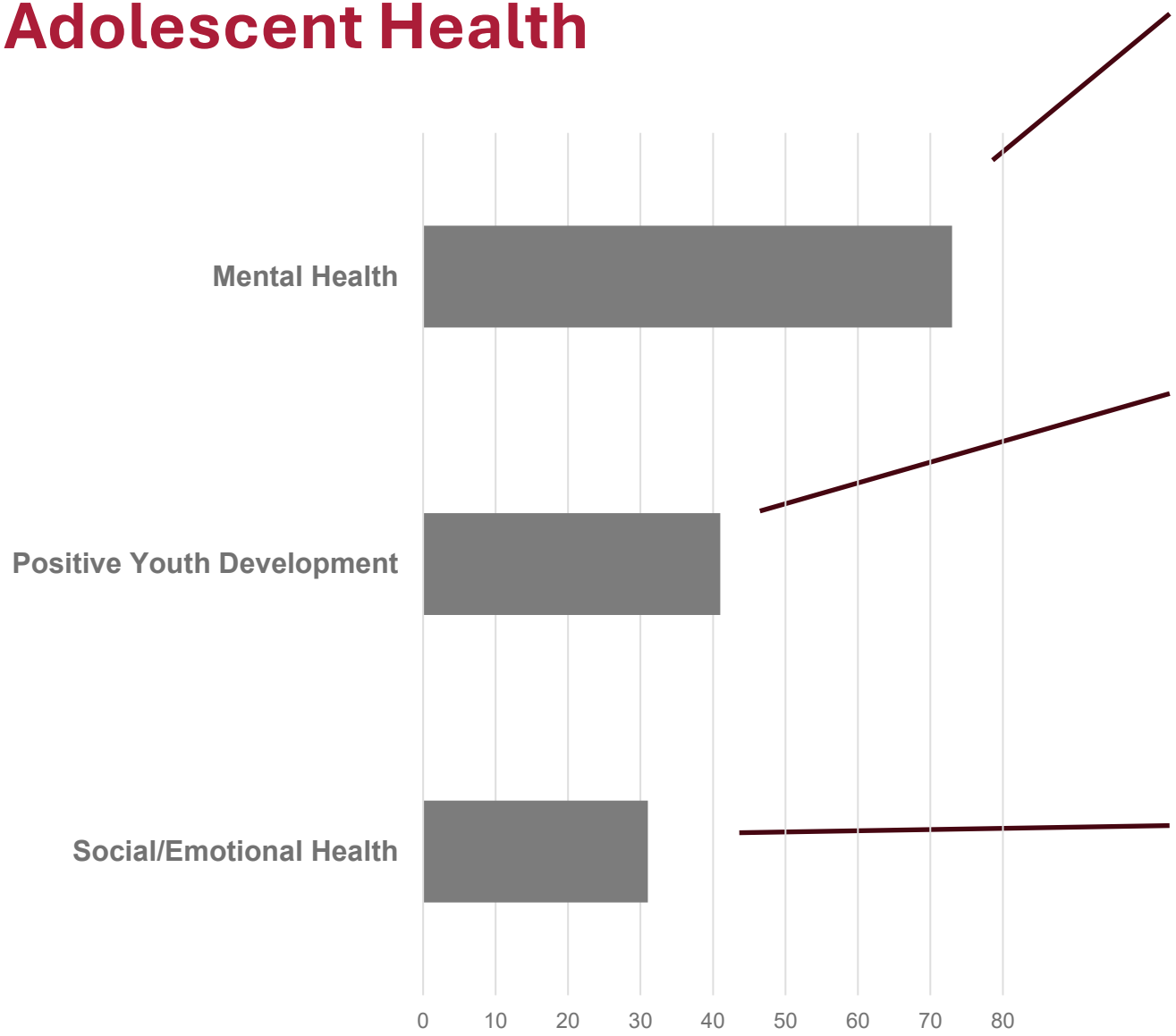
"Access to health & dental homes"

"County and State should be interfacing with Managed Care Plans (MCP's) to support families in systems navigation, and to support family-serving organizations in program implementation so families have more options for services"

"Programs/services exist in the style of home visiting that educate caregivers on child health and safety, e.g. Head Start. We could do better in linking families to these resources like home visiting so caregivers are educated, better equipped to take care of kids"

"Adults need to model to children and provide support resources. The adult needs to continue to seek opportunities to learn how to be better parents. Adults also need therapy and counseling to become better parents and assist in a healthy way."

Top 3 Priorities: Adolescent Health



"Depression/Anxiety among teens!"

"Awareness campaigns for LGBTQ health (as well as mental health)"

"Increased understanding of an adolescent pathway to success / independence "

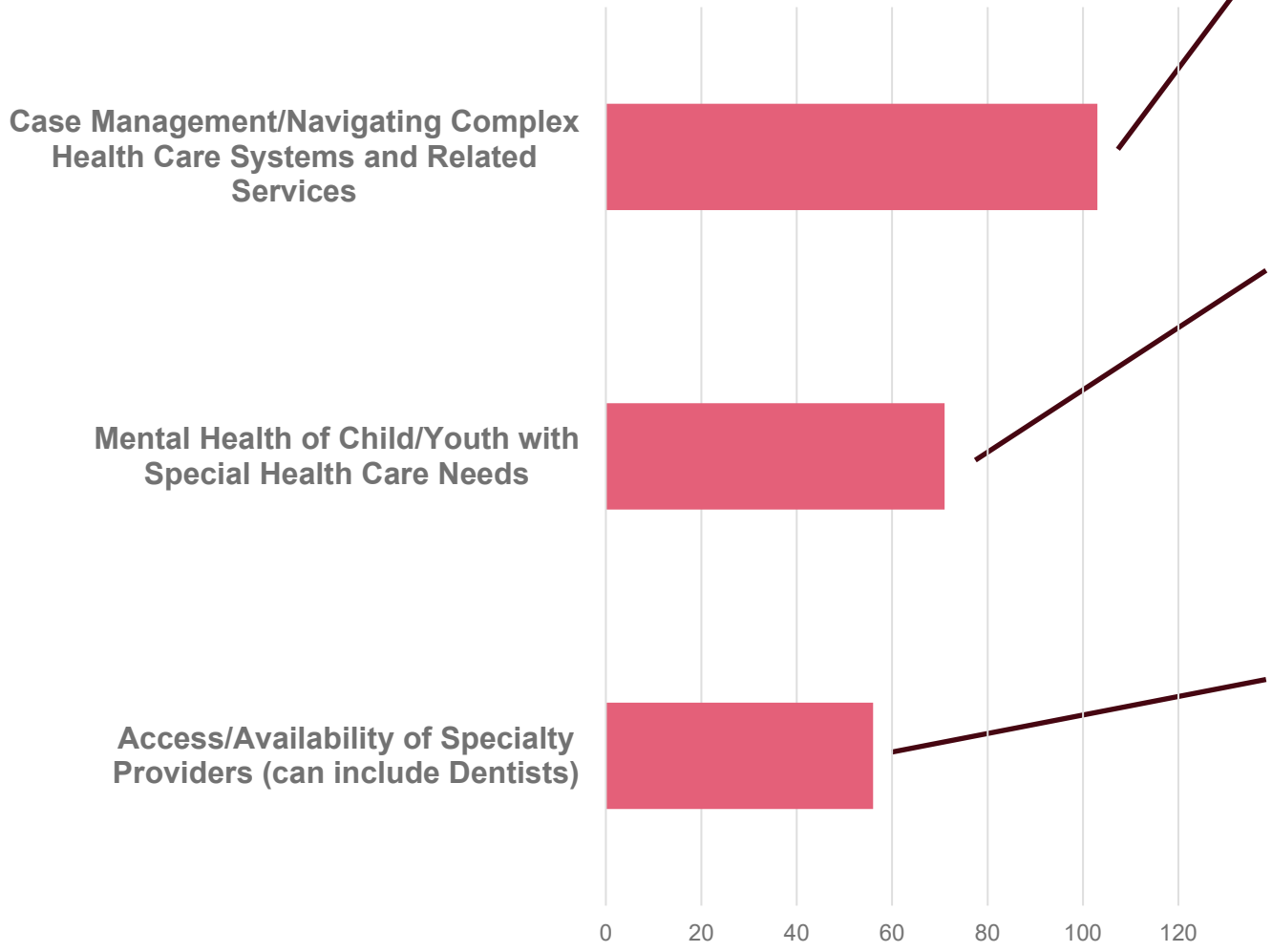
"Teach financial literacy for teens = money, investing, credit card and money management"

"Youth mental health and parental mental health = family mental health is associated and connected. (stress, trauma, trying to survive financial stress)"

"Loneliness, isolation and mental health (in teens) is a public health crisis!"

Frequency of statements aligned with theme

Top 3 Priorities: Children/Youth w/ Special Health Care Needs



"Need more support/advocacy on system navigation for parents with CYSHCN. Parents need to provide more burden of proof to get services"

"Need more Mental Health providers for treatment and support"

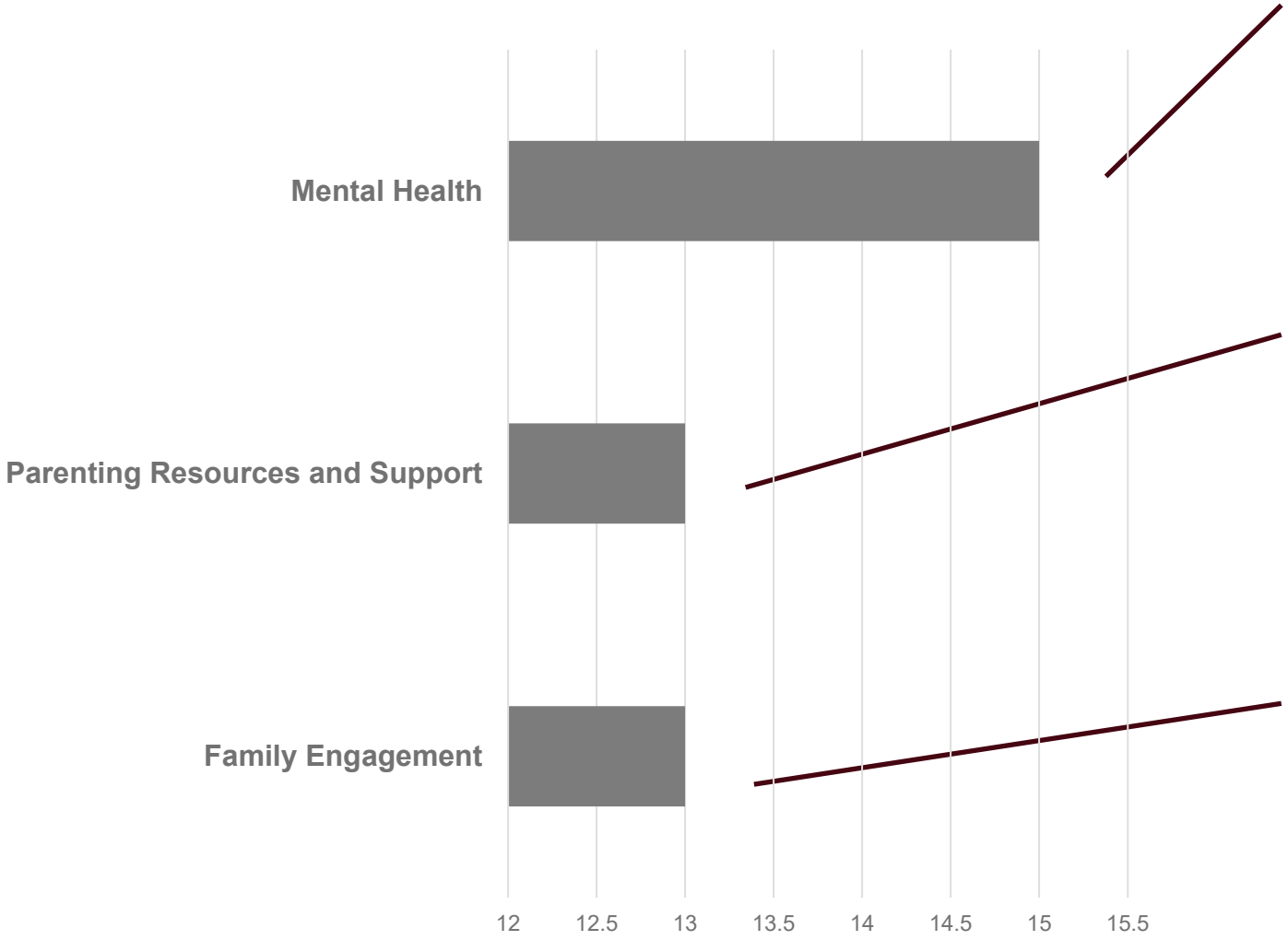
"High number of kids with ACEs need services"

"There are differences among the service needs related to medical, mental health cognitive, etc. - Systems not tailored to specific needs"

"Loan repayment for all providers in CBO's/government organizations to encourage them to work in our communities/orgs."

Frequency of statements aligned with theme

Top 3 Priorities: Paternal Health



"Mental health stigma among men"

"The need for "sense of connection" IS mental health"

"Not enough support or information about gay fatherhood"

"More funding for programs like Café Dad"

"Lower participation in family education among men. Need more approaches to engage men."

"Pre-term birth highest among African Americans. Improve dads/partner education on prenatal care. Educate men on women's health."

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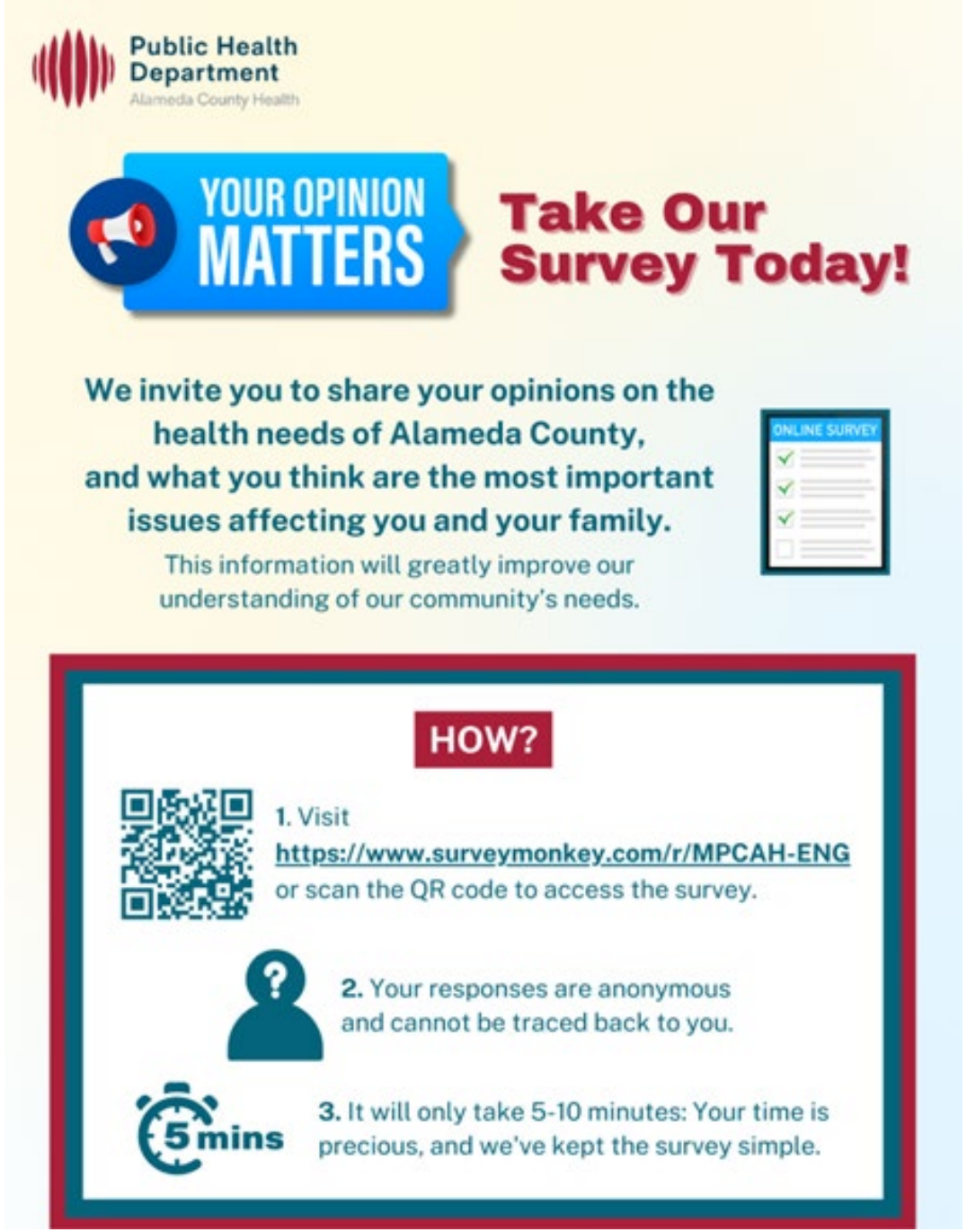
Title V Local MPCAH Needs Assessment

MCAH Community Health Survey



122 total respondents

98 = English
24 = Spanish

Average Age of Respondents

68% of respondents were between the ages of 21-40

Who took this survey?

62% Starting Out Strong clients	38% are other community members.

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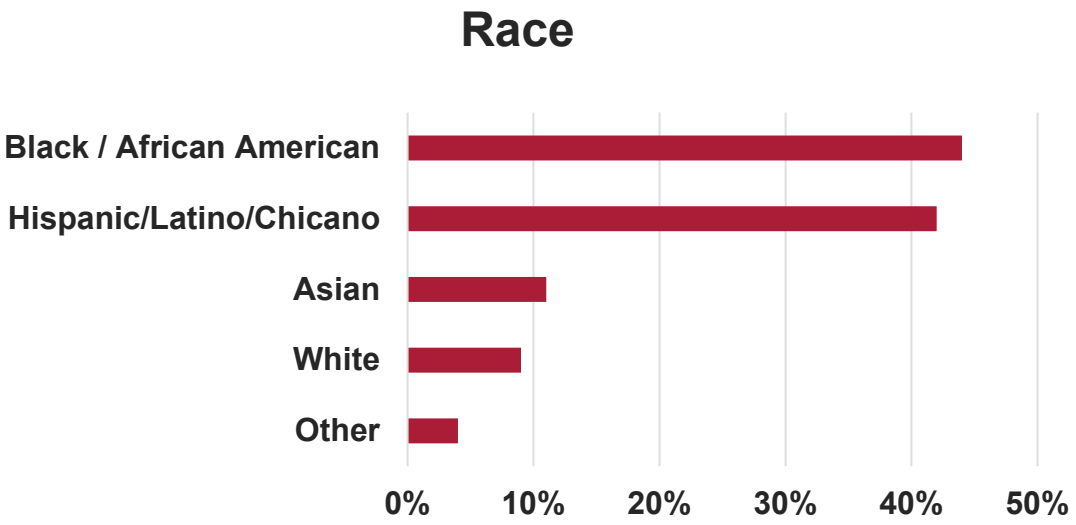
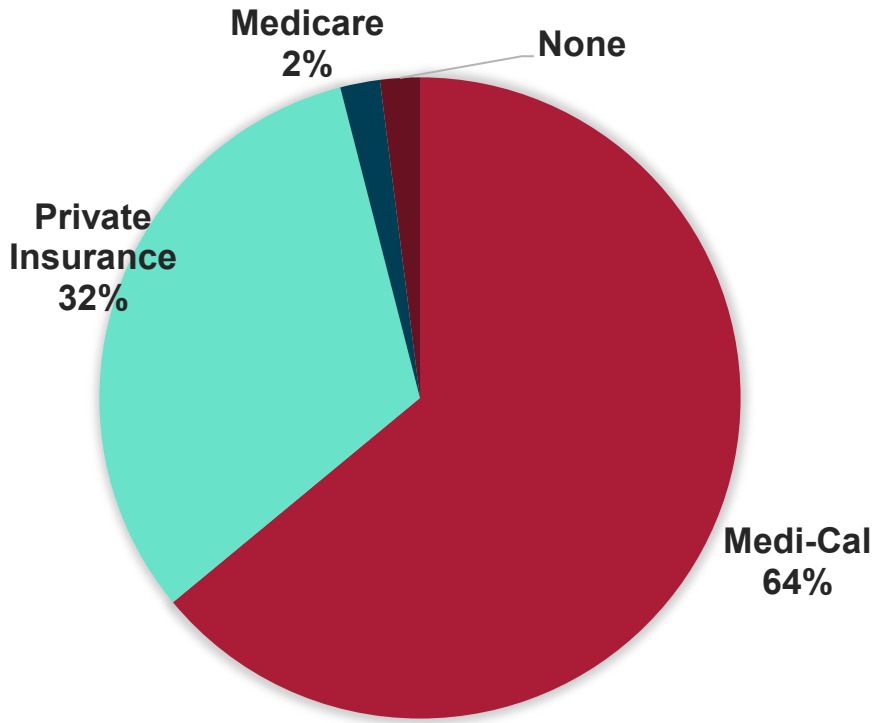
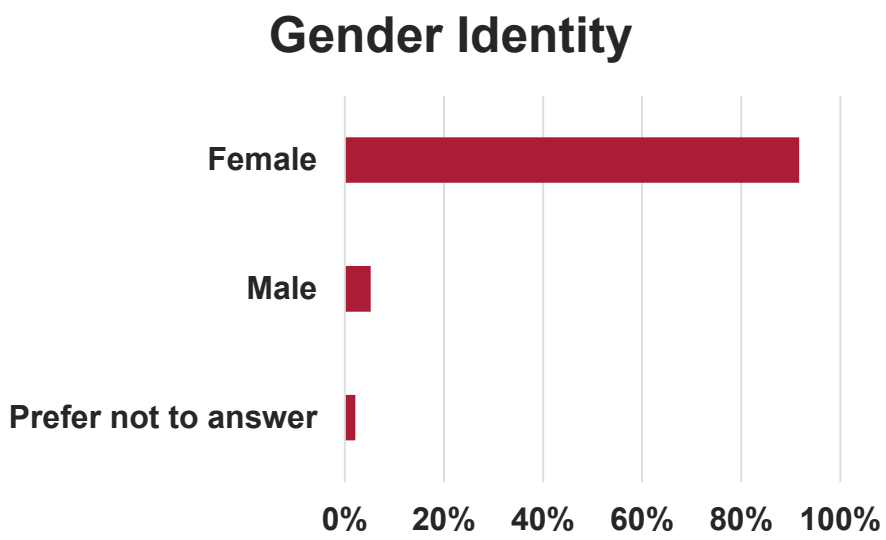
Survey Respondents: Profile







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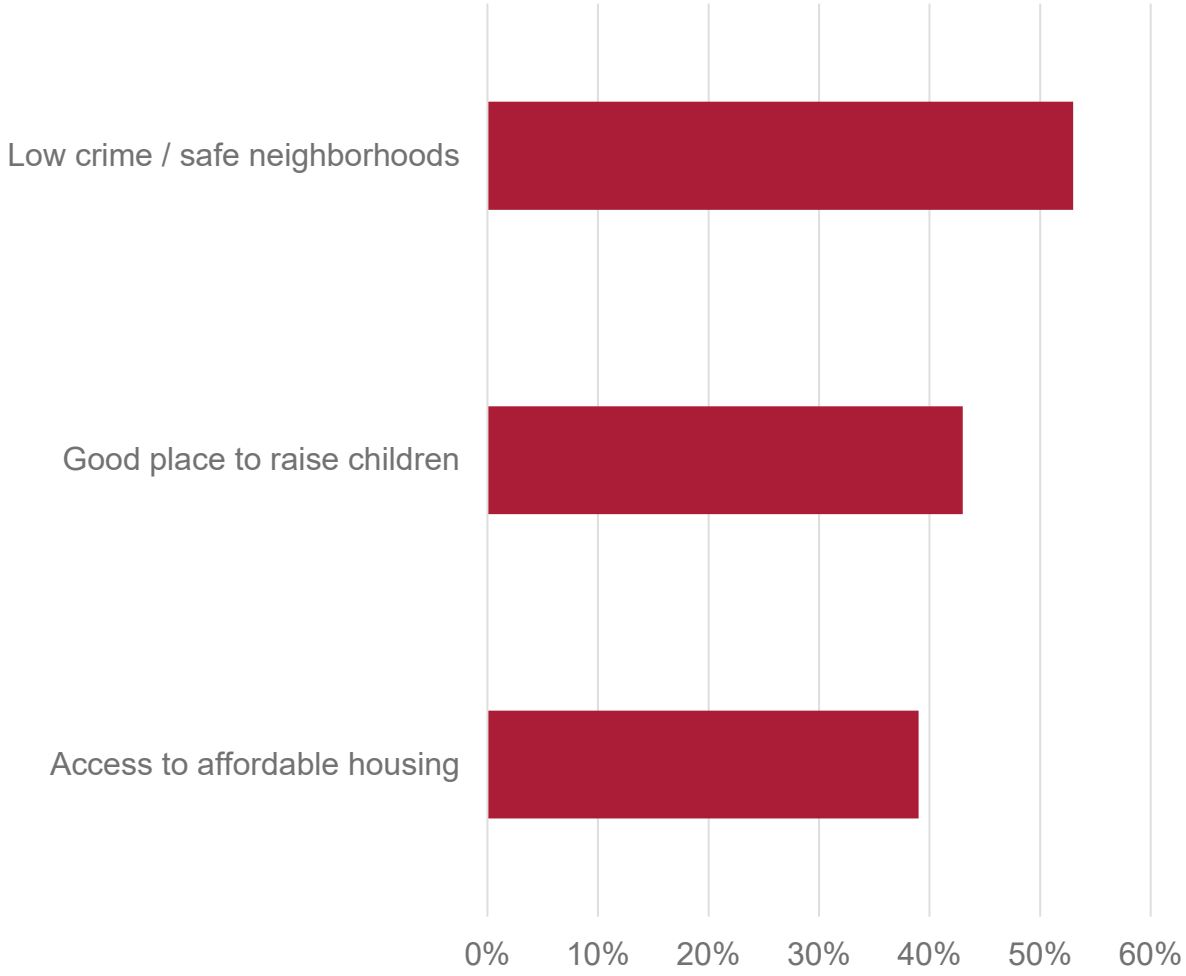
Top 3 factors for a healthy community



"Trafficking and sex work"

"Need to addressing SDoH – building partnerships with other agencies and collaborate with them."

"We need to look at health in general and on a continuum of the root causes of health….focus more on SDoH"

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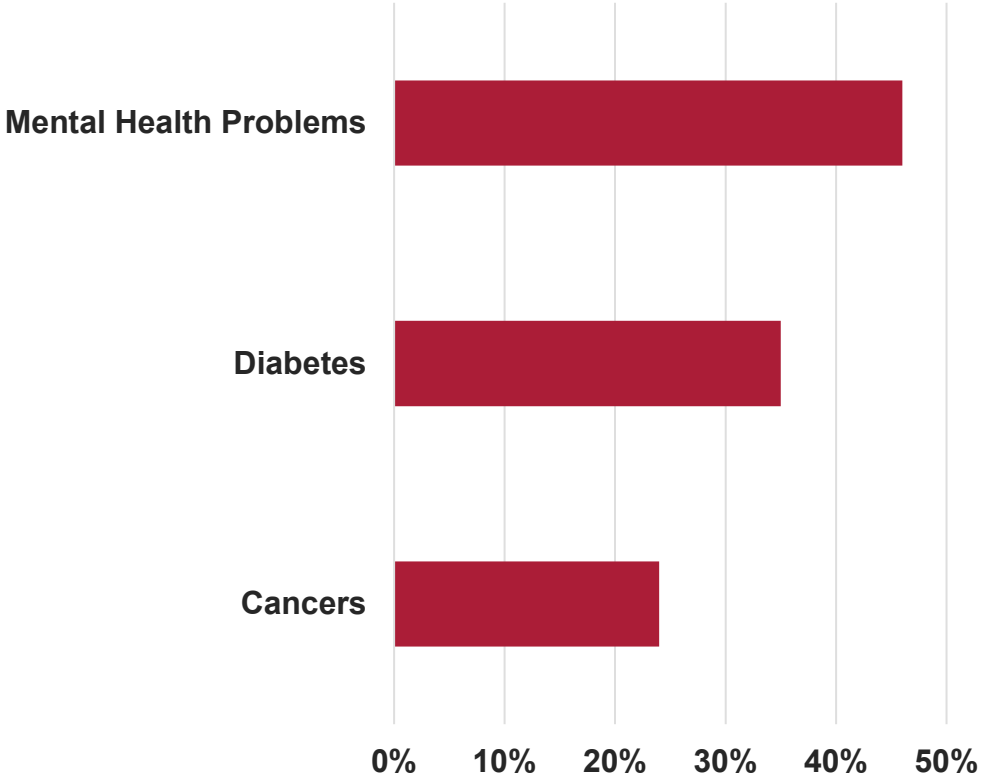
Top 3 most important health issues in your community



"Mental Health awareness, how it affects each area of our lives. Affects parenting, breastfeeding, relationships. Even housing and employment."

"Diabetes, Pre-eclampsia, High Blood Pressure."

"Improving programs in low-income communities focused on positive health and lifestyle outcomes."

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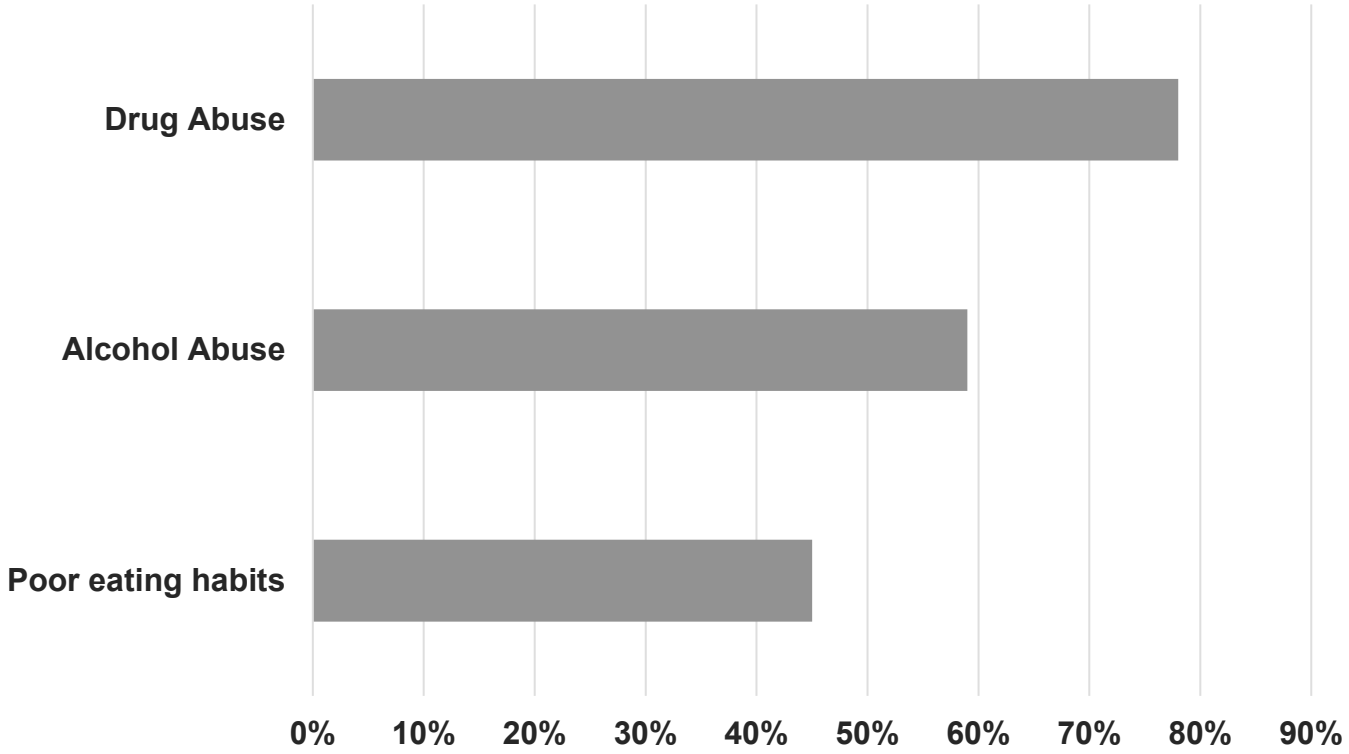
Top 3 behaviors that impact community health



"Impact of families having experienced trauma, kids not feeling supported by families"

"People need more counseling and mental health support to deal with all the issues they face in life. They need ongoing support and guidance."

"Lots of food deserts. Limited food resources."

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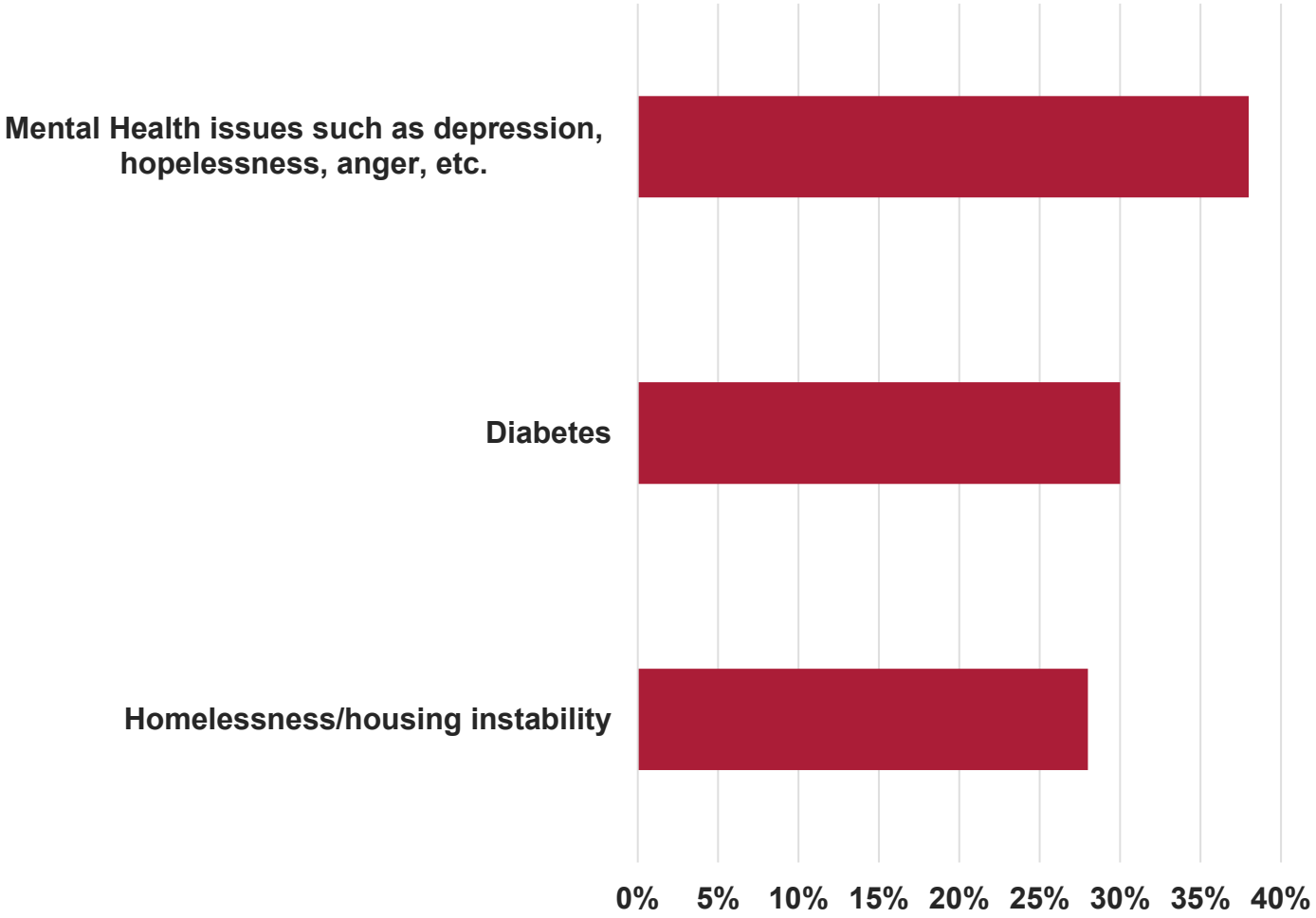
Top 3 health concerns



"There isn't enough mental health services"

"We need healthy foods....the free lunch that kids get is really unhealthy. Lots of processed foods."

"Limited housing & food for youth."

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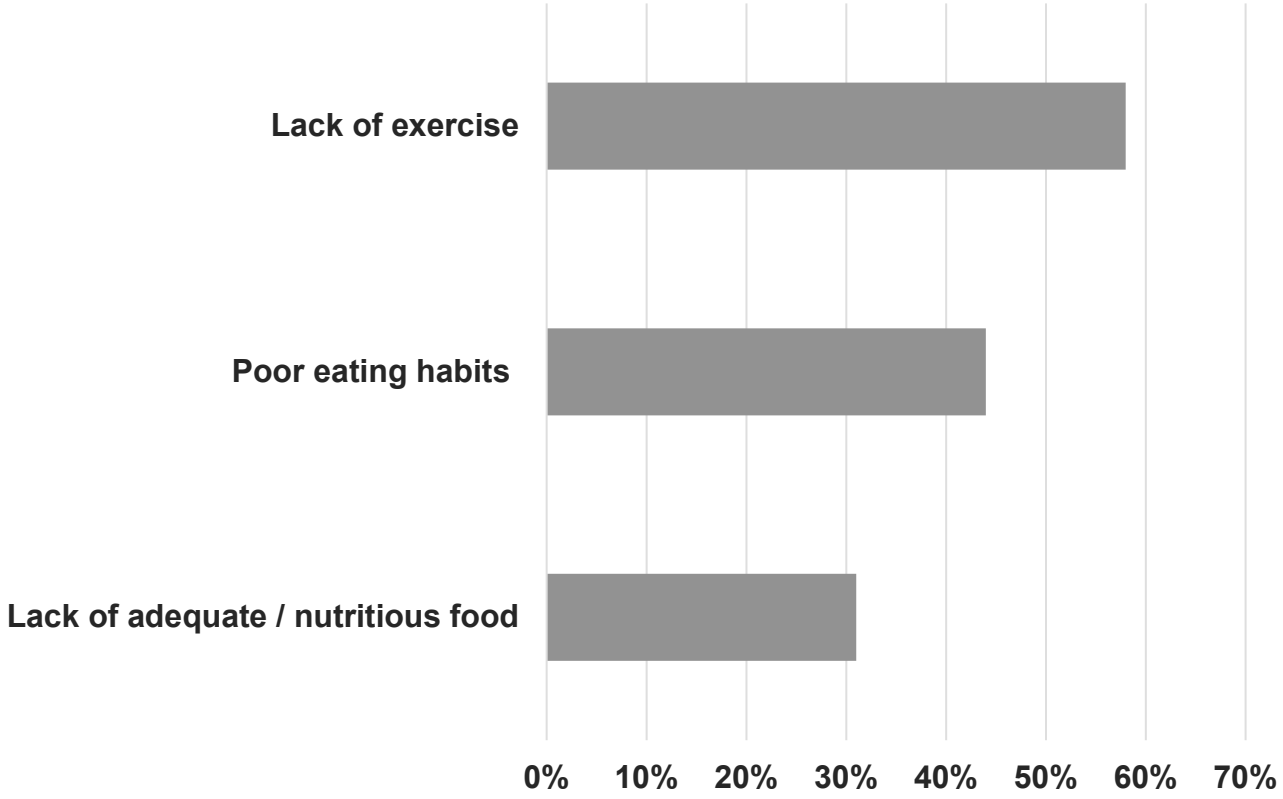
Top 3 health-related issues among households



"Parents are the foundation of the household; they need to be healthy to be able to support their families."

"People need to be able to afford food and basic needs."

"Lack of events/interventions for families with teens with diabetes"

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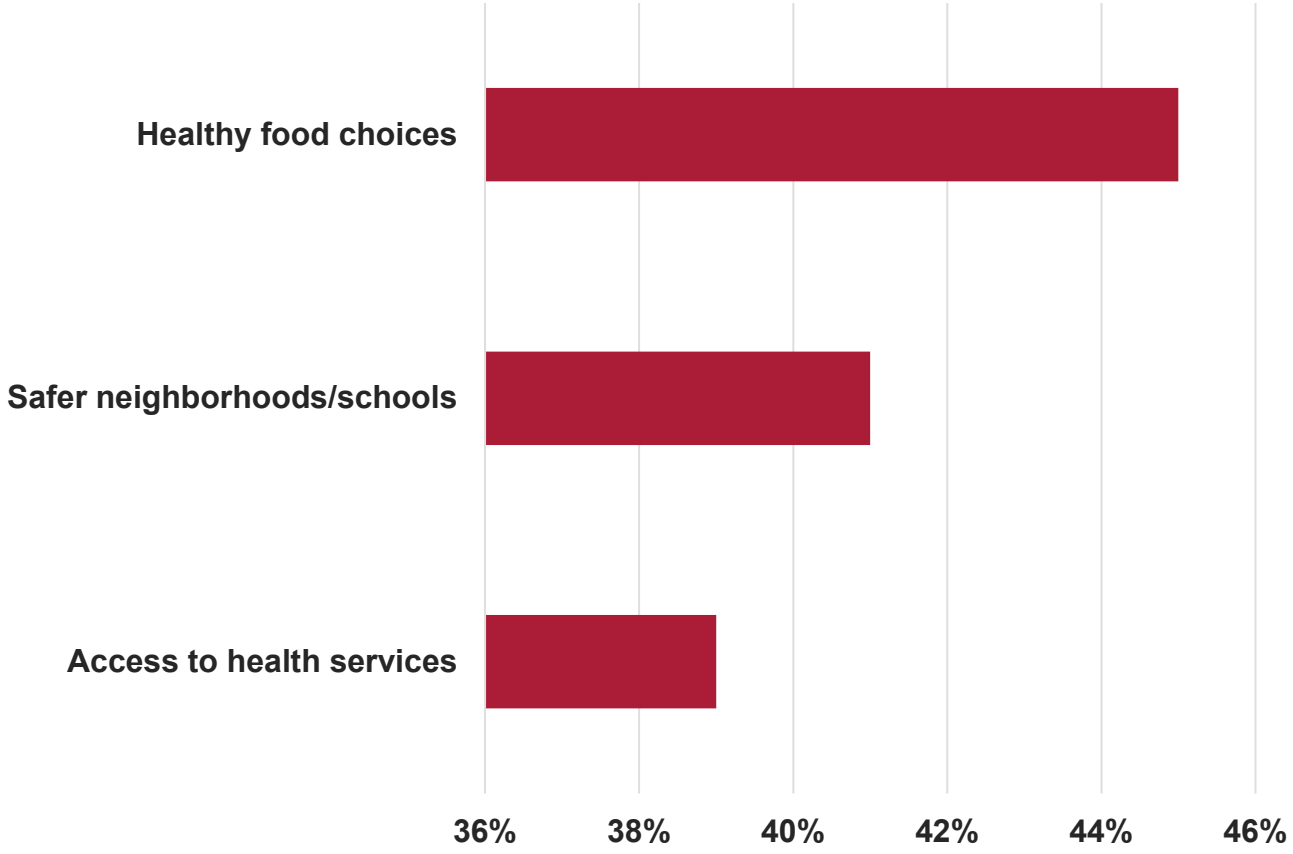
Top 3 factors that impact well-being



"What if that family doesn't have enough money for food or utilities?"

"Violence in our community is huge."

"Lack of access to care/services"

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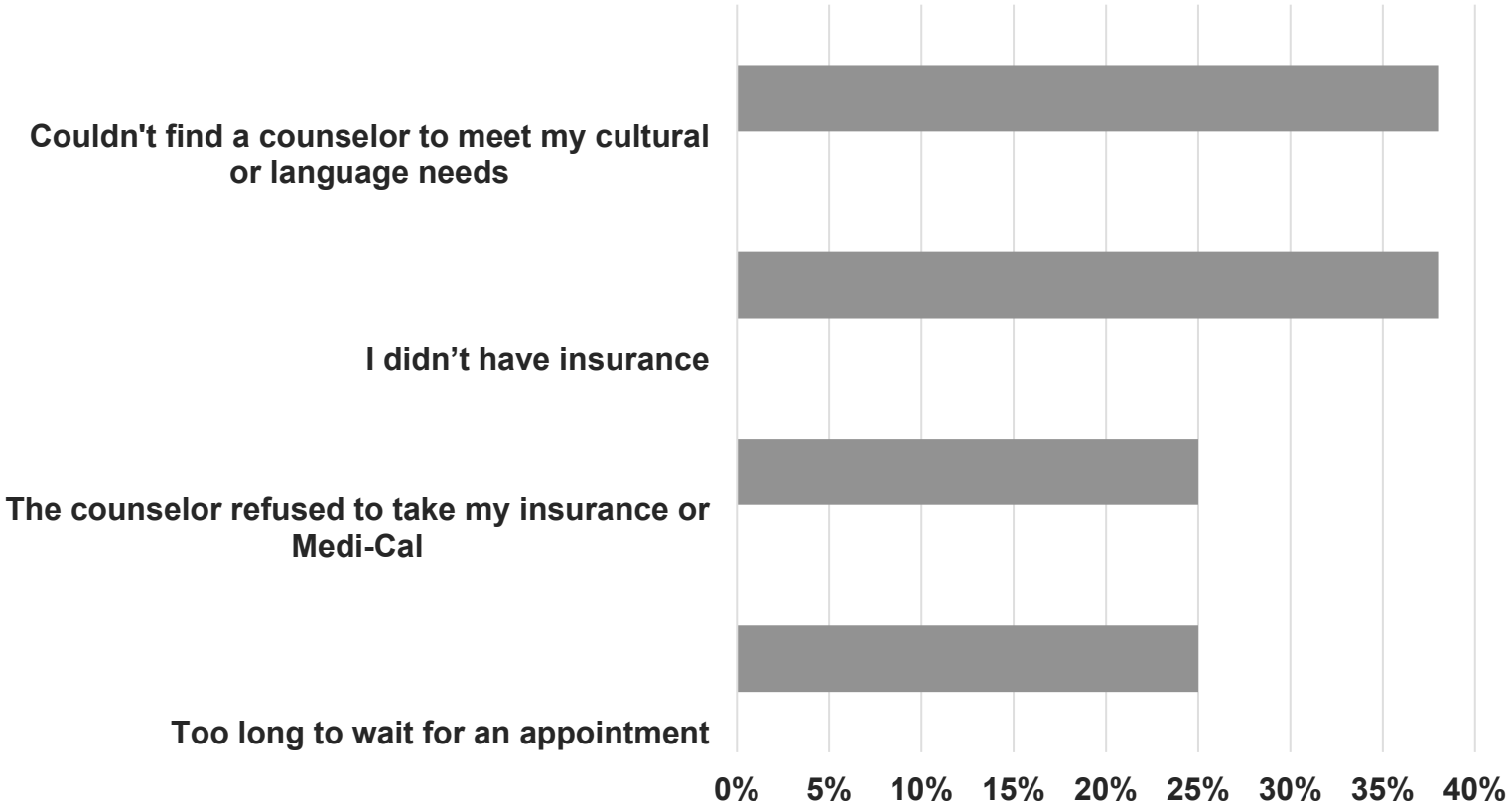
Barriers to accessing mental health services



"Hard to access resources. Too many hurdles, waiting time is too long."

"There needs to be more psychological and mental health."

"Effective counseling available at schools."

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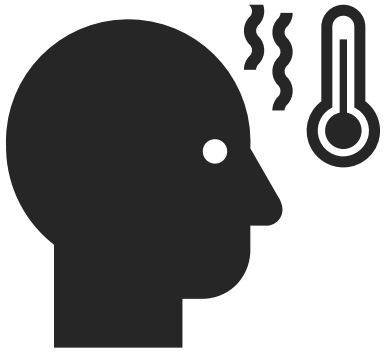
Experiences of Racism & Discrimination

15% of respondents feel their experiences were worse than other races when seeking health care.

20% of respondents reported experiencing physical symptoms, for example, a headache, an upset stomach, tensing of muscles, or a pounding heart, because of how they were treated based on their race.



24% of respondents reported feeling emotionally upset, for example, angry, sad, or frustrated, because of how they were treated based on their race.

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Key Takeaways

01 Address Social Determinants Of Health

Focusing on upstream factors like economic stability, housing stability, and neighborhood safety for the MPCAH population through advocacy and guaranteed income programs. Breaking the cycle of poverty.

02 Culturally/Racially Concordant Care

Increasing the presence and outreach of culturally and racially concordant home visiting programs. Linking families to with doula programs and programs like BeLovedBIRTH or HAPI.

04 Support CYSHCN

Increasing capacity building and workforce trained to support families with CYSHCN. Improved coordination with local CCS program to meet the needs of this population.

03 Mental Health Resources & Supports

Continue to provide mental health screening and link families to mental health services. Reduce stigma of mental health and promote preventative mental health care.

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Lessons Learned

Lessons Learned

- Limited by framework that State MCAH asked us to prioritize e.g., some local issues may not fall into a category
  - Added Fatherhood domain
- State MCAH was not prescriptive on how to conduct needs assessment but rather more focused on assurance we embarked on a locally-driven process with community stakeholders
- Provided opportunity to operationalize an electronic health survey in-house with few resources
  - Collected survey data was useful in gauging relevance of community needs with State MCAH framework
  - Provides a good baseline survey to adapt further for perinatal population

Lessons Learned

- Overwhelmingly expressed impact of social determinants of health on lived experience and health status i.e., beyond conventional perinatal health indicators such as IMR, preterm birth, low birthweight
- Testament to the inter-sectoral and transdisciplinary work needed to address social inequity and systems-level change
- Affirmation needed for the persistent legacy of racism and structural inequities as well trauma and burnout in addressing health disparities in public health endeavors

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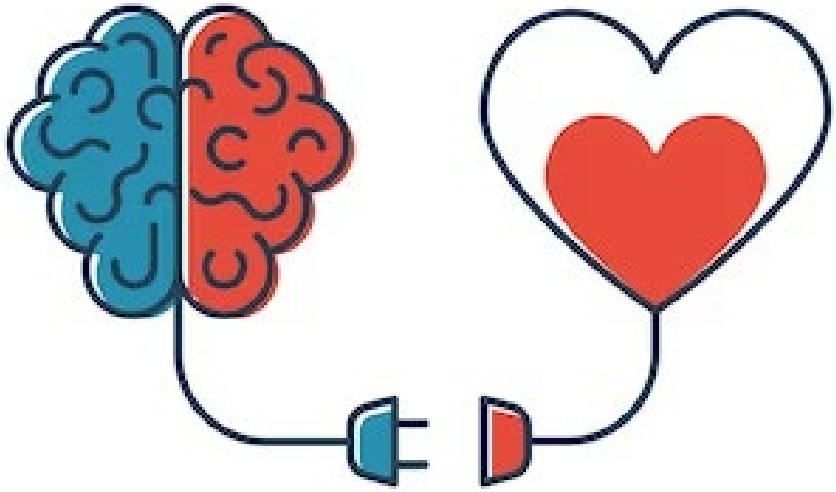
What would you add?



- What are your lessons learned?
- Did anything trigger you through the needs assessment process or presentation?
- What do these outcomes mean for our work?

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Next Steps

1. CDPH is collecting and summarizing the Needs Assessment submissions of all 63 LHJs
2. CDPH will present findings at the state MCAH Action Meeting in October
3. CDPH will share and give instructions on how to approach the next steps and creation of 5-year actions plans for each domain
4. Will return to stakeholder groups to share and engage
5. 5-year Action Plan will then be connected to the MCAH Scope of Work
6. A local approach connected to the state submission of the Title V Action Plan

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Acknowledgements

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- **Nicole Smith**, MPCAH Director
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- **MPCAH Admin Staff** – Richard Hom, Vianka Duverglas, and Roberto Vallejo
- **Community Partners** – PEI Steering Committee, FAC, StOStr Steering Committee, Pre-5 Collaborative, CMS Ops, MPCAH Staff, Special Needs Committee, Pediatric Leads CHCN, Starting Out Strong clients

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