

The Maternal, Child, Adolescent Health Title V Community Needs Assessment



OR “A TALE OF TWO BIRTHS”



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“A woman in America in 1990 had a better chance of surviving childbirth than her own daughter does today.”

~Nina Martin, ProPublica and Renee Montagne, NPR, May 12, 2017

Olivia

- 19 years old
- 6 Months Pregnant
- No medical insurance
- Food service worker
- High school dropout, but working on GED
- Single
- Nonwhite
- History of anxiety and depression
- Lacks Social Supports

Natalie



- ◉ 29 years old
- ◉ 6 Months Pregnant
- ◉ Privately insured
- ◉ Bank Teller
- ◉ Bachelor's Degree
- ◉ Married
- ◉ White
- ◉ History of anxiety and depression
- ◉ Supportive family and Friends

A day in the life of Olivia



- **Olivia may have:**
 - Slept on a friend's couch
 - Needed to use public transportation
 - Worked odd hours
 - Needed help with social services
 - Had trouble accessing Medi-cal services and/or an OB provider
 - Tried to stay in GED program
 - Hoped to get help for depression
 - Self-medicated for her anxiety
 - Felt isolated

A Day in the life of Natalie



- **Natalie may have:**
 - Slept in her own bed
 - Driven her 2013 Corolla
 - Worked steady hours, weekends and holidays off
 - Needed help with creating a budget
 - Looked forward to her prenatal appointment
 - Tried to stay on top of her on-line MBA program
 - Hoped to stay ahead of her depression
 - Practiced yoga for her anxiety
 - Felt overwhelmed, but supported

What in Olivia's day could affect her pregnancy?



- Unstable or temporary housing
- Unreliable transportation
- Unreliable or inadequate income
- Food insecurity
- Less than high school education
- Late or no prenatal care
- Single parent
- Depression and anxiety
- Substance use

Anything else?

What in Natalie's day could affect her pregnancy?



- Stable housing
- Reliable transportation
- Reliable income
- Prenatal care initiated in the first trimester
- Stress from school, finances
- Treatment for Depression
- Reducing anxiety through exercise
- Supportive family and friends

Are there no risk factors?



“The U.S. has the worst rate of maternal deaths in the developed world, and 60% are preventable.”

~Nina Martin, ProPublica and Renee Montagne, NPR, May 12, 2017

<https://www.youtube.com/watch?v=h8NEi1W9nnI>

Olivia's Possible Birth Outcomes



- Premature birth
 - Caesarean delivery
 - Low breastfeeding initiation / duration
 - Impaired attachment
 - Preeclampsia/Eclampsia
 - Gestational diabetes
 - Obstetric hemorrhage / infection
 - Maternal death
 - Perinatal death
-
- How about postpartum risks?

Natalie's Possible Birth Outcomes



- Low birth weight
- Small for gestational age
- Preterm delivery
- Low breastfeeding initiation/duration

Anything else?

Baby's Possible Outcomes



- Premature / low birth weight
- SIDS/SUIDS
- Poor infant health
- Birth defects
- Delayed development
- Emotional impact on family/community
- Increased medical costs
- Infant neglect



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”

– Dr. Martin Luther King, Jr.

Objectives of This Presentation



- Provide a brief overview of the Title V Maternal, Child and Adolescent Health Program
- Discuss the Title V 5-year Needs Assessment
- Review community composition
- Present local data, including bright spots and areas needing improvement
- Provide a summary list of areas for improvement
- Partner input

What is the Title V MCAH Program



- Enacted in 1935 as part of the Social Security Act, the Title V MCAH program provided funds to states to improve health, safety and well-being of mothers and children, including children with special health care needs.
- The program seeks to:
 - Assure access to quality care, especially for those with low incomes or limited access to care
 - Reduce infant mortality
 - Provide and ensure access to comprehensive prenatal and postnatal care.
 - Increase the number of children receiving health assessments and follow-up diagnostic and treatment services
 - Implement family-centered, community based systems of coordinated care for children with special health care needs
 - Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Medi-Cal

Why Are We Conducting a Needs Assessment?



- State Title V programs are required to conduct a statewide comprehensive needs assessment every five years
- In California, each local health jurisdiction conducts a need assessment of their population in order to:
 - Obtain extensive stakeholder input at the local level
 - Identify needs and issues specific to that community that would be missed when only analyzing state-level information
 - Identify priority areas specific to each jurisdiction to focus on in the next five years

About Our Community



- Population: 98,453
- 88% white
- 9% Hispanic
- Approximately 875 live births annually
- 978 square miles
- Major industry: service providers, education/health/leisure, government
- Newest industry with multi-agency involvement: cannabis
- 23% of households with severe housing problems*

*2010-2014 data.

What We Do Well!



Indicator	Nevada County	California
Pre-pregnancy overweight or obesity per 100 females delivering a live birth	37.9	50.0
Gestational diabetes per 100 females age 15-44 delivering a live or still-born infant in-hospital	6.7	9.1
Cesarean births per 100 low risk females delivering a live birth	18.8	25.8
Exclusive breastfeeding 3 months after delivery per 100 live births	47.3+	29.1
Exclusive in-hospital breastfeeding per 100 females delivering a live birth	89.6	69.6
Births per 1,000 females age 15-19	11.3	21.0
Percent of children, ages 0-18 years living in poverty	38.1%	46.7%

+ Rate reported is for regional data as county level rate is too unstable.

Areas For Improvement



Indicator	Nevada County	California
% of women delivering a baby who received prenatal care beginning in the first trimester of pregnancy	73.5	83.3
Substance use diagnosis per 1,000 hospitalizations of pregnant women ages 15-44	58.3	18.8
Any smoking during the 1 st or 3 rd trimester per 100 females with live births	12.4+	2.7
Substance abuse hospitalizations per 100,000 ages 15-24	901.9	778.5
Mental health hospitalizations per 100,000 ages 15-24	1706.0	1473.0
Motor vehicle injury hospitalizations per 100,000 children age 0-14	24.7	15.1
Prenatal depressive symptoms and postpartum depressive symptoms	17.2+ 17.1+	14.1 13.5

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**Failure is only an opportunity to begin again,
more intelligently.**

— Henry Ford

Additional Areas of Interest



- Higher rates of smoking in females 18 and older in Nevada Co. (per 100: NC=15.6, state=9.3)
- Lower Tdap Immunizations during pregnancy in 100 females delivering a live birth (NC=45.2+, state=50.4)
- Higher rates of death per 100,000 pop of 20 to 24 year olds (NC=92.7, state=68.1)
- Percentage of days with ozone above regulatory standards (NC=8.2, state=4.9)

Let's Go Back to Olivia



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- 6 Months Pregnant
- Food service worker
- No medical insurance
- High school dropout, but working on GED
- Single
- Nonwhite
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What if Olivia...



- 19 years old -

Participated in a teen parents program or home visiting program?

- 6 Months Pregnant

Accessed preconception and/or reproductive care? Prenatal care in 1st Trimester?

- Food service worker

Earned a living wage and/or had Social Services to help supplement her income?

- No medical insurance

Had health care prior to pregnancy?

- High school dropout, but working on GED

Participated in a program for teen parents ?

- Single

Participated in programs offered by community to promote networking, resiliency and emphasized the five protective factors

- Nonwhite

Was treated with culturally competent care, including trauma informed care?

- History of anxiety and depression

Received prenatal and post partum mental health screening and referral, including screening for substance use and abuse?

- Lacks Social Supports

Was a part of a larger community of peers who were experiencing the same journey?

Where We Can Improve:



Indicator	Nevada County	California
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Now it's your turn



- What do you think are the most important needs for pregnant women, mothers, children, teens and families in Nevada County?
- What can we do better to help connect families to what they need?
- What system-based, community-based, and/or individually-based changes are needed to meet their needs more effectively?

Survey



How would you prioritize the issues?

○ Criteria for Prioritizing Issues:

- ✦ Size: How many people are affected?
- ✦ Seriousness: Deaths, hospitalizations, disabilities?
- ✦ Trends: Is it getting better or worse?
- ✦ Equity: Are some groups affected more?
- ✦ Intervention: Is there a proven strategy?
- ✦ Values: Does our community care about it?
- ✦ Resources: Build on current work; available money?
- ✦ Others: Social determinants – Root cause?

Moving forward



- Data will be collected from multiple community partners and members
- Results will be circulated as to what our community believes to be the primary focus of MCAH work over the next five years.
- Results will establish priorities and frame our Title V five year work plan.

Example of the Last Needs Assessment



- **Problem: Perinatal depression**
- **Solution: Moving Beyond Depression**
 - In home Cognitive Behavioral Therapy
 - Evidence based
 - Proven results
 - ✦ 91.7% improvement in the Edinburgh Postnatal Depression Scale
 - ✦ 100% improvement in the Interpersonal Support Evaluation List!

Thank you!!



“The definitive factors in determining whether someone is in good health extend significantly beyond access to care and include the conditions in their life and the conditions of their neighborhoods and communities.”

— John Auerbach, Centers for Disease Control and Prevention, talking to the Build Healthy Places Network.