

# MCAH Internal Stakeholder Input Event

February 27<sup>th</sup>, 2014

Auburn

11:30 a.m. – 2:30 p.m.

## Meeting objectives

- To assess the most important needs of Placer County pregnant women, mothers, children, teens and families
- To gain feedback on how we can better connect families to what they need

## Arrivals and introductions

During introductions, Galen asked participants to indicate one thing that makes Placer County unique. Themes that were frequently mentioned included:

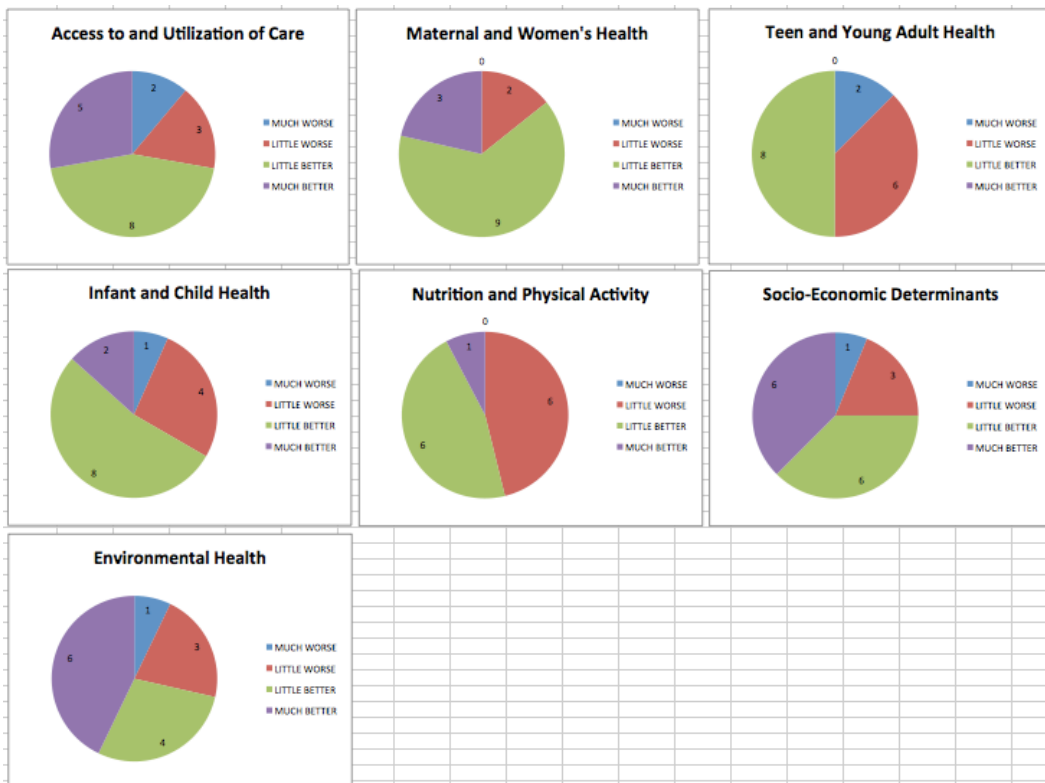
- Networking
- Rich in resources
- Collaboration
- Connections
- Physical beauty
- Recreation
- Local agriculture
- Safety

## Data presentation

During the data PowerPoint presentation, Galen asked the audience for their perception of how Placer County compares to the state averages in the following Domains:

- Access to and Utilization of Care
- Maternal and Women's Health
- Infant and Child Health
- Nutrition and Physical Activity
- Teen and Young Adult Health
- Socio-Economic Determinants
- Environmental Health

Polling results:



**Discovery Zones**

	<b>What do you see? Any surprises? What are the key findings?</b>	<b>How does this resonate with your own experience in your work and as a resident of the community?</b>	<b>What is most important about this data? What meaning does it have for the health of our community?</b>
<b>Access to and Utilization of Care</b>	<ul style="list-style-type: none"> <li>• Immunization rates</li> <li>• Rumors of autism being caused by immunizations should be debunked</li> <li>• These statistics don't reflect the demographic differences in the county</li> </ul>	<ul style="list-style-type: none"> <li>• Surprised by healthcare coverage data and high rate of doctor visits (90.4%), as we are seeing different rates in person</li> <li>• 18-22 year old residents needing Medi-Cal have difficulty applying (parents can't do it for them anymore)</li> <li>• Where are all of these supposed dentists?</li> </ul>	<ul style="list-style-type: none"> <li>• Numbers of children who are receiving medical/dental services (medical provider availability versus choice)</li> <li>• Many children are not immunized due to parents' belief</li> <li>• Residents' access to services is dependent on where they live, and transportation</li> </ul>
<b>Infant and Child Health</b>	<ul style="list-style-type: none"> <li>• High asthma rate is surprising (seasonal allergies, fires)</li> <li>• Are the rates of premature and low birth weights due to transfers out of the county? (Discussion revealed that the answer is no.)</li> <li>• Are high levels of low birth weight rates misleading? What about the high rate of gestational diabetes?</li> </ul>	<ul style="list-style-type: none"> <li>• High rates of asthma are seen in rural areas like Foresthill (fires, burn days)</li> <li>• Even with low birth weight and premature birth rates being better than the state, teens and drug users are often late to prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• The bad asthma rate is the most important</li> <li>• Lower vaccination rates could lead to higher risk for respiratory illness, etc.</li> <li>• Community strengths help (socio-economics, access to care, insurance rates)</li> </ul>
<b>Teen and Young Adult Health</b>	<ul style="list-style-type: none"> <li>• STD rate is lower than the state</li> <li>• Suicide rate among Hispanic men</li> <li>• Death rate among 20-24 year olds and 15-19 year olds</li> <li>• Hospitalizations of 15-24 year olds due to substance abuse and mental health</li> </ul>	<ul style="list-style-type: none"> <li>• High death and self-inflicted injury rates</li> <li>• Substance abuse deaths</li> <li>• Lack of treatment for substance use and/or mental health</li> <li>• Lack of education</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Prevention</li> <li>• Not enough resources in schools</li> <li>• Stigma of mental health leads to denial, under-reporting</li> <li>• Lack of programs for parents and teens</li> </ul>
<b>Maternal and Women's Health</b>	<ul style="list-style-type: none"> <li>• We agree with the data</li> <li>• Would like to see age break-outs for smoking and drinking</li> </ul>	<ul style="list-style-type: none"> <li>• We see many women who are using illegal substances</li> <li>• Rural areas are isolated</li> <li>• Transportation, child care needs</li> </ul>	<ul style="list-style-type: none"> <li>• If resources are not available, we should create them</li> <li>• Understatement of statistics (alcohol, drugs, mental health, domestic violence)</li> <li>• Acknowledge what worked</li> </ul>

	<b>What do you see? Any surprises? What are the key findings?</b>	<b>How does this resonate with your own experience in your work and as a resident of the community?</b>	<b>What is most important about this data? What meaning does it have for the health of our community?</b>
<b>Nutrition and Physical Activity</b>	<ul style="list-style-type: none"> <li>• Surprised that overweight youth rate isn't higher</li> <li>• Concerned with the rate of overweight women</li> <li>• The breastfeeding in-hospital rate seems accurate</li> </ul>	<ul style="list-style-type: none"> <li>• In-hospital breastfeeding rate is high, but it decreases dramatically after two weeks (more support beyond is needed).</li> <li>• More breastfeeding support is needed in rural areas</li> <li>• Breastfeeding consultants are being lost to private practice</li> <li>• Childhood inactivity does in fact relate to the childhood obesity rate</li> <li>• The types of jobs available to women in Placer County directly correlates with the obesity rate</li> <li>• The county's academic focus includes a lot of homework, which leads to inactivity and obesity</li> <li>• Mothers' nutrition influences their children's</li> </ul>	<ul style="list-style-type: none"> <li>• Being more aware of, and utilizing, recreational activities</li> <li>• Need to find a way to reduce the rate of overweight women</li> <li>• Need more nutritional education and recipes for use at home</li> <li>• The low folic acid rate can directly impact newborn health. We need to fix this; it wouldn't be difficult.</li> <li>• Breastfeeding is protection against asthma</li> </ul>

**Identify priorities**

	<b>What issues should the MCAH program address over the next five years from these domains? (with priority rankings)</b>
<b>Access to and Utilization of Care</b>	1. Need providers and Medi-Cal available (status updated, and plan info) (21) 2. Make sure people know how to find info about accessing services (20) 3. Transportation (8) 3a. Get services info from collaborating agencies and providers out to families (8) 4. Importance of immunization education (6)
<b>Infant, and Child Health</b>	1. Asthma prevention, education, and increasing awareness (30) 2. Teacher education (10) 3. Increase education and awareness around importance of prenatal care (to sustain good rates) (6) 4a. Consider fewer burn days (0) 4b. Grants for home air filtrations (0)
<b>Teen and Young Adult Health</b>	1. Teen and young adult mental health services (38) 2. Parent involvement/parent support (26) 3. Teen substance abuse (19) 4a. Family planning/reproductive health (13) 4b. Accurate, anonymous education (13) 5. Peer support/mentoring/group support (9)
<b>Maternal and Women's Health</b>	1. Mental health services (39) a. Residential care access b. Need to normalize c. Whole health approach 2. Substance abuse (14) 3. Work together with other services, programs, and leaders to align our philosophy to envelop the whole woman (0)
<b>Nutrition and Physical Activity</b>	1. Breastfeeding beyond the hospital (especially rural areas and babies with feeding issues); and support for those who can't successfully breastfeed or choose not to. (29) 2. Overweight and inactive youth (for example around use of media) (17) 3. Overweight mothers (13) 4. Get folic acid to all mothers (1)

**Overall top priorities:**

1. Mental health services (39)
  - a. Residential care access
  - b. Need to normalize
  - c. Whole health approach
2. Teen and young adult mental health services (38)
3. Asthma prevention, education, and increasing awareness (30)
4. Breastfeeding beyond the hospital (especially rural areas and babies with feeding issues); and support for those who can't successfully breastfeed or choose not to. (29)
5. Parent involvement/parent support (26)
6. Need providers and Medi-Cal available (status updated, and plan info) (21)
7. Make sure people know how to find info about accessing services (20)

## Evaluation Input (more coming soon via Survey Monkey)

### Positives

- Laser pointers
- Sticker prioritization
- Organization and flow
- Facilitators assigned to tables
- Representation of agencies

### Changes to consider

- Less time on data, more time to browse among other groups
- Invite more residents (mothers, children, adolescents)
- How it connects to other initiatives/departments
- Use of social media
- Clarify what happens with this media
- Bathroom breaks
- Lunch first
- Include vegetarian lunch option
- Coffee
- Include a place where participants can share literature
- Did we reach all stakeholders and providers?
- Conduct workshop with young adults
- Share contact info of participants
- Alter times and days of meetings

## Bike Rack

- Air quality monitoring: [www.lung.org/healthy-air/outdoor/state-of-the-air/app.html](http://www.lung.org/healthy-air/outdoor/state-of-the-air/app.html)
  - A downloadable app that provides updates on local air quality
  - “I wish students would stay in filtered air on bad [air] days”
  - Air quality alerts are also provided in media outlets
- “Need to deliver an extensive report (not just a paper report) to the Placer County Board of Supervisors. Funding is a large part of many of these issues, and [the board] holds the purse strings.”