

MCAH Internal Stakeholder Input Event

February 19th, 2014

Rocklin

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 the Photolanguage introduction exercise, Galen asked participants to “Pick an image that represents something special about our community that promotes the health of families.” Themes that were frequently mentioned included:

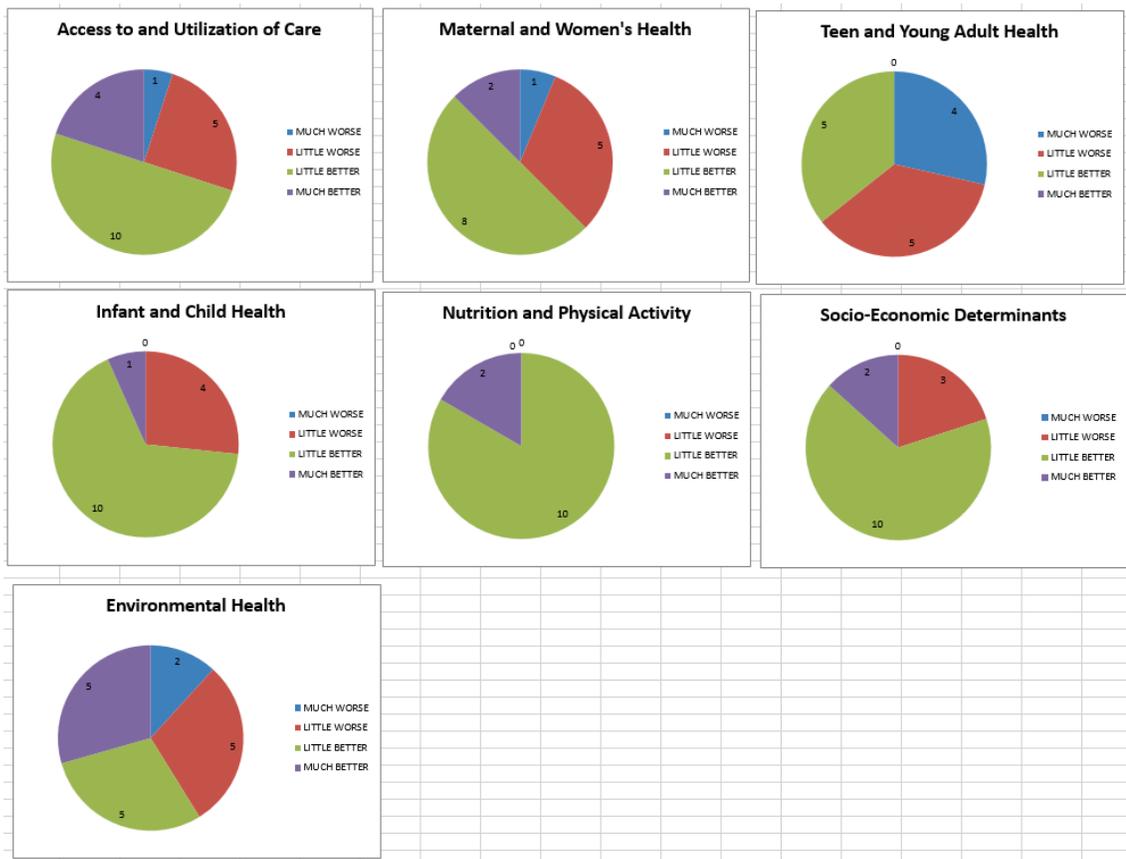
- Play
- Nature
- Generations
- Heritage
- Collaboration/teamwork
- Parenting

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

	What do you see? Any surprises? What are the key findings?	How does this resonate with your own experience in your work and as a resident of the community?	What is most important about this data? What meaning does it have for the health of our community?
Access to and Utilization of Care	<ul style="list-style-type: none"> • Access to insurance: better rate than the state • Is access to government insurance better? For some of us there is no differentiation between “insurance” and government insurance • Surprised at immunization rates • These stats mostly apply to residents under 20 years of age (only one category doesn’t) 	<ul style="list-style-type: none"> • Immunizations are widely available; it’s a personal choice to defer • The dental statistic seems very high, given the low level of available dental resources • Transportation • Higher percentage of women getting prenatal care versus what we see with Medi-Cal population 	<ul style="list-style-type: none"> • Immunizations: we’re losing our “herd immunity,” and seeing an increase in vaccine-related diseases • As we see an increase in government-funded insurance, we are not seeing a like increase in available providers • Need more dental providers
Infant and Child Health	<ul style="list-style-type: none"> • High asthma rate among 1-17 year olds not surprising due to known poor air quality • High rate of seasonal allergies, trees/pollen • Surprised at the difference in mortality rates between the county and state, especially without significance • Difference in death rates between age groups • No surprise about low birth weight and premature birth data (better than state) 	<ul style="list-style-type: none"> • A lot of education is available in this county to pregnant women and teens • Asthma experiences are consistent, but we need to look into why the rates are high • Better access to health care leads to better birth outcomes 	<ul style="list-style-type: none"> • Dads can support moms and kids in every aspect of this domain if they have access to information and education • Lack of strong males in the community advocating for representation • Data could be improved even more with increased father involvement • Placer’s good data in this domain is due to good socio-economics, education and nutrition
Teen and Young Adult Health	<ul style="list-style-type: none"> • High death rate • Hospitalization for substance abuse • Surprised that STD rate is lower than the state • Teen birth rate 	<ul style="list-style-type: none"> • Placer County (Rocklin) has higher substance abuse rates • Teens tend to minimize substance abuse, claiming that everyone does it • Over-medication • Over-diagnosis of mental health issues in schools • Higher suicide rates 	<ul style="list-style-type: none"> • Need more information about this data • Look at risk factors for suicide and self-inflicted injury • Stigma about disclosing self-inflicted injury
Maternal and Women’s Health	<ul style="list-style-type: none"> • Surprised about hospital rates for gestational diabetes • High cesarean-section rate • That our smoking and drinking rates among pregnant residents aren’t better than the state 	<ul style="list-style-type: none"> • Community members need to know what services are available to them • Education needed <ul style="list-style-type: none"> ○ Style and timing can make a difference 	<ul style="list-style-type: none"> • Still big areas that need to be analyzed <ul style="list-style-type: none"> ○ Drinking and smoking ○ Mental health ○ Drug addiction ○ Support systems (support groups)

	What do you see? Any surprises? What are the key findings?	How does this resonate with your own experience in your work and as a resident of the community?	What is most important about this data? What meaning does it have for the health of our community?
Nutrition and Physical Activity	<ul style="list-style-type: none"> • Placer is more healthy than other counties <ul style="list-style-type: none"> ○ Recreational activities are readily available • Inactivity is lower, but obesity is somewhat similar, compared to the state • Is obesity associated with higher income in Placer? (financial means to purchase) • Children in Placer who can afford it do participate in extracurricular activities • Breastfeeding rates may be higher owing to maternal ability to stay at home 	<ul style="list-style-type: none"> • Work with school and after-school; owing to higher income, fewer public/subsidized services and resources • Placer County is relatively affluent/upper-middle-class, but resources and population are not evenly distributed. Health stats in some pockets of poverty are not as good as the county average. • Inter-district transfers may actually decrease quality of schools, availability of resources for children who need it • People who are over-fed but under-nourished 	<ul style="list-style-type: none"> • Will this data lead to new resources for the community where there are currently gaps? • Overweight youth are more likely to be overweight adults (future health issues) • Nutrition and obesity issues: Despite an active population, obesity rates are still high <ul style="list-style-type: none"> ○ Need for nutrition education ○ CalFresh enrollment is low • Breastfeeding is positive

Identify priorities

	What issues should the MCAH program address over the next five years from these domains? (with priority rankings)
Access to and Utilization of Care	1. Access to transportation (29) 2. How do we increase the number of prenatal care providers? (11) 3. Immunization rates (10) <ul style="list-style-type: none"> ○ Hope that new exemption law (requiring conversation with pediatrician) will lead to improved immunization status ○ Increase education to all parents regarding importance of immunizations ○ Which parent chooses whether to immunize in divorced/separated families? 4. Increase in amount of services available (5)
Infant, and Child Health	1. Increased assessment/screenings for disabilities/delays in children (23) 2. Asthma: need more education about the correct use of inhalers (15) 3. Need more education and outreach to open this domain to fathers (14) 4. Product safety/advertising (1)
Teen and Young Adult Health	1. Increase public awareness of substance use (32) 2. Teen substance abuse (schools, elsewhere) (22) 3. Father advocacy and support (17) 4. Transition for young adults with mental health issues (15) 5. Teen advocates—what they see, what might be effective (12)
Maternal and Women’s Health	1. Integrated mental health services (e.g. poverty, domestic violence, homelessness, fatherhood, mental health concerns) (24) 2. Appropriately timed/Evidence-Based Practice education (tap retired nurses association) (9) 3a. Pediatricians to screen for problems early (7) 3b. Early identification of family problems (7) 4. Prevention/long term effects of... (4)
Nutrition and Physical Activity	1. Physical education in schools (20) 2a. Cost of extracurricular/sports activities (14) 2b. The healthy choice is not always the easy choice (14) 3. Lack of nutrition education (13) 4a. Disconnect between services (e.g. CalFresh and nutrition education) (6) 4b. Do people know how to access healthy options, such as farmer’s markets? (6) 5a. Lack of communication and media about healthy food and physical activity (5) 5b. Media and sedentary behavior (physical inactivity) (5)

Overall top priorities:

1. Increase public awareness of substance use (32, Teen and Young Adult Health)
2. Access to transportation (29, Access to and Utilization of Care)
3. Integrated mental health services (e.g. poverty, domestic violence, homelessness, fatherhood, mental health concerns) (24, Maternal and Women’s Health)
4. Increased assessment/screenings for disabilities/delays in children (23, Infant and Child Health)
5. Teen substance abuse (schools, elsewhere) (22, Teen and Young Adult Health)
6. Physical education in schools (20, Nutrition and Physical Activity)
7. Father advocacy and support (17, Teen and Young Adult Health)

Evaluation Input (more coming soon via Survey Monkey)

<p style="text-align: center;"><u>Positives</u></p> <ul style="list-style-type: none">• Flow• Interactive• Linked group/versus individual
<p style="text-align: center;"><u>Changes to consider</u></p> <ul style="list-style-type: none">• Felt rushed; extending the meeting time would help• Get more input from residents• Increase school involvement

Bike Rack

- “I found out at the nurse meetings yesterday that they have closed the Roseville clinic. That is really unfortunate. Do you know why??? Also, the health department did not notify the school nurses and we found out from our students that it was closed. That is also unfortunate. Auburn is really far from Rocklin/Roseville and I am sure that some will not have the money for gas. I am also disappointed that the IZ clinic is mornings only..... when kids are in school. The hours should be after school so they don’t miss out on education.
- I also teach family life to 7th and 8th graders and have always used the health dept as a resource for getting tested for STDs or pregnancy. Getting to Roseville is easy. Getting to Auburn is difficult. It just seems like the health department gets cut to the bones. Is this due to funding?”