

**Maternal, Child and Adolescent Health
Five Year Needs Assessment Report
Executive Summary
(2010 – 2014)
San Mateo County**

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Executive Summary

A. Local Needs Assessment Process

The Maternal, Child and Adolescent Health (MCAH) Title V Needs Assessment is conducted every five years to formally assess the health of mothers, children, and adolescents in San Mateo County in a comprehensive, structured manner. The purpose of the 2004 Needs Assessment was to identify and prioritize MCAH problems and needs. The focus of the current 2009 Needs Assessment is to assess the local MCAH system's capacity to address the needs of mothers, children and teens, and to carry out the 10 essential public health services. The entire MCAH system includes all public, private, and non-profit organizations that coordinate the delivery of services to mothers, children and teens in San Mateo County.

The MCAH program in the Family Health Services Division took the leadership role in conducting the needs assessment. Participants of the planning group were recruited from the Family Health Services and the Health Policy and Planning Divisions of the Health System, and met regularly throughout the local needs assessment process. In order to evaluate the capacity of the local MCAH system, the MCAH Coordinator conducted several stakeholder meetings with existing collaborative groups, agencies and programs, and contacted key informants for informational interviews, gathering information from November 2008 through May 2009. The mCAST-V tool, provided by the California Department of Public Health MCAH, was used to collect information from stakeholders for the capacity assessment. The local capacity assessment will provide information to the State on the MCAH system's strengths, assets, gaps in services, and capacity needs. Taking information gathered from stakeholders, the planning group analyzed themes derived from capacity needs and discussed and identified possible interventions and challenges to building capacity within the MCAH system.

B. Highlights from Analysis of MCAH Indicators

Prenatal Care

The rates of pregnant women in San Mateo County entering prenatal care in the first trimester are significantly better than the statewide level, and the county is seeing a significant improvement and upward trend towards Healthy People 2010 benchmarks, although still slightly below the 2010 objective of 90%. The major concerns in San Mateo County are the racial/ethnic disparities in this measure. Rates for late or no prenatal care are highest in Pacific Islander, Black, and Hispanic populations.

Preterm Births

The local rate for preterm births (under 37 weeks of gestation) was significantly better than the state, but worse than the Healthy People 2010 objective of 7.6%. There is a significant worsening of the overall trend in the county away from the 2010 objective. While racial/ethnic disparities appear to be lessening, rates for preterm births are still highest in Blacks, and the rates in White and Asian women increased significantly.

Childhood Overweight

The rate for children (age 5 to 19) who were overweight was significantly worse than the statewide level and in comparison to the rate for Bay Area counties combined. The county has seen a statistically significant increase in the rate since 1995-1997, and continues to be significantly higher than the Healthy People 2010 objective of 5%.

Teenage Births

Teenage birth rates were below statewide levels. A significant decreasing trend in teenage birth rates for 15-19 year olds in San Mateo County occurred from 1995-2004 and flattened thereafter. Teenage birth rates were higher for Hispanics than all other race/ethnic groups. The identified regions of the county that continue to have the highest proportion of births to adolescents include East Palo Alto, Redwood City/North Fair Oaks, San Mateo and South San Francisco.

Mental Health and Mental Illness

The San Mateo County rate for mental health hospitalizations for children (ages 5 to 14), was significantly below the California rate. The county is seeing a decreasing trend in hospitalizations for this age group.

Immunization Levels at 24 Months of Age (Optional MCAH Indicator)

Immunization levels have not reached the Healthy People 2010 objective of 90% up-to-date immunizations at age two. Racial/ethnic disparities in immunization levels also remain, with the lowest up-to-date immunization levels in the Black population. Asian and Hispanic populations are also well below the 90% goal. Regional differences exist, with the lowest immunization levels being in the coastside and south county, and the highest immunization levels in the mid-county region.

C. Highlights from Capacity Assessment

Various strengths and weaknesses of the MCAH system were highlighted in the capacity assessment. A frequently stated strength was that many long-term collaboratives exist throughout San Mateo County with private, public and community based organizations (CBOs) coordinating services, sharing and analyzing data, and producing and disseminating assessment reports for use by all agencies. Unfortunately, the county lacks a strong CBO presence, which has further worsened with the downturn in the economy.

San Mateo County raises the profile of the integration between policy and planning by having an entire division within the Health System (Health Policy and Planning) devoted to community engagement, policy, planning, and implementation. The county also values evidence-based practice and involvement in research to further improve the health of women, children and teens. However, stakeholders often noted resources to conduct reliable data collection and more comprehensive data analysis were limited, specifically for the use in routine program planning and evaluation.

Youth Development (YD) efforts were often highlighted in the capacity assessment as a strength and significant focus area. There are multiple opportunities for youth involvement in the county, including an active youth commission involved in program planning and data analysis. County agencies endorse the "Bill of Rights for Children and Youth," and several hundred county staff have been trained on YD principles.

There is also a strong commitment in the county to cross-cultural and multi-lingual dissemination of information, linguistic access, and targeted outreach/services to at-risk populations. The Black Infant Health Program has been successful in outreaching to African American families. The Health System also recently signed a contract with a translation service to ensure clients have access to services in their language.

Unfortunately, programs throughout the county are still facing difficulties engaging and/or providing services to certain populations in our county (e.g. Russian or Burmese speakers, Tongan population, fathers), due to limited language capacity, cultural competence/sensitivity, and/or human resources.

In geographically isolated areas of the county, there is a lack of willing and available local health providers, making it difficult to provide medical, dental and community public health services to MCAH populations in these regions. The use of technology could improve outreach in hard to reach areas, but the county has limited resources for public awareness campaigns using multiple media platforms.

Funding and competing priorities were common concerns of stakeholders. Categorical funding restrictions and limited financial resources strain the county's capacity to address MCAH issues and community-driven initiatives, and MCAH specific issues are not always the highest priority for elected officials in our county.

D. Description of Emerging State/Local Public Health Issues

Common challenges highlighted in the capacity needs discussion were the competing priorities in the county, and lack of human resources and funding. With reduced funding and resources in MCAH programs, local health jurisdictions will be challenged to meet program goals with a skeletal infrastructure, and must find creative ways to address capacity needs, such as regionalized collaboration with local county jurisdictions, community-based organizations, and agencies. MCAH programs have seen improvements in Black infant mortality rates and teen pregnancy rates, but could face a reversal in the great strides already made should MCAH programs cease to exist.

In the current recession, efforts to address the MCAH system's capacity needs, or even to begin examining new and innovative ways to address the needs of the MCAH population, are secondary concerns as efforts are redirected towards maintaining the current level or preventing elimination of services. In the Unnatural Causes film series segment, "In Sickness and in Wealth," the relationship between income/wealth and health is highlighted.¹ Understanding this relationship, a major concern is the significant health impact on the most vulnerable population of low-income women, children and youth as a result of a prolonged recession, added to a weakened health and social services safety net.

Redefining MCAH to bring attention to the unique needs of mothers, children and teens, and raising awareness about the successes of targeted services provided by local and State MCAH programs is more important now than ever.

¹ Produced by California Newsreel with Vital Pictures. Presented by the National Minority Consortia of public television. Outreach with the Joint Center for Political and Economic Studies Health Policy Institute. www.unnaturalcauses.org