

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

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## **I. 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.<sup>1</sup> 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.

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<sup>1</sup> 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](http://www.unnaturalcauses.org)

## II. MCAH Mission Statement and Goals

Maternal, Child, and Adolescent Health programs (MCAH) are housed within the Family Health Services (FHS) Division, a division of the San Mateo County Health System. Family Health Services was originally part of the Public Health and Environmental Protection division, but became a separate division of the Health System in 2007. Under the leadership of Mary Hansell, the FHS Director, the Vision, Mission and Program Outcome Statement were developed through a facilitated process with input from managers, staff and clients.

All programs within the Family Health Services Division collaborate and share one common Vision and Mission and work towards the same goals. Therefore Maternal, Child, and Adolescent Health programs subscribe to this same Vision and Mission:

**Vision:** Healthy Families, Healthy Communities

**Mission:** To Help Families Achieve Health and Well-Being, and Together, Build Supportive Communities

**Program Outcome Statement:** Family Health Services provides outreach, education, case management, disaster preparedness and response, prevention services and treatment to help children and adults achieve health and well-being, and together, build strong families and communities.

## III. Planning Group

Participants of the planning group were recruited from the Family Health Services and the Health Policy and Planning Divisions with the intent to gather a diverse group whose experiences varied in terms of involvement with MCAH populations, and expertise in conducting needs assessments and/or strategic planning. The planning group consisted of the MCAH Director/CCS Medical Director, MCAH Coordinator/Public Health Nurse, a Field Nursing Clinical Services Manager, two Management Analysts, and a Community Program Specialist. The group met regularly starting in September 2008 and throughout the local needs assessment process. The group was involved in discussions and decisions regarding how to conduct the local capacity assessment, identifying key stakeholders, and reviewing data for health status indicators (including MCAH priorities) and data collected from the capacity assessment. Members of the planning group also participated in community stakeholder meetings where further input was gathered. Once the local capacity assessment was complete, the planning group analyzed capacity needs and discussed and identified possible interventions and challenges to building capacity within the MCAH system.

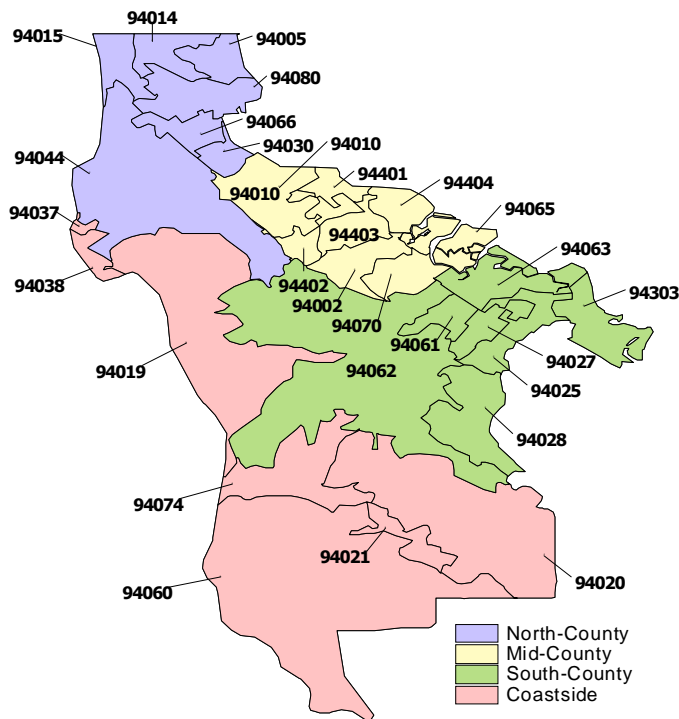
#### IV. Community Health Profile

*Portions of the Community Health Profile section were taken from the MCAH Needs Assessment submitted in 2004. Changes and updates are italicized in this section.*

##### **Geography**

Occupying 531 square miles, San Mateo County is characterized by its geographic contrasts. The county is bound on the west by the Pacific Ocean, on the east by the San Francisco Bay, to the north by San Francisco County and City, and to the south by Santa Clara County. The county is often referred to as the Peninsula. The dense urbanization of the Bay Area Corridor stands in marked contrast to the agricultural, park preserve, and undeveloped land of the rural Coastside regions. Four regions are typically described: North-County, South-County, Mid-County, and the Coastside.

**Figure 1 San Mateo County with County Regions and Zip Codes**



Although the county is geographically the third smallest county in California, it is the thirteenth most populous. The total population of the county from the 2000 United States Census was estimated at 707,161 persons, representing an 8.6% increase from 1990 (n=651,401), compared to a 13.8% growth statewide for the same period. Leading Silicon Valley information, bioscience and medical technology industries call San Mateo County home. These include Oracle Corporation, Electronic Arts, PDI/DreamWorks, Genentech, Nektar, Gilead, Cell Genesis, Applied Biosystems, and



InterMune. The five largest employers in the county are, in order: United Airlines, *Genentech*, County of San Mateo, Oracle, and *Kaiser Permanente*.<sup>2</sup>

Proximity to San Francisco also has an impact. This is especially true considering that San Francisco is so compact that some of its essential municipal services – including reservoirs, airports, cemeteries and detention facilities – are located in San Mateo County. As one might expect, many San Mateo County residents are employed in the two adjoining counties. In addition, the cities of San Francisco and San Jose are major recreational and social destinations for residents of San Mateo County.

### ***Demographics***

San Mateo County is also distinguished by changing demographic characteristics, with a population that is aging and becoming more racially and ethnically diverse. In 1990, the post-war “baby boomer” generation (persons born between 1946 and 1965) constituted the largest share of the population. An echo of this cohort can also be seen in the younger ages as female baby boomers came to childbearing age in the 1980’s, peaking in 1990. Concordant with national trends, the baby boom generation represents a large proportion of the population that will enter old age during the next two decades. If the current trends continue, however, the increasing proportion and number of older individuals in the county will create an unprecedented demographic shift resulting in an extraordinarily high demand for services to the older and elderly population.

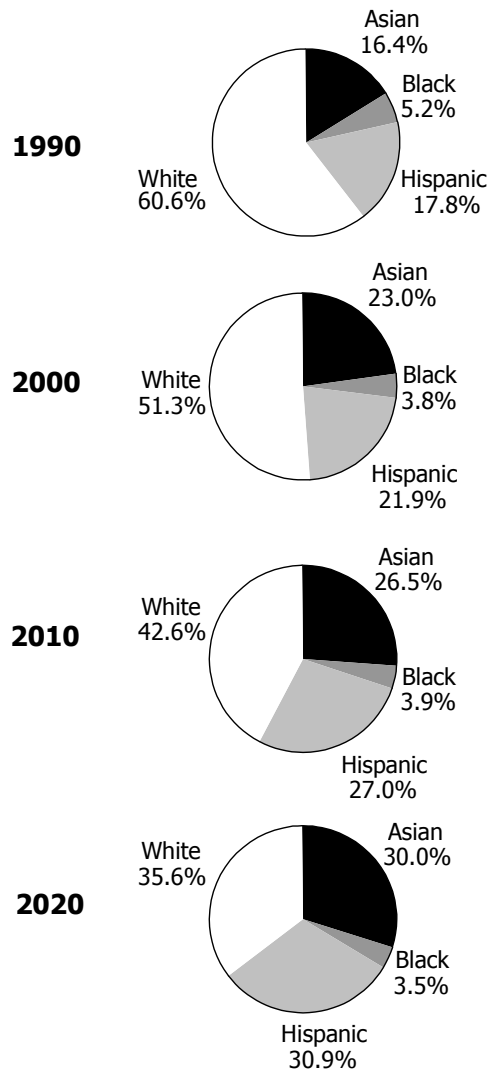
The racial and ethnic diversity of San Mateo County also continues to expand. The proportion of Hispanics has increased from 17.8% in 1990 to 21.9% in 2000. During the same time period, the Asian and Pacific Islander population increased from 16.4% to 23.0% and the Black population decreased slightly from 5.2% to 3.8% (see Figure 2). The racial and ethnic change in San Mateo County mirrors that of California, except the Black population across the state is increasing. The growth of the Hispanic population is largely attributed to natural increase (i.e., births minus deaths) rather than migration. Migration is responsible for most of the increase in the Asian and Pacific Islander population in San Mateo County.<sup>3</sup>

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<sup>2</sup> San Mateo County Profile, from the County Manager’s Office, County of San Mateo website: [http://www.co.sanmateo.ca.us/smc/department/cmo/home/0,2151,1909\\_222285,00.html](http://www.co.sanmateo.ca.us/smc/department/cmo/home/0,2151,1909_222285,00.html). Accessed October 29, 2008.

<sup>3</sup> San Mateo County Health Services Agency. *Healthy San Mateo 2010: A Report on the Health Status of San Mateo County Residents, 1990-2001*. San Mateo, California. Department of Public Health, March 2004.

**Figure 2. Actual and Projected Racial/Ethnic Composition of San Mateo County, 1990-2020**



Source data: United States Census (1990, 2000), California Department of Finance Population Projections 1998 (2010, 2020).

**Employment and Cost of Living**

Over one third (37.0%) of 2008 participants in the San Mateo County Quality of Life Survey rated local employment opportunities as “excellent” or “very good,” up from 19.9% in the 2004 survey. 27.9% of 2008 respondents rated local employment opportunities as “fair” or “poor,” down from 40.7% in 2004 but still higher than 20.4% in 1998.<sup>4</sup> The average unemployment rate in San Mateo County in 2008 was 4.8%, up from 3.8% in 2007, but still below the 2008 state average of 7.2%.<sup>5</sup> The number one

<sup>4</sup> 2008 Community Assessment: Health & Quality of Life in San Mateo County. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

<sup>5</sup> 2009 Indicators for a Sustainable San Mateo County: A Yearly Report.

problem facing families in San Mateo County is the cost of living. *In the 2008 Health & Quality of Life Survey, 34.2% of respondents report that they or a family member have seriously considered leaving the county because of the cost of living, lower than the 41.6% who gave this same response in 2001. Higher levels of dissatisfaction are found among young adults, people living below the 400% poverty threshold, and Hispanic respondents.*<sup>6</sup>

### **Childcare**

*San Mateo County's high cost of living makes it difficult for households with two working parents or single parents to access affordable childcare. Many middle and low-income families earn incomes that exceed state or federal income requirements and subsequently do not qualify for state or federal child care subsidies. In 2008, over 86,000 children (0-13 years of age) in San Mateo County lived in households with two working parents or a single parent. Preschool childcare centers had the largest increase in childcare rates (a 22% increase from 2003 to 2008 in inflation adjusted dollars). The average full-time cost of child care for an infant is \$1254/month and for a preschooler the average cost of child care is \$845/month.*<sup>7</sup>

### **Education**

*Data from 2006-2007 show the average per-pupil spending in San Mateo County at \$8,345 in comparison to the Nation (\$10,418) and the State (\$9,061). There is, however, wide disparity in per-pupil spending between the various county school districts, with the highest per-pupil expenditure at \$15,959 in the Woodside Elementary School District versus \$6,736 in the South San Francisco Unified School District. The target Academic Performance Index (API) score for all California Public Schools is 800. In 2008, the median API scores for schools in San Mateo County were 809 for elementary schools, 787 for middle schools, and 749 for high schools. All scores were an improvement from those reported in 2007. Although the overall API score for all school districts are close to the State's target, there are disparities between schools, with lower API scores particularly in schools with a higher proportion of socio-economically disadvantaged students or English as a Second Language (ESL) students.*<sup>8</sup>

### **Housing and Homelessness**

*In 2008, 29% of San Mateo County households could afford to purchase an entry-level home (defined as 85% of the prevailing median price) compared with 53% in California, and 60% nationwide. To afford a median-priced home (\$795,000) in 2008, home buyers needed to earn over \$165,000 per year.*

*In 2007, the Homeless Census and Survey reported 2,064 county residents were homeless, with 7% of homeless families having dependent children. A quarter of the homeless population reported going to the emergency room three or more times a year.*

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<sup>6</sup> 2008 Community Assessment: Health & Quality of Life in San Mateo County. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

<sup>7</sup> 2009 Indicators for a Sustainable San Mateo County: A Yearly Report.

<sup>8</sup> Ibid.

*The county's Center on Homelessness reports there were more individuals homeless for the first time in 2008 than in past years and could be due to the downturn in the economy, rising unemployment rates and the high costs in housing.*<sup>9</sup>

### **Crime**

The rate of *violent* crimes in San Mateo County decreased 3.7% between 2006 and 2007 to 289.9 crimes per 100,000 residents. *The San Mateo County rate is less than the State's rate of 507 per 100,000. Juvenile arrests have dropped 37% since 1998. Gang-related homicide rates are also declining. Out of the 35 homicides in 2006 and 2007, two homicides were related to gang violence.*<sup>10</sup>

### **Poverty**

In 2000, one in four children in San Mateo County, or 40,076 children, lived in low-income families – families whose annual income was at or below 75% of the state's median income (\$37,600 for a family of four). The 2000 median household income in San Mateo County was \$74,900.<sup>11</sup> *In a 2008 survey, 2.4% of surveyed adults reported that their family did not have enough food on a regular basis.*<sup>12</sup> *In 2009, the county's Human Services Agency reported federal food stamp usage increased 21% from the prior year.*<sup>13</sup> While relatively few people in the county live in poverty when compared to national standards, a much higher percentage live in relative poverty when you account for the high cost of living in the region.

### **Health Insurance for Children**

In January 2003 San Mateo County implemented the Children's Health Initiative, an effort to increase enrollment for eligible children 0-18 years of age into Medi-Cal and Healthy Families, and to provide a new insurance product, Healthy Kids, to all other county resident children with family incomes up to 400% of the Federal Poverty Level. *Data from the 2005 California Health Interview Survey reported that 3.5% of children 0-18 years in San Mateo County were without health insurance (10.7% for California overall) and 6.7% of children 0-18 years in San Mateo County had Medi-cal or Healthy Families.*<sup>14</sup>

### **Health Plan of San Mateo**

The Health Plan of San Mateo serves most of the county's Medi-Cal population and offers Healthy Families coverage, together with other insurers. HPSM also administers the Healthy Kids program, and has been vital to providing access to healthcare services to local high-risk populations. HPSM works closely with county government, private providers, and community members to ensure that barriers (transportation, language, culture) to preventive care and medical/dental treatment are minimized. While HPSM

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<sup>9</sup> 2009 Indicators for a Sustainable San Mateo County: A Yearly Report.

<sup>10</sup> Ibid.

<sup>11</sup> 2000-2005 San Mateo County Child Care Strategic Plan. Child Care Partnership Council.

<sup>12</sup> 2008 Community Assessment: Health & Quality of Life in San Mateo County. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

<sup>13</sup> 2009 Indicators for a Sustainable San Mateo County: A Yearly Report.

<sup>14</sup> 2005 California Health Interview Survey. UCLA Center for Health Policy Research, March 2007. Available at [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu). Accessed May 29, 2009.

continues to be fully operational at this time, we would anticipate a significant negative impact on access to healthcare for our most fragile populations should HPSM cease to operate.

### **Health Services**

Healthcare services in San Mateo County are provided by a combination of county facilities, private hospitals, clinics, provider offices, and community-based organizations.

*Facilities providing the majority of prenatal care within the county include San Mateo Medical Center (including clinics at the Main Campus, Willow, Fair Oaks, and South San Francisco), Seton Medical Center, Mills-Peninsula Health Services, Sequoia Hospital, Kaiser Permanente facilities in Redwood City and South San Francisco (SSF), a community health center, and private prenatal providers. Although they provide prenatal care, San Mateo Medical Center and Kaiser SSF do not have labor and delivery services, instead using Lucile Packard Children's Hospital and other Kaiser facilities (mostly Redwood City or San Francisco) for deliveries. While most Medi-Cal in-county deliveries have been at Mills-Peninsula and Seton, a new initiative of the county and HPSM is to increase capacity for Medi-Cal deliveries at Sequoia, Mills-Peninsula, and Kaiser Redwood City.*

*Since San Mateo County is located between two heavily populated and cosmopolitan counties, many county residents are served by hospitals and clinics in those two counties, notably the Stanford University Medical Center/Lucile Packard Children's Hospital in Palo Alto, and University of California San Francisco, California Pacific Medical Center, St. Luke's Hospital, San Francisco General Hospital and Kaiser Foundation Hospital, all in San Francisco. Over one-half of deliveries to county residents occur at facilities outside San Mateo County. Stanford University Medical Center and San Francisco General Hospital are also the closest trauma facilities.*

*Two youth health centers serve the county's young people, Daly City Youth Health Center in the north (Daly City), and Sequoia Teen Wellness Center in the south (Redwood City). The Ravenswood Family Health Center in East Palo Alto operates as a community health center with federal funding. SMMC clinics (Main Campus, Willow, Fair Oaks, SSF and Daly City) provide pediatric care. These health clinics ensure access to healthcare throughout the county for women and children.*

### **County Health System Structure**

*A re-organization in 2008 created the San Mateo County Health System. The structure was redesigned so that the Health Officer and Health Policy and Planning directly reported to the Health System Chief to provide leadership in identifying and addressing community health challenges. The Health System also includes six divisions: San Mateo Medical Center; Correctional Health Services; Aging and Adult Services; Family Health Services; Community Health; and Behavioral Health and Recovery Services (BHRS). The Mental Health Division was renamed BHRS because of an increasing focus on substance abuse issues, including among pregnant woman, and the movement of Alcohol and Other Drugs (AOD) from Human Services into the Health*

*System. The San Mateo Medical Center includes the county hospital located in San Mateo, seven regional clinics (including the two youth health center clinics), two long-term care sites, the Ron Robinson Senior Care Center for older adults, psychiatric emergency services with a locked inpatient unit, the Keller Center for Family Violence Intervention, and a busy emergency department. The reorganization was also meant to strengthen the partnership with HPSM.*

The Family Health Services *Division* includes many MCAH programs such as: the AFLP and Federal AFL Project; the BIH Project (Prenatal Advantage); the CPSP; Fatherhood Services; and *SIDS Program*. The Prenatal-to-Three Program (home visiting services primarily for families on Medi-Cal with young children), CCS and Medical Therapy Unit, CHDP Program, Immunization Program, Dental Health Program and Nutrition Programs (including Women, Infants and Children Program) all serve the MCAH population and coordinate services closely with the MCAH programs. *The MCAH program is a leader in providing targeted services to mothers, children and youth and serves as an expert resource to other providers and agencies serving the MCAH population in San Mateo County.*

## **V. Health Status Indicators**

See Workbook B and Workbook B-Addendum for an overview of the 27 State required MCAH indicators comparing local rates to State levels and to Healthy People 2010 objectives, including trend analysis for select indicators.

## **VI. Local MCAH Problems/Needs**

*Portions of the Local MCAH Problems/Needs section were taken from the MCAH Needs Assessment submitted in 2004. Changes and updates are italicized in this section.*

*The local MCAH problems/needs were identified in the 2004 MCAH Needs Assessment with input from stakeholders. Two groups within the Family Health Services Division (formerly a unit of the Public Health Division) functioned as the planning groups for the MCAH Community Needs Assessment. One group comprised of family health managers and the other group of senior MCAH program staff. Input was solicited from these individuals at various scheduled meetings throughout the course of the planning year. In addition, these individuals often participated in community meetings where further input was solicited.*

A wealth of collaborative groups addressing the MCAH population already exist in San Mateo County, making these the ideal means of obtaining broader community participation in the MCAH Needs Assessment process. Three specific groups were utilized to obtain community input *in 2004*: the BIH Advisory Committee; Children's Collaborative Action Team (a broad-based child health and welfare group which also serves as the county's Child Abuse Prevention Council); and the First 5 Community Advisory Committee. Six problem areas were identified from the data, public input, and an internal decision-making process: (1) *Prenatal care*, (2) *Preterm birth*, (3) *Childhood*

*Overweight, (4) Teenage Births, (5) Mental Health and Mental Illness, and (6) Immunization Levels at 24 Months of Age.*

*Most current data provided by the University of California San Francisco Family Health Outcomes Project (FHOP) for the following MCAH health status indicators (excluding childhood immunization levels) were used to compare San Mateo County rates to California levels and to Healthy People 2010 objectives.*

### **Prenatal Care**

*From 2004-2006, pregnant women in San Mateo County entered prenatal care in the first trimester 89.2% of the time, significantly better than the statewide level of 85.6%. The county has seen a statistically significant increase since the 1995-1997 rate of 85.4% first trimester prenatal care. Although we are seeing a significant upward trend towards Healthy People 2010, we are still slightly below the 2010 objective of 90%.*

Major concerns in San Mateo County are the racial/ethnic disparities and population group disparities in this measure. Rates for late or no prenatal care (the converse of first trimester prenatal care) are highest in *Pacific Islander*, Black, and Hispanic populations, 33.4%, 17.4% and 17.4% respectively, for the 5-year moving average (2000-2004). Additional data on the Filipina population show rates of late or no prenatal care at 14.9% (see graph MCH-9 in Appendix A).

*Early, regular and adequate prenatal care can improve birth outcomes. Through stakeholder input, we recognize that there remains a need to increase culturally sensitive and linguistically competent prenatal care services in the county. We need more locations able and willing to provide prenatal care services for low-income populations, racial/ethnic minority populations, teenagers, and women with substance abuse and mental health issues, especially in northern San Mateo County.*

*In 2004, the community groups were very concerned about the racial/ethnic difference in prenatal care which still continues to exist, and most often voted for this as a priority MCAH indicator.*

Groups identified as at risk for late or no prenatal care:

- Pacific Islander women
- Black, Hispanic, and Filipina women
- Pregnant teenagers
- Women with substance abuse and mental health issues

### **Preterm Births**

Preterm births (under 37 weeks of gestation) made up an average of 9.9% of all births in the county for 2004-2006, significantly higher than in 1995-1997 (8.8%). The local rate was significantly better than the state level of 11.1%, 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 Healthy People 2010 objective. While racial/ethnic disparities

appear to be lessening, *rates for preterm births are still highest in Blacks (15.2%), for the 5-year moving average, 2000-2004 (see graph MCH-15 in Appendix A).*

The proportion of preterm births in Black women *increased from 14.1% in 1995 to 15.8% in 2006. However the increase was not statistically significant.* In 2006, the rates among Black women were higher than rates of other racial/ethnic groups. While the proportion of preterm births in Hispanics remained stable between 1995 and 2006, the proportion in White *and Asian* women increased significantly. *Rates for White women went from 7.4% in 1995 to 10% in 2006 and rates for Asian women went from 7.4% in 1995 to 10.8% in 2006.*

*Low Birth Weight (LBW) and Very Low Birth Weight (VLWB) are indicators also linked to preterm birth. Similar to the local preterm birth rate, the LBW rate had a significant increase from 5.8% (1995-1997) to 6.7% (2004-2006). The local rate is higher than Healthy People (HP) 2010 objective of 5%, and we are seeing a significant trend moving away from HP 2010. The local VLWB rate of 1.1% (2004-2006) was not a significant change from previous years.*

Preterm birth is a contributor to infant mortality, an issue of continued concern within San Mateo County. The San Mateo County infant mortality rate *decreased slightly to 4.4 per 1,000 births (2004-2006) from 4.8 (1995-1997). The local rate is below California's but barely meeting the Healthy People 2010 objective of 4.5 per 1,000 births. Racial/ethnic disparities are a concern in San Mateo County as the rate of infant mortality in the Black population (7.8/1,000) is over twice the rate than in the White population (3.5/1,000) for 5-year moving averages, 2000-2004 (see graph MCH-31 in Appendix A).*

San Mateo County has seen a growth in the proportion of births that are twins, from 2.7% in 1996 to 4% in 2007 (see graph A in Appendix A). In 2007, 60.2% of multiple births were preterm. Births to adolescents were also more likely to be preterm, with 11% preterm in 2007 compared to 9.7% for all births (see graph B in Appendix A).

Both preterm birth, and low birth weight/very low birth weight, are much more common in twin births and higher order multiples (triplets or more). The increase in twins may be due to increased use of reproductive technology among women bearing children later in life. This is consistent with the birth rate for women 35-44 years increasing from 36/1,000 in 1996 to 50/1,000 in 2007. *Females 15-24 have switched places with females 35-44 years, with the older women now having a higher birth rate in 2007 (see graph C in Appendix A).* Women considering the delay of childbirth until past the age of 35 might make different choices if given more accurate information about the relative risks of earlier and later childbearing.

*The increasing rates for preterm birth and LBW, lack of improvement in VLWB rates, and racial/ethnic disparities in infant mortality rates all reconfirm community concerns. During the last needs assessment conducted in 2004, stakeholders felt it was important*



to include these variables as priority MCAH indicators. Preterm birth was chosen as the indicator to represent these perinatal concerns.

Groups *identified* as at risk for preterm birth:

- White *and* Asian women (significant increase in rate since 1995)
- Black women
- Teenagers
- Women having twins or higher order multiples
- Possibly women using reproductive technologies to become pregnant

### **Childhood Overweight**

*In 2004-2006, the average rate for children age 5 to 19 who were overweight was 25.2%, significantly worse than the statewide level of 22.7%. Bay Area data comparisons compiled by San Francisco and Contra Costa counties using FHOP data reveal that the San Mateo county rate for 2004-2006 was also significantly higher than the rate for Bay Area counties combined (22.3%). The county has seen a statistically significant increase since 1995-1997 (18.1%), and we are significantly higher than the Healthy People 2010 objective of 5%.*

*Physical Fitness can have positive impacts on childhood overweight. However in 2006, only 37.3% of 7th grade students in San Mateo County were able to meet the California Department of Education's basic fitness requirements, although the rate was higher than the State (see graph D in Appendix A). Disparities by gender and race/ethnic group were evident, with Black and Latino boys demonstrating the lowest rates of meeting basic fitness standards.<sup>15</sup>*

*A sedentary lifestyle puts children and youth at risk for becoming overweight. According to the 2008 Health and Quality of Life Survey, parents were asked how many hours a day their child watched television, videos or video games. 15.5% of parents reported less than one hour while 22.1% reported their child watched three or more hours per day. Overall the number of children watching three or more hours per day is decreasing, but it remains an ongoing concern (see graph E in Appendix A).<sup>16</sup>*

While local data showing long-term trends are not available, we believe local trends are likely to be increasing as they are nationally. Concerns about short and long-term effects on health, including diabetes, heart disease, and mental health, have brought this issue to the forefront in San Mateo County and nationwide.

Widespread community concern about the consequences of childhood overweight was also evident. *In 2004*, Community members voted this second to prenatal care as a priority MCAH need in San Mateo County.

Groups *identified* as at high risk for childhood overweight:

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<sup>15</sup> 2008 Community Assessment: Health & Quality of Life in San Mateo County. Healthy Community Collaborative of San Mateo County. Professional Research Consultants, Inc.

<sup>16</sup> Ibid.

- Low-income children
- Pacific Islander, Black and Hispanic children

### **Teenage Births**

Teenage birth rates of 0.3/1,000 among 10-14 year olds were below statewide levels, while birth rates of 11.8/1,000 among 15-17 year olds, and 38.5/1,000 among 18-19 year olds were significantly below statewide levels for 2004-2006. A significant decreasing trend in teenage birth rates for 15-19 year olds in San Mateo County occurred from 1995-2004 and flattened thereafter, similar to the State's decreasing trend from 1997-2003.

Teenage birth rates were higher for Hispanics than all other race/ethnic groups. 78.2% of births to teenagers were among Hispanic females for 5-year moving averages in 2000-2004, an increase from 61.3% in 1990-1994 (see graph MCH-28 in Appendix A). A report from the California Department of Public Health (CDPH), MCAH Division and Office of Family Planning, and the University of California, San Francisco looked at teen birth rates by race/ethnicity using Medical Service Study Areas (MSSAs), analyzing rates from a community level. In the 2004 Needs Assessment, identified regions of the county that continue to have the highest proportion of births to adolescents, included East Palo Alto, Redwood City/North Fair Oaks, San Mateo and South San Francisco. The CDPH's report of teen births by MSSA confirms these teen hot spots in our county and justifies continued efforts to target interventions within these specific communities.<sup>17</sup>

Although we are now seeing a flattened trend after a significant downward trend in local teen birth rates, San Mateo County cannot afford to be complacent. Therefore there continues to be a significant investment in the county in preventing teenage pregnancy. In comparison to other teens with similar backgrounds who delay childbearing, teen mothers are at risk for poorer psychological functioning, lower levels of educational attainment, unstable employment and single parenthood. In comparison to older mothers, teen mothers have a higher risk of pregnancy-related problems and of poorer birth outcomes.<sup>18</sup> The extensive efforts in serving pregnant and parenting teenagers and the concern about the health and socioeconomic outcomes of pregnancy among teenagers, including financial impacts to society, keep Teenage Births an MCAH priority area among public health staff and others serving youth. In 2004, community members also ranked this as a priority MCAH need.

Groups identified as at high risk for teenage birth:

- Hispanic teenagers
- Teenagers in East Palo Alto, Redwood City/North Fair Oaks, San Mateo and South San Francisco
- Younger siblings of pregnant and parenting teenagers
- Low-income teenagers

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<sup>17</sup> Takahashi ER, Florez CJ, Biggs MA, Ahmad S, Brindis CD. Teen Births in California: A Resource for Planning and Policy. Sacramento, CA: California Department of Public Health, Maternal, Child and Adolescent Health Division and Office of Family Planning, and the University of California, San Francisco. November 2008.

<sup>18</sup> No Time for Complacency: Teen Births in California. Public Health Institute, Center for Research on Adolescent Health Development. 2008 Spring Update.

### ***Mental Health and Mental Illness***

*For the 3 year time period (2004-2006), San Mateo County had a rate of 12.4 mental health hospitalizations for every 10,000 children ages 5 to 14, significantly below the California rate of 19.5/10,000. Teenagers 15-19 years old, however, had a rate of 75.7/10,000, which was not statistically different than the state (74.4/10,000). While among the younger age group the trend improved from 1995 to 2006 (see decrease in hospitalizations, graph F in Appendix A), among the 15-19 year olds no consistent improvement was evident.*

*The 2004 Needs Assessment noted that reports from parents and school personnel suggest that self-mutilation (cutting) has become more common among young people in the county, with or without other mental health issues. In 2007, the rate of self-harm hospitalizations for youth 15-19 years was 125/100,000, and for the 20-24 age group the rate was 84/100,000. In addition, the local suicide rate of 3.0/100,000 in 2003-2007 remains consistent with previous years.*

Significant *limitations* in mental health resources in the county, a *history* of several high profile local child abuse deaths, and decreases in resources for families affected by domestic violence have all heightened the need for mental health services for all populations. Staff members in home visiting programs serving pregnant and parenting teenagers have noted great mental health needs among clients. *The Federal Adolescent Family Life Program's randomized research study, examining socio-economic and health outcomes for clients with access to home visiting teen-specific mental health services, has been collecting data since July 2008. Based on anecdotal information from staff, clients who are in the control study and do not have access to the program's home visiting Marriage and Family Therapists are having difficulties accessing community-based mental health services due to multiple barriers.* Those working with Spanish-speaking populations have found many cases of post-traumatic stress related to exposure to violence, particularly among immigrants new to the mental health system. While this did not show up as a recognized need among community members *in 2004*, the significant needs seen by staff highlight this as a priority need.

Groups *identified* as at high risk for mental illness and mental health needs:

- Pregnant and parenting teenagers
- Foster youth
- Youth exposed to or victims of family and domestic violence
- Immigrant populations with post-traumatic stress

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

Immunization levels continue to be a concern in San Mateo County as we have not yet reached the Healthy People 2010 objective of 90% up-to-date immunizations at age two. *The 2004 total immunization level for all racial/ethnic groups was 82%.*

Racial/ethnic disparities in immunization levels also remain, despite general agreement about the importance and value of immunizations. The lowest up-to-date immunization

levels are consistently in the Black population, with the Asian and Hispanic populations having better levels, but still *well* below the 90% goal (see *graph G in Appendix A*).

Regional differences also exist in San Mateo County, with the lowest immunization levels (78.4%) in 2005 being in the *coastside*, followed by 79.1% in the south county, and the highest at 87.5% in the mid-county region (see *graph H in Appendix A*).

*The implementation of an immunization registry in the county met favorable responses and is encouraging prioritization of this need among staff members. According to the San Mateo County Immunization Program, there are 15 pediatric providers actively participating in the immunization registry (7 pediatric and 2 teen county providers; 5 private providers; 1 community health center). In 2004, community members identified our immunization levels and racial/ethnic disparities as a major concern, and voted this as the fourth most significant MCAH priority need.*

Groups *identified* as at risk for low immunization levels:

- Black children, followed by Hispanic and Asian children
- Children who live in *coastside and south county*
- Recent immigrants

### ***Additional Problems/Needs***

While the following issues are not priority problems *identified in the 2004 Needs Assessment*, they are significant areas of focus in the MCAH population in San Mateo County. These will continue to receive attention as ongoing valued efforts to improve the health and well being of families in the county, and will supplement the activities related to MCAH priority needs.

#### ***Youth Development***

*San Mateo County supports youth development efforts, recognizing the importance of building assets in youth in order to reduce risk factors/risky behaviors, such as sexual activity, drug use, and violence. Significant county resources and efforts have been invested into youth development, and will continue to be a significant focus area for the county. The Young Mothers Advisory Council (YMAC) is a youth development and social support group of the Adolescent Family Life Program. YMAC participates in leadership, advocacy, community service, and pregnancy prevention activities. With support and funding from the Health System, the Youth Development Initiative/Youth and Family Enrichment Services (YFES) collaborates with youth and organizes the Youth Commission (YC). The YC is actively involved in public and county board/commission meetings, program planning, and data analysis. Recent YC activities include significant contributions to the 2007 Adolescent Report and to the development of the "Bill of Rights for Children and Youth in San Mateo County," only the second of its kind to be developed in the nation. Multiple opportunities for youth involvement in community efforts/initiatives are seen county-wide. In addition, YFES has conducted trainings around youth development to several hundred county staff, with the goal of integrating youth development principles into all services for youth.*

### *Early Brain Development*

The local commitment to the Prenatal-to-Three Initiative was a recognition of the vital importance of attachment between an infant and his/her parents, and the significant impact this has on early brain development, prevention of child abuse, and positive parenting behaviors. Significant county resources, foundation resources and First 5 Commission resources have been committed to provide home visiting services to families on Medi-Cal with a newborn infant, as well as certain mental health, substance abuse treatment, and nutrition resources to families who are not on Medi-Cal. Parenting classes and resources are also provided countywide, and closely linked to case management services. In addition, significant work has been started with fathers to encourage, support and maintain father involvement with their young children, again with the goal of increasing child health and well-being.

### *Breastfeeding*

San Mateo County's breastfeeding initiation and duration rates are some of the best in the state, and the result of strong support for breastfeeding activities through the WIC program (funded by the First 5 Commission), the Prenatal-to-Three Initiative, MCAH programs, and the community. We continue to highly value breastfeeding efforts, and work with groups where breastfeeding initiation rates are not as high (e.g., Black community). This is not identified as a priority need due to the already high level *needs* in the county – *however we are concerned about a statistically significant decrease in the rate of women exclusively breastfeeding at the time of hospital discharge from 78.3% (2000-2002) to 75.8% (2005-2007). Our rates do continue to be significantly higher than the State (42.5%) and above the Healthy People 2010 Objective of 75%. We plan to continue supporting breastfeeding initiation and duration, and this is an ongoing priority activity in the MCAH Programs and the Family Health Services Division.*

### *Sexually Transmitted Infection (STI) Prevention*

*Another worsening MCAH indicator in San Mateo County is reported cases of Chlamydia per 1,000 Females age 15-19 years. The reported cases increased significantly from 12.8/1,000 in 1998-2000 to 16.2/1,000 in 2005-2007. However we are still significantly lower than the State's reported cases of 22.9/1,000. We conduct STI prevention education for teenagers through county and community programs and at teen clinics (e.g. Adolescent Family Life Program, Daly City Youth Health Center and Sequoia Teen Wellness Center) and will continue education efforts within MCAH programs.*

## **VII. MCAH Priorities**

*Portions of the MCAH Priorities section were taken from the MCAH Needs Assessment submitted in 2004. Changes and updates are italicized in this section.*

*In 2004, the MCAH Director made presentations on MCAH indicators to various stakeholders, existing collaborative groups in the county and staff from Family Health Services. Stakeholders were asked to select five problems they believed were most deserving of priority attention in the MCAH 5-Year Plan. Before voting, the groups had*

the opportunity to list additional indicators they felt deserving of attention, even when data were not available. The results were tabulated and vetted with the *2004 planning groups (staff and managers from Family Health)*. *Data for these six priority problems/needs listed in the 2004 report were presented to the 2009 planning group. The current planning group agreed to keep the same priorities as those identified in the previous needs assessment because the six priorities continue to be areas of concern for the community, and the most current data validate these concerns.*

Prenatal care was *most often* voted as a priority due to continued racial/ethnic disparities in first trimester prenatal care rates, status below the Healthy People 2010 objective of 90% utilization, and strong community member concern about this issue.

Childhood overweight was highlighted as *the second highest* priority, *and* was the one required indicator where our rates were significantly worse than the state overall *and worse than the Bay Area counties combined*. In addition, levels are significantly worse than the Healthy People 2010 objective. San Mateo County *has mobilized* around this issue *with the development of the Get Healthy San Mateo County Taskforce*, and will *continue to address this issue* at a countywide level.

Preterm births were *also* identified as a *priority issue by community members*. Women of all racial/ethnic groups have rates worse than the Healthy People 2010 objective of 7.6%, *and* rates of preterm birth are *increasing* in the *White and Asian* population.

Immunization levels in 2-year-olds were identified as *the fourth most significant MCAH priority need by stakeholders*. Levels in all racial/ethnic groups are well below the Healthy People 2010 *objective of 90%*, significant racial/ethnic differences persist, regional differences persist, and community members voiced concerns about a lack of progress in this indicator.

While our birth rates to teenagers are significantly better than California levels, we have identified “hot spot” areas in East Palo Alto, Redwood City/North Fair Oaks, San Mateo and South San Francisco where rates exceed statewide averages. Significant attention continues to be focused on pregnant and parenting teens, and both staff members and community members prioritize reducing teenage pregnancy and births in order to improve the long-term health, psychosocial, educational and economic outcomes of both the teenage parents and their children.

*Limited* availability of mental health services, a lack of *significant* improvement in mental health hospitalization trends among teenagers, and strong community concern have made this an MCAH priority. Staff members identify mental health needs as one of the greatest unmet needs among pregnant and parenting teenagers, and immigrant families in general.

*The following worksheet C3 lists the top problems/needs in the order of highest priority. These areas will receive targeted efforts for improvement in the next five years.*

## Worksheet C3: MCAH Priorities Worksheet (Required)

List the top ranked priorities from Part A that the Local MCAH Program will allocate time and resources to work on in the next five years.

**MCAH Jurisdiction:** San Mateo County

Priority 1. Increase levels of first trimester prenatal care for women of color, pregnant teenagers, and women who have mental health and substance abuse problems.
Priority 2. Reduce levels of childhood overweight among all children, with a focus on children of color and low-income children.
Priority 3. Decrease rates of preterm birth among all women, with a focus on Black women, teenagers, women with multiple gestations, and women utilizing reproductive technologies.
Priority 4. Improve immunization levels among all 2 year-olds, with a focus on those of color, recent immigrants, and those who live in higher-risk communities.
Priority 5. Reduce the number and rate of births to teenagers among Hispanic teenagers, and teenagers living in higher-risk families or communities.
Priority 6. Improve mental health services and decrease hospitalizations for mental illness among pregnant and parenting teenagers, youth in foster care, and youth exposed to violence.

## VIII. Capacity Assessment

A number of stakeholder meetings and informational interviews were conducted over the past year to evaluate the capacity of our local MCAH system to serve the needs of mothers, infants, children and teenagers in our county, and to carry out the 10 MCAH essential services. The following worksheet A lists the stakeholders and their organizational affiliation. The following codes were used to identify the sector each individual represented:

<u>Code</u>	<u>Description</u>
A	State/local health department (internal partner within agency)
B	Other state/local agency (Social Services, Education, Justice, Board of Supervisors)
C	Health provider (dentist, nurse, doctor, nutritionist, counselor, promotora, outreach worker)
D	Individual or family (community member unaffiliated with any organized community agency)
E	Community-based organization (local, non-profit organizations)
F	State or nationally affiliated non-profit organization (local chapter of March of Dimes, American Cancer Society, foundation)
G	School, academia (PTA, School Board, university)
H	Professional organization/association (AMA, ADA, ACOG, etc.)
I	Faith-based organization (ministry, church group)
J	Other (trade and business sector, media and communications, marketing)

Stakeholders answered questions on the mCAST-V tool and rated the MCAH system's capacity on a 1-4 scale. Stakeholder input was used to identify the county's strengths, weaknesses, opportunities to improve on capacity, and threats to capacity. See worksheets D for the consolidated, completed mCAST-V instruments for each of the 10 MCAH essential services.



**Worksheet A**

**MCAH Jurisdiction: San Mateo County**

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
AC	Maternal, Child and Adolescent Health / California Children's Services	A	X	X	X	X	X	X
RR	Field Nursing / Prenatal to Three Initiative	A	X				X	X
PE	Family Health Services	A					X	X
JM	Family Health Services	A	X		X		X	X
CD	Health Policy and Planning	A					X	X
LL	Maternal, Child and Adolescent Health	A	X	X	X	X	X	X
DC	San Mateo County Office of Education	B						X
DH	San Mateo County Office of Education	B						X
JC	Lucile Packard Foundation	E						X
OG	John Gardner Center	G						X
CR	Lucile Packard Children's Hospital	E						X
PC	Lucile Packard Foundation	E						X
SM	Lucile Packard Foundation	E						X
FS	Hospital Consortium	H						X
JC	First 5 - San Mateo County	B						X
NM	Ravenswood Family Health Center	C						X
TW	Prenatal to Three Initiative	A						X
JC	New Creations Home Ministries	I						X
GB	African-American Community Health Advisory	C						X
JP	Behavioral Health and Recovery Services	A						X
LF	Medically Fragile Shelter Foster Care Program	B						X
DE	March of Dimes	F						X
PE	Community Member / Black Infant Health Advisory Board	A						X
JW	Community Member / Black Infant Health Advisory Board	A						X
CP	Willow Clinic	A						X
MB	Willow Clinic	A						X
LM	Youth and Families Enrichment Services / Early Childhood Services	E						X
JJ	East Palo Alto Teen Home	E						X
EG	Community Member / East Palo Alto Teen Home	E						X

MCAH Jurisdiction: San Mateo County

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
PR	East Palo Alto Health Roundtable / Recreation Services Supervisor for City of East Palo Alto	B						X
BB	Black Infant Health	A						X
LC	Maternal, Child and Adolescent Health / Black Infant Health	A						X
VS	Black Infant Health	A						X
MC	Black Infant Health	A						X
PS	Black Infant Health	A						X
VS	Black Infant Health	A						X
AS	Health System	A						X
WA	Health Policy and Planning	A						X
JG	Health Policy and Planning	A						X
SM	Health Policy and Planning	A						X
JB	Health Policy and Planning	A						X
DE	Health Policy and Planning	A						X
NP	Health Policy and Planning	A						X
CF	Health Policy and Planning	A						X
KR	Prenatal to Three Initiative	A						X
FO	Prenatal to Three Initiative	A	X					X
JW	Prenatal to Three Initiative	A	X					X
KD	Adolescent Family Life Program	A	X					X
DS	Tobacco Prevention Program	A						X
TK	Adolescent Family Life Program	A						X
AB	Adolescent Family Life Program	A						X
FJ	General Field Nursing	A						X
AN	General Field Nursing	A						X
BA	General Field Nursing	A						X
DG	Adolescent Family Life Program	A						X
MF	General Field Nursing	A						X
TV	Adolescent Family Life Program	A						X
VO	Adolescent Family Life Program	A						X
CS	Adolescent Family Life Program	A						X
JS	General Field Nursing	A						X

MCAH Jurisdiction: San Mateo County

Stakeholder Participant's Initials	Organizational Affiliation	Sector Represented	Section Provided Input On					
			Mission Statement & Goals	Community Health Profile	Health Status Indicators	Local MCAH Problems/Needs	MCAH Priorities	Capacity Assessment
EZ	Adolescent Family Life Program	A						X
AG	Lead Program	A						X
PC	Injury Prevention Program	A						X
DB	Epidemiology	A				X		X
SD	Epidemiology	A						X
JT	Epidemiology	A						X
BJ	Epidemiology	A						X
JH	Legal Aid Society	E						X
SM	Health System – Health Officer	A						X
AG	Health System – Deputy Health Officer	A						X
KR	Health System – Assistant Health Officer	A						X
CC	Health System – Assistant Health Officer	A						X
JL	Health System – Assistant Health Officer	A						X
DV	Child Health and Disability Prevention Program	A	X					X
MB	California Children's Services	A	X					
ME	California Children's Services	A	X					
AG	Women, Infants, Children	A	X					
GI	General Field Nursing	A	X					
JN	California Children's Services	A	X					
ST	Women, Infants, Children	A	X					
LT	Child Health and Disability Prevention Program	A	X					
RZ	Immunization Program	A	X			X		
RC	California Children's Services	A	X					
MH	Family Health Services	A	X					
EK	Family Health Services	A	X					
JM	California Children's Services / Child Health and Disability Prevention Program	A	X					
NM	Family Health Services	A	X					
ES	Nutrition / Women, Infants, Children	A	X					
SS	Special Assistant to the County Manager	A		X				X

**Worksheet D: Local MCAH Jurisdiction: San Mateo County**

**Assessment of Essential Service #1 Process Indicators**

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	Level of Adequacy	Notes
<p><b>1.1 Data Use</b>                      Key Ideas:                      — Use up-to-date MCAH public health and related population data                      — Generate and use data in planning cycle activities (e.g., planning and policy development)</p>		
<p><b>1.1.1 Do you use public health data sets to prepare basic descriptive analyses related to priority health issues (e.g., MIHA; CHIS; live birth, fetal death, abortion, linked live birth/infant death data; community health surveys; disease surveillance data, census data; etc.)?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• have access to documentation (e.g., users' guide/list of variables, contact information for the entity generating the data) for data sources?</li> <li>• have access to raw data from these sources?</li> <li>• refer to these data sources when it becomes aware of emergent MCAH problems?</li> <li>• have the capacity to use these data sources to generate information?</li> <li>• use geographic information systems?</li> </ul>	<p> <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/>   <input type="checkbox"/>                      1   2   3   4                      1=weak.....4=strong                 </p>	<p>The county epidemiologists regularly use public health data sets to prepare basic descriptive analyses:</p> <ul style="list-style-type: none"> <li>▪ Use AVSS (Automated Vital Statistics System) to prepare basic descriptive analysis for communicable diseases. For example: epidemiologists prepare quarterly reports on cases of vaccine preventable diseases.</li> <li>▪ Use AVSS to analyze live births in San Mateo County to produce reports for birth rates or race trends. For example: using an African American birth cohort, epidemiologists look at birth distribution by hospital and percentages of low birth weight or pre-term births.</li> <li>▪ Reporting Medi-cal births by hospitals</li> </ul> <p>The county epidemiologists use and analyze immunization data sets:</p> <ul style="list-style-type: none"> <li>▪ Kindergarten retrospective study uses elementary school records of kindergartners' immunizations at age two. Data is analyzed by region and differentiated by private versus public primary care providers.</li> <li>▪ Use public clinic immunization records and analyze completion of 4-3-1 series by age two</li> </ul> <p>The MCAH program uses FHOP data from the FHOP website to analyze core MCAH indicators to identify emergent problems or priority needs.</p>

**Assessment of Essential Service #1 Process Indicators (continued)**

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	Level of Adequacy	Notes
<b>1.1 Data Use (continued)</b>		
<p><b>1.1.2 Do you conduct analyses of public health data sets that go beyond descriptive statistics?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>analyze existing data sets/conduct significance tests to identify associations among risk factors, environmental and other contextual factors, and outcomes?</li> <li>compare health status measures across populations or against the state’s measures or Healthy People 2010 objectives?</li> <li>track trends over time?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>Annually the epidemiologists produce reports that track trends over time. For example – 5 year rolling averages of:</p> <ul style="list-style-type: none"> <li>Late or no prenatal care by race/ethnicity</li> <li>Low birth weight or very low birth weight (including additional associated factors) by race/ethnicity</li> <li>Infant mortality by race/ethnicity</li> </ul> <p>The Epidemiology Program and the County Health Officer produced <i>Healthy San Mateo 2010</i>. The report compares health status measures across populations and looks at trends over time. The goal of <i>Healthy San Mateo 2010</i> is to provide an overview of the community’s health so action plans can be developed and interventions implemented to address specific health-related concerns. The report uses the National Healthy People 2010 Health Promotion and Disease Prevention objectives as benchmarks to monitor San Mateo County’s progress.</p> <p>San Mateo’s Hospital Council/Healthy Communities Collaborative contracts with Professional Research Consultants Inc. to administer the Health and Quality of Life survey. Data from the survey is analyzed for the community-wide health assessment conducted every 3 years. Data analyzed in the <i>Healthy San Mateo 2010</i> report is also used in the 2008 Community Assessment report.</p> <p>The county epidemiologists use geographic information systems (GIS) to analyze:</p> <ul style="list-style-type: none"> <li>Adolescents/children and obesity – For example: looking at what restaurants/food options are in the community in relation to obesity rates</li> <li>Distribution of children by census track or births by zip codes</li> <li>Where schools are located in relation to alcohol retail stores</li> <li>Sexually transmitted disease cases in relation to city zip codes (similar analysis is conducted for other communicable diseases)</li> </ul>

<p><b>1.1.3 Do you generate and analyze primary data to address state- and local-specific knowledge base gaps?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• have established and routinely used procedures for identifying knowledge gaps (e.g., community or professional advisory boards)?</li> <li>• collaborate with local agencies to collect and analyze data related to these knowledge gaps?</li> <li>• use field surveys, focus groups, key informant interviews or otherwise collect data on the local MCAH populations and the health care delivery system?</li> <li>• use that data to examine relationships among risk factors, environmental/contextual factors, and outcomes?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>San Mateo County’s Hospital Council/Healthy Communities Collaborative contracts with Professional Research Consultants Inc. to administer the Health and Quality of Life survey. Data from the survey is analyzed for community-wide health assessment to examine consumer satisfaction, perceptions of health needs, access issues and quality of care to address county-specific gaps in services.</p> <p>The county Black Infant Health (BIH) program collects primary data from clients and inputs into the Management Information System (MIS). The Epidemiologists plan to access MIS data and link with birth cohort data to compare outcomes of women in the BIH program versus those not enrolled in the program.</p> <p>The county Tuberculosis (Tb) Program Staff conduct surveys with pregnant women who test positive for Tb and receive prenatal care at the San Mateo Medical Center obstetrics clinic. The purpose of the survey is to analyze whether clients are receiving the proper treatment/interventions through the Tb program.</p> <p>Mercury is the data warehouse that stores the County Hospitals and Clinics’ Health Information System. The epidemiologists will eventually obtain access to the Mercury data warehouse. However the frequency of use for data analysis is still to be determined.</p> <p>The epidemiologists do not routinely analyze primary data to address state-specific knowledge base gaps. They have access to local data but do not use regularly because of lack of time and resources.</p>
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**Assessment of Essential Service #1 Process Indicators (continued)**

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	Level of Adequacy	Notes
<b>1.1 Data Use (continued)</b>		
<p><b>1.1.4 Do you report on primary and secondary data analysis for use in policy and program development?</b></p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• routinely review the current science base, standards of care, and the results of current research for use in planning and policy development?</li> <li>• contribute to the production of briefs or updates on selected, timely MCAH issues to distribute to appropriate policy and program-related staff members?</li> </ul>	<p> <input type="checkbox"/> 1                    <input type="checkbox"/> 2                    <input checked="" type="checkbox"/> 3                    <input type="checkbox"/> 4             </p> <p>1=weak.....4=strong</p>	<p>The Epidemiology Program and the County Health Officer produced <i>Healthy San Mateo 2010</i>. The report compares health status measures across populations and looks at trends over time. The goal of <i>Healthy San Mateo 2010</i> is to provide an overview of the community’s health so action plans can be developed and interventions implemented to address specific health-related concerns. The report mainly focuses on physical health issues. The information is meant to be used by elected officials, community organizations, public agencies, and health care providers as a basis for making policy decisions, program development and resource allocation.</p> <p>The <i>Indicators for a Sustainable San Mateo County</i> report features trends on 32 indicators of sustainability tracking major economic, social, and environmental issues. The report is distributed to government policy makers, Chambers of Commerce, environmental organizations, human services agencies, civic groups, businesses, and individuals every 2 years for use in planning and policy development.</p> <p>The Get Healthy San Mateo County Taskforce produces an annual evaluation using secondary and primary data from sub-committees. The evaluation reports on progress of the taskforce and sub-committees as well as benchmarks evaluating the current status of childhood obesity and health behaviors. The evaluation is shared with sub-committees and is used for planning future action steps.</p> <p>Health Policy and Planning Division uses data reported on kidsdata.org and in the Children’s Health Initiative report for policy/program development. For example: examining data related to uninsured rates and eligibility rates are used in the development of health insurance access programs.</p>

		<p>The Federal Adolescent Family Life Program will report on primary data collected from its randomized research study, evaluating services provided to pregnant and parenting teens (measuring social isolation, signs and symptoms of depression, socioeconomic and other health indicators). Results from the study will be used in developing and improving the program interventions, specifically the program’s mental health services.</p>
<p><b>1.2. Data-Related Technical Assistance</b>                  Key Idea:                  — Enhance local data capacity</p>		
<p><b>1.2.1 Do you establish framework/standards about core data expectations for local health jurisdictions and other MCAH providers/programs?</b></p> <p><i>For example:</i>                  Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• established (or participated in the development of) maternal and child health status indicators and disseminated them to local agencies/programs?</li> <li>• disseminated maternal, child and youth health status indicators to local stakeholders?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                 </div> <p>1=weak.....4=strong</p>	<p>Multiple reports establishing health indicators related to mothers, children and youth are disseminated county-wide:</p> <ul style="list-style-type: none"> <li>▪ Healthy San Mateo 2010 – <i>Health System</i></li> <li>▪ Adolescent Report – <i>Collaboration of Youth Commission and Health System</i></li> <li>▪ 2008 Community Needs Assessment – <i>Healthy Communities Collaborative</i></li> <li>▪ Children’s Report – <i>Collaboration of Lucile Packard Foundation for Children’s Health, Human Services Agency, First 5, Health System and additional partners</i></li> <li>▪ Kidsdata.org – <i>Lucile Packard Foundation for Children’s Health</i></li> </ul> <p>Every year the Health System produces an Outcome-Based Management and Budgeting report. A goal setting and planning process is conducted to challenge the Health System to think about how it delivers services, how well it is delivering services, and how the department decides on the best use of resources. The Health Policy and Planning Division (with input from the Epidemiology department) plays a role in directing the budget planning process and the establishment of outcome-based goals/core data expectations.</p> <p>The MCAH program relies on MCAH indicators provided by FHOP.</p>



**Assessment of Essential Service #1 Process Indicators (continued)**

Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.		
Process Indicator	Level of Adequacy	Notes
<b>1.2. Data-Related Technical Assistance (continued)</b>		
<p><b>1.2.2 Do you provide training/expertise about the collection and use of MCAH data to local health agencies or other constituents for MCAH populations?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• have an identified staff person(s) responsible for assistance on data-related matters?</li> <li>• assist local health agencies and other providers/ programs in developing standardized data collection methods related to established MCAH indicators?</li> </ul>	<p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1    2    3    4                      1=weak.....4=strong                 </p>	<p>The epidemiologists routinely provide expertise about data analysis but rarely provide trainings.</p> <p>One epidemiologist provides training for the immunization study:</p> <ul style="list-style-type: none"> <li>▪ Training on data entry for CO-CASA (database for county immunization records)</li> <li>▪ Designed an algorithm on how to enter race/ethnicity so data collection is consistent</li> </ul> <p>The epidemiology department assigns an “epidemiologist of the week,” a dedicated staff person responsible for assisting the public or local agencies on data-related matters.</p> <p>Health Policy and Planning provides technical assistance to community partners (i.e. schools) for data related matters on how to access, use and analyze data.</p> <p>The MCAH Director provides technical assistance (to CBOs, community partners, students, media) regarding what data is available, and what kind of analysis can potentially be done within the Health System.</p>

<p><b>1.2.3 Do you assist local health agencies in data system development and coordination across geographic areas so that MCAH data outputs can be compared?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide resources to enhance local data capacity through data systems development and coordination?</p>	<p> <input type="checkbox"/> 1                    <input checked="" type="checkbox"/> 2                    <input type="checkbox"/> 3                    <input type="checkbox"/> 4             </p> <p>1=weak.....4=strong</p>	<p>The Bay Area Data Collaborative (BADC) is a collaborative of bay area epidemiologists and MCAH Directors. The collaborative works together to compare data across geographic regions/counties and analyze outcomes across local jurisdictions. The San Mateo County epidemiologist and MCAH Director are participants of the BADC.</p> <p>During flu season, the epidemiologists collect flu and RSV lab tests and monitor Flu and RSV cases around the county across geographic regions – coordinating and tracking data from various hospitals throughout the county (i.e. San Mateo Medical Center, Sequoia Hospital, Kaiser, Public Health Lab, Seton Medical Center).</p> <p>The county epidemiologists use GIS and conduct zip code and census tract analysis of birth data.</p> <p>The Health System and local school districts assist the John W. Gardner Center at Stanford by providing data to be compared across agencies and geographic regions.</p> <p>The Health System and Human Services Agency gives Kidsdata.org access to local data. Kidsdata.org, a website reporting on indicators of health and well being of children, was developed by the Lucile Packard Foundation. The website provides county and statewide comparisons, includes summaries of data for cities and school districts in the Bay Area, and offers data profiles for nearly 20 demographic categories.</p>
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**SWOT Analysis for Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We have many collaboratives throughout the county. County agencies, private agencies and CBOs collaborate in sharing and analyzing data.
- We are good at analyzing and reporting on demographic trends.
- Our leadership is information and technology savvy.
- The county Health System is willing to dedicate resources (staff and financial) to the collection and analysis of data. We have four epidemiologists on staff and a division (Health Policy and Planning) dedicated to analyzing data for use in policy and program planning.
- We have local foundations and organizations that are willing to fund and support the collection, analysis and dissemination of data.
- We produce many health assessment reports and disseminate them widely.
- There is an interest in our county in the collection of primary data. We routinely use data collected from our local programs (i.e. Black Infant Health and Adolescent Family Life Program) for developing, enhancing and evaluating the programs.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- We have limited human resources for data entry, data analysis, and little to no support for studying outcomes. When funding is cut, direct service is the priority. During an economic downturn, it is difficult to maintain data analysis and evaluation when the priority goes towards direct service activities.
- We have limited outcome data measures.
- We conduct minimal causal analysis, randomized control analysis, and because data is limited, we rarely do multi-variate analysis.
- We do not have resources from local universities for data analysis.
- We lost one epidemiologist due to a hiring freeze, and funding continues to be a concern.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)

- The Health System has an opportunity to collaborate with the John W. Gardner Center at Stanford and have access to data around child and teen physical fitness, mental health, school performance, and academic performance through the Youth Data Archive. The collaboration will provide an opportunity for schools, districts, city and county agencies and youth-serving organizations to address questions about youth and how our organizations collectively work to achieve positive outcomes for youth and the community. We will have an opportunity to improve service delivery and support a coordinated system of care.
- We could request MIHA data and analyze data for our Bay Area region.
- Over the next few years, we can use our MCAH 5 year needs assessment to address capacity needs and look into quality improvement in MCAH programs.
- The Family Health Services division is working on a data integration project which may improve the quality of data collection, data entry and reporting/sharing/dissemination of data for programs serving MCAH populations. This can be an opportunity to look at outcomes based on services provided.
- Findings from the Federal Adolescent Family Life Demonstration project and randomized research study will provide opportunities to evaluate/identify “best practices,” improve the program, and may be an opportunity for increased grant funding.
- San Mateo County is one of multiple sites nation-wide selected to participate in the National Children's Study, a prospective longitudinal study following 100,000 children prenatal to 21 years of age. This is an opportunity to study and attempt to understand environmental influences on children's health.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- With the economic downturn, funding is an ongoing threat.
- Staffing for data collection, analysis, and data systems development is on a slow track because of funding issues.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #2 Process Indicators**

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	Level of Adequacy	Notes
<p><b>2.1 Do you study factors that affect health and illness to respond to MCAH issues?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, undertaken a study of and/or analysis of existing data on an MCAH issue at the request of local health administrators, Board of Supervisors, or community or professional groups, or in response to media coverage of an issue?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input type="checkbox"/> 3    <input checked="" type="checkbox"/> 4         </p> <p>1=weak.....4=strong</p>	<p>The epidemiology department regularly receives data requests from organizations studying factors that affect health and illness in the MCAH population. For example:</p> <ul style="list-style-type: none"> <li>School administrators request data about smoking rates to respond to the issue of adolescent tobacco use.</li> <li>STD rates provided to the media increase awareness of STD issues.</li> <li>MCAH program requests descriptive data on birth cohorts, infant mortality rates, 5 year trends with African American clients, substance abuse rates, teen pregnancy rates to improve interventions in the Black Infant Health Program and Adolescent Family Life Program.</li> </ul> <p>Routine reports presenting data related to MCAH populations are released and presented to the Board of Supervisors:</p> <ul style="list-style-type: none"> <li>The Young Commission’s Adolescent Report</li> <li>Health and Quality of Life Survey &amp; Report</li> <li>Children’s Health Report</li> </ul> <p>Data from the Child Death Review Team and Child Protective Services identified Shaken Baby Syndrome (SBS) as a very concerning cause of infant death and morbidity. This lead to a community education effort around SBS through the county’s Child Abuse Prevention Council in coordination with the Health System.</p>

<p><b>2.2 Do you engage in collaborative investigation and monitoring of environmental hazards (e.g., physical surroundings and other issues of context) in schools, day care facilities, housing, and other places affecting MCAH populations, to identify threats to maternal, child, and adolescent health?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• work with agencies responsible for monitoring environmental conditions affecting MCAH populations to jointly produce or sponsor reports or recommendations to local legislative bodies?</li> <li>• establish interagency agreements with these agencies for collecting, reporting on, and sharing data related to environments affecting MCAH populations?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>Home-visiting public health nurses and community workers from agencies throughout San Mateo County who assess or identify environmental hazards in homes (i.e. mold, pest infestations) provide tips and education to families, links to resources, and as a last resort encourage families to contact environmental health or city code enforcement. Environmental Health will investigate law/code violations related to housing, health and safety.</p> <p>As a courtesy, the public health lab provides lead lab results to the county Lead Program in addition to their mandatory reporting to the State. The county Lead Program also receives lab results directly from the State. Blood lead levels that reach a specified threshold generate a case investigation. The county Lead Program responds to lead referrals in conjunction with one employee from Environmental Health. Approximately 20% of referrals from the lab are offered case management services due to limited staff capacity.</p> <p>The Regional Asthma Management Project (RAMP) grant funds an asthma training program for home visitors in the county. Children with uncontrolled asthma are referred to the Asthma Program. The home visiting nurses and community workers assess homes, provide education, and assist the family in identifying triggers and reducing risk factors. Through this grant, the county Asthma Program collaborates with Breathe California around training and data sharing. Breathe California conducts evaluations from data collected during home visits.</p> <p>HPP created resource maps for North Fair Oaks and Redwood City. Collaborated with YFES and HSA to create maps. HPP also looked at number of liquor outlets within ¼ mile of schools.</p>
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**Assessment of Essential Service #2 Process Indicators (continued)**

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	Level of Adequacy	Notes
<p><b>2.3 Do you develop and enhance ongoing surveillance systems/population risk surveys and disseminate the results at the state and local levels?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>maintain ongoing surveillance systems/populations risk surveys to address gaps in knowledge?</li> <li>regularly evaluate the quality of the data collected by existing surveillance systems or population-based surveys?</li> <li>have a routine means of reporting the results of these surveillance systems/surveys to localities?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4         </p> <p>1=weak.....4=strong</p>	<p>The Epidemiology department conducts ongoing surveillance using the Daily Situational Awareness Tool (DSAT). DSAT covers various components (i.e. Emergency Department bed counts; sales of over the counter diarrhea, cough/cold medication; thermometers; 911 calls; poison control calls; San Francisco International Airport surveillance). The epidemiologist of the day analyzes data from DSAT and produces reports for EMS, Public Health Nurses or Health Officers, giving a snapshot of what is going on in the county each day.</p> <p>During school outbreaks, epidemiologists are notified by the school nurse. The Communicable Disease team conducts an inspection and epidemiologists conduct surveillance of cases and monitor rates. Reports are sent to the school, while the health department, EMS, police and fire are alerted.</p> <p>Epidemiologists produce weekly communicable disease surveillance reports monitoring 7-8 diseases. Epidemiologists provide updates about numbers of cases each week and per month.</p> <p>The Youth Commission report, developed from the commission's county wide needs assessment survey, looks at risks among youth.</p> <p>The county does conduct some county wide population risk surveys - a triennial community health assessment which surveys residents on areas such as personal evaluation of health, frequency of care, and access to care. Information is collected on children regarding activity and physical fitness. Parents are asked about their perceptions of their adolescent's sexuality.</p>

<p><b>2.4 Do you serve as the local expert resource for interpretation of data related to MCAH issues?</b></p> <p><i>For example:</i> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• been regularly consulted on MCAH issues by the local public health administrators, by other agencies and programs, and by local legislators?</li> <li>• been asked to participate with other local health agencies in the planning process on non-MCAH issues?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1    2    3    4              1=weak.....4=strong         </div>	<p>One epidemiologist is assigned each week as the “officer of the week” to provide expertise and consultation regarding data related issues.</p> <p>The Epidemiology department regularly receives data requests from county, non-profit and private organizations throughout the county. For example:</p> <ul style="list-style-type: none"> <li>▪ School administrators request smoking rates to use for grant funding</li> <li>▪ Media requests for birth rates and STD rates</li> <li>▪ MCAH program requests for descriptive data on birth cohorts, infant mortality rates, 5 year trends with African American clients, substance abuse rates, teen pregnancy rates</li> <li>▪ Community Based Organizations (CBOs) requests for regional data (i.e. Collective Roots organization requesting data about East Palo Alto)</li> <li>▪ CBOs requests for information about women’s health and breast cancer.</li> <li>▪ Churches requests for health data specific to the demographics of their congregation (i.e. Liver Cancer in the Asian Population in San Mateo County)</li> </ul> <p>Health Policy and Planning is a local expert resource for the Get Healthy San Mateo County Taskforce.</p> <p>The MCAH Director is a local expert resource for the interpretation of MCAH data.</p> <p>The Adolescent Family Life Program manager and MCAH Director are local expert resources for teen client data.</p>
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\*This refers to analyzing the cause or nature of health problems/hazards.



**Assessment of Essential Service #2 Process Indicators (continued)**

Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.		
Process Indicator	Level of Adequacy	Notes
<p><b>2.5 Do you provide leadership in reviews of fetal, infant, child, and maternal deaths and provide direction and technical assistance for local systems improvements based on their findings?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>participate in or provide resources for any fetal, infant, or child death review processes, if they exist in your LHJ?</li> <li>provide technical assistance to localities in conducting FIMR and/or child fatality reviews?</li> <li>participate in or provide leadership for a local maternal mortality review program?</li> <li>produce an annual report consolidating the findings of local mortality reviews as appropriate?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>San Mateo County (SMC) has a well-established interdisciplinary Child Death Review Team (CDRT), comprised of county and community agencies that meet regularly. CDRT reviews unexpected infant and child deaths occurring in SMC, and maintains a strong working relationship with other counties by reviewing deaths of non-SMC residents and sending reports to the county of residence. CDRT conducted a multi-year report on aggregate data and provided recommendations which have encouraged further investigations of cases and increased collaboration and information sharing among involved agencies. A standardized risk assessment tool (a recommendation from CDRT) is being piloted in SMC. The SMC Injury Prevention Program Coordinator will participate on a regional Greater Bay Area Child Review Team to produce a regional report.</p> <p>San Mateo County does not have a Fetal and Infant Mortality Review team and does not review fetal deaths on a routine basis but may review if the cases are brought to the coroner's office.</p> <p>San Mateo County does not have a team to review local maternal deaths. Maternal deaths are reviewed only in conjunction with the death of an infant if it is a coroner's case. Domestic violence related deaths are reviewed by the Domestic Violence Death Review Team, a subcommittee of the County Domestic Violence Council.</p> <p>The Epidemiology department does not routinely provide data or expertise to the child death review team. The CDRT may occasionally ask for data but the requests are not routine.</p>

<p><b>2.6 Do you study factors that affect health and illness to forecast emerging MCAH threats that must be addressed in strategic planning?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• conduct surveillance or other process to identify <i>emerging</i> changes in the MCAH system of care and/or in the demographics or health status of local MCAH populations?</li> <li>• use the results of that process to plan for data collection and/or analysis to identify avenues for intervention?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>The Health Policy and Planning (HPP) division of San Mateo County Health System regularly studies factors affecting health and illness in MCAH populations. For example: the epidemiology department produced reports mapping the distribution of schools, children, poverty levels, locations of fast food establishments and stores with fresh fruits and vegetables. HPP uses data for strategic planning.</p> <p>Epidemiologists regularly analyze data about smoking and substance abuse during pregnancy.</p> <p>Teen birth rates are analyzed annually by the epidemiologists for the Adolescent Family Life Program.</p> <p>The 2005-2006 San Mateo County Youth Commission developed and administered a countywide survey to assess the experiences of youth. They reported their findings and policy recommendations on how to improve the health of youth in the county in <i>the San Mateo County Adolescent Report 2007</i>. Five areas of identified need are: Youth-Police Relationships, Gang Violence Prevention, Self-Harm/Suicidal Ideation, Sex Education, and Substance Abuse Education and Services. The report also provides an overview of San Mateo county youth's health using California Health Kids Survey data.</p>
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\*This refers to analyzing the cause or nature of health problems/hazards.

**SWOT Analysis for Essential Service # 2: Diagnose\* and investigate health problems and health hazards affecting women, children, and youth.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We produce multiple county-wide reports and conduct data analysis. We regularly use data to make recommendations. Recommendations are reviewed by policy makers.
- We have adequate epidemiology resources. We have epidemiologists who can respond to questions and do special analysis.
- We have many strong collaborative activities that move from planning stages to action steps. We have strong partnerships and supportive funders (e.g. youth commission, Lucile Packard Foundation for Children’s Health). The Health System also collaborates often with schools and County Office of Education. The Child Death Review Team (CDRT) is comprised of an interdisciplinary team from county and community agencies.
- We have an entire division devoted to planning and implementation (Health Policy and Planning division). Having an entire planning unit raises the profile of the integration between policy and planning.
- We have supportive leadership at all levels that support youth initiatives. We have strong youth involvement. We have a youth commission involved in youth development, planning activities, and data analysis.
- We have local expert resources regarding the interpretation and use of MCAH data (e.g. Health Policy and Planning, MCAH Director, AFLP program manager).

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- We have data limitations – difficult to oversample. It is hard to get enough numbers to study specific groups of interest (e.g. African-American, Tongan)
- Quality of data or type of data collected can pose limitations. Dirty data presents limitations and problems for reliable data analysis. For example, duplicate data coded in a variety of inconsistent ways.
- We have Epidemiologists that have the skills to conduct detailed data analysis but they do not regularly have the opportunities or time to conduct higher level research/analysis with the data available.
- We do not have an epidemiologist dedicated solely for MCAH issues.

- Limited funding limits the focus on epidemiology activities.
- We have multiple data systems that do not talk to each other. There is a lack of data coordination, and data systems integration is still in the early stages of planning.
- We cannot obtain our own data for our own analysis. For example, we input data from the BIH program into the MIS system. Data is transmitted to the State and we have access to producing canned reports but cannot pull out our own raw data.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- Healthy Communities Collaborative can include more risk assessment questions in the Health & Quality of life survey conducted every three years county-wide.
- We have an opportunity for integrating data in the Family Health Services Division through the division's data integration project.
- We can strengthen partnerships and obtain support from funders to increase resources for higher level analysis that would be of interest to the county as well as partners and funders.
- The partnership with John Gardner center and future access to the Youth Data Archive is an opportunity for meaningful studies around school data and to provide opportunities for improved service delivery.
- San Mateo County is one of multiple sites nation-wide selected to participate in the National Children's Study, a prospective longitudinal study following 100,000 children prenatal to 21 years of age. This is an opportunity to study and attempt to understand environmental influences on children's health.
- We may have an opportunity in the future to dedicate one epidemiologist to MCAH issues.
- With regional collaboration and our relationship with Bay Area Regional Health Inequities Initiative (BARHII), we have opportunities to approach data analysis on a broader, regional level.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budgetary restrictions.
- With changing demographics and a trend towards an aging population, funding may shift away from MCAH towards Aging and Adult services. However an increasing population of teens may create additional challenges in balancing competing resources.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #3 Process Indicators**

Essential Service #3: Inform and educate the public and families about maternal and child health issues.		
Process Indicator	Level of Adequacy	Notes
<b>3.1 Individual-Based Health Education</b>		
Key Idea: — Assure the provision and quality of personal health education services		
<p><b>3.1.1 Do you identify existing and emerging health education needs and appropriate MCAH target audiences?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• use the information from the Title V needs assessment in determining priorities for health education services in the community?</li> <li>• know of existing resources related to these health education needs?</li> <li>• assess what health education programs and services are already in place when determining priorities for developing new programs?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>Programs throughout the county assess and identify health education needs when prioritizing services and creating individualized care plans or health education classes. For example:</p> <ul style="list-style-type: none"> <li>▪ Public Health Nurses, Community Workers and Community Program Specialists from the Family Health Services division assess client education needs when creating individual service plans and have developed health education groups for clients (i.e. parenting classes).</li> <li>▪ Prenatal to Three program conducts an annual survey to determine what parents are getting out of group classes and educational components are added to parenting classes in response to survey results.</li> <li>▪ Early Childhood Services, Youth and Family Enrichment Center, assess the family's education needs to determine what resources to offer and what additional programs to refer families.</li> </ul> <p>First 5 conducted a needs assessment before creating the First 5 kits for use with the 0-5 clients. The kits include information focusing on a child's first 5 years and highlights key health education topics for new parents.</p> <p>Information from the Title V needs assessment determined priorities for health education in the community. For example: 1<sup>st</sup> trimester prenatal care was identified as a priority and the prenatal social marketing committee was developed to address community education strategies around "access to early prenatal care."</p> <p>In response to child death reviews, an education campaign around "shaken baby syndrome" was launched. Information was disseminated to clients and providers through MCAH programs.</p> <p>Peninsula Partnership identified health education needs around initiating early reading habits and promoting school readiness and funded the Raising a Reader Program for programs throughout the county.</p>

		<p>The Tobacco Prevention Program has partnered with groups that serve certain populations, such as Youth and Family Enrichment Services, which has done assessments of all clients coming through substance abuse and mental health programs, to see if they are smoking, and offer them quitting services. Additionally, our partner, Taulama for Tongans, is working with Tongan events to do smoke-free education.</p>
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**3.1.2 Do you conduct and/or fund health education programs/services on MCAH topics directed to specific audiences to promote the health of MCAH populations?**

*For example:*

Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- offer resources, technical assistance, funding, or other incentives to local organizations to implement MCAH education activities?
- use other funds to support existing health education programs?
- collaborate with other public and private agencies/organizations in implementing MCAH education services (e.g., establishing partnerships with community based organizations or businesses)?

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CPSP clinics routinely conduct health education programs:

- Willow Clinic conducts health education programs based on client needs. For example: group teaching for asthma, diabetes, weight management, blood pressure management.
- Seton Hospital conducts education classes with topics including: nutrition, parenting, and Lamaze.
- Ravenswood Clinic conducts newborn care classes.

Black Infant Health Program conducts health education programs directed at African American mothers and their families. For example: Social Support and Empowerment, Effective Black Parenting, Role of Men, Antepartum education classes.

Multiple education programs are available to teen parents:

- Public Health Nurses in the Adolescent Family Life Program (AFLP) conduct health education classes targeting pregnant and parenting teens at schools with Teenage Parent Programs.
- Two AFLP teen parent support groups have an educational component focusing on “parenting.”
- An AFLP public health nurse collaborates with a local organization to provide free CPR classes to teen parents.
- New creations (home for teen parents) provides parenting classes

Prenatal to Three Program conducts parenting classes based on the Strengthening Multi-Ethnic Families and Communities curriculum. The program also conducts Touchpoints classes. Touchpoints is a developmental and relational model developed by Dr. Brazelton to support parents with children ages 0-3.

Women, Infants and Children (WIC) Program conducts nutrition education classes covering topics such as breast feeding, infant/child feeding, baby bottle tooth decay, prenatal nutrition, immunizations, childhood lead poisoning, childhood safety, and anti-smoking education.

San Mateo Medical Center’s OB clinic conducts a breastfeeding class and the pediatric clinic conducts a healthy lifestyles/weight management class.

Mills Peninsula offers a weight management program for patients.

		<p>Youth and Family Enrichment Services (YFES) is a non-profit agency providing free and low-cost services. Daybreak (a program of YFES) provides a 6-month transitional housing and independent living skills education program for homeless youth.</p> <p>Get Healthy San Mateo County (GHSMC) Taskforce allocates county general funds for the development of health education programs/services in the community. For example: mini grants were given to schools to develop a teacher’s manual on how to make physical fitness more interesting for students. Funds were also used to create posters on healthy eating and active living, designed by students. GHSMC Taskforce developed a clearinghouse website with health and nutrition information, resources and educational material for clients and providers.</p> <p>The Teen Health Spa is a program for young women ages 12-16 who are concerned about their weight. Education topics covered during the sessions are: healthy snacks, maintaining a healthy weight, exercise, body-image, self- esteem and cultural issues.</p> <p>Shapedown is a weight Management Program for Children, Teens, and their Parents. In Shapedown, kids learn to choose healthier foods and eat the right amount during meals; make physical activity a fun and regular part of their day; and increase their self-esteem. Parents learn how to support their child in changing their eating habits and make healthy changes in their own eating and exercise habits.</p> <p>First 5 provides funding for 0-5 parenting kits which are used as educational resources to clients. Home visiting programs working with new parents regularly use the 0-5 parenting kits as well as “Touchpoints” Totes as incentives and teaching tools.</p> <p>Multiple classes are offered by a variety of agencies. Waitlists exists for some classes. Some classes do not get enough participants and are cancelled.</p>
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**Assessment of Essential Service #3 Process Indicators (continued)**

Essential Service #3: Inform and educate the public and families about maternal and child health issues.		
Process Indicator	Level of Adequacy	Notes
<b>3.2 Population-Based Health Information Services</b>		
Key Idea: — Provide health information to broad audiences		
<p><b>3.2.1 Do you identify existing and emerging MCAH population-based health information needs?</b></p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• use information from the Title V needs assessment in determining priorities for MCAH population-based disease prevention/health promotion campaigns?</li> <li>• know of a wide range of disease prevention/health promotion resources?</li> <li>• assess what disease prevention/health promotion campaigns are already in place when determining priorities for developing new ones?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>Information from community needs assessments are used to determine health education priorities. For example -- identifying childhood overweight as a priority, contributed to the development of health education programs and services in the community. For example: Working groups/committees from the Get Healthy San Mateo County Taskforce (GHSMC) are working on various initiatives that revolve around improving education and resources around nutrition and healthy living.</p> <p>Surveys in parenting classes identified stress as an important topic to be incorporated into future parenting classes. The coordinator for the Prenatal-to-Three parenting classes created a module to address stress. Module was research-based.</p> <p>The Health Plan, First 5 and Family Health Services review existing information and look at available resources before moving forward with action steps. For example – prenatal social marketing campaigns came out of the identified need for more health information around access to early prenatal care and difficulties navigating the health system.</p>

**3.2.2 Do you design and implement public awareness campaigns on specific MCAH issues to promote behavior change?**

For example:

Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- contracted for a public awareness campaign using evidence-based media and communication methods?
- used MCAH funds to support public awareness campaigns?
- identified, educated, and collaborated with other public and private entities in implementing evidence-based public awareness campaigns and health behavior change messages?
- communicated timely information on MCAH topics (e.g., current local, state, and national research findings, MCAH programs and services) through press releases, newsletters, and other local media and community channels?

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The Black Infant Health Program collaborated with other bay area BIH programs to create and broadcast a commercial, targeting African American women and their families. The purpose of the commercial was to increase awareness of the Black Infant Health Program and its services and encourage women to access early and routine prenatal care. The BIH program has been interviewed for radio broadcasts and newspaper articles. BIH Staff regularly attend community events and outreach to the community, providing educational materials related to maternal/child health.

The Prenatal Social Marketing committee promoted brochures and informational material regarding Medi-cal presumptive eligibility. The committee plans to focus efforts on social marketing to improve access to 1<sup>st</sup> trimester prenatal care.

The MCAH system acknowledges the importance of targeting public awareness campaigns and media messages to teens. Use of media such as text messaging and social networking sites need to be further explored. Messages must be culturally appropriate.

A registered dietician in Family Health Services was interviewed for an issue brief. In celebration of National Nutrition month San Mateo Health System’s nutrition team launched a campaign to promote healthy eating and encourage clients to eat simple fruits/vegetables. The nutrition team released “Power Foods” a booklet of quick and easy recipes aimed at promoting healthy eating.

The Health Policy and Planning division disseminates FACT sheets, policy briefs and press releases on behalf of the Health system to disseminate current local research findings that may promote behavior change and healthier lifestyles.

		<p>Programs throughout the county participate in the “Raising a Reader” program. This program has promoted public awareness around the importance of reading and early literacy and has contributed to children and parent’s behavior change.</p> <p>The Get Healthy San Mateo County Taskforce disseminates information regarding nutrition and healthier living through a newsletter and through its clearinghouse website. GHSMCT regularly disseminates updates through press releases as well.</p> <p>A subcommittee of the Prenatal to 5 Partnership (a collaborative of First 5 and Health Systems agencies) is working on an Alcohol and Other Drugs public awareness campaign.</p> <p>The SIDS coordinator has been active in providing education to schools, providers and new parents regarding safety and how to reduce the risk of SIDS. The Back to Sleep campaign promoted parent’s behavior change.</p> <p>The Tobacco Education Coalition takes on a variety of efforts that focus on education and policy change. The Tobacco Prevention Program (TPP) partners with local agencies (e.g. Asian American Recovery Services, Breathe California, Youth Leadership Institute, and El Concilio). These local agencies have active teen coalitions and have worked on successful education and advocacy campaigns in the last few years. The campaigns mainly focus on policies to make it tougher for youth to access tobacco products while underage, and smoke-free parks and event policies. TPP has also done an educational campaign on how seeing smoking in films encourages youth to take up the addiction. Another partner, Hope Preservation, has had an active youth education campaign focused on higher risk African-American youth.</p>
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**Assessment of Essential Service #3 Process Indicators (continued)**

<b>Essential Service #3: Inform and educate the public and families about maternal and child health issues.</b>		
<b>Process Indicator</b>	<b>Level of Adequacy</b>	<b>Notes</b>
<p><b>3.2.3 Do you develop, fund, and/or otherwise support the dissemination of MCAH information and education resources?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• provide readily accessible MCAH information and education resources to local communities, policy makers, and stakeholders?</li> <li>• have access to information regarding current national, state, and local MCAH data reports?</li> <li>• get approached by policymakers, consumers, and others to provide descriptive information about MCAH populations and health status indicators?</li> <li>• have a regular means of publicizing its toll-free MCAH line that targets a full range of MCAH constituents in the jurisdiction?</li> </ul>	<p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1    2    3    4                      1=weak.....4=strong                 </p>	<p>Family Health Services Division recently updated their brochure with information about current programs. The brochure publicizes the toll-free resource and referral line targeting clients (including the MCAH population). Magnets and business cards publicizing the toll-free number and Health System website are also disseminated to clients.</p> <p>Multiple collaboratives or interdisciplinary team meetings are conducted throughout the county and provide a forum for dissemination of MCAH information and education resources:</p> <ul style="list-style-type: none"> <li>▪ CPSP program conducts quarterly roundtable events for CPSP providers</li> <li>▪ Prenatal to 5 Partnership meetings include First 5 and Health Systems agencies.</li> <li>▪ Public Health Resource meetings are conducted quarterly for information sharing</li> </ul> <p>The Youth Commission disseminates a report county-wide with recommendations that have led to implemented strategies (e.g. youth development initiatives).</p> <p>The MCAH Director regularly links with policy makers (e.g. Board of Supervisors, Health Officers) and routinely disseminates MCAH information.</p>

**3.2.4 Do you release evaluative reports on the effectiveness of public awareness campaigns and other population-based health information services?**

For example:

Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- collect information on the individuals and organizations reached by health information campaigns and other methods of disseminating health information?
- collect data on changes in knowledge and behavior resulting from its population-based health information services?
- analyze data on outcomes of these services?
- disseminate results of these analyses to provider organizations or other interested parties?
- use this information to make decisions about continuation of funding or changes in programming?

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An informal evaluation of the Shaken Baby Syndrome (SBS) Public Education Campaign showed an increase in calls to the parent stress toll free line and no new fatal cases of SBS during the active campaign. With the end of the campaign and economic problems in San Mateo County, we are now again seeing fatal SBS cases. Children’s Collaborative Action Team (CCAT) provided a presentation of results at a City Match conference.

**SWOT Analysis for Essential Service # 3: Inform and educate the public and families about maternal and child health issues.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- Our health education services and public awareness campaigns are successful because of strong collaboration. Services and campaigns cover a variety of health education topics.
- We have a commitment to cross-cultural and multi-lingual dissemination of information.
- We attempt to conduct targeted education outreach (e.g. Black Infant Health Program; Presumptive Eligibility education to low income families).
- We try to use different platforms for education and disseminating information (e.g. internet, written material).
- We use evidence-based curricula in most of our parenting classes.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- Funding is needed to drive public awareness campaigns. Some programs actively promote public awareness campaigns, but this is not seen consistently across all agencies/programs in San Mateo County. Lack of leadership around promoting public awareness campaigns, lack of funding, and lack of policy around who is responsible for promoting the public awareness campaigns are all barriers.
- There is a lack of branding/marketing with county services. Often the target populations in the community are not even aware who is delivering the services/resources they are receiving.
- We are limited in the types of technology platforms we can use and may not be using the platforms most frequently used by our target audience (e.g. Twitter, Facebook, other social networking sites).
- When we conduct public awareness campaigns we do not evaluate them and we do not have the capacity to do so.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- We need to identify how to take advantage of current and emerging technology and advocate for use of it.
- We need to take opportunities to evaluate our existing public awareness campaigns to determine effective strategies. We should prioritize funding towards evaluation.
- Decreased costs for various technology platforms can increase our access to additional evaluation and communication tools (e.g. Survey Monkey, Facebook).
- We need to tap into local universities and use students as resources (e.g. evaluation, development of outreach material, increased volunteer/intern base)

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budgetary constraints.
- Changes in technology are slow to happen because of bureaucracy.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #4 Process Indicators**

**Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.**

Process Indicator	Level of Adequacy	Notes
<p><b>4.1 Do you respond to community MCAH concerns as they arise?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>Are community organizations aware of how to and to whom within the local MCAH program to communicate their concerns?</li> </ul> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>regularly hear from community organizations about their concerns and interests?</li> <li>respond actively to community concerns through changes in policies, programs, or other means?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>County agencies regularly hear from community organizations about concerns/interests. The Health Policy and Planning Division regularly conducts focus groups and needs assessments. Staff regularly attend community meetings and form working relationships with key community leaders and community collaboratives. For example:</p> <ul style="list-style-type: none"> <li>African-American Community Health Advisory Committee</li> <li>Fellowship of Faith</li> <li>EPA Health Roundtable</li> <li>Coastside Collaborative</li> <li>Pacifica Community Collaborative</li> <li>Livable Communities Health Forum</li> </ul> <p>Human Services Agency convened community members for their strategic planning process.</p> <p>Family Health staff and leaders regularly communicate with community partners through:</p> <ul style="list-style-type: none"> <li>Prenatal Social Marketing Committee</li> <li>Black Infant Health Advisory Committee</li> <li>Risk Assessment Committee</li> <li>Get Healthy San Mateo County Task Force committees</li> <li>Adolescent Collaborative Action Team</li> <li>Children’s Collaborative Action Team</li> <li>First 5 San Mateo County events and committees</li> <li>Lucile Packard Children’s Hospital Community Advisory Committee</li> <li>Prenatal to Five Partnership</li> <li>Immunization program committees and many others</li> </ul>



		<p>Community organizations contact the MCAH Director with concerns (e.g. community concerns related to Autism).</p> <p>The Health System's website has a section for email queries. Email queries are answered by the MCAH Director, program managers, Health Officers, or the officer of the day for the Health System.</p>
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**4.2 Do you identify community geographic boundaries and/or stakeholders for use in targeting interventions and services?**

For example:

- Do needs assessments and planning activities incorporate detailed assessments of the segments of the community to which services and programs are targeted?
- Are community boundaries and/or identities determined with input from community members and/or stakeholder groups?

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Epidemiologists and the Health Policy and Planning (HPP) Division of the San Mateo Health System use GIS (Geographic Information System) technology as an assessment tool when planning where services/programs should be targeted. For example, a study of where fast food establishments are concentrated versus geographic areas that have access to fresh/fruits and vegetables is useful to the Get Healthy San Mateo County Taskforce (GHSMCT) in identifying communities in which interventions should be targeted.

Community organizations are regularly identified and stakeholder input is used for planning interventions, activities & services. For example:

- GHSMCT is involved with EPA roundtable (stakeholder group in East Palo Alto)
- Filipino Mental Health Initiative convened community groups and conducted needs assessment to promote culturally-specific Mental Health Services and produced a community resource guide.

The Coordinated County Services to Pescadero/South Coast Working Group focused on enhancing community and county capacity in a rural, isolated part of the County. They conducted a needs assessment and identified four focus areas: 1) enhancing awareness of medical and social services; 2) improving access and linkages to resources; 3) increasing capacity of county and community resources; 4) bridging the geographic isolation. The group was made of community and county leaders.

*Communities of Excellence in Nutrition, Physical Activity, and Obesity Prevention (CX3)* is a community planning framework that involves assessing communities in relation to a variety of nutrition and physical activity benchmarks known as community indicators and assets. Community members conduct surveys and information from CX3 and information is used to plan programs.

The Federal Adolescent Family Life Program (FAFLP) Demonstration project used data from the state to determine the teen birth hot spots in the county. Three geographic regions were identified for targeting FAFLP services.

		<p>Children's Health Initiative provides targeted outreach to specific geographic regions (e.g. Pacifica, East Palo Alto, Daly City) to increase access to low and no-cost insurance and decrease rates of uninsured in these areas.</p> <p>The Black Infant Health Program identified East Palo Alto and North County (areas with higher percentages of African American births) to target interventions and services. The BIH Coordinator participates in the East Palo Alto Roundtable to obtain input from community members and the Black Infant Health Advisory group is comprised of community members who provide input to the program.</p> <p>The Children's Health Initiative has regular mechanisms for input from community partners who are involved in health coverage outreach and enrollment of children into public coverage programs. A "CHI CBO Coalition" meets monthly for purposes of joint training, problem-solving and input on emerging issues.</p>
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**Assessment of Essential Service #4 Process Indicators (continued)**

Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.		
Process Indicator	Level of Adequacy	Notes
<p><b>4.3 Do you provide trend information to targeted community audiences on local MCAH status and needs?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide current information about public health trends that are disseminated to provider associations, elected officials, and community organizations?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>The Health Policy and Planning Division disseminates FACT sheets, policy briefs, and press releases on behalf of the Health System to disseminate information. For example, around the work of “built environment” focusing on social determinants of health, HPP may issue FACT sheets about geographic areas that do not have enough sidewalks or bike paths and may target information to city planners.</p> <p>The Health Department maintains a website with information and releases a newsletter twice a year with information about the health of the community. Similarly the Get Healthy San Mateo County Taskforce produces and disseminates a newsletter twice a year. GHSMCTF also launched two websites and advertised through press releases. The GHSMCT website provides trend information (including health policy research briefs regarding topics such as obesity, nutrition etc).</p> <p>HPP staff meet one-on-one with elected officials regarding health status/trends and conduct presentations (at national conferences, community groups etc.) to promote various initiatives. HPP has even disseminated information through hosting film series (i.e. Unnatural Causes film series and Diversity Film series).</p> <p>The MCAH Director and staff provide MCAH updates to various groups and committees on birth data, teen pregnancy and teen program outcomes, prenatal care and child health through many of the committees described in 4.1 These sometimes also include elected representative or their staff.</p> <p>The Health and Quality of Life Survey data reported in the Healthy Communities Collaborative Community Assessment produced every 3 years is perhaps the best report in our county at highlighting trend data. We also provide trend information through the children’s data report.</p>

<p><b>4.4 Do you actively solicit and use community input about MCAH needs?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• have a mechanism for including the perspectives of community members/ organizations in identifying needs?</li> <li>• provide technical assistance on collaborating with community organizations in identifying needs?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>The Get Healthy San Mateo County Taskforce provides technical assistance to collaborating community organizations in identifying needs. The overall mission of GHSMCT is to work collaboratively with all stakeholders to develop strategies that will reduce and prevent obesity and other health risks of unhealthy eating and lack of physical activity among all children in San Mateo County.</p> <p>The Breastfeeding Advisory Council is comprised of community organizations, county agencies, hospitals, and private practitioners. The council meets on a regular basis to identify needs related to breastfeeding and collaborate to address needs through education, resource sharing, research dissemination, and planning interventions/activities.</p> <p>County agencies actively solicit and use community input for program planning. For example, the Black Infant Health Program obtains input from the BIH advisory council (comprised of community members/partners).</p> <p>The Young Mother’s Advisory Group (YMAC), a youth development group of pregnant/parenting teen mothers, regularly provide input to adolescent providers about the needs of young mothers. For example YMAC conducted presentations at:</p> <ul style="list-style-type: none"> <li>▪ CPSP Roundtable (comprised of CPSP providers)</li> <li>▪ ACAT (collaboration of adolescent providers throughout the county)</li> </ul> <p>Family Health Division staff and leaders regularly communicate with community partners through numerous committees and collaboratives mentioned in 4.1.</p> <p>The CHI Oversight Committee provides regular community input on issues related to health insurance coverage and access to health care for children. This body, operating under the HPSM Commission, informs policy and program decisions related to a wide range of access to healthcare issues.</p>
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**Assessment of Essential Service #4 Process Indicators (continued)**

<b>Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.</b>		
<b>Process Indicator</b>	<b>Level of Adequacy</b>	<b>Notes</b>
<p><b>4.5 Do you provide resources for community generated initiatives and partnerships among public and/or private community stakeholders (e.g., CBOs, hospital associations, parent groups)?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• provide funding and/or assistance for CBOs, stakeholders, and other local providers of MCAH services?</li> <li>• collaborate with community initiatives addressing problems/needs identified by the community?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>The three major initiatives of Health Policy &amp; Planning (Prevention of Childhood Obesity, Linguistic Access, and AOD Prevention) were identified through a community-driven process and the Health Department allocated resources to have them developed and implemented.</p> <p>San Mateo Health System provides technical assistance to community programs around obtaining funding. For example, the Health department keeps a pool of grant writers on retainer to assist with grant writing on behalf of community partners.</p> <p>Health Policy and Planning Division maintains a pool of funds for contracts to promote community initiatives. For example, a community organization, Puente, was given funds to develop the Healthy Cooking program.</p> <p>Filipino Mental Health Initiative was a partnership of community stakeholders and Behavioral Health and Recovery Services (BHRS). Community groups conducted a needs assessment around mental health needs of the Filipino community. BHRS (a division of San Mateo Health Systems) provided resources (funds, technical assistance, and staff) to promote culturally-specific Mental Health Services and produced a community resource guide.</p> <p>The Children's Health Initiative is a community effort that developed from a partnership of County, community, philanthropic and healthcare provider organizations. CHI provides training and technical assistance to CBO partners involved in outreach and enrollment, and also facilitates opportunities for advocacy that are led by a statewide coalition of CHIs.</p>

**4.6 Do you collaborate with coalitions and/or professional organizations to develop strategic plans to address health status and health systems issues?**

*For example:*

Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- provide assistance to coalitions?
- obtain funding from grants for convening or participating in coalitions or similar collaborative activities?

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The Get Healthy San Mateo County Taskforce is a collaboration of public and private agencies working together to develop strategies that will reduce and prevent childhood obesity and other health risks of unhealthy eating and lack of physical activity. The group developed the *Blueprint for the Prevention of Childhood Obesity*. Recommendations from the Blueprint have directed the work and planning activities of the various sub-committees of GHSMCT.

Healthy Communities Collaborative (a collaboration of organizational leaders in public and private sectors throughout the county) produce a community-wide health assessment every 3 years. The report is disseminated county-wide and is used to assist with strategic planning for county organizations to address health status and health systems issues. The assessment reports on data about consumer satisfaction, perceptions of health needs, access issues and quality of care.

Prenatal Social Marketing Committee (collaboration of Health System, Health Plan of San Mateo, Human Services Agency, perinatal providers) has worked for several years to increase first trimester prenatal care and utilization of presumptive eligibility.

The Health System provides leadership and/or staff support to the Asthma Coalition. One of our Assistant Health Officers chairs the asthma coalition and is involved in strategic planning.

Our MCAH Director is on the steering committee with the preteen alliance. Lucile Packard provides staff/funding. Behavioral Health and Recovery Services Division and County Office of Education are involved.

Health Policy and Planning division collaborates with the African American health advisory committee, providing technical assistance related to health status indicators, provides finding, assists with priority setting (e.g. heart disease priority – committee pushed for increasing physical activity and screening at churches).

The CHI Program Manager is a member of the statewide California Children's Health Initiative coalition. Health System leadership also holds advisory roles with funder organizations (The California Endowment, Blue Shield Foundation, California Health Care Foundation) who assist SMC participation in furthering efforts around health insurance coverage, strengthened safety nets, and improved effectiveness of care.

**SWOT Analysis for Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We have supportive Board of Supervisors, county leadership/County Manager.
- There is a high value for collaboration within the county. There is collaboration within the leadership of county organizations and collaboration between county agencies and CBOs.
- In a fairly wealthy county, we are able to undertake multiple initiatives and provide resources.
- Our Health and Quality of Life survey provides us with rich data.
- The Health Policy and Planning division is dedicated to community engagement. Our county agencies maintain close contact and working relationships with community gatekeepers.
- We are successful in obtaining competitive Federal and State grants (e.g. National Children’s Study; Federal Adolescent Family Life Project).
- We have a strong linguistic access protocol which allows us to reach out to the community in many different languages.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- There are some communities in our County that are difficult to engage because of a lack of staff experience or cultural competence (e.g. Russian or Somoan).
- With the economic down turn, we have significant budget concerns and limited resources.
- With new leadership at different levels of the county organization, it will take time to develop rapport with the community.
- There are few CBOs in the county.
- Categorical funding limits flexibility to fund community driven initiatives.



**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resource; social/political changes, technological developments)

- With the Health System's reorganization, we may have the opportunity to better align our delivery systems with our strategic planning systems.
- We are revamping our county website to become more accessible and user friendly. With the development of Access San Mateo Q & A on our site, we will have more opportunities to field/address questions from the community.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budgetary constraints and decreasing funding.
- With economic impacts on CBOs, we may see more CBOs downsizing, folding or being absorbed by other agencies.
- Negative perception of government may be a challenge in working with community groups.
- We may see increased difficulties/challenges with hard-to-reach geographic regions (e.g. Pescadero) as transportation costs increase.

**Local MCAH Jurisdiction: SAN MATEO COUNTY**

**Assessment of Essential Service #5 Process Indicators**

**Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.**

Process Indicator	Level of Adequacy	Notes
<b>5.1 Data-Driven Decision Making/Planning</b>		
Key Ideas:		
<ul style="list-style-type: none"> <li>- Routine use of population-based quantitative and qualitative data, including stakeholder concerns</li> <li>- Dissemination of timely data for planning purposes</li> </ul>		
<p><b>5.1.1 Do you actively promote the use of the scientific knowledge base in the development, evaluation, and allocation of resources for MCAH policies, services, and programs?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• have a systematic process for evaluating current data pertaining to proposed policies, services, and programs?</li> <li>• regularly consult with expert advisory panels in the formulation of policies, services, and programs?</li> <li>• use health status indicators and/or other data to establish MCAH objectives and program plans?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>            1    2    3    4         </p> <p>1=weak.....4=strong</p>	<p>Every 3 years, a community health assessment is conducted by Professional Research Consultants, Inc. (PRC). The report analyzes data from the Health &amp; Quality of Life Survey which is used to create potential county initiatives. PRC analyzes data on consumer satisfaction, perceptions of health needs, access issues and quality of care.</p> <p>Office of Minority Health provided consultation, expertise, and guidelines for the development of the Health Department-wide Linguistic Access Initiative. Independent contractor, Gipsen &amp; Associates, was hired to provide consultation &amp; conduct assessments (i.e. staff surveys, clinic visits) prior to the implementation of the Linguistic Access Initiative.</p> <p>Data collected from various sources (i.e. California Healthy Kids Survey (CHKS); California Physical Fitness Test (CPFT); focus groups/interviews) were reviewed and collected to develop the Blueprint for the Prevention of Childhood Obesity. Recommendations from this blueprint led to the development of the Get Healthy San Mateo County Taskforce and additional sub-committees that promote nutrition. Data was also used to identify specific geographic communities in which to target efforts.</p> <p>The Health Policy and Planning (HPP) Division of San Mateo Health Systems is responsible for shaping resource allocation within the entire health system. San Mateo County is fortunate to have a division that can dedicate time to utilizing data for the development of macro-level/process-level goals which drive health department policies and program development.</p>

		<p>The Epidemiology Program and the County Health Officer produced <i>Healthy San Mateo 2010</i>. The report compares health status measures across populations and looks at trends over time. The goal of <i>Healthy San Mateo 2010</i> is to provide an overview of the community's health status so action plans can be developed and interventions implemented to address specific health-related concerns. The report mainly focuses on physical health issues. The information was meant to be used by elected officials, community organizations, public agencies, and health care providers as a basis for making policy decisions, program development and resource allocation. The report uses the National Healthy People 2010 Health Promotion and Disease Prevention objectives as benchmarks to monitor San Mateo County's progress.</p>
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<p><b>5.1.2 Do you support the production and dissemination of an annual local report on MCAH status, objectives, and programs?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• contribute resources to the production and dissemination of an annual MCAH local report?</li> <li>• contribute data and/or analysis in the production of an annual MCAH local report?</li> <li>• provide <i>leadership</i> for the production of an annual MCAH local report?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4 </p> <p>1=weak.....4=strong</p>	<p>Healthy Communities Collaborative (a collaboration of organizational leaders in public and private sectors throughout the county) contracts with Professional Research Consultants, Inc. to administer the Health and Quality of Life survey. Data is used for a community-wide health assessment. The report is produced and disseminated county-wide every 3 years. PRC analyzes data on consumer satisfaction, perceptions of health needs, access issues and quality of care.</p> <p>The San Mateo County Children's Report summarizes the status of children's health and highlights key issues that warrant attention – produced every 3 years.</p> <p>The Indicators for a Sustainable San Mateo County report features trends on 32 indicators of sustainability tracking major economic, social, and environmental issues. The report is distributed to government policy makers, Chambers of Commerce, environmental organizations, human services agencies, civic groups, businesses, individuals, and more every 2 years.</p> <p>The Get Healthy San Mateo County Taskforce produces an annual evaluation using secondary data and primary data from sub-committees. The evaluation reports on the progress of the taskforce and sub-committees as well as benchmarks from various data sources evaluating the current status of childhood obesity and health behavior.</p> <p>Every year the health department produces an Outcome-Based Management and Budgeting report. A goal setting and planning process is conducted to challenge the health department think about how it delivers services, how well it is delivering services, and how the department decides on the best use of resources. The Health Policy and Planning Division plays a role in directing the budget planning process, as well as input from the Epidemiologists.</p>
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**Assessment of Essential Service #5 Process Indicators (continued)**

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Process Indicator	Level of Adequacy	Notes
<p><b>5.1.3 Do you establish and routinely use formal mechanisms to gather stakeholders' guidance on MCAH concerns?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population routinely consult with an advisory structure(s) in the prioritization of health issues and the development of health policies and programs?</li> <li>Does the advisory structure(s) include representatives of professional associations, community groups, and consumers/families?</li> <li>Does the advisory structure(s) refer to current data in formulating policy stances?</li> <li>Do members of the advisory structure(s) feel their input is valued and used in shaping policy?</li> </ul>	<p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                      1    2    3    4                      1=weak.....4=strong                 </p>	<p>San Mateo County agencies/programs routinely use formal mechanisms for gathering stakeholder's guidance regarding MCAH concerns through collaboratives, steering committees, advisory groups:</p> <ul style="list-style-type: none"> <li>Get Healthy San Mateo County sub-committees – focus on childhood obesity &amp; improved nutrition</li> <li>Youth Commission – provides youth input for strategic planning (funded by HPP)</li> <li>EPA.net - online community resource center that provides relevant, up-to-date, and general information. The goal of EPA.net is to be a real voice for the community. GHSMC uses EPA.net for youth input.</li> <li>African American Community Health Advisory Council – provides input regarding the health needs of AA community/addressing health disparities (contract with HPP)</li> <li>Health Disparities Oversight workgroup – comprised of health department and medical center employees</li> <li>Cultural competency committee – comprised of county employees</li> </ul>

<p><b>5.1.4 Do you use diverse data and perspectives for data-driven planning and priority-setting?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>regularly use data from other agencies (state, regional, local, and/or national)?</li> <li>have a systematic process for using these data to inform local and state MCAH health objectives and planning?</li> </ul>	<p> <input type="checkbox"/> 1                <input type="checkbox"/> 2                <input type="checkbox"/> 3                <input checked="" type="checkbox"/> 4         </p> <p>1=weak.....4=strong</p>	<p>Diverse data is used for data-driven planning and priority-setting. Both qualitative and quantitative data is used. Sources include but are not limited to:</p> <ul style="list-style-type: none"> <li>National census data</li> <li>Disease registries</li> <li>Department of Finance population figures</li> <li>Local birth certificate data</li> <li>State migration data</li> <li>Surveys/focus groups</li> </ul>
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**Assessment of Essential Service #5 Process Indicators (continued)**

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Process Indicator	Level of Adequacy	Notes
<b>5.2 Negotiating Program and Policy Development</b>		
Key Ideas: – Collaboration – Leadership in promoting the MCAH mission		
<p><b>5.2.1 Do you participate in and provide consultation to ongoing state initiatives to address MCAH issues and coordination needs?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• participate, as a member, with two or more local or state level advisory councils or working committees?</li> <li>• routinely partner with other agencies or programs in activities related to training and education, program and policy development, and/or evaluation?</li> <li>• serve as agency representative for one or more private sector community projects or professional associations?</li> <li>• have involvement in activities that influence or inform the public health policy process?</li> <li>• Are there key issue areas for which agency partnerships are lacking?</li> </ul>	<p> <input type="checkbox"/> 1                                <input type="checkbox"/> 2                                <input checked="" type="checkbox"/> 3                                <input type="checkbox"/> 4                         </p> <p>1=weak.....4=strong</p>	<p>The Black Infant Health Coordinator and a community worker (ex-client) participate as members of a state workgroup committee to assist in the BIH program model redesign and provide feedback for improved assessment and service delivery. The MCAH Director is a member of the state workgroup providing feedback for program evaluation.</p> <p>The SIDS Coordinator and San Mateo County SIDS parents participate as members of the Northern California SIDS advisory council. The SIDS Coordinator also served on the Statewide SIDS advisory council.</p> <p>The Director of Health Policy and Planning (HPP) is a member of the Sacramento Health Care Decisions Board – a group developing information to influence State policy around what health benefits should be covered. The Director is also a member of a local board (Insure the Uninsured Local Community Board) focusing on improving insurance coverage State-wide.</p> <p>A Community Health Planner in HPP is a member of Roots of Change – addressing food system change.</p> <p>Our MCAH program is an active member of MCAH Action, the statewide organization of MCAH Directors and Coordinators, working to provide input on state programs and initiatives and education for legislators on the impact of proposed legislation.</p> <p>The CHI Program Manager is a member of the statewide California Children's Health Initiative coalition. Health System leadership also holds advisory roles with funder organizations (The California Endowment, Blue Shield Foundation, California Health Care Foundation) who assist SMC participation in furthering efforts around health insurance coverage, strengthened safety nets, and improved effectiveness of care.</p>

<p><b>5.2.2 Do you develop, review, and routinely update formal interagency agreements for collaborative roles in established public programs (e.g., WIC, family planning, Medi-Cal, First Five)?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• participate in interagency agreements for joint needs assessment and/or program planning and evaluation?</li> <li>• review and update these interagency agreements on a reasonable routine schedule?</li> <li>• Are there programs or issue areas for which there are no interagency agreements but there should be?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                  1=weak.....4=strong             </p>	<p>Health Policy and Planning (HPP) has an MOU with the Housing Department and Human Services Agency. HPP has access to data to conduct community assessments.</p> <p>HPP does not have many formal MOUs with agencies but rely on established working relationships to collaborate around joint community assessment, program planning and evaluation.</p> <p>The Federal Adolescent Family Life Program (FAFLP) within the Family Health Services Division has a formal MOU with Behavioral Health and Recovery Services (BHRS) Division. The Federal Adolescent Family Life Program is conducting a randomized control study evaluating the effects of access to mental health services for clients who are served by both FAFLP and BHRS.</p> <p>Family Health Division has an MOU with Human Services Agency around the Partnership for Safe and Healthy Children program.</p> <p>Family Health Division administers WIC for San Mateo County. Other Family Health programs routinely receive referrals from WIC.</p> <p>Service coordination MOUs between Family Health and many CBOs working with high risk families is being developed.</p> <p>CHI maintains MOUs with the Human Services Agency, the San Mateo Medical Center and the Health Plan of San Mateo to codify respective roles in assuring effective health coverage enrollment, retention and navigation.</p>
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**Assessment of Essential Service #5 Process Indicators (continued)**

Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.		
Essential Service Indicator	Level of Adequacy	Notes
<p><b>5.2.3 Do you serve as a consultant to and cultivate collaborative roles in new local or state initiatives through either informal mechanisms or formal interagency agreements?</b></p> <p><i>For example:</i>                      Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• contributed to the planning process of a new local or state initiative affecting the MCAH population?</li> <li>• been part of the implementation of a joint local or state initiative?</li> <li>• been routinely consulted by the leadership of other programs to provide insight into the impact of policies and procedures on MCAH populations?</li> </ul>	<p> <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/>   <input type="checkbox"/>                      1   2   3   4                      1=weak.....4=strong                 </p>	<p>The Black Infant Health Coordinator and a community worker (ex-client) have participated in the planning process for the BIH program model redesign -- participating as members of a state workgroup committee and providing feedback for improved assessment and service delivery. The MCAH Director is also a member of the state workgroup to provide feedback for the implementation of an improved program evaluation.</p> <p>The Health Policy and Planning (HPP) Division of San Mateo Health System is routinely consulted by leadership from other Divisions within the San Mateo Health System to provide insight into the impact of policies and procedures on the populations being served. San Mateo County is fortunate to have a division that can dedicate time to utilizing data for the development of macro-level/process-level goals which drive health department policies and program development.</p> <p>Multiple experts from private, public, non-profit organizations collaborated together to develop the <i>Blueprint for the Prevention of Childhood Obesity</i>. Recommendations from this blueprint led to a collaborative effort and development of the Get Healthy San Mateo County Taskforce. The sub-committees of this taskforce have implemented a variety of nutrition/health promotion programs county-wide.</p> <p>SMCHS has provided input to state initiatives (e.g. First 5 Commission, Healthy Kids program, CHI re: one-e-app, etc).</p> <p>The Health System and Health Plan of San Mateo initiated development of a Community Health Network for the Underserved through which every major healthcare provider organization plays a defined role in serving the publicly covered and uninsured population, with a first priority involving Obstetric care. Through this effort, we have redesigned an OB network that promotes increased geographic access to prenatal and OB care in the community in which low-income women live.</p>

**SWOT Analysis for Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We have an entire division (Health Policy and Planning) devoted to providing leadership in planning and policy development for our county.
- We have strong, established programs and have been asked to provide input for state initiatives.
- We have long-term collaborations with CBOs.
- We are good at collecting and analyzing data and disseminating information.
- We have numerous methods for gathering stakeholder input/guidance.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- We do not have a local body that focuses on priority setting and policy development related to MCAH issues at the local regional level. We do not have a routine structured MCAH planning process for MCAH issues exclusively, aside from our 5 year needs assessment.
- We have limited resources for collaborating on state-driven initiatives.
- We lack “formal” mechanisms for collaboration.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- We can use our 5 year needs assessment to drive priority setting, planning, and policy related to MCAH issues.
- We are working with the State WIC program to allow for interagency referrals without consent for release of information so we can streamline our referral procedure among Family Health Services programs.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- We are losing our seasoned epidemiologist who has the most experience in MCAH data.
- We could lose CBO staffing due to the economic downturn.
- We can do the program planning and policy development but may not have the staff resources to implement.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #6 Process Indicators**

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	Level of Adequacy	Notes
<p><b>6.1 Legislative and Regulatory Advocacy</b>                      Key idea:                      — Assure legislative and regulatory adequacy</p>		
<p><b>6.1.1 Do you periodically review existing federal, state and local laws, regulations, and ordinances relevant to public health in the MCAH population?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>include an assessment of MCAH legislation and ordinances in its long-term planning about needs and priorities for the local MCAH population?</li> <li>participate in an interagency review of legislation and ordinances affecting programs serving the MCAH population?</li> <li>review public health related legislation and ordinances to ensure adequacy of MCAH programming, resource allocation, and reporting standards?</li> <li>have access to legal counsel for assistance in the review of laws, regulations, and ordinances?</li> </ul>	<p> <input type="checkbox"/> 1                                <input checked="" type="checkbox"/> 2                                <input type="checkbox"/> 3                                <input type="checkbox"/> 4                         </p> <p>1=weak.....4=strong</p>	<p>San Mateo County's Health Officer participates in the Public Health law subgroup of California Department of Public Health (CDPH). The statewide group made up of Health Officers, lawyers, and county counsels periodically review existing public health laws (i.e. emergency preparedness, liability, malpractice).</p> <p>The Health System periodically reviews existing local ordinances. For example:</p> <ul style="list-style-type: none"> <li>Smoking ordinances and its effects on, women, teenagers and children.</li> <li>Tattoo ordinances, not allowing minors to get a tattoo, and its effects from an infectious disease perspective.</li> </ul> <p>The Legal Aid Society of San Mateo County primarily reviews existing law as it pertains to a particular client's situation (e.g. a client is denied Medi-Cal and Legal Aid reviews the laws as to Medi-Cal eligibility in order to assist the client in access to health care).</p> <p>A Health Educator in the Health Policy and Planning Division helps school districts in San Mateo County address their compliance with SB 12 and SB 965.</p>

<p><b>6.1.2 Do you monitor <i>proposed</i> legislation, regulations, and local ordinances that might impact MCAH and participate in discussions about its appropriateness and effects?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• communicate with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances?</li> <li>• participate in the drafting, development, or modification of proposed legislation, regulations, or ordinances for current MCAH public health issues and issues that are not adequately addressed?</li> <li>• Does the Local MCAH Director participate in MCAH Action meetings to receive updates on current legislation and communicate with other MCAH leaders on legal or regulatory MCAH issues?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>San Mateo County's MCAH Director/Coordinator participates in MCAH Action meetings. MCAH action is a statewide group of MCAH Directors. MCAH Action reviews proposed legislation and its impacts on MCAH population and educates legislators and local MCAH leaders and programs of proposed legislation.</p> <p>California Conference of Local Health Officers (CCLHO) routinely monitors proposed legislation and San Mateo County's Health Officer is a member of this group.</p> <p>Health Officers Association of California (HOAC) sponsors legislation. The San Mateo County Health Officer participates in HOAC.</p> <p>The Medical Director of Child Health and Disability Prevention Program testified at a state hearing about the general impacts of asthma and environmental issues impacting health.</p> <p>The Medical Director of Child Health and Disability Prevention Program participated in discussions with Child Care Coordinating Council (4 C's) in response to proposed legislation about locating of new childcare centers near transportation to decrease miles traveled and address traffic issues, pollution, and other environmental impacts.</p> <p>San Mateo County created a Blueprint for Prevention of Childhood Obesity which outlines proposed regulations, in various phases of development, which could become ordinances or legislation and have impacts on the MCAH population (i.e. nutrition guidelines, school wellness policies).</p> <p>The Health System Assistant Health Officer has assisted in efforts to draft city ordinances related to tobacco and/or alcohol licensing for retail stores.</p>
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**Assessment of Essential Service #6 Process Indicators (continued)**

<b>Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.</b>		
<b>Process Indicator</b>	<b>Level of Adequacy</b>	<b>Notes</b>
<p><b>6.1.3 Do you devise and promote a strategy for informing elected officials about legislative/regulatory needs for MCAH?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• identify MCAH public health issues that can only be addressed through new laws, regulations, or ordinances?</li> <li>• communicate or advocate to local, state, or national elected officials or to regulatory agencies by meeting, calling, faxing, e-mailing or writing to them about current and proposed legislation/ regulations affecting the MCAH population?</li> <li>• indirectly influence public opinion and policy affecting the MCAH population by writing a letter to the editor or an opinion piece in a newspaper, talking to a reporter or editor, doing radio call-ins, distributing action flyers, and/or bringing up issues at meeting of other groups you belong to and enlist other support in letter writing, signing petitions or grassroots advocacy?</li> </ul>	<p> <input type="checkbox"/> 1                        <input type="checkbox"/> 2                        <input checked="" type="checkbox"/> 3                        <input type="checkbox"/> 4                 </p> <p>1=weak.....4=strong</p>	<p>San Mateo County's MCAH Director/coordinator participates in MCAH Action meetings. MCAH action is a statewide group of MCAH Directors. MCAH Action reviews proposed legislation and educates legislators about its impacts on the MCAH population and advocates for MCAH needs.</p> <p>The San Mateo County Health Officer is a member of the Health Officers Association of California (HOAC), who sponsors and advocates for legislation affecting the MCAH population.</p> <p>Representatives for the board of supervisors are invited to the Adolescent Collaborative Action Team (ACAT) general meeting and steering committee meeting to keep board of supervisors informed of legislative/regulatory needs of adolescents.</p> <p>Elected officials have been invited and have attended the San Mateo County Heb B Free Steering committee to stay informed about health issues affecting women, children and youth.</p> <p>The Medical Directors and Health Officers in San Mateo County have communicated directly with the Board of Supervisors about asthma and childhood overweight.</p> <p>Delta Dental was pulling out of providing services to Healthy Families children in San Mateo County. The dental coalition responded by communicating (calls, letters, and meetings) directly to board of supervisors and elected officials in Sacramento to have this action reversed.</p> <p>The Board of Supervisors set up the Blue Ribbon Taskforce (made up of local businesses, faith-based organizations, CBOs, unions etc.) to provide recommendations for universal health coverage for all residence in the county. The Access and Care for Everyone (ACE) program came out of the work of this taskforce.</p>

		<p>No systematic method of informing elected officials about legislative/regulatory needs for MCAH population. No one department or person resourced for this purpose. Done on an ad hoc basis.</p> <p>Health system funds the Youth Commission and Youth Development Initiative promoting advocacy for youth-specific issues.</p>
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**Assessment of Essential Service #6 Process Indicators (continued)**

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	Level of Adequacy	Notes
<p><b>6.2 Certification and Standards</b>                      Key idea:                      — Provide leadership in promoting standards-based care</p>		
<p><b>6.2.1 Do you disseminate information about MCAH related legislation and local ordinances to the individuals and organizations who are required to comply with them?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>disseminate information about new MCAH related legislation and local ordinances to individuals and organizations as appropriate?</li> <li>integrate new legislation and ordinances with existing MCAH programs and activities?</li> </ul>	<p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1    2    3    4                 </p> <p>1=weak.....4=strong</p>	<p>The county's HIV/STD program has been disseminating information about routine HIV testing during pregnancy to primary care providers and emergency departments. Routine testing is now offered on an 'opt-out' basis, meaning all women will receive an HIV test, unless they specifically state that they do not want one.</p> <p>Get Healthy San Mateo County Taskforce disseminates information to schools about wellness policies, establishing after school program standards around nutrition and physical activity.</p> <p>The Communicable Disease (CD) program disseminates information to childcare programs during outbreaks, providing education about infection control and ensuring organizations are complying with infection control regulations (i.e. lice, pertussis). The CD public health nurses also meet quarterly with school nurses to discuss various communicable disease issues, including compliance with immunization requirements and legislation.</p> <p>Breastfeeding programs in Family Health Services disseminate information about legislation around breastfeeding – (e.g. workplace accommodations for Breastfeeding mothers).</p> <p>A Health Educator in the Health Policy and Planning Division disseminates information to schools about legislation related to school wellness policies.</p>

**6.2.2 Do you provide leadership to develop and publicize harmonious and complementary standards that promote excellence in quality care for women, infants, and children, in collaboration with professional organizations and other local agencies?**

For example:

Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- provide leadership and MCAH expertise in a standards-setting process for programs serving MCAH populations (e.g., school health services, family planning/reproductive health care, WIC, child care, CSHCN)?
- regularly review standards for consistency and appropriateness, based on current advances in the field?
- promote interagency consistency in standards?

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  2   
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  4

1=weak.....4=strong

San Mateo County’s Board of Supervisors adopted the Bill of Rights for Children and Youth. The Bill of Rights was drafted by the Peninsula Partnership Leadership Council with significant input from San Mateo County’s youth commission. San Mateo County is the first in California and second in the nation to create and adopt a Children’s Bill of Rights. Public and private agencies in San Mateo County have also adopted the bill of rights (i.e. the County Board of Education, several school districts, city councils, United Way of the Bay Area, First 5 San Mateo County, County Health and Human Services Departments, Youth and Family and Enrichment Services, and the Silicon Valley Community Foundation).

Get Healthy San Mateo County Taskforce committees have provided leadership in the development of wellness policies, establishing standards around nutrition and physical activity.

- After School committee developed guidelines for after school programs regarding types of foods to serve and suggestions for physical activities. Guidelines were finalized and trainings were offered to staff.
- School Wellness Policy committee coordinated school wellness groups to assist schools in implementing the federally mandated wellness policies. A manual on how to make physical fitness more interesting to youth was created. Posters on healthy eating and active living were designed by youth. The committee planned a school wellness day.
- Preschool and Childcare Providers committee assessed the nutritional practices of providers and developed guidelines for physical activity and nutrition. Trainings to disseminate guidelines were conducted for providers.

The Perinatal Services Coordinator oversees the Comprehensive Perinatal Services Provider clinics to ensure providers are complying with program requirements, promotes best practice among providers, provides updates related to standards, and hosts roundtable discussions quarterly.

The CHDP program conducts outreach to pediatric providers and provides updates about the latest pediatric standards (e.g. asthma standards).

		<p>The Immunization program works with providers regarding immunization guidelines.</p> <p>The Dental coalition conducts outreach to providers about latest standards.</p> <p>Partners for Safe and Healthy Children is a collaborative effort between Family Health Services, Behavioral Health and Recovery Services, and the Children &amp; Family Services - Human Services Agency. All child abuse cases reported to Children and Family Services that are opened, e.g. child is removed or family is under court order, are referred to the BHRS coordinator of Partners. The Coordinator schedules a multi-disciplinary team meeting (MDT) to work with the parents on their case plan. If there are medical issues involved, a public health nurse from Family Health Services is involved in the case.</p>
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**Assessment of Essential Service #6 Process Indicators (continued)**

Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.		
Process Indicator	Level of Adequacy	Notes
<p><b>6.2.3 Do you integrate standards of quality care into MCAH-funded activities and other publicly or privately funded services?</b></p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>collaborate with other funded entities to incorporate MCAH standards of quality care and outcomes objectives into their grant/contract?</li> <li>provide resources and information to assist local agencies, providers, and CBOs to incorporate MCAH standards of quality care and outcome objectives into their protocols?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4         </p> <p>1=weak.....4=strong</p>	<p>Within the Family Health Division and Maternal Child Adolescent Health Programs, standards of quality care for mothers, children and teens are incorporated into program activities and interventions (i.e. home visiting standards, parenting classes, youth development groups).</p> <p>The CHDP Medical Director and MCAH Director serve on the IHSD advisory group (a health advisory group for Head Start), to provide advice on appropriate health standards related to the young children/infants served by the childcare centers.</p> <p>Lead program routinely monitors legal standards for lead.</p>

<p><b>6.2.4 Do you develop, enhance, and promote protocols, instruments, and methodologies for use by local agencies that promote MCAH quality assurance?</b></p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• lead or participate in a process to promote maternal, neonatal, perinatal, and children's services and conduct outcome analysis?</li> <li>• provide leadership in promoting the implementation of existing MCAH standards-based protocols and instruments across the LHJ?</li> <li>• promote and develop a process to identify quality issues pertaining to MCAH (e.g., infant, maternal, and child deaths, etc.)?</li> </ul>	<p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            1    2    3    4         </p> <p>1=weak.....4=strong</p>	<p>The CHDP Medical Director has been involved with the development of local immunization guidelines for hospitals &amp; clinics within the county health system (i.e. regarding which combination of vaccines to use). Standard guidelines are developed for adult and child vaccines.</p> <p>The Viral Hepatitis Program promotes outreach and education to providers who do not regularly refer patients to a hepatologist or infectious disease specialist for treatment of Hepatitis B. Educational materials about the benefits of treatment through 3<sup>rd</sup> trimester pregnancy were developed to promote routine referral and treatment of patients with a high viral load.</p> <p>The immunization registry is used as an instrument for quality assurance (i.e. reporting on immunization rates, standard immunization practice among providers).</p> <p>A toolkit was adapted to assist schools in implementing wellness policies per federal legislation to ensure schools met nutritional guidelines and eliminated soda from school vending machines. The GHSMCT School Wellness Policy committee coordinated school wellness groups to assist schools in implementing the federally mandated wellness policies and ensuring compliance with federal legislation.</p> <p>Lead program routinely monitors legal standards for lead.</p>
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<p><b>6.2.5 Do you participate in or provide oversight for quality assurance efforts among local health agencies and systems and contribute resources for correcting identified problems?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• conduct record and site reviews of local health care providers, CBOs and subcontracts?</li> <li>• allocate resources for addressing deficiencies identified in such reviews?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4 </p> <p>1=weak.....4=strong</p>	<p>The CHDP Medical Director has provided oversight and given feedback to the Immunization registry.</p> <p>The Health System provides oversight for quality assurance at the county juvenile hall. An audit is conducted on an annual basis to ensure are services are meeting standards (i.e. mental health services, food quality).</p> <p>The Perinatal Services Coordinator (PSC) conducts chart reviews at CPSP clinics for quality assurance. The PSC checks for compliance with CPSP requirements and provides educational resources to assist clinics in correcting any issues so clients will continue to meet CPSP standards and guidelines.</p> <p>We have oversight of special care centers funded by CCS. Centers must meet various requirements to become a CCS approved center. Provider reports on individual clients. CCS checks services are provided appropriately.</p>
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**SWOT Analysis for Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We have a dedicated Assistant County Manager who stays up to date with legislation, keeps Health System leadership updated, and educates legislators about impacts to the community.
- We have two paid positions that focus on monitoring legislation and their impacts on the community.
- We have a number of Assistant Health Officers that are able to look at enforcement of laws related to health and welfare. Any Assistant Health Officer acting as the Health Officer has the legal ability to enforce health law.
- We have a Bill of Rights for Children and Youth. Our county supports “human rights” for children and youth. Our leadership throughout the county supported this bill and provided resources to develop the bill.
- Our county developed a Blue Ribbon Taskforce to explore options for providing comprehensive health care access and/or insurance to uninsured adults in San Mateo County living at or below 400% Federal Poverty Level.
- We have a school liaison working out of the Health Policy and Planning Division who works closely with the schools to assist schools in complying with health and nutrition legal requirements for schools.
- We have a strong collaboration with our San Mateo County Legal Aid Society.
- We have a strong collaborative effort between Family Health Services, Behavioral Health and Recovery Services, and the Children & Family Services/Human Services Agency to ensure the safety of children in our county through “Partners for Safe and Healthy Children”.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- We tend to focus activities on the promotion of legal requirements/regulations protecting the health and safety of children, women and youth and not as much effort on enforcement.
- Unfunded mandates from the State are difficult to enforce.
- We do not have anyone at a higher level elected/appointed position that is a champion specifically for MCAH issues.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- Work more collaboratively with private organizations and CBOs around MCAH issues.
- There is proposed legislation to do consolidated contracts with the State. If state-funded FHS programs had one contract rather than multiple contracts we might improve efficiency with combined reporting, scopes of work, and invoicing.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Not enough time or funds (budgetary constraints) to devote or prioritize legal matters, especially around enforcement.



Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #7 Process Indicators**

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	Level of Adequacy	Notes
<p><b>7.1 Assure access to services</b>                      Key ideas:                      — Provide oversight and technical assistance                      — Ensure access to comprehensive and culturally appropriate services</p>		
<p><b>7.1.1 Do you develop, publicize, and routinely update a toll-free line and other resources for public access to information about health services availability?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> <li>run ongoing TV, radio, print, and/or online advertisements publicizing its toll-free MCAH line?</li> <li>provide information to consumers about private health insurance coverage and publicly funded MCAH services (e.g., family planning clinics, WIC)?</li> <li>assist localities in promoting awareness about local MCAH services?</li> <li>routinely evaluate the effectiveness and appropriateness of information about MCAH services availability?</li> </ul>	<p> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1    2    3    4                      1=weak.....4=strong                 </p>	<p>The Family Health Services Division of the Health Department has a toll-free resource and referral line publicized in a newly updated brochure. The public can access information about health and community resources.</p> <p>Health Plan of San Mateo has a 24-hour line and the Medi-Cal Tele-center has a toll-free line for Medi-Cal questions.</p> <p>The Presumptive Eligibility program publishes their toll-free number in client pamphlets.</p> <p>A Physician Resource Guide with community resource information for providers is updated and distributed throughout the county by the MCAH program.</p> <p>The Community Information Program (CIP) updates community resources/health services information -- accessed online, through the libraries, or in a booklet published annually.</p> <p>La Leche league has a breastfeeding resource line.</p> <p>Mental Health Access team has a toll-free line for self-referrals.</p> <p>Although toll-free lines and resources are available, many resources are not well publicized and are underutilized.</p>

**7.1.2 Do you provide resources and technical assistance for outreach, improved enrollment procedures, and service delivery methods for unserved and underserved populations?**

For example:

Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,

- promote the development of subcontracts, partnerships, and collaboratives to enhance outreach and link people to health care services?
- provide leadership and resources for developing and implementing effective methods of health care delivery (e.g., off-site services such as mobile vans and health centers)?
- provide technical assistance to local agencies, providers, and health plans in identifying and serving unserved and underserved MCAH populations?
- disseminate information on best practices among local agencies, providers, and health plans across LHJs?

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Prenatal to 3 Program contracts with Youth and Family Enrichment Center (YFES). YFES provides community workers to Pre to 3, providing outreach and linkages to health care services.

County clinics are strategically located throughout the county to improve access. Clinics are located in North, Mid, South and Coast side locations. A Mobile Van rotates through various locations throughout the county to further improve access. CHDP improves children’s access to well baby visits and linkages to health insurance.

California Perinatal Services Provider (CPSP) coordinator conducts quarterly roundtable meetings to provide technical assistance to providers (i.e. topics related to improving service delivery; current information about cultural competency, perinatal substance abuse, and breastfeeding/nutrition).

Daly City Youth Health Center and Sequoia Teen Wellness Center specifically target teens to improve their access to health services.

Human Service Agency (HSA) Core Service Centers located throughout the county provide a centralized location for clients to access community resources and apply for health services (i.e. Medi-cal, WIC).

Perinatal Social Marketing committee promoted informational material regarding presumptive eligibility (PE) to assist clients in accessing PE benefits. The committee plans to focus efforts on social marketing to improve access to 1<sup>st</sup> trimester PN care.

Coast side collaborative, East Palo Alto roundtable, and Pre to Five Partnership are some examples of collaborative meetings that serve to enhance outreach and improve linkages to health care services. Collaboratives also promote dissemination of information across disciplines and organizations.

Children’s Health Initiative provides education and outreach to special populations to increase access and enrollment into free and low cost health insurance. Special efforts are made to provide culturally competent services.

**Assessment of Essential Service #7 Process Indicators (continued)**

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	Level of Adequacy	Notes
<p><b>7.1.3 Do you assist unserved and underserved MCAH populations in accessing health care services?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> <li>• provide information and assistance to link vulnerable MCAH populations to health services?</li> <li>• provide information and assistance to link eligible women and children to Medi-Cal, WIC, or Healthy Families?</li> <li>• work with local agencies to develop recommendations and implement improvements in identification, outreach, and follow-up of high risk, unserved, and underserved MCAH populations?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                 </p> <p>1=weak.....4=strong</p>	<p>Home visiting programs in the Family Health Services division (BIH, Pre to 3, Field Nursing, AFLP) provide resources/referrals to clients through individual case management, linking clients to health services and improving access/enrollment (i.e. Medi-cal, WIC, health insurance).</p> <p>Human Services Agency, Family Self-Sufficiency Team (FSST) is an interdisciplinary team meeting designed to assist clients in accessing health services/community resources (efficiently without duplication).</p> <p>Core Service Centers assist clients in obtaining information about Healthy Families, Medi-Cal, WIC, Healthy Kids, and assist eligible women and children with enrollment.</p> <p>Many services are available in the county but improved collaboration and reduced barriers to access is needed. For example –</p> <ul style="list-style-type: none"> <li>▪ Clients occasionally face waiting lists for prenatal care or are unable to get into prenatal care until the second trimester.</li> <li>▪ There are barriers to accessing Medi-cal due to lengthy applications and processing time.</li> <li>▪ Despite barriers, clients are able to access health services (i.e. medical appointments) sooner with the advocacy of case managers from programs such as those within Family Health Services Division.</li> </ul> <p>Children’s Health Initiative uses One-e-App to screen families at local schools and communicates to them which health programs they qualify for.</p> <p>The Health Plan of San Mateo (HPSM) community health advocates conduct outreach to sign up and enroll eligible families and individuals for the Health Plan. HPSM provides incentive programs for prenatal care. HPSM also contracts with schools and CBOs to enroll members.</p>

		<p>Coordinated County Services to Pescadero/South Coast Working Group focused on enhancing community and county capacity in a rural, isolated part of the County. They conducted a needs assessment and identified four focus areas: 1) enhancing awareness of medical and social services; 2) improving access and linkages to resources; 3) increasing capacity of county and community resources; 4) bridging the geographic isolation. The group is made up of community and county leaders in social and medical service arenas.</p>
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<p><b>7.1.4 Do you provide resources to strengthen the cultural and linguistic appropriateness of providers and services to enhance their accessibility and effectiveness?</b></p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> <li>• train its own staff in cultural and linguistic competence for interacting with clients?</li> <li>• sponsor continuing education opportunities for providers on cultural competence and health issues specific to racial/ethnic/cultural groups living in the LHJ?</li> <li>• provide resources to culturally representative community groups and their local health agency for outreach materials and media messages targeted to specific audiences?</li> <li>• provide leadership and resources for the recruitment and retention of culturally and linguistically appropriate staff to assist population groups in obtaining maternal and child health services?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>Cultural competency trainings are conducted county-wide (e.g. Ravenswood Clinic conducted a manager training; Black Infant Health staff received training). Family Health Services is requiring all staff to participate in Equal Employment Opportunity training.</p> <p>Human Services Agency (HSA) conducts an annual multi-cultural fair (for social workers) to enhance cultural competence. HSA, Children and Family Services, also provides mandated cultural competency training for staff approximately every 3-4 years.</p> <p>Health Policy and Planning provides technical assistance and serves as a resource for cultural and linguistic access improvement projects. In 2007, the Health Department approved Cultural and Linguistic Access Standards and in 2008 polices were adopted to assure uniform language assistance across the department. Language Assistance Services resources and trainings were developed for staff. The health department obtained a contract for language assistance/interpretation services.</p> <p>Salary differentials are paid to some bi-lingual county employees in positions requiring bilingual proficiency. Efforts are made to recruit and retain bi-lingual county employees for positions requiring bilingual skills.</p> <p>Health Policy and Planning facilitated a Health Disparities train-the-trainers for county employees around the film series, <i>Unnatural Causes</i>. Employees who attended the training are expected to conduct trainings related to the film series across the county.</p> <p>The Black Infant Health Program piloted the MIHA survey with African American women to assess if the survey was culturally appropriate. The BIH program provided feedback to the State for future MIHA revisions.</p>
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**Assessment of Essential Service #7 Process Indicators (continued)**

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	Level of Adequacy	Notes
<p><b>7.1.5 Do you collaborate with other local agencies to expand the capacity of the health and social services systems, and establish interagency agreements for capacity-building initiatives/access to services?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> <li>• collaborate with other agencies in developing proposals for enhanced MCAH services?</li> <li>• submit or support proposals for private foundation grants for enhanced MCAH services?</li> <li>• routinely review interagency agreements for effectiveness and meet with professional organizations and other local agencies to assess needs and capacity-building opportunities?</li> <li>• routinely assess system barriers and successes and develop strategies for making improvements?</li> </ul>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> 1</div> <div style="text-align: center;"><input type="checkbox"/> 2</div> <div style="text-align: center;"><input checked="" type="checkbox"/> 3</div> <div style="text-align: center;"><input type="checkbox"/> 4</div> </div> <p>1=weak.....4=strong</p>	<p>CPSP providers collaborate for systems change – i.e. collaborate with the State to re-do food frequency forms for CPSP providers/clinics.</p> <p>March of Dimes provides grants to local CBOs to increase access to health services.</p> <p>Pre to Three contracts with Youth and Family Enrichment Services to hire Community Workers for outreach and case management.</p> <p>Working agreements between Ravenswood Clinic and Stanford Hospital allow providers to work at both locations to improve access for clients and build capacity at both locations.</p> <p>Children and Family Services has an MOU with hospitals for immediate treatment of clients.</p> <p>First 5 funded programs collaborate to improve services to clients and minimize duplication of services.</p> <p>Adolescent Family Life Program collaborates with Daly City Youth Health Center and Behavioral Health and Recovery Services to provide clinic and home visiting mental health services for teen clients.</p>

		<p>Through the Family Health Services Risk Assessment Project, we are currently pursuing a single MOU with 8 community based organizations to enhance service coordination efforts and reduce duplication of services for the 0-5 population, especially those who are at high risk. At this time, seven of the eight agencies have already agreed to sign. The MOU will create a County-wide Service Coordination meeting that will meet quarterly.</p> <p>Partners for Safe and Healthy Children is a collaborative effort between Family Health Services, Behavioral Health and Recovery Services, and the Children &amp; Family Services - Human Services Agency. All child abuse cases reported to Children and Family Services that are opened (e.g. child is removed or family is under court order) are referred to the BHRS coordinator of Partners. The Coordinator schedules a multi-disciplinary team meeting (MDT) to work with the parents on their case plan. If there are medical issues involved, a public health nurse from Family Health Services is involved in the case.</p>
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**7.1.6 Do you actively participate in appropriate provider enrollment procedures and provision of services for new enrollees?**

*For example:*

Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,

- update their enrollment screening protocols to comply with state MCAH program requirements?
- oversee CPSP provider enrollment procedures and ensure compliance with program requirements?
- interact with eligibility workers administering Medi-Cal enrollment protocols?
- develop guides and/or other materials and protocols for assisting consumers in navigating the health care system?

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Health System Programs, working with clients through individual and family case management, routinely interact with Medi-cal benefit analysts/eligibility workers to advocate for Medi-cal clients or clients applying for Medi-cal. Case managers often assist clients with applications (when, where, how to apply) and/or interpreting forms. Case managers routinely give individual verbal or written guidance to clients on how to navigate the health care system. The Medi-cal Telecenter is also a resource for Medi-cal members for enrollment and eligibility questions.

San Mateo County's Perinatal Services Coordinator (PSC) oversees Comprehensive Perinatal Services Provider (CPSP) clinics to ensure providers are following enrollment procedures and complying with program requirements. The PSC works closely with the Comprehensive Perinatal Health Workers at each clinic site. The PSC conducts chart audits and site visits for quality assurance. The PSC also provides training and education to sites and conducts quarterly roundtable meetings to ensure that sites are complying with program requirements and providing appropriate CPSP services to new enrollees.

The Health Plan of San Mateo (HPSM) conducts an orientation for new enrollees (e.g. how to access incentive programs, member services and benefits).



**Assessment of Essential Service #7 Process Indicators (continued)**

Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.		
Process Indicator	Level of Adequacy	Notes
<p><b>7.2 Coordinate a system of comprehensive care</b>                      Key Idea:                      — Provide leadership and oversight</p>		
<p><b>7.2.1 Do you provide leadership and resources for a system of case management and coordination of services?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> <li>• work with community service providers and health plan administrators to develop contracts that link and coordinate health services?</li> <li>• compile and distribute information on best practices of case management and coordination of services across localities?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>A monthly provider meeting is held in the coast-side community. School districts, libraries, clinics, and mental health services are represented to improve teen service coordination on the coast.</p> <p>In Pescadero, a monthly meeting is held at the Puente community center. Health System staff, Human Services Staff, and Puente community members meet to discuss how to coordinate services and improve access to health services in the community of Pescadero.</p> <p>The Adolescent Family Life Program (AFLP) developed a contract with Daly City Youth Health Center (DCYHC) to provide coordinated care to teen parents. DCYHC provides mental health services and health care clinic services. AFLP provides case management to teen parents. Similarly, AFLP coordinates with juvenile hall and probation to provide case management to incarcerated teen parents.</p> <p>Family Health Services Division convenes the Risk Assessment Committee, working on risk assessment tools and services coordination with County agencies and CBOs (YFES, CORA, Daly City Collaborative, etc) and BHRS and Children and Family Services (HSA).</p>

**7.2.2 Do you provide leadership and oversight for systems of risk-appropriate perinatal and children’s care?**

*For example:*

Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,

- support the establishment of cross-agency review teams?
- support and promote the routine evaluation of systems of risk-appropriate perinatal and children’s care?

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Watch Me Grow (WVG) is a comprehensive, three-year demonstration project serving children ages 0-5 with (or at risk for) special needs, their families, and providers in the child care and health fields who serve this population. WVG established a demonstration site that provides screening and referrals to families in a South San Francisco community. Training is conducted for providers countywide (pediatricians, dentists, mental health clinicians, and child care/preschool providers) on how to identify and serve young children with special needs. A countywide roundtable is convened to provide a forum where service providers from community agencies and county departments meet to review cases, strengthen relationships, strategize ways to improve the system of care, and discuss complex cases requiring extensive care coordination.

Family Health Services Perinatal Addiction Outreach Team routinely collaborates with public health nurses in Field Nursing and the Prenatal to Three Program when serving common clients.

Family Self-Sufficiency Team (FSST) is an interdisciplinary team. FSST meetings are conducted regularly throughout the county to bring together providers from various agencies to coordinate care and provide improved services to common clients.

The MCAH Director is available to Family Health Services program staff for medical consulting on high risk cases and coordination of interdisciplinary team meetings.

The Kinship program, Edgewood, and/or Foster Care programs conduct multi-disciplinary team (MDT) meetings when youth are transitioning out of foster care or changing placements or guardianships. County Program Staff often participate in the MDT meetings.

California Children’s Services, Field Nursing and Prenatal to Three Case Managers routinely case conference about common high-risk clients with community agencies such as Golden Gate Regional Center.

		<p>Partners for Safe and Healthy Children is a collaborative effort between Family Health Services, Behavioral Health and Recovery Services, and the Children &amp; Family Services - Human Services Agency. All child abuse cases reported to Children and Family Services that are opened, (e.g. child is removed or family is under court order), are referred to the BHRS coordinator of Partners. The Coordinator schedules a multi-disciplinary team meeting (MDT) to work with the parents on their case plan. If there are medical issues involved, a public health nurse from Family Health Services is involved in the case.</p> <p>The Risk Assessment Committee (RAC) was created in response to two serious cases of child abuse which occurred in 2005 in the county where multiple interveners were working with a family but did not know that other organizations were also involved. The RAC has had two main goals since being formed in 2007: 1) identify a short screening tool that will identify families who may be at high risk for abuse or neglect (and who have not previously been identified); and b) enhance service coordination for high risk families. To date, the RAC has identified 2 tools to enhance the screening of previously un-identified families and is actively working on better service coordination within Family Health Services and with other County and CBOs through MOUs.</p>
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**SWOT Analysis for Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- We have numerous programs throughout the county that conduct targeted outreach to specific populations.
- We have a strong connection with our local health plan and collaborate closely with HPSM to promote a seamless system of care. The reorganization of the Health System has brought the health plan more closely in line with the work of the Health System.
- We have a contract with One-e-App to improve seamless enrollment into free or low cost health insurance.
- The Family Health Division has a commitment to a “no wrong door” policy and clients can access services through various entry points.
- We collaborate and work well with schools to conduct outreach.
- We try to formalize liaisons and collaborations with county agencies and CBOs. We have written MOU’s that discuss MDTs and we have a wide range of MDTs addressing multiple issues.
- We have a strong dedication to linguistic access, and providing cross-cultural services.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- We have a lack of healthcare resources in parts of the county that may be geographically isolated, or where transportation is a barrier (e.g. rural parts of the county; Pescadero/South Coast).
- Not all children are eligible for programs. Undocumented populations do not qualify for federally funded programs.
- It is challenging to get resources to conduct MDTs. “Coordination” services are harder to fund because they are not direct services, although they enhance and support direct services.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- With the Health System reorganization, the merging of the Health Department with the medical center will increase access for some families.
- The evaluation of the Children’s Health Initiative program will provide opportunities to improve enrollment procedures for low and no-cost health insurance programs for families and individuals.
- With decreasing costs in real estate, there may be more opportunities for co-location (e.g. the community health advocate (CHA) from the health plan and a mental health provider from YFES will be housed in the same location as WIC). Multiple providers can outreach to the same client, without clients having to make multiple trips to access multiple providers.
- The Family Health Services Division’s data integration project may provide programs with the opportunity to collaborate more efficiently. Case managers can see all the services a client is receiving which will reduce duplication of resources.
- There may be opportunities for consolidating resource lines (e.g. call “211” for all linkages/info for health care resources).

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budgetary threats, financial constraints
- With a downturn in the economy and potential treats for reduced reimbursement and clinic closures, we may face a significant reduction in the number of Medi-Cal and Denti-Cal providers for pregnant women, children and other special populations.
- With limited resources, more staff will spend time on direct service/case management and less time conducting outreach.
- With changing demographics, language access needs are changing. We have new populations moving to the county and we have limited language resources (e.g. Burmese population). We also have limited private care providers with the language capacity.

**Local MCAH Jurisdiction: San Mateo County**

**Assessment of Essential Service #8 Process Indicators**

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	Level of Adequacy	Notes
<p><b>8.1 Capacity</b>                      Key Ideas:                      — Assure workforce capacity and distribution                      — Assure competency across a wide range of skill areas (e.g., technical, cultural, content-related)</p>		
<p><b>8.1.1 Do you develop and enhance formal and informal relationships with outside analysts, such as students of public health schools or professionals from other agencies, to enhance local public agency analytic capacity?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>collaborate with outside analysts to conduct analyses as a part of needs assessment, program planning, evaluation, or other planning cycle activities?</li> <li>seek out internship/practicum students for mentoring and collaboration?</li> <li>seek out and support academic partnerships with professional schools in the state (e.g., joint appointments, adjunct appointments, Memoranda of Understanding between the agency and the school, sabbatical placements)?</li> <li>provide leadership opportunities for outside analysts in areas where their expertise can provide insight, direction, or resources?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1      2      3      4                      1=weak.....4=strong                 </p>	<p>A “Family Survey” (a community-based, telephone survey) was conducted as a result of collaboration of agencies through the First 5 commission. The community assessment identified mental health assistance as a need. Behavioral Health &amp; Family Health divisions improved services and obtained funding based on this survey.</p> <p>Federal Adolescent Family Life Program has a formal contract with an independent evaluator (La France Associates) to evaluate the program’s randomized research study.</p> <p>A preventive medicine resident from the UCSF Preventive Medicine Residency program conducted a needs assessment in Pescadero (a small farming and ranching community in SM county). The MD resident’s work spear-headed continued county/community assessment of Pescadero’s health needs.</p> <p>The Health System regularly partners with local professional schools. For example, Stanford pediatric residents are paired with Health System’s public health nurses as an integral part of their community health advocacy rotation.</p> <p>The Health System has MOUs with local nursing schools (SFSU and UCSF) at the undergraduate and graduate levels to provide preceptor-ships/internships. Nursing students assist in developing curriculum, evaluation, and assessment. For example, students in the Prenatal to Three Program developed a “family planning” resource list based on a needs assessment.</p>

		<p>Health Policy and Planning regularly provide internships to enhance analytic capacity. For example, a current intern is working with the Filipino Mental Health initiative in creating a health fact sheet with data specific to the Asian and/or Filipino population.</p> <p>Bay Area data collaborative is a collaborative of MCAH Directors and epidemiologists in bay area counties. Data and resource sharing improves or helps to promote the analytic capacity of San Mateo county.</p>
<p><b>8.1.2 Do you monitor the numbers, types, and skills of the MCAH labor force available at the local level?</b></p> <p><i>For example:</i></p> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• assess existing workforce size, skills and experience?</li> <li>• collaborate with universities/schools/professional organizations to identify education and training needs and encourage opportunities for workforce development?</li> <li>• regularly obtain updated workforce data?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>              1      2      3      4         </p> <p style="text-align: center;">1=weak.....4=strong</p>	<p>Family Health Services developed Public Health Nurse (PHN) competencies (the essential core skills of public health nurses). A competencies handbook was developed and distributed to all PHNs. PHNs were encouraged to self-assess his/her personal competencies and review with a supervisor to identify areas of improvement and training opportunities.</p> <p>Supervisors within Family Health Services report using “reflective supervision” to identify skills and needs of employees and support and/or minimize barriers/challenges experienced by staff. Supervisors occasionally conduct joint client home-visits with staff.</p> <p>The county encourages opportunities for workforce development:</p> <ul style="list-style-type: none"> <li>▪ A collaboration with the county and College of San Mateo provided a course for para-professional home visitors/case managers. Classes were scheduled in the evenings to accommodate employees who worked a full-time schedule during the day.</li> <li>▪ The county also has formal agreements with Canada and Cal East Bay to provide programs/classes for county employees.</li> <li>▪ The county maintains a Learning Management System – online system where employees can sign up for a variety of courses to improve knowledge/skills.</li> <li>▪ The county offers a tuition reimbursement program to employees.</li> </ul>

\*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

**Assessment of Essential Service #8 Process Indicators (continued)**

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	Level of Adequacy	Notes
<p><b>8.1.3 Do you monitor provider and program distribution throughout the LHJ?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>maintain or have access to a complete resource inventory of relevant programs and providers reaching MCAH populations?</li> <li>assess the geographic coverage/availability of programs and providers?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                 </p> <p>1=weak.....4=strong</p>	<p>The Community Information Program (CIP) regularly monitors provider and program distribution throughout the county. CIP maintains a database of programs, services, providers and updates a Community Information Handbook annually and distributes to programs and providers. CIP program information is also accessed online.</p> <p>The Physician Guide to Health Resources for the Prenatal to Five Population is updated and annually disseminated to providers. The Physician Resource guide has up-to-date information about community resources, services and programs and is produced and distributed by the San Mateo County MCAH program.</p> <p>Providers within the county keep track of existing programs through networking with other providers and attending multi-disciplinary team meetings or staff meetings.</p>



**8.1.4 Do you integrate information on workforce and program distribution with ongoing health status needs assessment in order to address identified gaps and areas of concerns?**

For example:

Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,

- consider workforce capacity to address identified needs in the five year needs assessment?
- consider workforce gaps as part of ongoing program planning?

1   
  2   
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1=weak.....4=strong

Ongoing health status needs assessments in Pescadero, identified a gap in medical and social services and has driven ongoing assessment and planning within the community to identify the capacity to address needs and finding creative opportunities to fill gaps.

Healthcare workforce language capacity is taken into consideration when planning how to provide culturally appropriate services. Workforce language capacity gaps are also taken into consideration as a part of ongoing program planning:

- In Family Health Services, Spanish-speaking staff are generally matched to the community/ geographic regions with a higher percentage of Spanish-speaking clients.
- Limitations in outreaching to the Burmese population were an identified gap. One public health nurse in the county who spoke Myanmar or Burmese provided outreach to the Burmese community and identified health care issues to be addressed. The nurse also participated in focus groups hosted by Aging and Adult services to help improve programs serving the elderly Burmese population.
- Family Health Services recently signed a contract with AVID translation services to ensure clients have access to services in their language.
- When the county has job openings, bi-lingual staff are sought out to promote language capacity and cultural competence.

An identified gap in programs is the limited ability to serve fathers as part of the “family.” Currently in the county there are limited services for fathers and limited staff. Two staff in Family Health Services are currently assigned to working specifically with fathers. By identifying these limitations, efforts have been made to find creative ways of reaching out to fathers. For example, the staff assigned to conducting young fathers classes, partnered up with the Prenatal to Three program’s parenting classes to serve the fathers and mothers together.

<p><b>8.1.5 Do you create financial and/or other incentives and program strategies to address identified clinical professional and/or public health workforce shortages?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• provide financial and/or other incentives to encourage a career in public health?</li> <li>• actively recruit graduates of public health and other professional schools?</li> </ul>	<div style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>              1    2    3    4         </div> <p>1=weak.....4=strong</p>	<p>The county also has formal agreements with College of San Mateo, Canada and Cal East Bay to provide programs/classes for county employees.</p> <p>Employees enrolled in school to obtain a degree or certification, receive financial incentives through the county's tuition reimbursement program.</p> <p>The summer Jobs for Youth program collaborates with county agencies (i.e. Aging and Adult and/or WIC) to provide youth and college students internships within the Health System or Human Services Agency.</p> <p>The Health System has MOUs with local nursing schools (SFSU and UCSF) at the undergraduate and graduate levels to provide preceptor-ships/internships to nursing students. The Health System also provides preceptor-ships for physical and occupational therapy students under a similar MOU.</p> <p>Health System program clients receive case management and guidance with educational/career goals. Clients are linked to internships or training programs. Programs such as the Prenatal to Three program and Black Infant Health program have hired employees who were formally clients of the program.</p> <p>Health Policy and Planning regularly provide internships, encouraging careers in public health.</p> <p>San Mateo health system does not actively recruit graduates of public health and other professional schools. Because of the county budget situation, departments need to hold a certain percentage of positions vacant.</p>
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\*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

**Assessment of Essential Service #8 Process Indicators (continued)**

Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.		
Process Indicator	Level of Adequacy	Notes
<p><b>8.2 Competency</b>                      Key Ideas:                      — Provide and support continuing professional education                      — Participate in pre-service and in-service training</p>		
<p><b>8.2.1 Do you make available and/or support continuing education on clinical and public health skills, emerging MCAH issues, and other topics pertaining to MCAH populations (e.g., cultural competence, availability of ancillary services and community resources, the community development process)?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• collaborate with state professional associations, universities, and others in providing continuing education courses (face-to-face or distance learning)?</li> <li>• provide training, workshops, or conferences for local public health professionals and others on key emerging MCAH issues?</li> <li>• provide or support in-service training for program staff?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      1    2    3    4                      1=weak.....4=strong                 </p>	<p>Prenatal to Three Program routinely provides trainings to providers within San Mateo County for “Touchpoints,” a developmental and relational model developed by Dr. Brazelton to support parents of children 0-3.</p> <p>The county routinely provides opportunities for nurses to participate in trainings to receive continuing education units (CEUs). The county contract with the nurse’s union allows nurses to receive reimbursement and time off for a limited amount of CEU trainings. Although there are multiple opportunities for nurses to obtain CEUs, other non-nursing professionals do not have as many opportunities to receive continuing education training during work time.</p> <p>The Black Infant Health Staff routinely attend trainings and conferences and cost is built into program budget. Adolescent Family Life program Staff regularly participate in trainings hosted by the Office of Adolescent Pregnancy Programs, funded through the program’s grant.</p> <p>Programs within Family Health System routinely host trainings, in-services and resource updates at all staff meetings. For example:</p> <ul style="list-style-type: none"> <li>▪ Motivational interview training was provided at an all Field Staff meeting.</li> <li>▪ Community Information Program provides trainings about community resources for new county employees)</li> </ul> <p>Home visiting programs in Family Health Services serving mothers strongly encourage and support staff in obtaining International Board Certified Lactation consultant certification to better serve breastfeeding mothers.</p>

		<p>The Family Health Services leadership group developed a “cultural competency” plan to facilitate cultural competency discussions during leadership meetings.</p> <p>All county employees have access to the learning management system, an online system allowing employees to search and register for trainings offered by the county.</p> <p>Health Policy and Planning spear-headed a train the trainer program for the Unnatural Causes Film series to promote health disparities discussions throughout the county.</p>
<p><b>8.2.2 Do you play a leadership role in establishing professional competencies for MCAH programs?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>collaborate with LHJ personnel/human resources in establishing job competencies, qualifications, and hiring policies?</li> <li>include job competencies and qualifications in contract requirements with local agencies and in Title V grants to community-based organizations and others?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/>              1      2      3      4         </p> <p style="text-align: center;">1=weak.....4=strong</p>	<p>Family Health Services developed Public Health Nurse (PHN) competencies (the essential core skills of public health nurses). A competencies handbook was developed and distributed to all PHNs.</p> <p>County programs routinely collaborate with human resources regarding job competencies and job qualifications.</p> <p>The Prenatal to Three Program contracts with Youth and Family Enrichment Services (YFES), Our Second Home and Child Care Coordinating Council (4Cs). Prenatal to Three takes a leadership role in outlining required trainings and establishing job competencies and expectations for contracted workers.</p>

\*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

**SWOT Analysis for Essential Service #8: Assure the capacity and competency of the public health and personal health\* workforce to effectively and efficiently address maternal and child health needs.**

***Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)*

- There are many local Schools of Public Health in the Bay Area.
- Workforce development is highly encouraged in the county. The county is supportive of staff who work and attend school. The county has a tuition reimbursement program. The county also maintains a Learning Management System – online system where employees can sign up for a variety of free or low-cost courses to improve knowledge/skills. There are numerous opportunities for staff trainings hosted by county programs, and opportunities for staff to attend conferences.
- There is a succession planning effort in the County.
- We build capacity through relationships with nursing schools and medical schools. We have MOUs with local nursing schools to provide preceptorships and internships to nursing students. Nursing students provide direct service, and assist in curriculum development, evaluation and assessment. We also had a preventive medicine resident from UCSF who conducted a needs assessment in Pescadero, spearheading continued county/community assessment around Pescadero's health needs.
- Health Policy and Planning regularly provides internships to undergraduate and graduate students to enhance analytic capacity.
- The Family Health Services Division developed a Public Health Nurse (PHN) core competencies handbook and distributed it to all PHNs. PHNs were encouraged to self-assess their personal competencies to identify areas of improvement and training opportunities.
- The Health System recently signed a contract with AVID translation services to ensure clients have access to services in their language. When the county has job openings, bi-lingual staff are sought to promote language capacity and cultural competence.
- The Family Health Services leadership group developed a “cultural competency” plan to facilitate cultural competency discussions during leadership meetings.
- Health Policy and Planning spearheaded a train the trainer program for the Unnatural Causes Film series to promote health disparities discussions throughout the county.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- There is a hiring freeze in the county so it is difficult to hire new staff.
- Although there are many Schools of Public Health in the Bay Area, we do not routinely develop and enhance “formal” relationships with public health schools to improve the analytic capacity in our county (e.g. utilizing student resources for improved program evaluation).
- We still have barriers to outreaching to specific populations where we have limited language capacity and cultural competency (e.g. Burmese population).
- We still have limited staff to provide “fatherhood” targeted services. The Family Health Services division has two staff working specifically with fathers.
- Although there are multiple opportunities for nurses to obtain CEUs through a union contract, other non-nursing professionals do not have as many opportunities to receive continuing education training during their work hours.

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- We can work on developing “formal” relationships with Schools of Public Health to increase our analytic capacity or epidemiologic capacity so we can enhance data analysis and improve program evaluation efforts.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budgetary constraints.
- Limited funding or resources for the supervision or oversight of interns/students.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #9 Process Indicators**

**Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.**

Process Indicator	Level of Adequacy	Notes
<p><b>9.1 Do you support and/or assure routine monitoring and structured evaluations of MCAH services and programs?</b></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> <li>Are routine <i>process</i> evaluations built into the planning, implementation, and funding cycles of local MCAH programs?</li> <li>Are routine <i>outcome</i> evaluations built into the planning, implementation, and funding cycles of local MCAH programs?</li> </ul> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>have contracts with local providers that require monitoring and evaluation strategies?</li> <li>identify gaps in the provision of MCAH services and programs?</li> <li>establish criteria (goals, quality standards, target rates, etc.) to evaluate MCAH services and programs?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>            1      2      3      4         </p> <p>1=weak.....4=strong</p>	<p>The Federal Adolescent Family Life Program (FAFLP) conducts routine process and outcome evaluations (a requirement of the federal grant) to evaluate services provided to pregnant and parenting teens (measuring social isolation, signs and symptoms of depression, socioeconomic and other health indicators). FAFLP contracts with La France Associates to conduct the evaluation.</p> <p>San Mateo County Office of Ed (SMCOE)/ "Pre-school For All" conducts ongoing process evaluations of school programs serving students who are on probation or are incarcerated.</p> <p>The County Health System conducts routine monitoring of birth data, childhood overweight, nutrition and physical activity indicators which have been used by MCAH programs for program planning and identifying priorities.</p> <p>Healthy Communities Collaborative administers the Health and Quality of Life survey and conducts a community wide health assessment every three years which can serve to identify gaps in the provision of MCAH services/programs.</p> <p>First 5 and Lucile Packard Foundation for Children's Health require grantees to conduct routine monitoring/evaluation of services and programs as a contractual obligation of grant funding. Grantees are currently required to collect and report intermediate data but rigorous outcome evaluation is challenging because of lack of data systems or funding to support evaluations. This is a common theme across many programs in San Mateo County.</p>

**Assessment of Essential Service #9 Process Indicators (continued)**

Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.		
Process Indicator	Level of Adequacy	Notes
<p><b>9.2 Do you collaborate with local or community based organizations in collecting and analyzing data on consumer satisfaction with services/programs and on perceptions of health needs, access issues, and quality of care?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• allocate and/or advocate for funding for state and local efforts to collect information on consumer satisfaction with services and/or programs?</li> <li>• allocate and/or advocate for funding for state and local efforts to collect information on community constituents' perceptions of health and health services systems needs?</li> <li>• assist localities in study design, data collection, and analysis (including surveys, focus groups, town meetings, and other mechanisms) for the purpose of obtaining community input on programs and services?</li> <li>• regularly receive and use input from an advisory structure(s) composed of parents, community members, and/or other constituents?</li> </ul>	<p style="text-align: center;"> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4         </p> <p>1=weak.....4=strong</p>	<p>Healthy Communities Collaborative is a collaboration of organizational leaders in public and private sectors throughout the county (medical groups, insurance providers, hospitals, foundations, libraries etc). The collaborative contracts with Professional Research Consultants, Inc who administers the Health and Quality of Life survey and conducts a community-wide health assessment, analyzing data on consumer satisfaction, perceptions of health needs, access issues and quality of care.</p> <p>County of San Mateo conducts a survey every year to collect data about customer satisfaction with programs/services. Hospitals and medical groups within San Mateo County also conduct customer satisfactions surveys.</p> <p>The Health System collaborates with Youth and Family Enrichment Services to coordinate the Youth Commission, an advisory board of youth providing input to adolescent providers through surveys and focus groups about youth issues and service needs.</p> <p>The evaluation committee of Get Healthy San Mateo County Taskforce (a collaboration of county employees and community members) conducts a multi-year evaluation of the taskforce's county-wide activities and initiatives.</p> <p>Although data related to consumer perceptions and satisfaction is commonly collected, data is not widely disseminated, shared or readily available/accessible. No systematic funded strategies to conduct a gap analysis.</p>



**Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.**

Process Indicator	Process Indicator	Process Indicator
<p><b>9.3 Do you perform comparative analyses of programs and services?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>perform analyses comparing the effectiveness of programs/services across different populations or service arrangements?</li> <li>compare local data on program effectiveness with data from other health jurisdictions or the state as a whole?</li> </ul>	<p> <input type="checkbox"/> 1                        <input checked="" type="checkbox"/> 2                        <input type="checkbox"/> 3                        <input type="checkbox"/> 4                 </p> <p>1=weak.....4=strong</p>	<p>From 2003-2008 Children’s Health Initiative conducted comparative analysis of programs and services between San Mateo, Santa Clara, and Los Angeles counties. Comparative analysis studying Children’s Health Initiative’s outcomes (i.e. access to care, economics) was conducted by the Urban Institute and Mathematica.</p> <p>Comparative analysis of programs and services across populations or service arrangements is not commonly done in San Mateo County.</p> <p>Comparative analysis of local data on program effectiveness to data from other health jurisdictions or to the State is not commonly done in San Mateo County.</p>

### Assessment of Essential Service #9 Process Indicators (continued)

Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.		
Essential Service Indicator	Level of Adequacy	Notes
<p><b>9.4 Do you disseminate information about the effectiveness, accessibility, and quality of personal health and population-based MCAH services?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>report the results of monitoring and evaluation activities to program managers, policy-makers, communities, and families/consumers?</li> <li>disseminate information on “best practices” in the local jurisdiction, other LHJs or the state?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4            1=weak.....4=strong         </p>	<p>Lucile Packard foundation for children’s health supports <a href="http://Kidsdata.org">Kidsdata.org</a>, a broadly used site for children’s data.</p> <p>The Children’s Health Initiative evaluation reported on best practices related to access to health, dental and mental health services.</p> <p>Data about quality of services is not readily available.</p> <p>In San Mateo County, programs may have data to publish (and are encouraged by funders/foundations) but lack of time and resources prevent most programs from publishing data.</p>
<p><b>9.5 Do you use data for quality improvement at the state and local levels?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>provide data to local agencies for quality improvement activities?</li> <li>communicate to local agencies about national, state, or local (public and/or non-governmental) quality improvement efforts, activities, or resources?</li> <li>translate information from evaluation activities and best practices reports into local-level programs and policies to improve services and programs?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4            1=weak.....4=strong         </p>	<p>County and community-based organizations agree that it is important to use data for quality improvement but it is difficult to make these changes due to lack of resources. Attempts are made but most organizations report it is hard to translate the data into implemented program and policy change.</p>

<p><b>9.6 Do you assume a leadership role in disseminating information on private sector MCAH outcomes?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• identify a core set of indicators for monitoring the outcomes of private providers?</li> <li>• “come to the table” in discussions with insurance agencies, provider plans, etc. about the use of these MCAH outcome indicators in their own assessment tools?</li> </ul>	<p style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                  1      2      3      4             </p> <p style="text-align: center;">1=weak.....4=strong</p>	<p>Child Care Coordinating Council measures a core set of indicators for private day care &amp; childcare providers participating in First 5 services.</p> <p>County MCAH Director shares information regarding county MCAH outcomes with private providers but does not monitor outcomes of private providers.</p>
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**SWOT Analysis for Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.**

***Strengths*** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- Programs providing services to MCAH populations within San Mateo County routinely conduct process evaluations:
  - The Federal Adolescent Family Life Program evaluates services provided to pregnant and parenting teens. FAFLP contracts with La France Associates to conduct the evaluation.
  - San Mateo County Office of Education evaluates school programs serving students who are on probation or are incarcerated.
  - First 5 and Lucile Packard Foundation for Children’s Health require grantees to conduct routine monitoring/evaluation of services and programs as a contractual obligation of grant funding. Grantees are currently required to collect and report intermediate data.
- The County Health System conducts routine monitoring of birth data, childhood overweight, nutrition and physical activity indicators which have been used by MCAH programs for program planning and identifying priorities.
- Programs providing services to MCAH populations within San Mateo County collect customer satisfaction data:
  - County of San Mateo departments
  - Hospitals and medical groups
- Collaboratives facilitate efforts to evaluate the effectiveness, accessibility and quality of MCAH health services:
  - The Health System collaborates with Youth and Family Enrichment Services to coordinate the Youth Commission, an advisory board of youth providing input to adolescent providers through surveys and focus groups about youth issues and service needs.
  - The evaluation committee of Get Healthy San Mateo County Taskforce conducts a multi-year evaluation of the taskforce’s county-wide activities and initiatives.
  - Healthy Communities Collaborative is a collaboration of organizational leaders in public and private sectors throughout the county (medical groups, insurance providers, hospitals, foundations, libraries etc). The collaborative contracts with Professional Research Consultants, Inc who administers the Health and Quality of Life survey and conducts a community-wide health assessment every three years, analyzing data on consumer satisfaction, perceptions of health needs, access issues and quality of care. The assessment serves to identify gaps in the provision of MCAH services/programs.
- Our county has participated in comparative analysis studies. From 2003-2008 Children’s Health Initiative conducted comparative analysis of programs and services between San Mateo, Santa Clara, and Los Angeles counties. Comparative analysis studying Children’s Health Initiative’s outcomes (i.e. access to care, economics) was conducted by the Urban Institute and Mathematica.
- Our county has access to local children’s data through [kidsdata.org](http://kidsdata.org), supported by Lucile Packard Foundation for Children’s Health.

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- County and community-based organizations agree that rigorous outcome evaluation is valued but challenging to conduct because of lack of data systems or funding to support the evaluations.
- In San Mateo County, programs may have data to publish (and are encouraged by funders/foundations) but lack of time and resources prevent most programs from publishing data.
- Although data related to consumer satisfaction or quality of services is commonly collected, this data is not widely disseminated, shared or readily available/accessible. There are no systematic funded strategies to conduct a gap analysis, and data is not readily used for program quality improvement.
- County and community-based organizations agree it is important to use data for quality improvement, but it is difficult to make these changes due to lack of time and resources. Attempts are made but most organizations report it is hard to translate the data into implemented program and policy change.
- Comparative analysis is not commonly done in San Mateo County:
  - programs and services across populations or service arrangements
  - local data on program effectiveness to data from other health jurisdictions or to the state

**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

- The Family Health Services division of the Health Department is working on a data integration project which may improve the quality of data collection, data entry and reporting/sharing/dissemination of data for programs serving MCAH populations.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budget cuts could threaten progress in data integration projects or the ability to fund technology supporting future projects.

Local MCAH Jurisdiction: San Mateo County

**Assessment of Essential Service #10 Process Indicators**

<b>Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.</b>		
<b>Process Indicator</b>	<b>Level of Adequacy</b>	<b>Notes</b>
<p><b>10.1 Do you encourage staff to develop new solutions to MCAH-related problems in Local Health Jurisdictions (LHJ)?</b></p> <p><i>For example:</i>                      Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>• provide time and/or resources for staff to pilot test, review best/promising practices or conduct studies to determine better solutions?</li> <li>• identify activities and barriers to the implementation of better solutions to health-related problems?</li> <li>• implement activities most likely to improve maternal, child, and adolescent health-related conditions?</li> </ul>	<p> <input type="checkbox"/> 1                                <input type="checkbox"/> 2                                <input checked="" type="checkbox"/> 3                                <input type="checkbox"/> 4                         </p> <p>1=weak.....4=strong</p>	<p>Lucile Packard Foundation’s grant making program is moving towards supporting research-based evaluations. The foundation is supporting pilot studies aimed at finding new solutions and best practices (i.e. addressing chronic disease among children). Their goal is to have local grantees disseminate and share information.</p> <p>Lucile Packard Foundation and Hospital are working towards becoming a Children’s Health Research Institute.</p> <p>San Mateo County Office of Education invests resources into finding solutions to early childhood mental health. For example “Preschool for All” program is developing and pilot testing screening tools to determine best practices for mental health screening for children.</p> <p>San Mateo County is one of multiple sites nation-wide selected to participate in the National Children’s Study, a prospective longitudinal study following 100,000 children prenatal to 21 years of age. The study will attempt to understand environmental influences on children’s health.</p>

**Essential Service #10: Support research\* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.**

Process Indicator	Process Indicator	Process Indicator
<p><b>10.2 Do you serve as a source for expert consultations to MCAH research endeavors at the local level?</b></p> <p><i>For example:</i> Is the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>viewed by local agencies and organizations as a leading and important source of information on MCAH population characteristics (e.g., health status, health service use, access to care)?</li> <li>consulted by other agencies when they plan MCAH research?</li> </ul>	<p> <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input checked="" type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>Children’s Data team (CDT) serves as a source for expert consultations to MCAH research endeavors in San Mateo County. CDT is comprised of data experts in the county (from health services, human services, education etc.) who come together to share a wide range of resources and provide consultation regarding research related issues.</p> <p>San Mateo County programs have been consulted by other agencies and have been used as an expert resource (i.e. Children’s Health Initiative, Male Involvement Program, Presumptive Eligibility educational material).</p>
<p><b>10.3 Do you conduct and/or provide resources for state and local studies of MCAH issues/priorities?</b></p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> <li>provide resources for local demonstration projects and special studies of longstanding and/or emerging MCAH problems?</li> <li>respond to RFAs or otherwise seek funding for state and local studies?</li> <li>participate in demonstrations and “best practices” research beyond the LHJ boundaries?</li> <li>coordinate multi-site studies within the state?</li> </ul>	<p> <input type="checkbox"/> 1    <input checked="" type="checkbox"/> 2    <input type="checkbox"/> 3    <input type="checkbox"/> 4                      1=weak.....4=strong                 </p>	<p>San Mateo County was selected to participate in a multi-site nationwide study (National Children’s Study).</p> <p>(FAFLP) Federal Adolescent Family Life program (a demonstration project) conducts a randomized research study evaluating services provided to pregnant and parenting teens (measuring social isolation, signs and symptoms of depression, socioeconomic and other health indicators). FAFLP was selected to participate in a cross-site research study to evaluate “best practices” for programs serving pregnant and parenting teens.</p>

\*This refers to systematic information gathering and analyses.

**SWOT Analysis for Essential Service #10: Support research\* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.**

**Strengths** (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

- San Mateo County Office of Education invests resources to finding solutions to early childhood mental health. For example “Preschool for All” program is developing and pilot testing screening tools to determine best practices for mental health screening for children.
- Children’s Data team (CDT) serves as a source for expert consultations to MCAH research endeavors in San Mateo County. CDT is comprised of data experts in the county (from health services, human services, education etc.) who come together to share a wide range of resources and provide consultation regarding research related issues.
- Many county and community-based programs have been used as expert resources to agencies within the county and outside the local health jurisdiction, providing consultation for innovative solutions and best practice for MCAH health-related issues (i.e. Children’s Health Initiative, Male Involvement Program, Presumptive Eligibility educational material).
- (FAFLP) Federal Adolescent Family Life program (a demonstration project) has been successful in designing and conducting a randomized research study evaluating services provided to pregnant and parenting teens (measuring social isolation, signs and symptoms of depression, socioeconomic and other health indicators).

**Weaknesses:** (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

- Our county does not have an epidemiologist devoted specifically to MCAH issues.
- Budget restrictions and limited fiscal resources limit staff’s ability to provide time/and or resources to pilot test, review best/promising practices or conduct studies to determine better solutions. Staff’s time is limited to providing direct service to clients.



**Opportunities:** (e.g., human, fiscal, or technological resources; statutory/ regulatory changes; community/business resources; social/political changes, technological developments)

- Lucile Packard Foundation for Children’s Health’s grant making program is moving towards supporting more research-based evaluations. The foundation is supporting pilot studies aimed at finding new solutions and best practices (i.e. addressing chronic disease among children). Their goal is to have local grantees disseminate and share information.
- Lucile Packard Foundation for Children’s Health and Packard Children’s Hospital are working towards becoming a Children’s Health Research Institute, in hopes to invest more resources into gaining new insights to MCAH health-related problems and focusing efforts on research-based practice.
- San Mateo County is one of multiple sites nation-wide selected to participate in the National Children’s Study, a prospective longitudinal study following 100,000 children prenatal to 21 years of age. The study will attempt to understand environmental influences on children’s health.
- (FAFLP) Federal Adolescent Family Life program (a demonstration project) conducts a randomized research study evaluating services provided to pregnant and parenting teens (measuring social isolation, signs and symptoms of depression, socioeconomic and other health indicators). FAFLP was selected to participate in a cross-site research study and will have the opportunity to evaluate “best practices” for programs serving pregnant and parenting teens.

**Threats:** (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

- Budget cuts or non-continuance of grant funding could threaten resources spent on research activities such as the FAFLP demonstration program.

\*This refers to systematic information gathering and analyses.

## **IX. MCAH Capacity Needs**

### ***Stakeholder Input***

From November 2008 through May 2009, the MCAH Coordinator conducted several stakeholder meetings with existing collaborative groups, agencies and programs, and contacted key informants for informational interviews. Stakeholders from a variety of organizations were represented, including county clinics and health agencies (Behavioral Health and Recovery Services, Family Health Services, Health Policy and Planning, Community Health and the Health Officers), County Office of Education, Foster Care Program, First 5, March of Dimes, health providers, community-based organizations, foundation, faith-based organization, professional organization, city government and community members. Each group/individual addressed questions from the mCAST-V tools for the essential services most relevant to their expertise. Some stakeholders participated in more than one stakeholder meeting. On average, each stakeholder group addressed 1-3 essential services within a 1-2 hour meeting. The planning group, made up of the MCAH Director/CCS Medical Director, MCAH Coordinator/Public Health Nurse, a Field Nursing Clinical Services Manager, two Management Analysts, and a Community Program Specialist, identified which essential services would be addressed within each stakeholder group. All members of the planning group participated in one or more stakeholder meetings.

Information gathered from stakeholders were compiled and consolidated onto one mCAST-V tool for each essential service and was vetted by the planning group. The internal planning group identified the strengths, weaknesses, opportunities and threats (SWOT) for each essential service using the meeting notes and score rankings from the mCAST-V tool. The MCAH coordinator consolidated the SWOT analysis from all essential services, identified preliminary capacity needs themes, and presented them at a planning group meeting, where the themes were further discussed, revised, and finalized.

### ***Major Themes***

1. We have limited resources to conduct reliable data collection and more comprehensive data analysis that can be routinely used for program planning, strategic planning and program management.
2. We have limited resources for public awareness campaigns using multiple media platforms (e.g. Twitter, Facebook).
3. We face difficulties engaging and/or providing services to certain populations in our county (e.g. Russian or Burmese speakers, Tongan population, fathers) because of limited language capacity, cultural competency/sensitivity, and/or human resources.
4. Categorical funding restrictions and limited financial resources strain our capacity to address MCAH issues and community-driven initiatives.
5. MCAH specific issues are not the highest priority for elected officials in our county.

6. There is a lack of willing local providers in geographically isolated areas of the county, making it difficult to provide medical, dental and community public health services to MCAH populations in these regions.
7. There is a lack of a strong CBO presence in the county, further worsened by the down-turn in the economy.

***Prioritization of Capacity Needs***

To identify which capacity needs to focus targeted efforts, the internal planning group ranked the capacity needs based on a set of criteria:

- How important the issue is to the county
- Cost and time required
- County’s commitment to address the issue
- Feasibility

Each planning group member scored the criterion for each of the capacity needs. Scores were averaged and tabulated. Capacity needs with the highest scores were ranked highest priority. The planning group discussed the top 5 priority needs in detail, identifying potential short or long term strategies, and challenges to address the capacity needs. The group discussed how San Mateo County could turn to the State or local organizations/county jurisdictions to improve the capacity of the MCAH system (see the following Worksheet E, Part A & B for scores and discussion points).

Common challenges highlighted in the capacity needs discussion were competing priorities in the county, lack of human resources and lack of funding. With reduced funding and limited resources in MCAH programs, local health jurisdictions will be challenged to meet program goals with a skeletal infrastructure, and may need to find more creative ways to address capacity needs, such as regionalized collaboration with local county jurisdictions, community-based organizations, and agencies. In the current recession and challenging economic climate, 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 to the MCAH population. However should we begin to see an upturn in the economy, the planning group did find many short and long-term strategies for improving the MCAH system’s capacity to address the needs of mothers, children and teenagers in San Mateo County.

## MCAH Capacity Needs: Worksheet E

**Part A (Optional).** The intent of this step is to identify from the list of Capacity Needs identified through the mCAST-5 a set of priority areas to address in the near term. Given the local context (e.g., funding cuts, hiring freezes, political will...) how realistic is it to focus on this capacity need? See Section 9 of the guidelines for instructions on completing this worksheet.

**MCAH Jurisdiction:** San Mateo County

<b>Capacity Need</b>	<b>Importance</b> 5=high 3=moderate 1=low	<b>Minimal Cost</b> 5=high 3=moderate 1=low	<b>Minimal Time</b> 5=high 3=moderate 1=low	<b>Commitment</b> 5=high 3=moderate 1=low	<b>Feasibility</b> 5=high 3=moderate 1=low	<b>Total Points</b>	<b>Priority Ranking</b>
<b>Limited resources to conduct reliable data collection and more comprehensive data analysis that can be routinely used for program planning/strategic planning and program management</b>	3	2.5	1	2.5	1.75	10.75	#6
<b>Limited resources for public awareness campaigns using multiple media platforms</b>	3.25	2.5	3	1.5	1.25	11.5	#5 ⚡
<b>Difficulty engaging and/or providing services to certain populations (e.g. Russian or Burmese speakers, Tongan population, fathers) because of limited language capacity, cultural competency, and/or human resources.</b>	4.25	2.25	3	3.25	2.25	15	#2 ⚡

<b>Categorical funding restrictions and limited financial resources strain capacity to address MCAH issues and community-driven initiatives</b>	4.25	1.25	1.5	2.75	2	11.75	<b>#4</b> ⬆️
<b>MCAH specific issues are not the highest priority for elected officials in our county</b>	3.75	4	3	2.5	3.25	16.5	<b>#1</b> ⬆️
<b>Lack of willing local providers makes it difficult to provide medical, dental and community public health services to MCAH populations in geographically isolated areas of the county</b>	3.75	1.5	2.5	2.25	2	12	<b>#3</b> ⬆️
<b>Lack of strong CBO presence in the County</b>	4.25	1.5	2	1.5	1.25	10.5	<b>#7</b>

**Part B (Required).** Copy the top 5 to 10 capacity needs (e.g., as ranked in Part A above) and provide your analysis below. Bulleted points are preferred over narrative descriptions.

**MCAH Jurisdiction:** San Mateo County

<b>Capacity Need</b>	<b>How this capacity could be improved (include any short term or long term strategies)</b>	<b>Potential challenges on improving this capacity (e.g., impact on local MCAH services, stakeholder concerns, availability of resources)</b>	<b>How other local organizations, local jurisdictions, or the State MCAH Program can help improve this capacity</b>
<p><b>#1. MCAH specific issues are not the highest priority for elected officials in our county</b></p>	<ul style="list-style-type: none"> <li>▪ Present the data – show what happens if we don't intervene</li> <li>▪ Provide MCAH Needs Assessment to elected county officials</li> <li>▪ Liaison to BOS with regular reporting on MCAH issues</li> <li>▪ Produce a 1 page “ask” sheet with key recommendations from the Needs Assessment</li> <li>▪ Offer elected officials opportunities to be engaged in decision making around MCAH issues</li> <li>▪ Strengthen collaboration and formalize relationships with CBOs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funding</li> <li>▪ Lack of understanding about MCAH and the issues</li> <li>▪ Competing priorities</li> <li>▪ Lack of interest</li> <li>▪ We do not have advocacy organizations for MCAH issues as we have for other issues (e.g. HIV/AIDS)</li> <li>▪ Non-voting constituency</li> </ul>	<ul style="list-style-type: none"> <li>▪ Local organizations can be advocates for MCAH but we lack a strong CBO presence</li> <li>▪ Regional collaboration with local jurisdictions to raise awareness</li> <li>▪ Ongoing work with supporting and advocating for Title V block grant</li> <li>▪ Lobbying at the State level for the federal grant</li> </ul>
<p><b>#2. Difficulty engaging and/or providing services to certain populations (e.g. Russian or Burmese speakers, Tongan population, fathers) because of limited language capacity, cultural competency, and/or human resources.</b></p>	<ul style="list-style-type: none"> <li>▪ More diverse workforce in county positions – hiring specifically for certain populations</li> <li>▪ Partnering with local interest groups and/or faith-based organizations</li> <li>▪ Internal capacity building to develop community liaisons</li> <li>▪ Having a presence at community events</li> </ul>	<ul style="list-style-type: none"> <li>▪ Some populations are difficult to identify and engage</li> <li>▪ Staffing limitations (time/hours, finding trained people from different ethnic backgrounds)</li> <li>▪ Certain hard to reach populations live in areas with safety concerns for individual staff (requiring more than one staff to outreach)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funding from the State to provide staff trainings around targeted outreach, cultural competence, language capacity building</li> <li>▪ Funding from the State/Feds for loan forgiveness programs for staff working with targeted underserved populations</li> <li>▪ Faith-based organizations can act as a liaison or provide a meeting point - a venue in which to provide services</li> </ul>

<p><b>#3. Lack of willing local providers makes it difficult to provide medical, dental and community public health services to MCAH populations in geographically isolated areas of the county</b></p>	<ul style="list-style-type: none"> <li>▪ Using the mobile health van to bring services to the clients – (e.g. mobile vans stationed at ranches, workers given time off to access health care with sliding scale fees)</li> <li>▪ Putting a variety of specialists on the mobile health van with rotating days</li> <li>▪ Providing financial incentives to (private) providers; increasing reimbursement for MC providers to reach level of private pay</li> <li>▪ Open FQHC clinic; including a migrant farm worker clinic</li> <li>▪ Tele-clinic for specialty medical care</li> <li>▪ Utilizing fire fighters &amp; paramedics for initial screening (e.g. BMI checks, BP checks)</li> <li>▪ Collaborating with local growers to identify solutions</li> <li>▪ Build capacity for after-hour care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Certain undocumented clients are not eligible for health insurance programs</li> <li>▪ Some providers do not want to provide free or low-cost services to undocumented residents</li> <li>▪ Difficult to identify physical space for a clinic</li> <li>▪ Limited funding</li> <li>▪ Unincorporated areas have budgetary challenges</li> <li>▪ Too small of a population base to support certain services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need State support in re-defining “Rural Underserved” Federal designation to include our regions (e.g. Pescadero, Half Moon Bay)</li> <li>▪ Regional approaches to migrant health services (e.g. formalized collaboration with Santa Cruz and Monterey)</li> <li>▪ Formalize relationships with Stanford Medical School</li> <li>▪ State MCAH could assist with coordinating regional solutions</li> </ul>
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<p><b>#4. Categorical funding restrictions and limited financial resources strain capacity to address MCAH issues and community-driven initiatives</b></p>	<ul style="list-style-type: none"> <li>▪ Local support for legislation consolidating contracts (e.g. CDPH/Family Health Programs)</li> <li>▪ Braided funding, maximizing use of resources</li> <li>▪ Cross training staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funder requirements, audits</li> <li>▪ Our limited ability to provide program, outcome and fiscal data</li> <li>▪ Services are skeletal with funding cuts – categorical programs at risk of cutting services with no funding.</li> </ul>	<ul style="list-style-type: none"> <li>▪ State’s use of consolidated block granting</li> </ul>
<p><b>#5. Limited resources for public awareness campaigns using multiple media platforms</b></p>	<ul style="list-style-type: none"> <li>▪ Building policies and procedures (P&amp;P) around use of new media for public health purposes</li> <li>▪ Allowing employees access to media platforms for use within P&amp;P (e.g. Facebook, twitter)</li> <li>▪ Building employee capacity in utilizing technology and media platforms</li> <li>▪ Building capacity to designate a county position for media, “media super user”</li> <li>▪ Designating staff to identify/write/apply for grants routinely</li> </ul>	<ul style="list-style-type: none"> <li>▪ Funding</li> <li>▪ Lack of human resources</li> <li>▪ The way media markets are set up pose challenges (media desert). In between major cities, some clients access services in SF, some in Santa Clara</li> <li>▪ Fewer reporters in the county, decrease in local reporting – fewer outlets to get stories/messages out</li> <li>▪ Not a priority for staff/county</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regionalizing efforts to promote use of multiple media platforms</li> <li>▪ Collaborating with local CBOs &amp; hospitals around their public awareness methods/campaigns</li> <li>▪ Asking CBOs to link to the county Health System websites and making county website more user-friendly</li> </ul>

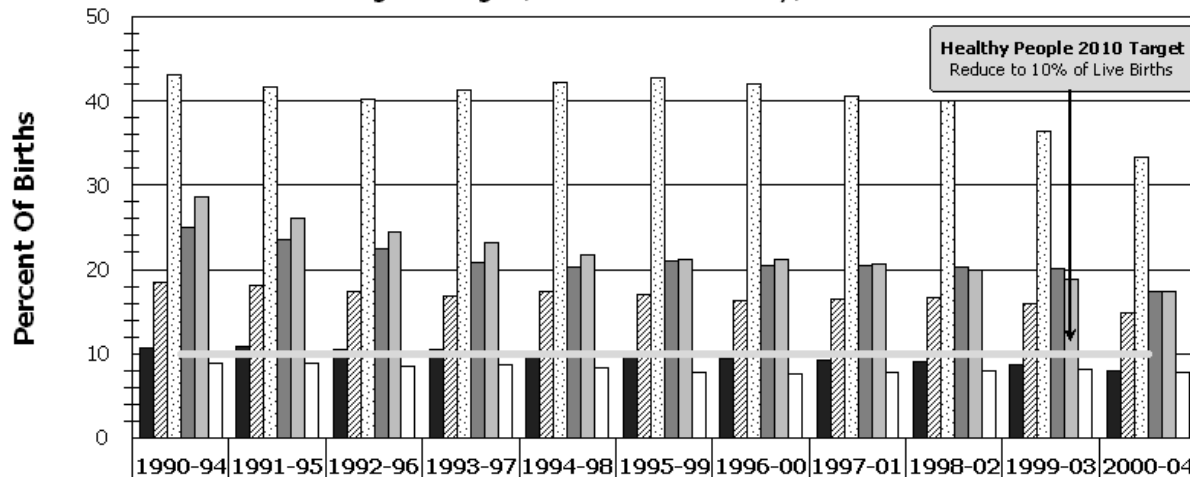


## **Appendix A**

### **Local MCAH Problems/Needs: Graphs**

## Proportion Of Births Receiving Late Or No Prenatal Care By Maternal Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
Asian*	10.6	10.8	10.5	10.4	10	10	9.4	9.3	9.1	8.6	7.9
Filipina	18.5	18.1	17.3	16.8	17.3	17.1	16.2	16.5	16.6	16	14.9
Pacific Islander	43.1	41.7	40.2	41.4	42.3	42.7	42	40.5	40.1	36.5	33.4
Black	25	23.5	22.4	20.8	20.2	21	20.5	20.4	20.3	20.1	17.4
Hispanic	28.6	26.1	24.4	23.1	21.8	21.2	21.1	20.7	19.9	18.9	17.4
White	8.9	8.8	8.5	8.6	8.3	7.8	7.5	7.8	7.9	8.2	7.7

\*Non Filipina/Pacific Islander Asians

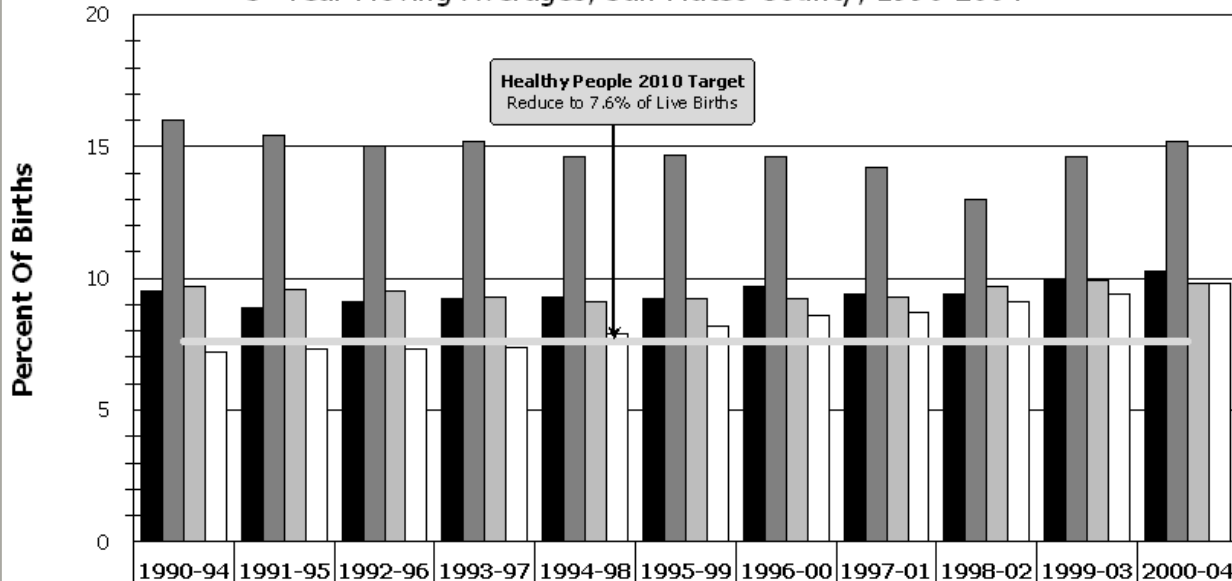
Late prenatal care defined as first prenatal care visit occurring during the second or third trimester of pregnancy

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

MCH-9

## Proportion Of Preterm Births By Maternal Race/Ethnicity

5- Year Moving Averages, San Mateo County, 1990-2004



	1990-94	1991-95	1992-96	1993-97	1994-98	1995-99	1996-00	1997-01	1998-02	1999-03	2000-04
All Races	8.9	8.7	8.7	8.7	8.9	9	9.3	9.3	9.5	9.9	10.2
Asian	9.5	8.9	9.1	9.2	9.3	9.2	9.7	9.4	9.4	9.9	10.3
Black	16	15.4	15	15.2	14.6	14.7	14.6	14.2	13	14.6	15.2
Hispanic	9.7	9.6	9.5	9.3	9.1	9.2	9.2	9.3	9.7	9.9	9.8
White	7.2	7.3	7.3	7.4	7.9	8.2	8.6	8.7	9.1	9.4	9.8

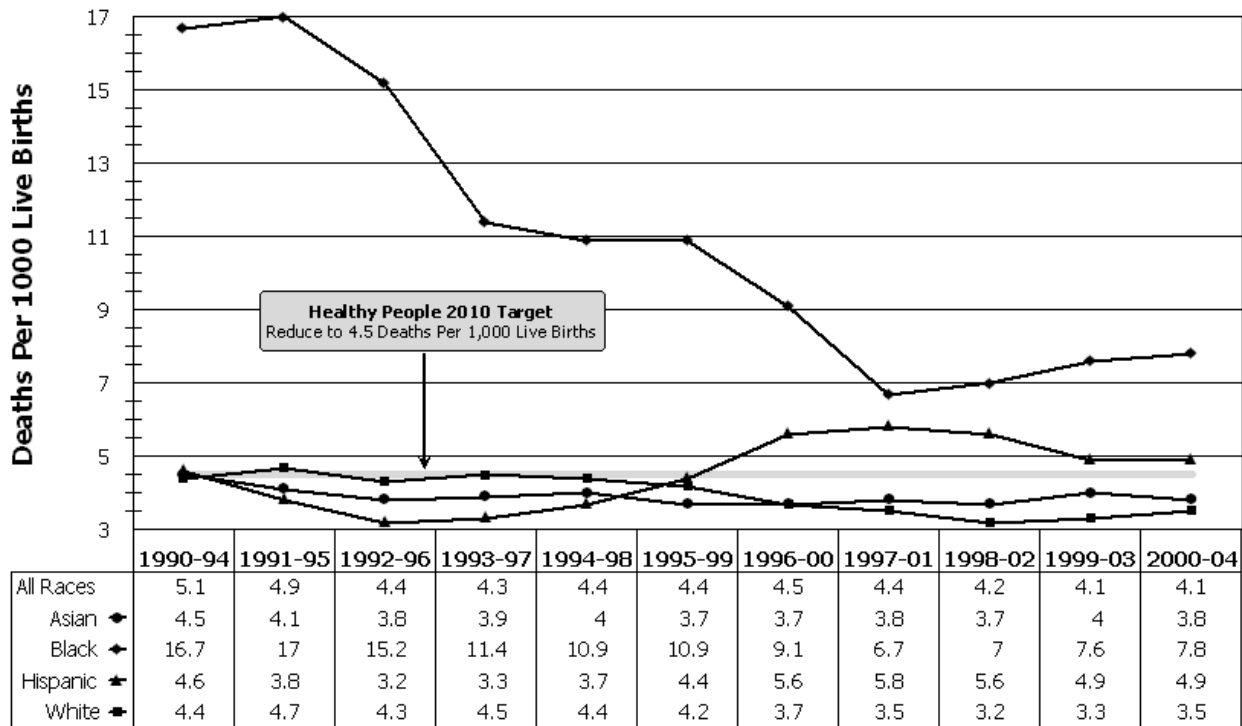
Preterm births are defined as less than 37 weeks or 259 days gestation from last menstrual period

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

MCH-15

## Infant Mortality By Race/Ethnicity

### 5-Year Moving Averages, San Mateo County, 1990-2004



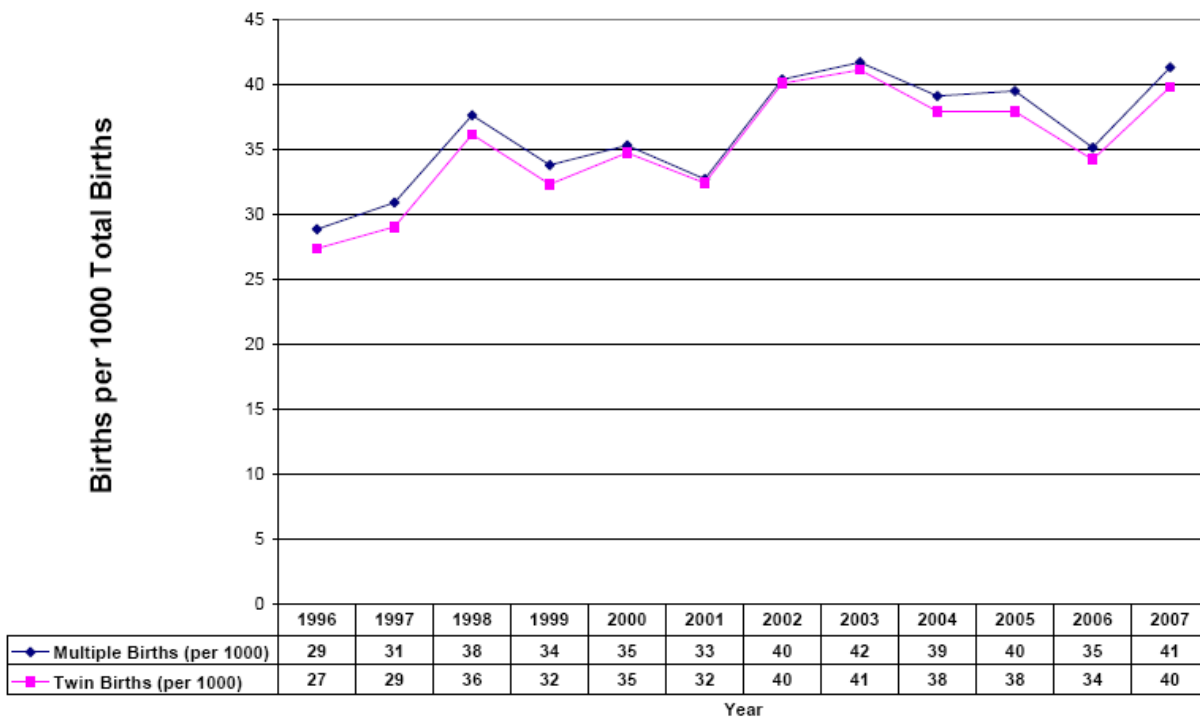
Rates are unadjusted; infants defined as under one year of age

Source Data: California Department of Health Services, Center for Health Statistics, Death Records 1990-2004

MCH-31

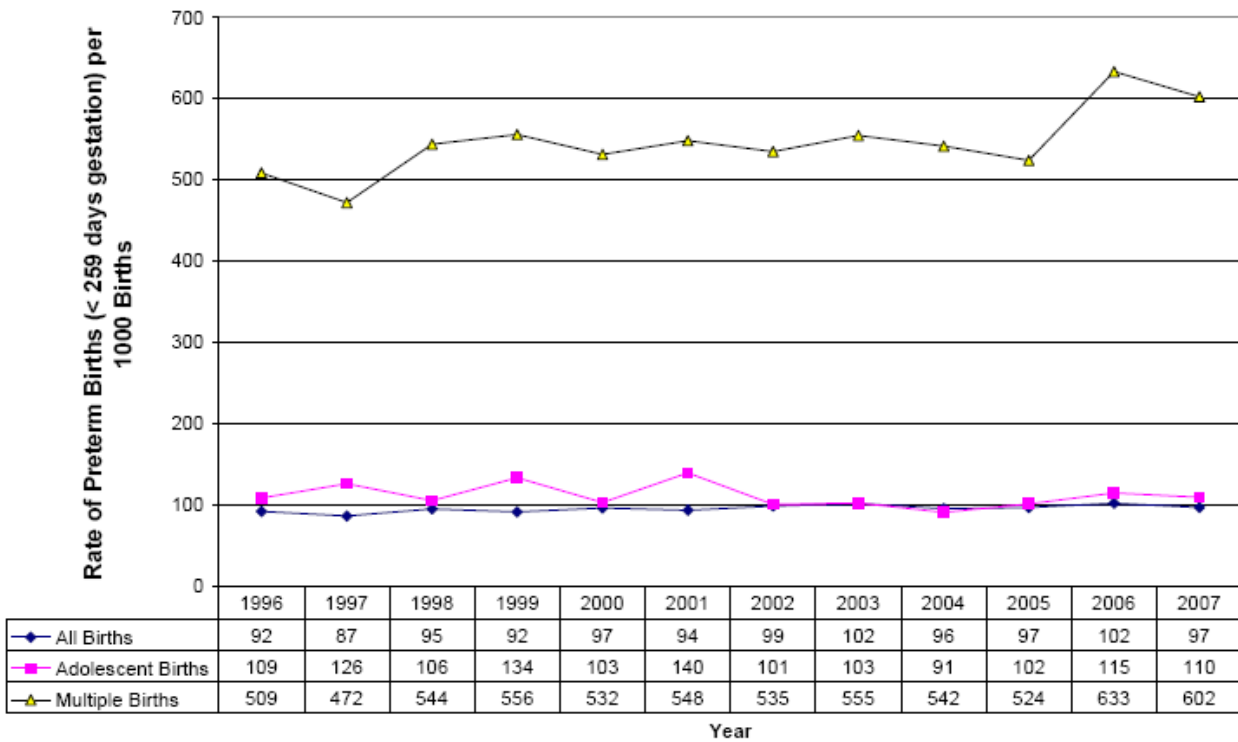
### Graph A

### Multiple Birth and Twin Birth Rates: San Mateo County 1996-2007



**Graph B**

**Preterm Birth Rates For Different Birth Cohorts: San Mateo County, 1996-2007**



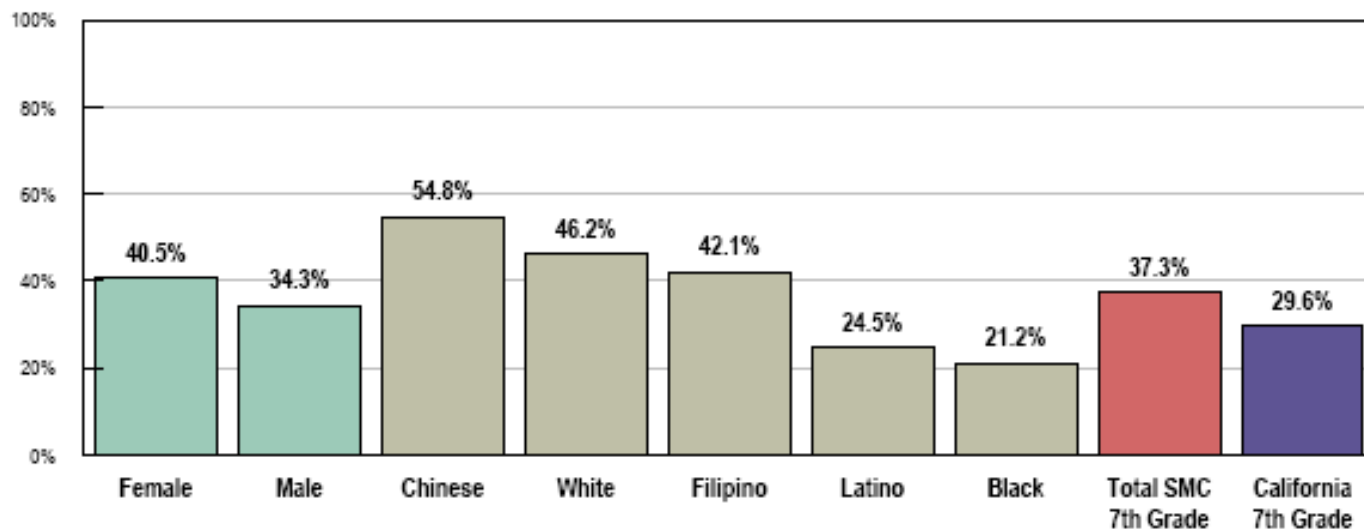
**Graph C**

**Birth Rates by Maternal Age Group: San Mateo County 1996-2007**



**Graph D**

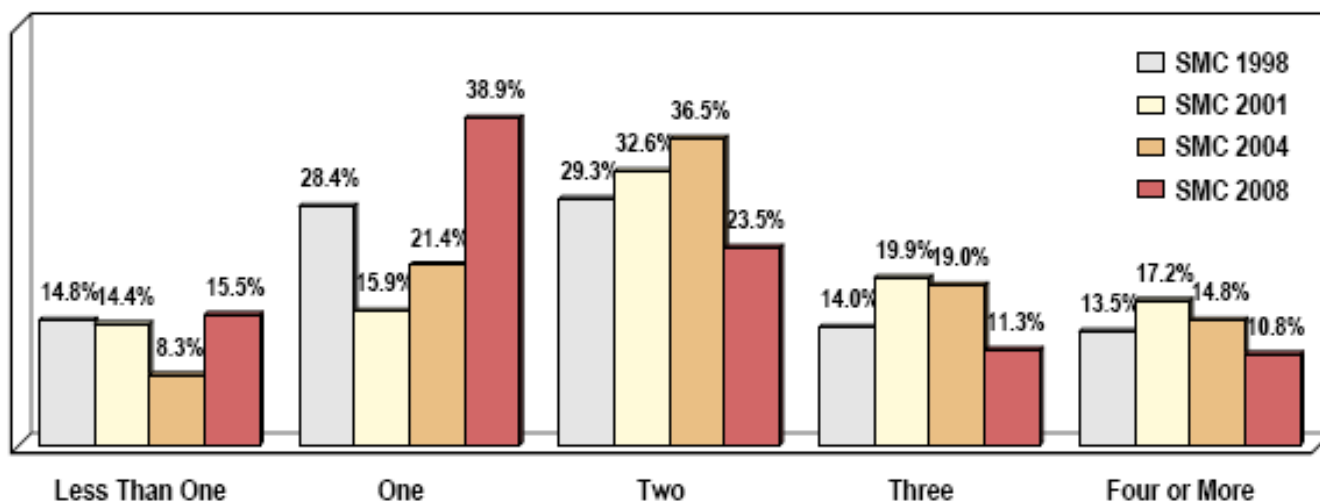
### Percent of 7th Grade Students Meeting 6 of 6 Basic Fitness Standards



Source: California Department of Education, Physical Fitness Results, 2006. <http://dq.cde.ca.gov/dataquest/>  
 Note: Other racial/ethnic groups are not shown; n<100 tested.

**Graph E**

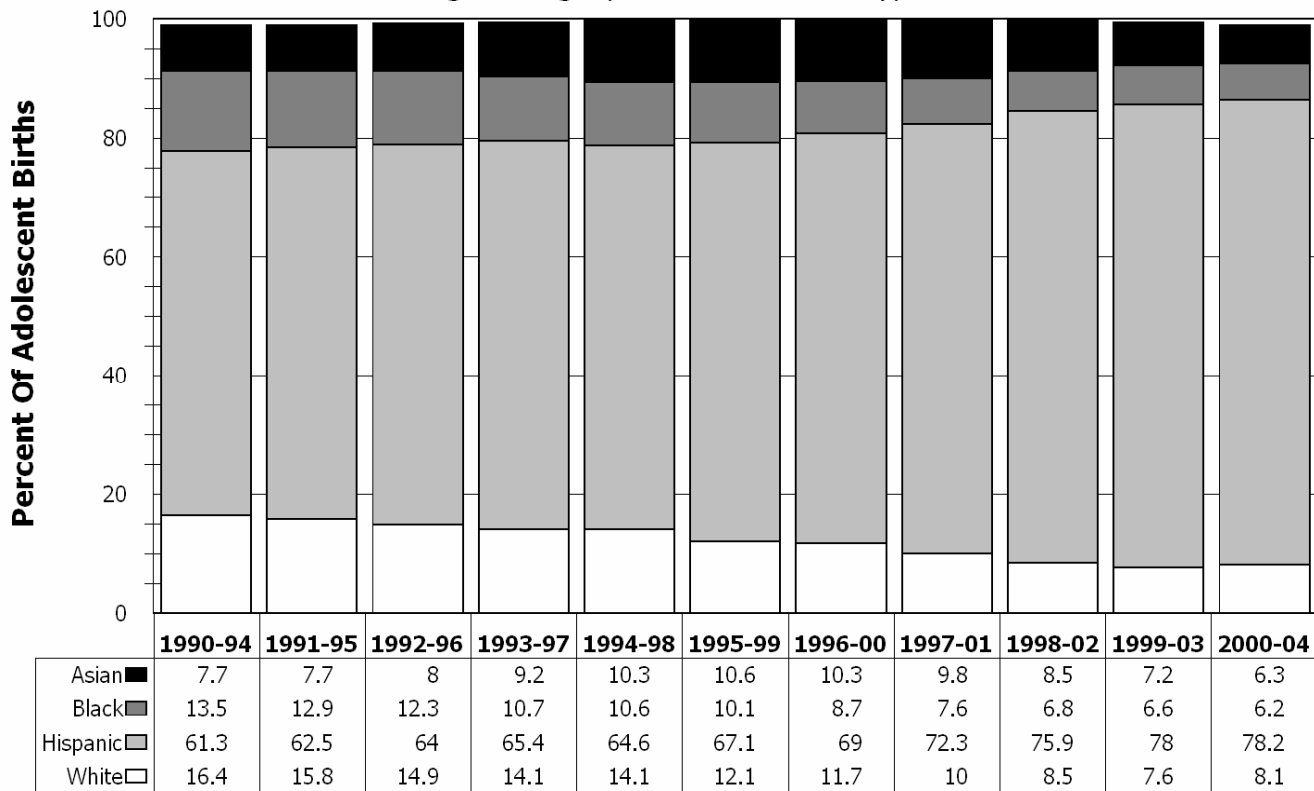
### Number of Hours Child Watches Television, Videos or Video Games per Day Ages 1 to 17



Source: 1998/2001/2004/2008 San Mateo County Health/Quality of Life Surveys. Healthy Community Collaborative of San Mateo County. August 1998/2001/2004/2007. (Professional Research Consultants).  
 Note: Asked of respondents with children aged 1 to 18 at home.

# Distribution Of Births To Adolescents By Race/Ethnicity

5-Year Moving Averages, San Mateo County, 1990-2004



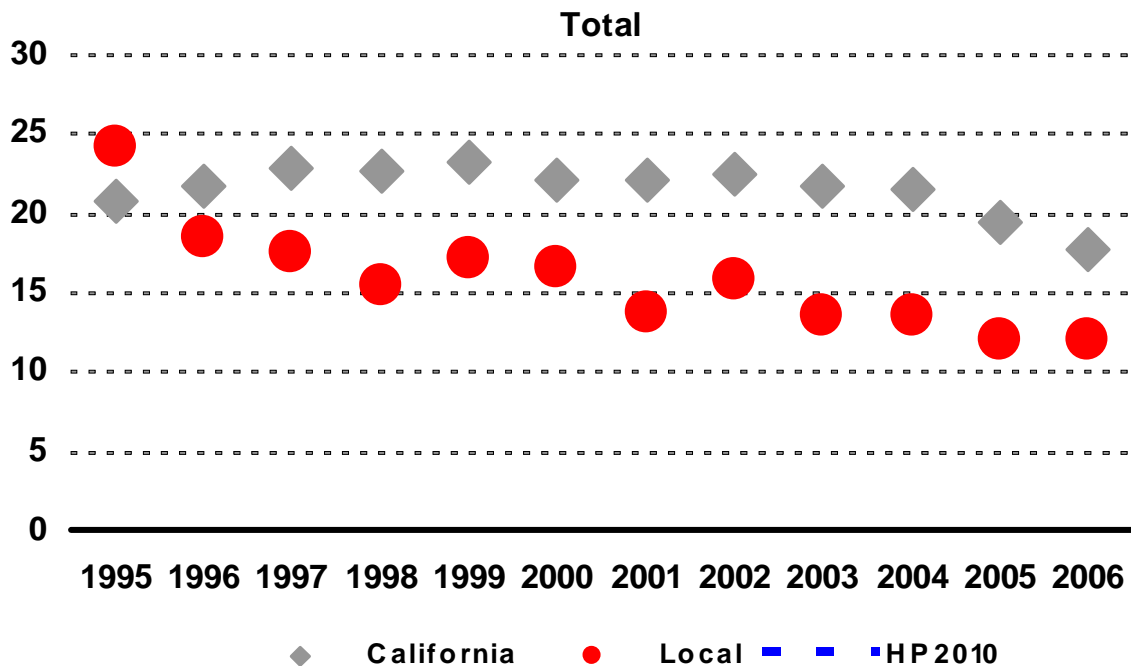
Adolescents are defined as 17 years of age or younger

Source Data: California Department of Health Services, Center for Health Statistics, Birth Records 1990-2004

MCH-28

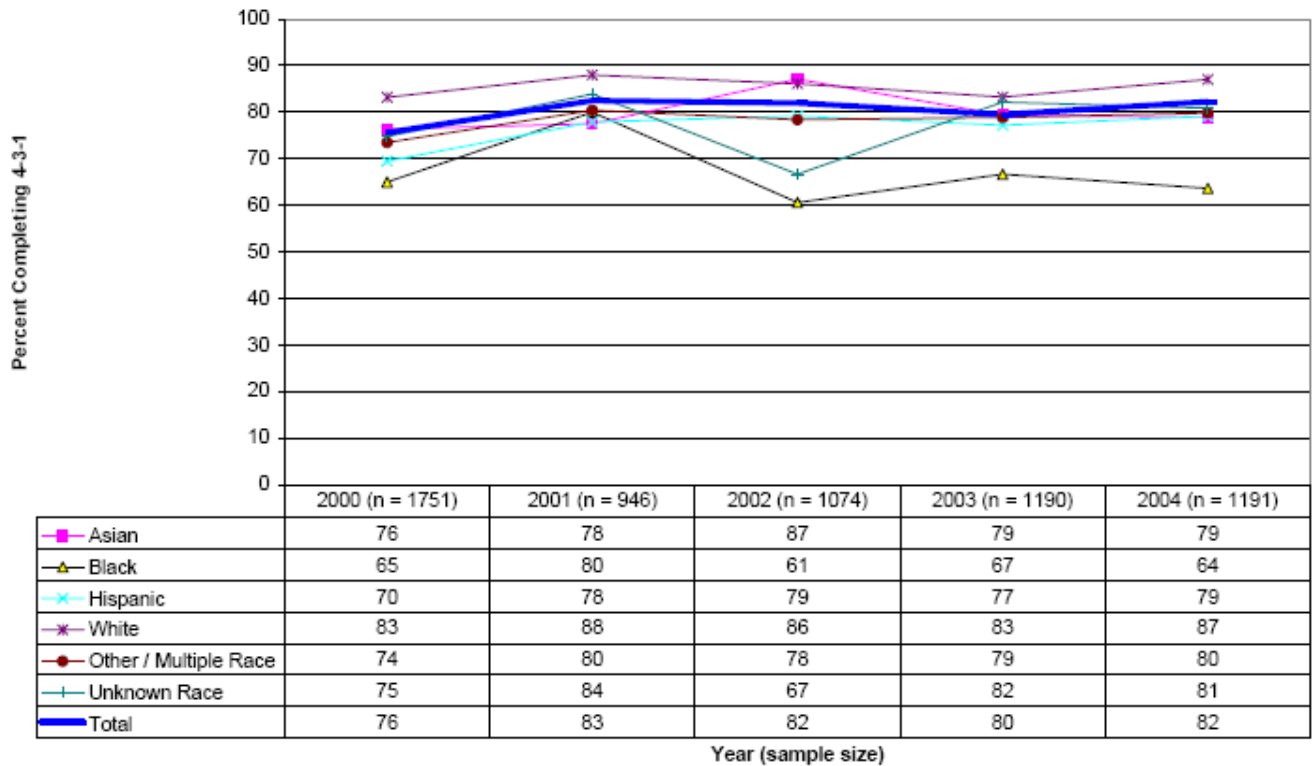
Graph F

## Mental Illness Trends, Age 5-14 San Mateo County, 1995-2006



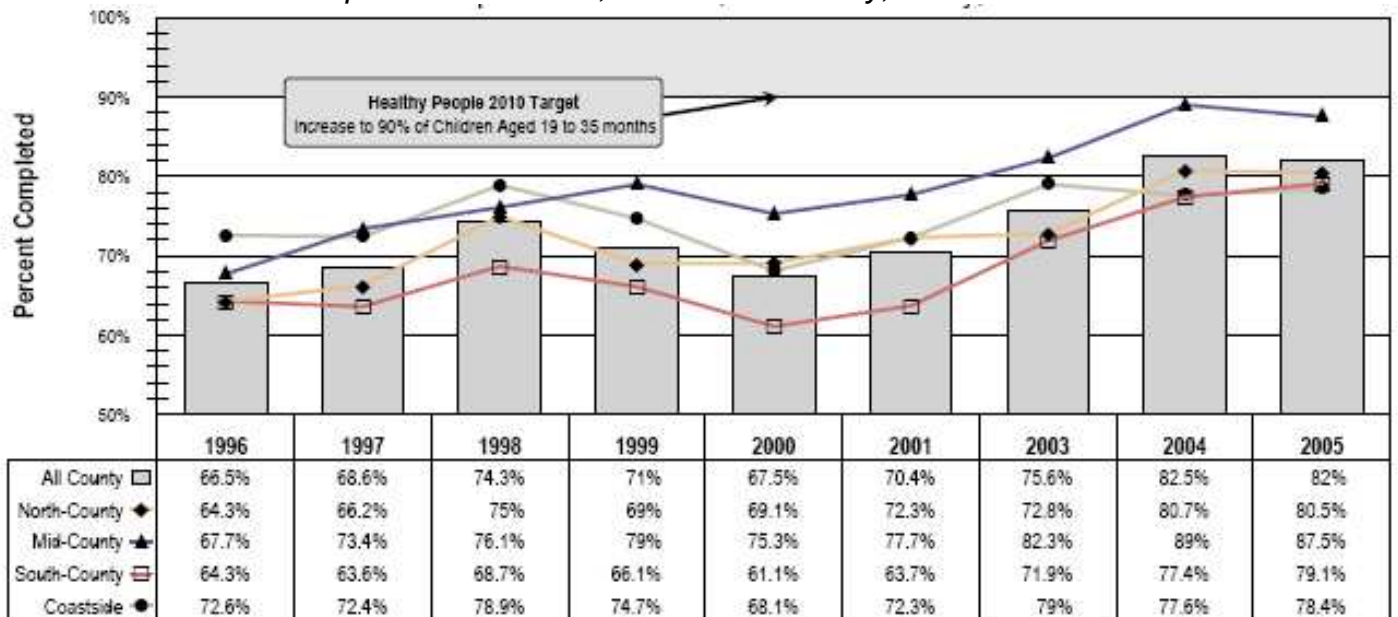
**Graph G**

**Completion of the 4-3-1 Immunization Schedule at 24 Months of Selected San Mateo County Kindergartners**



**Graph H**

**Vaccine Coverage At Age 24 Months by County Region**  
*Complete 4-3-1 Series, San Mateo County, 1996-2005*



\*Complete 4-3-1 series refers to all DTP/DTaP4, OPV/IPV3, and MMR1

Note: Year indicates year of study sample, 2002 data unavailable

Source Data: San Mateo County Immunization Program, Kindergarten Retrospective Surveys