



County of Yolo

Health Department

2004

Maternal, Child &

Adolescent Health

Community Needs

Assessment



MATERNAL, CHILD & ADOLESCENT HEALTH

The Yolo County Maternal, Child and Adolescent Health Program (MCAH) is funded through the federal Maternal, Child Health Block Grant under Title V of the Social Security Act of 1935 to serve mothers and to promote and maintain family-centered, culturally-competent quality-based systems of care for women, children, adolescents and their families. The MCAH Program serves as an agency for assessment of needs, coordination of effort at both the state and local levels, and planning to assure systems of care that achieve the health objectives set by the California Maternal, Child Health Branch (MCH).

This community needs assessment is conducted every five years. Members of the MCAH Local Planning Group for this assessment were:

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Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-Preamble to the Constitution of the World Health Organization, 1946

SUMMARY

Yolo County is comprised of a rapidly growing and diverse population of distinct rural, urban and suburban communities, each with disparate challenges and strengths. Over half (53.2%) of all Yolo County residents are part of the Maternal, Child and Adolescent Health (MCAH) population which includes all women of child-bearing age and all children under the age of 21.

Assessment of community health is a core function of the Health Department and the MCAH Program. This assessment specifically sought to *develop a comprehensive resource that will articulate the significant health issues faced by Yolo County women, children, adolescents and their families.*

Towards this end, MCAH staff and the Local Planning Group reviewed health indicator data, conducted an online provider survey, convened community focus groups, assessed MCAH Program capacity and community resources, collected input from partner agencies and developed criteria for problem prioritization over a one-year period concluding in 2004.

Through this comprehensive process that provided both quantitative and qualitative information, the Local Planning Group identified nine areas of concern to be considered for prioritization:

- Breastfeeding
- Child Abuse
- Childcare
- Health Access
- Mental Health
- Obesity
- Oral Health
- Sexually Transmitted Disease
- Substance Use

These areas were further analyzed for trends, comparison to state data and, when available, disparities by race/ethnicity, place of residence, or socioeconomic status.



Using prioritization tools and criteria selected to ensure a systematic, fair and inclusive process, and based on MCAH program capacity, the Local Planning Group ranked **obesity** and **substance use** prevention as the two MCAH priority goals targeted for improvement in the 2005 Five-Year Action Plan. In selecting these two areas, members of the Local Planning Group noted that many of the areas of concern, such as breastfeeding, child abuse and mental health, are linked to both obesity and substance abuse.

All findings from this assessment, as well as a complete description of processes used, are included in this report or as appendices. The MCAH Program would like to thank the Local Planning Group, the many dedicated Health Department staff, service providers, partner agencies, local businesses and community members whose donation of time, resources, hard work and input was so crucial to the successful completion of this needs assessment.

*Many crops are raised in
Yolo County's fertile soil.
Our children are the most
precious crop of all.*

-Yolo County Children's Alliance
and Child Abuse Prevention
Council, 2004 Child Abuse Pre-
vention Campaign



To be effective in addressing the broad range of conditions that affect people's health, public health must form alliances with other public and private organizations and with community residents whose health is at stake. This is not merely a matter of philosophical principle—it is a practical necessity.

-Institute of Medicine, The Future of Public Health



ASSESSMENT PROCESS

This needs assessment was conducted over a one-year period from July 1, 2003 through June 30, 2004 and involved the efforts of several individuals and partner agencies. Process milestones included:

- July 2003 - The assessment commenced with a retreat sponsored by the MCAH Advisory Board (Appendix H).
- July - October 2003 - Health Department staff gathered health indicator data (Appendix A) and summarized findings from other agency assessments (Appendix B). Health Department Public Health Nursing staff were asked to submit brief case studies illustrating problems their clients commonly encountered. Staff also began developing an online provider survey and making arrangements to convene community focus groups.
- October 2003 - The Local Planning Group (LPG) for the needs assessment convened. Members of the group included Health Department staff and members of the MCAH Advisory Board. The group met at least once monthly thereafter to discuss planning and progress.
- December 2003 - February 2004 - The LPG invited healthcare providers, social service providers and policymakers to participate in an online survey. Participants were also invited to become active in the LPG. Survey results were reported to the LPG by MCAH staff (Appendix C).
- January 2004 - The Yolo County Children's Alliance (an MCAH partner organization) conducted a community-wide summit to prioritize children's health needs. Over 160 participants from MCAH partner agencies attended this summit and offered input on important issues facing Yolo County children and families. Several members of the LPG were active in this summit (see Appendix B).
- March - April 2004 - Community focus groups were conducted by Health Department staff. Questions sought input from mothers and adolescents regarding their perception of health-related needs. Several partner organizations and local businesses were involved in coordinating focus groups. Findings from the focus groups were reported back to the LPG (Appendix D). Staff compiled MCAH resource and MCAH capacity assessments (Appendices F & G).
- May 2004 - Based on data collected (including findings from other published reports), online provider survey results and focus group findings, the LPG developed a list of 9 areas of concern to be considered as MCAH priorities. The LPG then ranked these problems using criteria chosen by the group (Appendix E) and recommended the following two priority areas be addressed by the Yolo County MCAH program in the 2005 Five-Year Action Plan:
 - Obesity
 - Substance Abuse

MISSION AND GOALS

The following mission statement and goals were developed and adopted by the Local Planning Group to guide the needs assessment:

Mission:

To develop a comprehensive resource that will articulate the significant health issues faced by Yolo County women, children, adolescents and their families.

Goals:

- I. Conduct a culturally-competent and inclusive needs assessment
- II. Identify barriers to optimum health for the MCAH population
- III. Enhance collaborative communication between community partners to support common goals
- IV. Assess the MCAH Program capacity to carry out its function of protecting and promoting the health of women, children, adolescents and families
- V. Produce a document that is useful for strategic planning by both the MCAH Program and its community partners

[Government needs] to stop worrying about getting somebody on Mars or something like that and start trying to help people.

-Yolo County teen (2004 MCAH Community Focus Groups)



COMMUNITY ASSESSMENT

Goals of the MCAH Program:

- *Equal access for all women, children, and their families to appropriate and needed care within an integrated and seamless system*
- *All children are born healthy to healthy mothers*
- *No health status disparities exist among racial/ethnic, gender, economic, and regional groups*
- *A safe and healthy environment exists for women, children, adolescents, and their families.*

COMMUNITY PROFILE

GEOGRAPHY

Yolo County (land area 1013 square miles) is located in the California Central Valley between the Sacramento River to the east and the Coast Range to the west. The eastern two-thirds of the County consists primarily of flat plains and basins. The western third consists of hills and mountains bordering the Capay Valley and rising up to 3,000 feet in elevation. Flooding has historically been a problem in eastern parts of the County and remains a concern in areas where levees have been constructed or are currently proposed. Bordering counties include Sacramento and Sutter Counties to the east, Solano County to the south, Lake and Colusa Counties to the north and Napa County to the west.

There are four incorporated cities (Davis, West Sacramento, Winters and Woodland) and several distinct unincorporated areas within the County (see Table 1). The County's central location in California and close proximity to metropolitan areas in Sacramento and the Bay Area have contributed to make it a hub for education, commerce, housing and transportation. Citizens of Yolo County are represented by five local Supervisorial Districts, State Assembly Districts 2 and 8, State Senate District 5 and US Representative District 5.

Yolo County

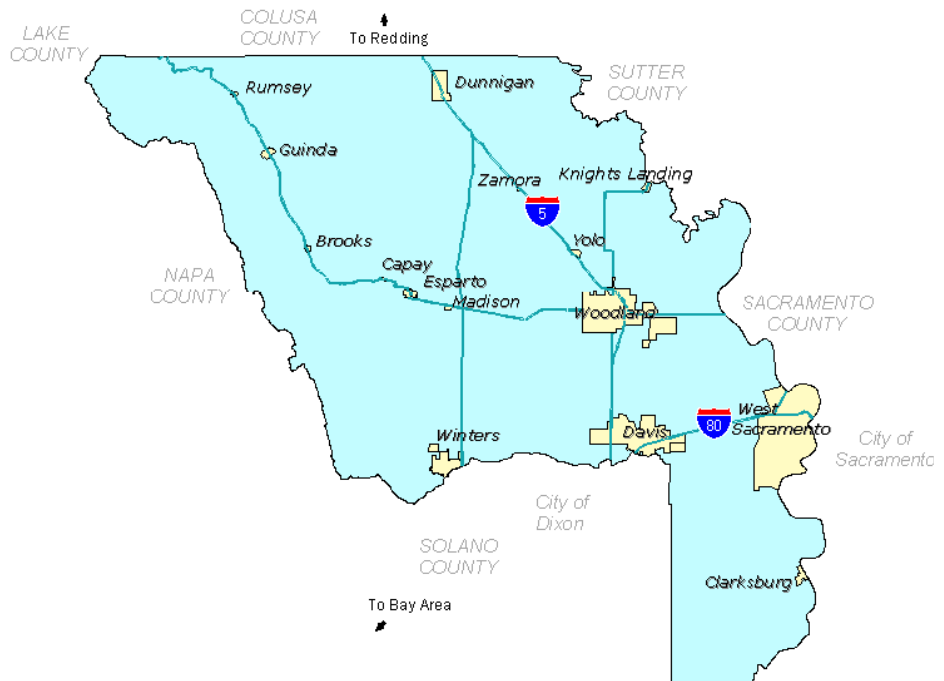


TABLE 1: YOLO COUNTY CHARACTERISTICS BY COMMUNITY

	Davis	Woodland	West Sacramento	Winters	Esparto (zip code 95627)	Knights Landing (zip code 95645)	Balance of County	ALL of YOLO COUNTY
Population (2004)	64,500	52,500	38,000	6,875	3,010	1,945	17,670	184,500
Race/Ethnicity (2000)	66% White 17% Asian/PI 10% Hispanic 4% Multiple Race 2% Black 1% Other	53% White 39% Hispanic 4% Asian/PI 2% Multiple Race 1% Black 1% Other	55% White 30% Hispanic 8% Asian/PI 2% Multiple Race 2% Black 1% Other	51% White 44% Hispanic 2% Multiple Race 1% Asian/PI 1% Am Indian 1% Other	56% White 37% Hispanic 2% Asian/PI 2% Multiple Race 1% Am Indian 1% Black 1% Other	59% Hispanic 36% White 2% Multiple Race 1% Asian/PI 1% Other	57% White 27% Hispanic 10% Asian/PI 3% Black 2% Multiple Race 1% Other	58% White 26% Hispanic 10% Asian/PI 3% Multiple Race 2% Black 1% Other
Language Spoken at Home (2000)	76% English 7% Spanish 6% Chinese 2% Vietnamese 9% Other	65% English 30% Spanish 2% Indic: Urdu, Hindi 3% Other	62% English 20% Spanish 8% Russian 2% Hmong 2% Indic:Hindi,Gujarathi 6% Other	61% English 37% Spanish 2% Other	64% English 33% Spanish 3% Other	54% Spanish 45% English 1% Other	68% English 19% Spanish 3% Chinese 2% Russian 2% Indic: Urdu, Hindi 6% Other	68% English 19% Spanish 3% Chinese 2% Russian 2% Indic: Urdu, Hindi 6% Other
Median Family Income (1999)	\$74,051	\$48,689	\$36,371	\$55,183	\$41,991	\$43,519	not available	\$51,623
Median Home Price (2003)	\$378,000	\$267,000	\$248,500	not available	not available	not available	not available	\$282,000
Children in Poverty (2000)	7%	15%	32%	5%	13%	13%	19%	17%
Other	Progressive community with high standard of living; large UC Davis student & international populations	County seat; diverse growing community; 2% increase in population size in 2003; strong agricultural heritage; growing Pakistani population	Diverse growing urban community; close to Sacramento; 4.3% growth in population in 2003; Russian/Ukrainian, Mien, Lao-tian, Hmong, Afghan, Pakistani populations	Growing rural and agricultural community; 4.6% growth in 2003	Growing rural and agricultural community; unincorporated	Rural/agricultural community on Sacramento River; unincorporated	Population decline (-1% in 2003); land use primarily agricultural with migrant farm worker camps (inc. small Mxtec Indian population); towns of Yolo and Madison	One-third of Yolo County residents employed in governmental positions; 2% growth in population size in 2003

Sources: California Department of Finance; Census 2000, US Census Bureau; California Association of Realtors.

We go looking for houses, but every time we offer something down, somebody outdoes us.

-Yolo County teen mother (2004 MCAH Community Focus Groups)



The socioeconomic differences which separate various Yolo County residents by economic, educational and social standing creates a formidable challenge for Public Health.

-Yolo County health plan manager (2004 MCAH Online Provider Survey)

COMMUNITY ASSESSMENT

POPULATION

Although relatively small, Yolo County (population 184,500 in 2004) has experienced significant growth in the past few years. Recent growth has been attributed in part to a growing number of commuting residents that work in Sacramento and in the Bay Area. West Sacramento and Winters remain the fastest growing areas of the County. Most (87%) of the population lives in incorporated cities with a declining proportion (13%) residing in rural areas.

According to US Census 2000, a diverse population (58% White, 26% Hispanic, 10% Asian or Pacific Islander, 3% Multiple Race, 2% African American/Black and 1% Other) calls Yolo County home. Although most (68%) residents speak English in the home, nearly one-fifth (19%) speak Spanish. Other languages spoken in the home include Mandarin, Cantonese, Russian, Urdu, Hindi, Farsi, Mien and Hmong reflecting resident immigrant groups from Mexico, Central America, the former Soviet Union, Southeast Asia, China/Taiwan and the Indian subcontinent.

A large migrant worker community also resides seasonally in the county. In 2000, the federal Migrant Health Program estimated that 20,521 migrant and seasonal farm workers and their families lived in Yolo County.

The median age of Yolo County residents is 29.5 years (28.8 years for males, 30.2 years for females). Of the total population, 53.2% are part of the MCAH population (*i.e.*, children under age 21 and/or women of childbearing age 15-44). Of the total population 36.1% are women of childbearing age 15-44 and 34.2% are children under age 21 (Source: Census 2000).

EDUCATION

County residents are served by 5 public school districts and live in proximity to the University of California-Davis, Woodland Community College and Sacramento City College outreach centers in Davis and West Sacramento. Residents may also access nearby colleges outside the County in Sacramento, Fairfield, Vacaville, Marysville and in the Bay Area. According to the California Department of Education, Yolo County experiences higher dropout rates (14%) than the state (11%). Additionally, 82% of Yolo County 12th grade students graduate compared to 89% statewide. However, more Yolo County students graduate eligible to enter UC or CSU systems than statewide. Of those graduating in 2001, 33% attended community colleges, 15% entered UC and 10% entered CSU. The starting salary for public school teachers in Yolo County in 2002-03 (\$26,670) was well below the state average starting salary (\$34,805) (Source: California Department of Education).



ECONOMY

According to the California Employment Development Department, 33% of Yolo County residents are employed by government agencies, primarily the UC system, compared to only 14% statewide. Yolo County has a rich agricultural heritage and agriculture continues to play an important role in the local economy with tomatoes, rice and a variety of other orchard and field crops grown throughout the County.

The percentage of children living below the federal poverty level in Yolo County (17%) is below the statewide average (20%), however, more children live in poverty in West Sacramento (32%) and in rural areas (19%) than in other parts of the County. (Federal poverty level in 2004 for a family of four is an annual household income below \$18,850.) In 2002, 15.5% of the population was Medi-Cal eligible, according to California's Medical Assistance Program.

According to the US Census Bureau, the average median household income was \$40,769 in 1999 (the most recent year for which data are available). Yolo County's unemployment rate has risen over the past 4 years, but appears to be improving with the most recent statistics from the California Employment Development Department showing an unemployment rate of 4.5% as of May 2004 with a net gain of jobs compared to 5.8% statewide and 5.3% nationwide. Like much of California, median home prices in Yolo County continue to rise (\$282,000 in 2003). In 2003, the Office of Federal Housing and Oversight reported that Yolo County experienced the fastest-rising home prices in the US (17% increase in Yolo County compared to 7% nationwide).

VITAL STATISTICS

On average, about 2,300 live births occur annually among Yolo County residents. Approximately 1,100 deaths occur each year with an overall age-adjusted death rate of 811 deaths per 100,000 Yolo County residents. Chronic diseases are the leading causes of death among residents (all ages) with heart disease, cancer and stroke being the most common causes of death. Conditions arising in the perinatal period (e.g., low birth weight) and congenital anomalies are leading causes of death among infants under one year of age. Unintentional injuries (accidents) are the leading cause of death among children age 1-18 in Yolo County, however, the unintentional injury rate has declined dramatically over the past decade and is now below the statewide rate.

So many families are on the brink of homelessness or live in very unsafe/unhealthy housing, it becomes the overriding crisis. There is no time to deal with health preventive measures. Creating stable, safe, and affordable housing is critical to the overall health of families."

-Yolo County legal aid attorney
(2004 MCAH Online Provider Survey)



COMMUNITY ASSESSMENT

HEALTH RESOURCES & CHALLENGES

MCAH COLLABORATIVES

The Yolo County MCAH Program works with partner agencies in over 40 collaboratives that serve the MCAH population. The majority of these collaboratives focus on children ages 0-5, breastfeeding education and nutrition/fitness. Others deal with family support, family violence, substance abuse and mental health. A listing and description of MCAH collaboratives and community resources is included in Appendix F.

HEALTH SERVICES

Yolo County's network of health services includes several physician groups, community clinics and two hospitals, Sutter Davis Hospital and Woodland Memorial Hospital. The majority of services are located in Davis and Woodland with nearby services available outside the County in Sacramento and Vacaville. Residents of rural areas and West Sacramento often travel to the nearest large city for health-related services.

Limited mental and dental health services are available to low income and monolingual residents throughout the county. There are few resources for children requiring psychiatric care. A decreasing number of dentists accept Medi-Cal.

Indigent health services in Yolo County are provided through an agreement between the Health Department and Sutter Davis Hospital which subcontracts with CommuniCare Health Centers and Sutter West Medical Group to form the Yolo Health Alliance (YHA). YHA provides medically necessary primary, specialty, ancillary and inpatient services, including teen clinics and prenatal care, at three community clinics: Peterson Clinic in Woodland, Davis Community Clinic and Salud Clinic in West Sacramento. Uninsured residents that do not qualify for Medi-Cal or Healthy Families may be eligible for health coverage through the Yolo County Healthcare for Indigents Program (YCHIP) administered by the Health Department.

I see a large unmet need among farm workers and their extended families with lack of culturally appropriate services available in [rural areas]. Access to CommuniCare is limited. Access to county services is even more limited. Mental health services are whatever we can muster... We see young mothers daily with a complete lack of family support and basic parenting skills. No one reaches the drug using population. Medi-Cal is collapsing for families with school-age children. Medi-Cal mental health does not exist.

-Yolo County physician (2004 MCAH Online Provider Survey)



HEALTH ACCESS: GAPS AND BARRIERS

A summary of prominent concerns regarding access to healthcare and health-related services for pregnant women, mothers, infants, children and adolescents is shown below. These concerns were identified through review of secondary data, key informant interviews, focus groups and online provider survey results.

- Availability of quality healthcare for the uninsured, under-insured and/or undocumented
- Availability of mental health services (especially for low income families)
- Availability of dental services (especially for low income families)
- Availability of residential substance use treatment facilities
- Availability of after-school programs for children and adolescents
- Availability of services for special needs children
- Access to care in underserved geographic areas (rural areas, West Sacramento)
- Availability of culturally/linguistically competent Spanish- and Russian-speaking providers
- Access to and utilization of early prenatal care

The Yolo Health Alliance and CommuniCare are precious resources for our county, and this is the ideal system for providing quality health care for mothers and children. Please consider consolidating new child health resources in the existing system rather than wasting them on the development of duplicative systems and infrastructure.

-Yolo County physician (2004
MCAH Online Provider Survey)



Transportation is a major limiting factor for the working poor with young children. Although taking the bus is possible, the complications in doing so (taking time off from work, waiting for the bus in the cold/rain/heat, negotiating the bus ride with an infant and siblings) are daunting...Access to healthcare would be greatly improved by addressing this need in our community.

-Yolo County public health nurse (2004 MCAH Online Provider Survey)



COMMUNITY ASSESSMENT

MCAH CAPACITY ASSESSMENT

DESCRIPTION OF MCAH PROGRAM CAPACITY

The MCAH Program in the Family Health Division of the Yolo County Health Department provides for the coordination of local efforts to improve outreach and case-finding activities for pregnant women and children. The focus of the program is to provide and assure that mothers and children are able to access quality maternal and child health services, particularly early and continuous perinatal health care and preventive infant and child health care. Under the direction of the Director/Health Officer, MCAH staff are responsible for carrying out the core public health functions of assessment, policy development and assurance to improve the health of the MCAH population. These public health functions are incorporated into the overall strategy and planning conducted within the County.

The MCAH Program staff consists of the MCAH Director, MCAH/Perinatal Services Coordinator, Epidemiologist, Health Educator, PCG Coordinator, FIMR Coordinator and Public Health Nursing Outreach. The MCAH Director position is shared between the Director of Public Health Nursing and the Assistant Health Officer. A Supervising Public Health Nurse holds the MCAH/Perinatal Services Coordinator position. The FIMR Coordinator position is currently vacant and there are several vacancies in Public Health Nursing Outreach. The remaining personnel work in the program on a limited basis. As a result, there is not one staff person that is dedicated entirely to the program.

A formal MCAH capacity assessment (Appendix G) was conducted as part of this report. While the lack of sufficient staffing impacts the ability of the MCAH Program to carry out the core MCAH activities, the program rated 'adequate' in most of the areas, which include:

- Diagnosing and investigating MCAH problems in the community
- Informing, educating and empowering people about MCAH issues
- Mobilizing community partnerships to identify and solve MCAH-related problems
- Developing policies and plans that support MCAH-related health efforts

The program rated 'strong' in the area of monitoring local MCAH population health status. It rated 'inadequate' in the areas of:

- Linking women and children to needed health and social services
- Evaluating the effectiveness, accessibility and quality of MCAH population-based health services

The program rated 'weak' in the area of researching for insights and solutions.

While there are many opportunities within the program for a quality MCAH Program, the consistent challenge that faces the program is the lack of sufficient funding to hire additional staff. Lack of funding also impacts the ability to train staff in the knowledge and skills necessary to promote MCAH activities and functions.

CULTURAL COMPETENCY OF MCAH PROGRAM

The MCAH Program offers culturally appropriate outreach and education to women, infants and children with staff, professional and ancillary, who are bilingual and bi-cultural. The languages that the program staff speak are English, Spanish, Russian, Hmong, Mien, Thai, Laotian, Cambodian, Portuguese, Mandarin and Cantonese. However, not all of the bilingual staff are available at all times or for all programs, which may impact the ability to carry out the MCAH-related activities. In addition, lack of funding and staff limits the ability to develop materials in appropriate languages.

Yolo County provides cultural competency training to all staff on a regular basis and provides programs celebrating the County's diversity, both among the residents as well as the employees. As a result, the staff have the ability to receive knowledge and understanding of the dominant cultures within the County.

CURRENT ISSUES IMPACTING MCAH PROGRAM ROLES

Obesity has emerged as a public health epidemic in Yolo County and nationwide. Overweight children and adults have resulted in an increase in chronic diseases such as diabetes and hypertension. The increase in diabetes and hypertension in children is particularly alarming given the consequences of these diseases. Obesity in pregnant women often results in poor birth outcomes and an increased risk of developing diabetes. As a result, this issue will be included in the Five-Year Plan for the MCAH Program.

The statewide budget crisis has many implications for the MCAH program. Decreased or lack of funding may impact the ability to access health care, providers and services resulting in an increase in issues and/or problems within the MCAH population that will need to be addressed. In addition, fewer staff will be available to adequately work with the community to respond to the issues.

Ongoing concerns regarding substance abuse continue to impact the health and well being of the MCAH population. The MCAH program will continue to collaborate with community groups to strive towards establishing effective programs that will promote substance-free pregnant women and children. This issue will also be included in the Five-Year Plan for the MCAH Program.

We do not have a school nurse. We are concerned that school nurses in general will be in very short supply with the new laws regarding the patient/nurse ratio. Our school staff does not have the expertise to deal with the health issues that our nurse did.

-Yolo County elementary school administrator (2004 MCAH Online Provider Survey)



This is not where I want to be. I'd like to have a big house with a backyard where I can come in and see something cute. You get depressed. You see crack everywhere, meth everywhere, people cussing, drugs everywhere, fighting, cops rolling in.

-Yolo County mother (2004 MCAH Community Focus Groups)



COMMUNITY ASSESSMENT

AREAS OF CONCERN

The Local Planning Group identified nine areas of concern to be considered for prioritization. Selection of these areas was based on secondary health indicator data, survey results, focus group findings, other published local assessments, field nursing observations and member knowledge and experience. Seven of the nine problem areas were drawn from the Title V health indicator list: Breastfeeding, Child Abuse, Health Access, Mental Health, Obesity, Oral Health and Sexually Transmitted Disease. Two additional problem areas were also identified: Childcare, Substance Use.

Problem areas identified by the local planning group include:

- **Breastfeeding**
(Title V, breastfeeding rate)
- **Child abuse**
(Title V, foster care placements)
- **Childcare**
(optional topic area)
- **Health access**
(Title V, health insurance coverage)
- **Mental health**
(Title V, MH hospitalization rate)
- **Obesity**
(Title V, overweightedness rates)
- **Oral Health**
(Title V, dental insurance coverage)
- **Sexually Transmitted Disease**
(Title V, rate of chlamydial infection among teens)
- **Substance use**
(optional topic area)

Each of these topics is discussed below. Data templates developed by the Family Health Outcomes Project (FHOP) were completed by Health Department staff to characterize trends over time and to test for statistical significance when differences between Yolo County and California were observed. When available, disparity data for problems is also presented (race/ethnicity, place of residence, income, etc.) Please refer to Appendix A for more information regarding other Title V indicators.

BREASTFEEDING

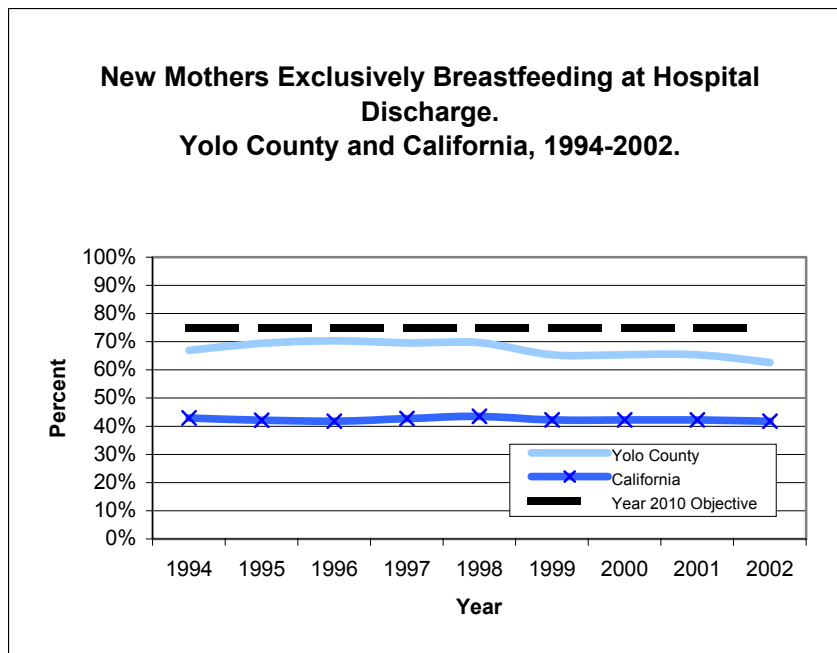
Breastfeeding is the ideal method of feeding and nurturing infants with a range of benefits for infants' health, growth, immunity and development. While Yolo County's breastfeeding initiation rate (63%) exceeds the state rate (42%), it is below the Healthy People 2010 goal of 75%. Breastfeeding data collected among mothers enrolling in the Women, Infants, Children Program (WIC) suggest a dramatic decline in breastfeeding 1-5 weeks after birth with only 20% of mothers reporting that they exclusively breastfeed.

Disparity: National and statewide data suggest that breastfeeding rates are lowest among working mothers, Hispanic and African-American women, women age 21 and under and women with low educational levels. 2003 data from the Yolo County WIC Program suggest that breastfeeding duration rates are highest in Davis (42%) and lowest among mothers in Woodland (18%), West Sacramento (19%) and Winters (13%).

Qualitative Data: Healthcare providers reported that breastfeeding support in Yolo County should be improved. In focus groups of mothers, nearly all reported at least some knowledge of the benefits of breastfeeding and had attempted to breastfeed in the hospital, however, several reported difficulty continuing breastfeeding beyond the first week. This was most commonly reported among adolescent mothers.

We need better support for breastfeeding moms.

-Yolo County nurse midwife
(2004 MCAH Online Provider Survey)



Source: California Department of Health Services, Genetic Disease Branch

Bottom Line: Many Yolo County mothers initiate breastfeeding in the hospital, but often stop breastfeeding soon thereafter. Early support for mothers experiencing breastfeeding problems is important in Yolo County.



Perinatal risk assessment can identify mothers and infants at greatest risk of child abuse or neglect.

-Perinatal Predictors of Early Child Abuse and Neglect, 2001

COMMUNITY ASSESSMENT

CHILD ABUSE

The consequences of child abuse are often long-term and include premature illness, injury and death, depression and other mental health conditions, learning and developmental disabilities, substance abuse and perpetuation of family violence. Child abuse and neglect directly impact the health of individuals, families and communities. Assessment of families at the time of a child's birth may provide an opportunity to intervene before abuse occurs. A 2001 retrospective study of Yolo County Medi-Cal births found that up to 76% of infants of who were subsequently abused or neglected could be correctly identified based on presence or absence of certain risk factors known at the time of birth (Source: "Perinatal Predictors of Early Child Abuse and Neglect", Yolo County, 2001) .

Disparity: Risk of abuse or neglect is highest among families with a history of previous child removal, domestic violence, substance abuse, low income, crowded living conditions and among White and African-American mothers. According to the Child Welfare Research Center, rates of child removal are higher in West Sacramento than other parts of the County.

Qualitative Data: Participants in the 2004 Yolo County Children's Alliance Summit identified Child Abuse as an important problem in Yolo County with serious implications for health and well-being.



Child Abuse Indicator	Yolo County	California
Rate of Children Living in Foster Care per 1,000 Children 0-18 (2003)	9.8	8.9
Rate of Substantiated Cases of Child Maltreatment per 1,000 Children 0-17 (2002)	14.3	11.5
Rate of Domestic-Violence Related Calls for Assistance per 1,000 Females >18 (2002)	7.8	15.2

Source: Child Welfare Research Center CWS Reports; California Department of Justice, Criminal Justice Statistics Center; California Department of Finance, Demographic Research Unit

Bottom Line: Child abuse prevention is the shared responsibility of multiple agencies, communities, families and individuals. Perinatal risk assessment may identify high-risk families for intervention before abuse occurs.

CHILDCARE

Lack of affordable licensed childcare affects a family's economic status and quality of life with implications for healthcare access and utilization. According to the California Child Care Resources & Referral Network, 67% of Yolo County children are in need of childcare and do not have it. In the absence of childcare, children may be left unattended or with relatives or neighbors in environments that may not be safe or enriching. Lack of childcare is an important problem directly and indirectly impacting the health of Yolo County mothers and children.

Disparity: All Yolo County families with children are faced with childcare challenges, however, low income families, single-parent families, rural families and families of special needs children face greater difficulty and economic hardship locating and retaining affordable quality childcare. Cost of full-time child care in a childcare center is higher for Davis and West Sacramento families when compared to the statewide average (Source: Child Care Services).

Qualitative Data: Mothers involved in focus groups routinely recognized lack of affordable childcare as a significant barrier to their ability work, continue school and access primary preventive healthcare. Mothers expressed a need for affordable, flexible (non-traditional hours) childcare and a need for qualified childcare for children with special needs. Providers identified lack of childcare on the 2004 MCAH Online Provider Survey and at the Yolo County Children's Alliance Summit in January 2004 as an important problem impacting Yolo County families.

Childcare Indicator	Yolo County	California
Number of Children Needing Childcare Who do not Have Childcare (2001)	67%	78%
Average Annual Cost of Full-Time Licensed Care in a Center for Child Age 2-5 (2002)	\$6,638	\$6,739
Care for Preschooler as Percent of Income of Single Parent Household at Minimum Wage (2002)	47%	48%
Reason for Needing Childcare (2002):		
Work	73%	80%
School/Training	19%	11%
Looking for Work	5%	7%

Sources: California Child Care Resource and Referral Network 2003 California Child Care Portfolio

Bottom Line: Availability of quality affordable childcare is a recognized concern throughout Yolo County impacting health access and quality of life for mothers, children and families.

I had a job for awhile, but I couldn't afford childcare with the income I made... Childcare is so expensive that I would give my whole paycheck every time, so I would be working for nothing.

-Yolo County teen mother (2004 MCAH Community Focus Groups)



As state funds become more difficult to access I worry how mothers and children will receive the care they need.

-Yolo County Supervisor (2004 MCAH Online Provider Survey)

COMMUNITY ASSESSMENT

HEALTH ACCESS

Health access may be defined as an individual's ability to access quality preventive medical care in a timely manner for themselves or for family members. Several factors may influence health access: socioeconomic status, transportation, availability of healthcare providers accepting Medi-Cal, etc. Ongoing identification of barriers to care and strategies to enhance access to care are an important function of the MCAH Program. Health access remains high on the list of concerns with further cuts in social services and healthcare for low income families anticipated in the near future.

Disparity: Low income families, non-English speaking families, families of children with special needs and families in areas with limited access to primary care providers and distance from providers (e.g., rural areas, West Sacramento) may experience more barriers to care.

Qualitative Data: Healthcare providers and social service providers identified language and lack of transportation as barriers their clients/patients most commonly experience. Focus groups routinely identified transportation and inability to get appointments when needed as important barriers to early preventive care.

Health Access Indicator	Yolo County	California
Percent Uninsured Children 0-19 (2001)	4.3%	11.7%
Number of Persons per Physician (2002)	334	400

Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001; California Department of Health Services, *Health Data Summaries for California Counties 2002*



Bottom Line: Yolo County agencies and organizations have a history of commitment to health access for mothers and children. Transportation and language are barriers to care identified by providers and residents.

MENTAL HEALTH

A healthy sense of well-being, the ability to cope constructively with challenges and the ability to seek and utilize quality affordable mental health services when needed are priorities expressed by Yolo County policymakers, service providers, health care providers and residents. Many of the other problem areas identified in this needs assessment, such as substance abuse, child abuse, obesity and health access, have mental health implications and underscore the link between physical health and mental health.

Disparity: While all residents may experience difficulty accessing mental health services, low income families, non-English speaking families, families of children with special needs, and families in areas with limited access to mental health providers and distance from providers (e.g., rural areas, West Sacramento) may experience more barriers to care.

Qualitative Data: Service providers expressed concern that pediatric and Medi-Cal mental health services are lacking or are difficult to access. Focus groups of mothers and adolescents identified clinical depression, feelings of depression (including post-partum depression), isolation and loneliness as important problems affecting their lives and the lives of peers in their ability to interact positively with children and family, access healthcare and seek treatment for substance use. Focus group participants and physician respondents to the online survey expressed concern that physicians are increasingly called upon to provide mental health care for children and adults in the absence of other qualified mental health service providers.

Mental Health Indicator	Yolo County	California
Suicide Rate per 100,000 Children 0-17 (1999-2001)	*	0.9
Mental Health Hospitalization Rate per 10,000 Children 5-14 (1996-2000)	27	not available
Mental Health Hospitalization Rate per 10,000 Children 15-24 (1996-2000)	39	not available

* Rate not calculated (fewer than 5 events)

Source: California Department of Health Services, Death Statistical Master Files 1999-2001; California Office of Statewide Planning and Development, Hospital Discharge Records 1996 - 2000.

I would like to emphasize my perspective and that of my wife, a public school teacher, that the most critical need is to address the severe lack of adequate mental health services for children and their parents in Yolo County.

-Yolo County environmental health specialist (2004 MCAH Online Provider Survey)

Bottom Line: Yolo County residents and physicians expressed concern that physicians are increasingly called upon to provide mental health care in the absence of other qualified mental health service providers.



The next generation of Americans may be the first to have a shorter lifespan than their parents, chiefly because of their growing weight and sedentary lifestyles.

-Robert Wood Johnson Foundation, *The Summit on Obesity*

COMMUNITY ASSESSMENT

OBESITY

Lack of healthy nutrition and fitness are increasingly recognized as a public health crisis as rates of obesity and obesity-related illness, such as diabetes, continue to rise in the US. In Yolo County, rates of overweightness measured among low-income children and adolescents enrolled in the California Health and Disability Prevention Program are slightly higher than statewide statistics with an estimated 21.9% of children age 5-11 and 23.8% of adolescents 12-19 being overweight. These percentages have increased over the past years and are much higher than the Healthy People 2010 goal of 5%.

Disparity: Chronic disease rates for conditions related to obesity (e.g., diabetes) have been shown to be higher among African-American and Hispanic populations nationwide and statewide. Availability of healthy food choices and safe places to exercise may be limited in low income urban areas and in rural areas.

Qualitative Data: Community focus groups and provider surveys acknowledged the importance of good nutrition and fitness. However, community members felt that most people currently lack motivation to dramatically alter eating and exercise habits to improve health. At the community-wide Yolo County Children’s Alliance Summit held in January 2004, participants identified obesity as the most important problem affecting Yolo County children and youth.

Obesity/Fitness Indicator	Yolo County	California
Percent Overweight CHDP Children 5-11 (2003)	21.9%	20.6%
Percent Overweight CHDP Children 12-19 (2003)	23.8%	21.0%

Source: CDC, Pediatric Nutrition Surveillance System (Child Health and Disability Prevention Program data)



Bottom Line: The percentage of overweight and obese low income children in Yolo County has increased over the past few years and is much higher than the national goal of 5%.

ORAL HEALTH

Early attention to oral health and the development of healthy dental habits are important yet often neglected behaviors among many Yolo County mothers and children. Several providers and community members cited the lack of availability of quality preventive dental care services, especially for low income families, as an important issue for Yolo County children. While data collected from the California Health Interview Survey (2001) telephone survey suggests that a large proportion of Yolo County children have dental insurance (86.4%) and have visited a dentist in the last year (80.5%), reports from providers, Health Department staff, parents and foster parents suggest that these statistics may actually be much lower than estimated by the CHIS survey.

Disparity: Low income families, non-English speaking families, families of children with special needs and families in areas with limited access to dental care (e.g., rural areas, West Sacramento) may experience more barriers to care. National data suggest that African-American and Hispanic children are much less likely to visit a dentist when compared to White children.

Qualitative Data: Focus groups and online survey respondents acknowledged the importance of preventive dental care. However, while most focus group mothers and adolescents acknowledged the importance of routine preventive dental care, many conceded they were unlikely to seek preventive dental care for a variety of reasons. Several parents, public health nurses and health care providers expressed dissatisfaction with the availability of quality dental care for low income families in Yolo County.

Oral Health Indicator	Yolo County	California
Children 2-11 w/o Dental Insurance (2001)	13.6%	23.3%
Children 2-11 Who have been to a Dentist in the Past Year (2001)	80.5%	73.5%
Number of Persons per Dentist (2002)	1,281	1,257

Sources: UCLA Center for Health Policy Research, California Health Interview Survey, 2001; California Department of Health Services, *Health Data Summaries for California Counties 2002*

Bottom Line: Providers and community members cited the lack of availability of quality preventive dental care services, especially for low income families, as an important issue for Yolo County children.

I cannot express the need strongly enough for dental and orthodontic care...Yolo County kids that are receiving Medi-Cal or no insurance find it nearly impossible to receive this care.

-Yolo County public health nurse
(2004 MCAH Online Provider Survey)



COMMUNITY ASSESSMENT

SEXUALLY TRANSMITTED DISEASE

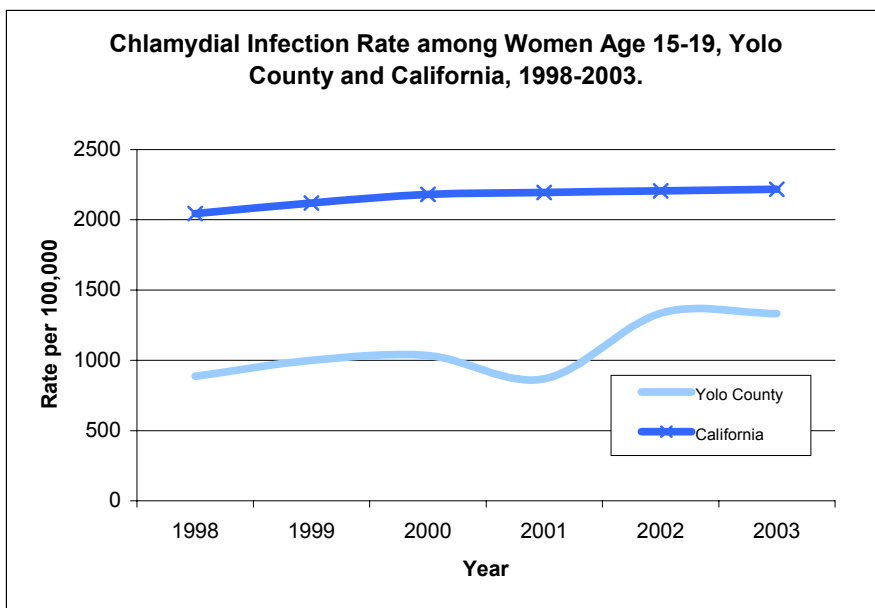
Adolescents and young adults experience the highest incidence of reportable sexually transmitted diseases (i.e., chlamydial infection, gonorrhea) compared to all other age groups nationwide, statewide and in Yolo County. Although the chlamydial infection rate among adolescent females is 1,334 per 1,000, it is believed that the actual rate is probably higher as chlamydial infection may remain asymptomatic and therefore go undiagnosed and unreported.

Disparity: Teens and young adults age 15-24 experience the highest rates of chlamydial infection, which is the most commonly reported disease in Yolo County. While teens from all parts of the county and of all socioeconomic levels experience STD infection, teens from low income areas, with low educational levels and teens without access to pregnancy and STD prevention resources are at greatest risk of infection and teen pregnancy.

Qualitative Data: Adolescents in focus groups identified the CommuniCare teen clinics and Planned Parenthood as important sources of information and confidential healthcare. Teens stressed the importance of being able to access care and information regarding STDs in a non-judgmental and confidential environment. Providers expressed concern regarding STDs and teen pregnancy as important issues for Yolo County adolescents.

[In this assessment, I suggest] that teens not be forgotten. Traditionally children bring to mind tots and infants. In fact, teens are at high risk for a host of conditions not the least of which is having unwanted infants, high pregnancy rates.

-Yolo County physician (2004 MCAH Online Provider Survey)



Sources: Yolo County Health Department; California Department of Health Services, Sexually Transmitted Disease Control Branch; California Department of Finance, Demographic Research Unit

Bottom Line: Adolescents and young adults experience the highest incidence of reportable STDs compared to all other age groups nationwide, statewide and in Yolo County.

SUBSTANCE ABUSE

The health-related effects of substance abuse are well-documented: low birth weight, fetal and infant death, child abuse and neglect, injury, illness (communicable diseases, chronic diseases), birth defects, etc. In 1993, a statewide study by the California Department of Alcohol and Drugs reported that 17.5% of mothers in the Golden Empire Region (region includes Yolo County and 6 other nearby rural counties) tested positive for alcohol or illicit drugs at the time of birth. Of those cases of fetal and infant death reviewed by the Yolo County MCAH Fetal-Infant Mortality Review Team from 1999 through 2003, 26% involved known maternal drug and/or alcohol use. In 2001, 62% of all Yolo County Child Welfare Services child removal cases involved substance abuse. By 2003, that statistic had risen to 83%.

Disparity: Drugs and alcohol are available to all Yolo County residents regardless of race/ethnicity, place of residence and socioeconomic status. Low-income West Sacramento residents in particular felt illicit drugs were much more common in their neighborhoods than elsewhere. Residents of lower socioeconomic status and educational levels may be less able to access treatment opportunities or escape an environment promoting substance abuse.

Qualitative Data: Focus groups participants and provider survey respondents identified substance abuse as the leading health-related problem faced by Yolo County mothers and children. Members of all focus groups reported the ease of access to alcohol and drugs (illicit and prescription) in their communities. Teens reported that the most common drugs used among their peers were alcohol, tobacco and marijuana. Methamphetamine, crack and heroin were mentioned as drugs used among adults.

Substance Abuse Indicator	Golden Empire Region*	California
Percent Perinatal Women Testing Positive for Alcohol or Drugs (1992)	17.5%	11.4%

* Region includes El Dorado, Nevada, Placer, Sierra, Sutter, Yolo and Yuba Counties
Sources: California Department of Alcohol and Drugs, 1993

Substance Abuse Indicator	Yolo County	California
Percent Child Removal Cases Involving Referral for Substance Abuse (2003)	83%	not available

Sources: Yolo County Child Welfare Services

Bottom Line: Community members and providers identified substance abuse as the leading health-related problem faced by Yolo County mothers and children.

Drugs are un-addressed in Yolo County and affect all aspects of our community and our children's lives

-Yolo County non-profit agency executive director (2004 MCAH Online Provider Survey)



The kids are covered, but I don't have insurance. I don't go to the doctor unless I have to and then I go to the emergency room.

-Yolo County mother (2004 MCAH Community Focus Groups)



COMMUNITY ASSESSMENT

COMMUNITY ASSESSMENT SUMMARY

- Yolo County is a rapidly growing small-to-medium-sized county with a diverse population
- Over half (53.2%) of Yolo County residents are part of the MCAH population
- One-third of Yolo County residents are employed in governmental jobs
- Housing costs in Yolo County were the fastest rising in the nation in 2002
- Approximately 17% of Yolo County children live below the federal poverty level with highest poverty rates among children in West Sacramento and in rural areas
- The leading causes of death in Yolo County are attributable to chronic diseases
- Concerns regarding health access in Yolo County include access to: care for the under-insured, uninsured and/or undocumented residents, mental health services, dental care, prenatal care, services for children with special needs, residential substance use treatment facilities for women and children, after-school activities, services in underserved areas and culturally/linguistically competent services for non-English speakers
- The statewide budget crisis may impact the ability to access health care, providers and services resulting in an increase in issues and/or problems within the MCAH population with fewer staff available to adequately work with the community to respond to issues
- The Yolo County MCAH Program rated 'inadequate' in the areas of linking women and children to needed health and social services and evaluation of MCAH population-based health services and rated 'weak' in the area of researching for insights and solutions
- The Yolo County MCAH Program rated 'adequate' in all other capacity assessment areas and rated 'strong' in the area of monitoring local MCAH population health status
- Nine MCAH-related Yolo County areas of concern were identified through this needs assessment: Breastfeeding, Child Abuse, Childcare, Health Access, Mental Health, Obesity, Oral Health, Sexually Transmitted Disease and Substance Use.

PRIORITY PROBLEMS

In February 2004, the local planning group began to develop problem prioritization tools (Appendix E). The group agreed to prioritize problems based on the following six criteria:

- Problem identified by community
- Measurability
- High incidence/prevalence
- Cost of not addressing the problem
- Amenable to intervention/intervention proven
- Severity of health problem consequence

In April 2004, the Local Planning Group met to discuss which areas of concern would be ranked. After reviewing health indicator data, assessments done by other organizations, survey results and focus group findings, the Local Planning Group recommended nine important areas for consideration as MCAH priorities in Yolo County:

- Breastfeeding
- Child abuse
- Childcare
- Health access
- Mental health
- Obesity
- Oral health
- Sexually transmitted disease
- Substance abuse

In May 2004, the Local Planning Group met to prioritize problem areas. Group members scored each area based on the six pre-selected criteria. Problems were then ranked by summation of individual scores with higher scores indicating higher priority. Substance abuse and obesity received the highest scores. After a discussion of the scoring results, the Local Planning Group agreed to recommend **obesity** and **substance abuse** as MCAH priorities. These priorities will receive targeted efforts for improvement in the MCAH population and will be addressed in the 2005 Five-Year Action Plan.

I've met a lot of people who do [drugs] just for fun, it's like a Friday night thing except for, like, several times during the week.

-Yolo County teen (2004 MCAH Community Focus Groups)



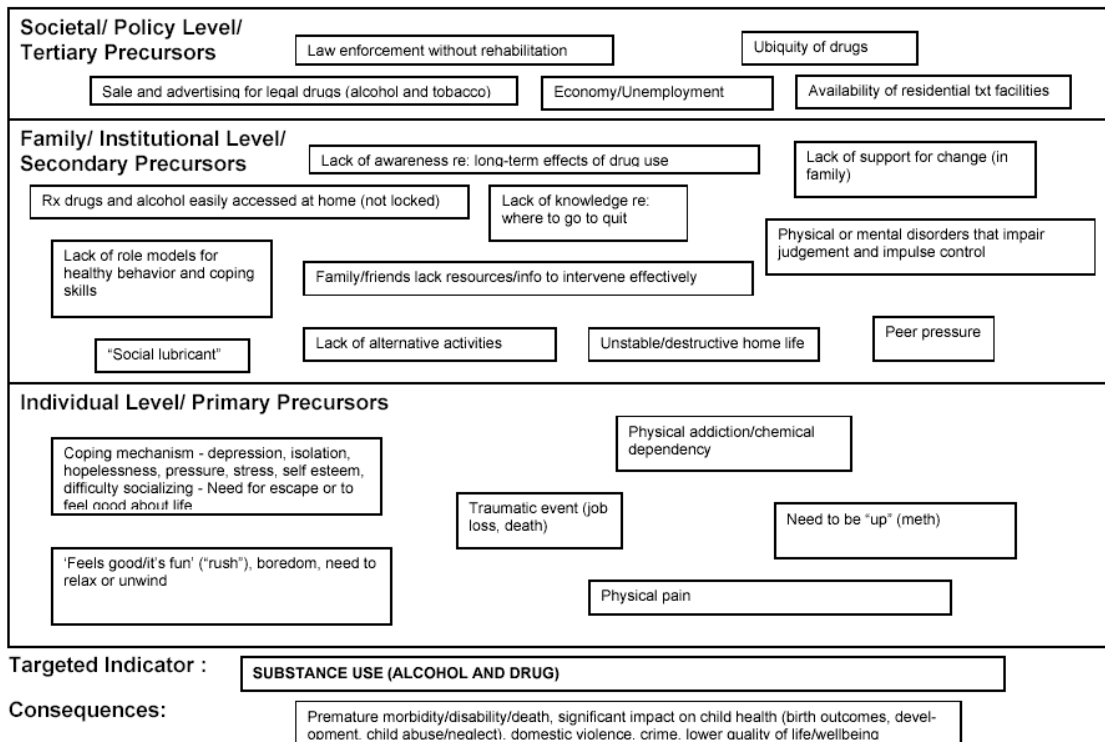
The economic cost of substance abuse to the U.S. economy...is estimated at over \$414 billion...This cost includes losses caused by premature death and the inability to perform usual activities, as well as costs related to treatment, crime, destruction of property and other losses.

-Substance Abuse: The Nation's Number One Health Problem, 2001, The Robert Wood Johnson Foundation

PRELIMINARY ANALYSIS

SUBSTANCE USE

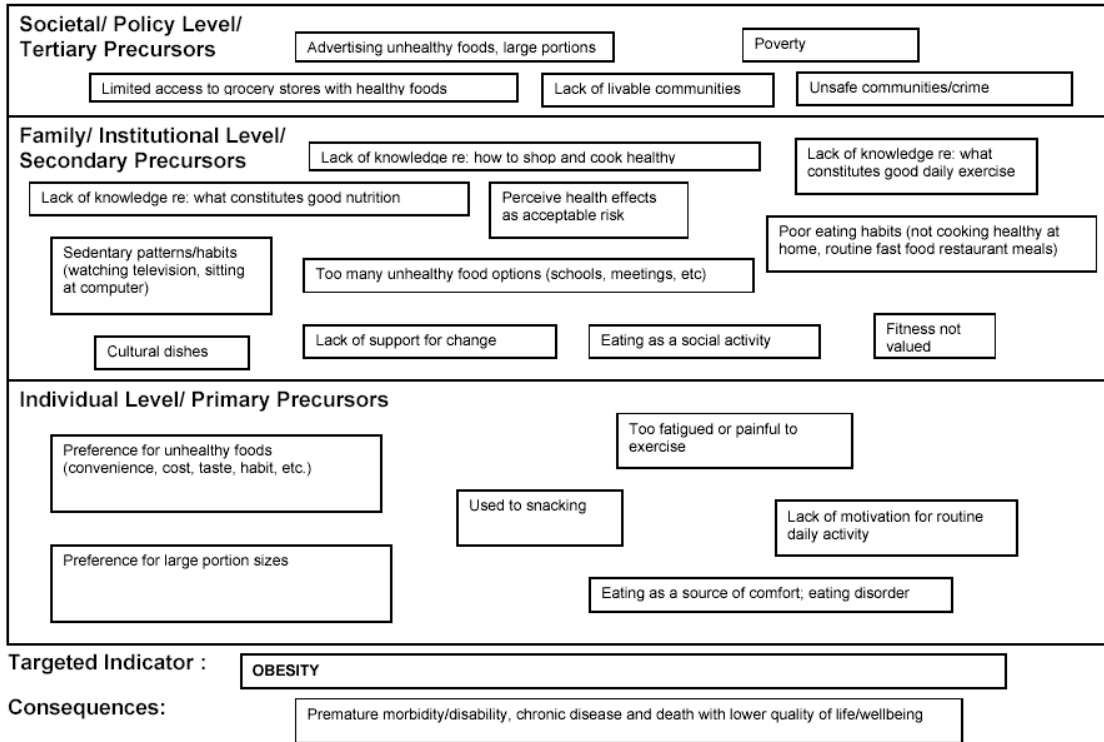
PRELIMINARY PROBLEM ANALYSIS DIAGRAM



Additional research: prevalence of substance use among pregnant women, mothers, children and adolescents; number and location of treatment facilities in community; community-level substance use data; effective intervention strategies; role of partner agencies

OBESITY

PRELIMINARY PROBLEM ANALYSIS DIAGRAM



Poor diet and physical inactivity soon will surpass tobacco as Americans' leading cause of preventable death.

-Journal of the American Medical Association, March 2004

Additional research: prevalence of obesity among pregnant women, mothers, children and adolescents; community-level obesity data; effective intervention strategies; role of partner agencies.



APPENDIX: A

HEALTH INDICATORS



**YOLO COUNTY MCAH FIVE YEAR NEEDS ASSESSMENT
HEALTH INDICATOR SUMMARY**

PERINATAL HEALTH

HEALTH INDICATOR	YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Entry into Prenatal Care in First Trimester (% entering prenatal care in first trimester)	76%	85%	90%	71% in 1998.
Adequate Prenatal Care (% receiving at least adequate prenatal care)	65%	77%	90%	58% in 1998.
Fertility Rate (live births per 1,000 women age 15-44)	56/1,000	71/1,000	None established	Decline over past 10 years. Average number of births per year = 2,200
Teen Births (# births in age group per 1,000.)	<15 yrs	*	0.9/1,000	Decline over past 10 years. Rate highest in Winters, Woodland and among Hispanic teens.
	15-17 yrs	18.9/1,000	22.9/1,000	
	18-19 yrs	32.0/1,000	69.9/1,000	
	15-19 yrs	26.4/1,000	41.6/1,000	
Births to Teens who were already Mothers (% non-primiparous live births among teens)	18.8%	(not available)	None established	2.1% in 1998.
Births within 24 Months of Previous Birth (% live births w/i 24 months of a previous birth)	12.3%	~20.5% (2002 data not available)	6%	12.7% in 1998.
Low Birth Weight (% live births born weighing <2,500g)	4.3%	6.4%	5%	Little change over past 5 years. Rate highest in West Sacramento and among Black mothers.
Very Low Birth Weight (% live births born weighing <1,500g)	0.6%	1.2%	0.9%	Little change over past 5 years.
Preterm Births (% live births born <37 weeks gestation)	6.6%	9.8%	7.6%	8.4% in 1998.
Breastfeeding Initiation (Exclusive) (% women stating intent to breastfeed exclusively at time of hospital discharge, 2002)	63%	42%	75%	58% in 1998. Yolo County WIC data suggests that Davis mothers have a much higher bf rate (~80%) at time of WIC enrollment than mothers from all other parts of the county.

* Rate not calculated (fewer than 5 births).

Unless otherwise noted, birth statistics are based on 2003 data for Yolo County and 2002 data for California.

Sources: CDHS, Office of Vital Records, Birth Records 1992 – 2002; CDHS, Newborn Screening Program, Breastfeeding Initiation Rates, 2002; CDHS, WIC Program, Breastfeeding by Clinic Report; CDOF, Demographic Research Unit, County Populations Estimates; US Public Health Service, *Healthy People 2010*.

**YOLO COUNTY MCAH FIVE YEAR NEEDS ASSESSMENT
HEALTH INDICATOR SUMMARY**

COMMUNICABLE DISEASE

HEALTH INDICATOR		YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Immunization Level at 24 months (% fully immunized at 24 months, 2002)		63% (Regional data - county-level data not available)	73%	80%	Coverage rates fluctuate from year to year. Improvement over past 10 years.
Vaccine Preventable Disease (# cases reported 1998-2002)	Diphtheria (all ages)	0		0	General decline for most of these diseases (except perhaps pertussis) with increases in vaccine availability, vaccine effectiveness and immunization rates.
	Hepatitis B (age 2-18)	2.2 cases/year		9 cases in US/yr	
	Measles (all ages)	0		0	
	Mumps (all ages)	1 case		0	
	Pertussis (age <7)	4.2 cases/year		2,000 cases US/yr	
	Polio (all ages)	0		0	
	Rubella (all ages)	2 cases		0	
	Tetanus (age <35)	0		0	
Chlamydial Infection Rate Females Age 15-19 (cases reported/100,000 females age 15-19, 2001)		894/100,000	2,194/100,000	None established for this age group (3% prevalence in pop. age 15-24)	Probably underreported. Rate = 888/100,000 in 1998.
HIV/AIDS Cases (# cases reported in children age <18, 1985-2002)		1 case		(1 new AIDS case per year /100,000)	

Sources: CDHS, Immunization Branch, Kindergarten Retrospective Survey 2002 (Regional Data); CDHS, STD Control Branch, Cases and Rates for 2001; Yolo County Health Department Public Health Nursing; Yolo County Health Department HIV/AIDS Program; US Public Health Service, *Healthy People 2010*.

CHRONIC DISEASE

HEALTH INDICATOR		YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Overweightness/Obesity (% age 5-19 overweight or obese, 2002)	5-11 yrs	21.9%	20.6%	5%	From the Pediatric Surveillance Nutrition Survey (CDC) - based on CHDP data.
	12-19 yrs	23.8%	21.0%		
Asthma Hospitalization (asthma hospitalizations per 10,000 age group, 2000)	<5 yrs	12.7/10,000	Not available	25/10,000 (<5yrs) 7.7/10,000 (>4)	Prevalence = 11.2% children age 0-17 (CHIS 2001)
	5-14 yrs	5.9/10,000			

Sources: CDHS, California PedNSS Surveys 2001. California Health Interview Survey (CHIS), 2001, CDHS/UCLA Center for Health Policy Research; COSHPD, Hospital Discharge Records 1996-2000; US Public Health Service, *Healthy People 2010*.

**YOLO COUNTY MCAH FIVE YEAR NEEDS ASSESSMENT
HEALTH INDICATOR SUMMARY**

INJURY (NON-FATAL)

HEALTH INDICATOR		YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Unintentional Injury Hosp Rate (# hosps per 100,000 age 0-24, 1996 - 2000)	<15 yrs	128/100,000	149/100,000	None established	Decline over past decade. MVA is most common cause, followed by poisoning in children age <5.
	15-24 yrs	167/100,000	237/100,000		
	0-24 yrs	254/100,000	292/100,000		
Motor Veh. Accident Hosp Rate (# hosps /100,000 age 0-24, 1996 - 2000)	<15 yrs	32/100,000	23/100,000	933/100,000 (all ages)	Dramatic decline in MVA death rate over past decade.
	15-24 yrs	72/100,000	98/100,000		
Domestic Violence-Related Calls for Assistance Rate (#calls per 1,000 females >18, 2002)		7.8/1,000	15.2/1,000	(3.3 intimate partner assaults/1,000 persons age >12)	Intimate partner violence probably underreported. Both of these indicators have declined over past decade.
Domestic Violence: Spousal Abuse Arrest Rate (#arrests per 1,000 adults >18, 2002)		2.2/1,000	2.0/1,000		

Sources: COSHPD, Hospital Discharge Records, 1996-2000; CDOF, Demographic Research Unit, County Populations Estimates; CDOJ, Criminal Justice Statistics Center DV Reports; US Public Health Service, *Healthy People 2010*.

HEALTH ACCESS

HEALTH INDICATOR	YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Uninsured: Health Insurance (% children 0-19 with health insurance, 2001)	4.8%†	11.1%	100%	Partner agencies report this estimate probably errs on low side (may be higher ...~6.8%). Decline from ~15% estimated by Health Department in 1999.
Uninsured: Dental Insurance (% children 2-11 with dental insurance, 2001)	10.8%	23.3%	None established	Trend data not available. Reliability of data questioned – actual number believed by some to be higher.
Dental Visit within Past Year (% children age 2-11 with dental visit in past year, 2001)	80.5%	73.5%	(56% (all ages) use oral health system each year)	Trend data not available. Reliability of data questioned – actual number believed by some to be much lower.

† According to CHIS, may not be statistically stable or reliable.

Source: California Health Interview Survey (CHIS), 2001, CDHS/UCLA Center for Health Policy Research; US Public Health Service, *Healthy People 2010*.

**YOLO COUNTY MCAH FIVE YEAR NEEDS ASSESSMENT
HEALTH INDICATOR SUMMARY**

DEATH

HEALTH INDICATOR		YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Fetal Death Rate (fetal deaths/(1,000 live births + fetal deaths), 1999-2001)		5.6/1,000	5.4/1,000	4.1/1,000	
Infant Death Rate (infant deaths/1,000 live births, 1999-2001)		5.4/1,000	5.2/1,000	4.5/1,000	Highest in West Sacramento and among Black mothers
Perinatal Death Rate ((fetal+infant deaths < 7 days)/(1,000 births+fetal deaths), 1999-2001)		10.0/1,000	10.5/1,000	4.5/1,000	
Neonatal Death Rate (deaths <28 days/1,000 live births, 1999-2001)		3.6/1,000	3.7/1,000	2.9/1,000	2/3 of all infant deaths occur in the neonatal period.
Post-Neonatal Death Rate (deaths at 28-365 days/1,000 live births, 1999-2001)		1.8/1,000	1.5/1,000	1.2/1,000	
Child Death Rate (deaths/100,000 age grp 1999-2001)	<15 yrs	65/100,000	53/100,000	None est. for these age grps	
	15-24 yrs	41/100,000	68/100,000		
Suicide Rate (# suicides per 100,000 age 0-17, 1999-2001)		*	0.9/100,000	(5/100,000 all ages)	One suicide among children 0-17 from 1999-2001.
Homicide Rate (# homicides per 100,000 age 0-17, 1999-2001)		*	2.5/100,000	(3/100,000 all ages)	ZERO homicides among children 0-17 from 1999-2001.

* Rate not calculated (fewer than 5 deaths).

Sources: CDHS, Office of Vital Records, Death Records 1999-2001; CDOF, Demographic Research Unit, County Populations Estimates; US Public Health Service, *Healthy People 2010*.

OTHER

HEALTH INDICATOR		YOLO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2010 NATIONAL GOAL	SUMMARY OF COUNTY TRENDS & DISPARITIES
Mental Health Hosp Rate (# hosps per 10,000 age group, 1996-2000)	5-14 yrs	27/10,000	Not available	None established	Trend data not available.
	15-24 yrs	39/10,000	Not available		
Foster Care (% children in foster care age 0-18, July 2003)		9.8	8.9	Not applicable	As of July 2002, 400 children in foster care.
Poverty Level (% children <18 in poverty, 2000)	Below 100% poverty	17	20	Not applicable	Highest in West Sacramento and rural areas. Federal Poverty Level for a family of 4 in 2004 is annual household income less than \$18,850.
	100-150% poverty	12	13		
	151-200% poverty	11	11		

Sources: COSHPD, Hospital Discharge Records 1996-2000; CDOF, Demographic Research Unit, County Populations Estimates; UC Berkeley, Child Welfare Research Center, CWS Reports; US Census Bureau, Census 2000; US Public Health Service, *Healthy People 2010*.

County	#	Indicator Description	Value			Status Compared to:			Priority?	If yes, describe the reasoning process used in determining this indicator as a priority/Comments
			Numer.	Denom.	Rate or %	State	Healthy People 2010	Past Years		
Yolo	1	Fertility Rate per 1,000 Females (Ages 15 to 44), 2003	2434	43889	55.5	Lower	No HP Objective	About the Same	No	
Yolo	2	Teen Birth Rate per 1,000 Females (Ages 10 to 14), 2003	2	6035	0.3	About the Same	No HP Objective	About the Same	No	Rates based on fewer than 20 events may be unstable or unreliable.
		Teen Birth Rate per 1,000 Females (Ages 15 to 17), 2003	63	3333	18.9	Significantly Better		Better		
		Teen Birth Rate per 1,000 Females (Ages 18 to 19), 2003	143	4464	32.0	Significantly Better		Better		
		Teen Birth Rate per 1,000 Females (Ages 10 to 19), 2003	208	13832	15.0	Significantly Better		Better		
Yolo	3	Percent Low Birth Weight (Live Births), 2003	105	2434	4.3%	About the Same	Goal Achieved	Better	No	
Yolo	4	Percent Very Low Birth Weight (Live Births), 2003	14	2434	0.6%	About the Same	Goal Achieved	About the Same	No	Rates based on fewer than 20 events may be unstable or unreliable.
Yolo	5	Percent Preterm Births (<37 Wks Gestation), 2003	160	2434	6.6%	About the Same	Goal Achieved	About the Same	No	
Yolo	6	Percent Births Occurring within 24 Months of a Previous Birth, 2003	299	2434	12.3%	Insufficient Data	Goal Not Achieved	About the Same	No	
Yolo	7	Percent Teen Births to Teens Who Were Already Mothers, 2003	39	208	18.8%	Insufficient Data	No HP Objective	About the Same	No	
Yolo	8	Perinatal Death Rate per 1,000 Live Births+Fetal Deaths, 3-year weighted average 2000-02	71	6998	10.1	Insufficient Data	Goal Not Achieved	About the Same	No	
Yolo	9	Neonatal Death Rate per 1,000 Live Births (Birth to <28 days), 3-year weighted average 2000-02	27	6951	3.9	About the Same	Goal Not Achieved	About the Same	No	
Yolo	10	Post-Neonatal Death Rate per 1,000 Live Births (>28 Days to 1 Year), 3-year weighted average 2000-02	10	6951	1.4	About the Same	Goal Not Achieved	About the Same	No	Rates based on fewer than 20 events may be unstable or unreliable.
Yolo	11	Infant Death Rate per 1,000 Live Births (Birth to 1 Year), 3-year weighted average 2000-02	37	6951	5.3	About the Same	Goal Not Achieved	About the Same	No	
Yolo	12	Death Rate per 100,000 (Ages 1 to 14), 3-year weighted average 2000-02	23	101053	22.8	Insufficient Data	Goal Not Achieved	About the Same	No	
		Death Rate per 100,000 (Ages 15 to 19), 3-year weighted average 2000-02	23	46517	49.4	Insufficient Data	Goal Not Achieved	About the Same		
Yolo	13	Percent Prenatal Care in First Trimester (Live Births), 2003	1859	2434	76.4%	Significantly Worse	Goal Not Achieved	Better	No	
Yolo	14	Proportion of Women (15 to 44) with Adequate Prenatal Care (Kotelchuck Index), 2003	1582	2434	65.0%	Significantly Worse	Goal Not Achieved	Better	No	
Yolo	15	Percent Women Exclusively Breastfeeding at Time of Hospital Discharge (of those for whom feeding method known), 2002	1432	2287	62.6%	Significantly Better	Goal Not Achieved	Better	No	
Yolo	16	Percent of Children and Adolescents (0 to 19) without Health Insurance (CHIS 2001)	2350	49000	4.8%	Significantly Better	No HP Objective	Insufficient Data	No	
Yolo	17	Percent of Children (2 to 11) without Dental Insurance (CHIS 2001)	2600	24000	10.8%	Significantly Better	No HP Objective	Insufficient Data	No	Data not deemed accurate for this indicator by Local Planning Group.
Yolo	18	Percent of Children (2 to 11) Who Have Been to the Dentist in the Past Year (CHIS 2001)	19320	24000	80.5%	Significantly Better	Goal Achieved	Insufficient Data	No	Data not deemed accurate for this indicator by Local Planning Group.
Yolo	19	Percent Overweight Children (5 to 11), Nov. 2003 (CHDP clients)	289	1318	21.9%	About the Same	Goal Not Achieved	Insufficient Data	Yes	High prevalence with significant impact on maternal and child health outcomes and quality of life
		Percent Overweight Children (12 to 19), Nov. 2003 (CHDP clients)	177	743	23.8%	About the Same	Goal Not Achieved	Insufficient Data		
Yolo	20	Asthma Hosp Rate per 10,000 (0 to 4), 2000	15	11817	12.7	Insufficient Data	Goal Achieved	About the Same	No	Rates based on fewer than 20 events may be unstable or unreliable.
		Asthma Hosp Rate per 10,000 (5 to 19), 2000	23	38862	5.9	Insufficient Data	Goal Achieved	About the Same		
Yolo	21	Chlamydia Infection Rate per 100,000 Females (15 to 19), 2001 (CDHS, STD Control Branch)	68	7607	893.9	Significantly Better	No HP Objective	About the Same	No	Data for this indicator believed to be greatly underreported.
Yolo	22	Mental Health Hospitalization Rate per 10,000 (5 to 14), 2000	34	23633	14.4	Insufficient Data	No HP Objective	About the Same	No	
		Mental Health Hospitalization Rate per 10,000 (15 to 19), 2000	48	15229	31.5	Insufficient Data	No HP Objective	About the Same		
Yolo	23	Non-Fatal Injury (All) Hospitalization Rate per 100,000 (0 to 14), 2000	85	35450	239.8	Insufficient Data	No HP Objective	About the Same	No	
		Non-Fatal Injury (All) Hospitalization Rate per 100,000 (15 to 19), 2000	84	15229	551.6	Insufficient Data	No HP Objective	About the Same		
Yolo	24	Non-Fatal MVA Injury Hospitalization Rate per 100,000 (0 to 14), 2000	18	35450	50.8	Insufficient Data	No HP Objective	About the Same	No	Rates based on fewer than 20 events may be unstable or unreliable.
		Non-Fatal MVA Injury Hospitalization Rate per 100,000 (15 to 19), 2000	21	15229	137.9	Insufficient Data	No HP Objective	About the Same		
Yolo	25	Rate of Children Living in Foster Care per 1,000 Children Age 0-18, July 2003	490	49912	9.8	About the Same	No HP Objective	About the Same	No	
Yolo	26	Percent of Children (0 to 19) Living in Poverty (US Census 2000)	6926	43019	16.1%	About the Same	No HP Objective	About the Same	No	
Yolo	27	Rate of Domestic Violence-Related Calls for Assistance per 1,000 Females (18 and Older), 2002	504	64378	7.8	About the Same	No HP Objective	About the Same	No	
Yolo	Other	Percent CWS Child Removal Cases Involving Referral for Substance Abuse Treatment, 2003 (Yolo Co CWS)	537	649	82.7%	Insufficient Data	No HP Objective	Insufficient Data	Yes	Significant impact on maternal and child health outcomes and quality of life

APPENDIX B

SUMMARY OF PREVIOUS REPORTS



RECENT YOLO COUNTY ASSESSMENTS/PLANNING

ASSESSMENT	TARGET POPULATION	NEEDS IDENTIFIED	METHODS
Yolo County Children's Alliance Community Summit, Jan 2004	Children 0-21	Obesity (also early childhood education, mental health)	One-day summit of policymakers and providers – group consensus www.yolokids.org
<i>Yolo County Children and Families Commission: 2002 Community Assessment</i>	Age 0-5, Yolo County	<ol style="list-style-type: none"> 1) Childcare and Early Childhood Education 2) Health Services <ul style="list-style-type: none"> • Consistent local low-cost services • Health insurance • Basic mental health services • Dental care 3) Parenting Support and Education 4) Enrichment Activities for Parents of Young Children 5) Infrastructure and Service Coordination/Accessibility 	11 Focus Groups www.yolochildren.org/PDF/02CommAssesmt.pdf
<i>Sierra Region Community Needs Assessment, 2001</i> (inc. Sutter Davis Hospital, Woodland Healthcare)	Regional assessment (all ages)	<ol style="list-style-type: none"> 1) Access to Care 2) Youth Development 3) Health Education and Prevention 	Secondary data
<i>Yolo County MCAH Community Assessment and Plan, 1999</i>	MCAH population	<ol style="list-style-type: none"> 1) Perinatal Substance Abuse 2) Coordination of Services 3) Child Health 	One-day summit of policymakers and providers – group consensus

RECENT YOLO COUNTY INDICATOR REPORTS

ASSESSMENT	POPULATION	LINK
<i>The Yolo County Children's Portfolio, 2003 (YCCA)</i>		www.yolokids.org
<i>Public Health and Access to Care, 2003 (Great Valley Center)</i>	Regional report (all ages)	www.greatvalley.org/publications/indicators/indicator_health_report.pdf note errata for page 15
<i>The Impact of Alcohol and Drugs on Health and Safety, 2002 (YCHD)</i>	All ages	www.yolocounty.org/org/health/pdf/reports/AOD_2002.pdf
Report on Indicators Identified in the YCCFC Strategic Plan, 2002 (YCCFC)	Children 0-5	http://www.yolochildren.org/strategic.html
<i>Perinatal Predictors of Child Abuse and Neglect, 2001 (YCHD)</i>	Perinatal mothers and infants	www.yolocounty.org/org/health/pdf/reports/cps_2001.pdf
<i>Key Indicators of Well-being for Children Ages 0-5, 1999 (YCHD)</i>	Children 0-5	www.yolocounty.org/org/health/pdf/reports/prop10_2000.pdf
<i>Review of Child Deaths in Yolo County, 2000 (YCHD)</i>	Children 0-17	www.yolocounty.org/org/health/pdf/reports/fimr.pdf

RECENT YOLO COUNTY NEEDS SURVEYS/FOCUS GROUPS (not elsewhere published)

SURVEY	WHO ASKED	SELECTED RESULTS	METHODS
Yolo County Children's Alliance online survey, 2003	Yolo County providers, constituents	<ul style="list-style-type: none"> • 71% responded more important to focus resources on prevention (vs. treatment) • Top ranked issues: <ol style="list-style-type: none"> 1) Quality of schools/ed. 2) Effective parenting 3) Tie: Alcohol Use, School Attendance, Access to Primary Care 4) Drug Use 	Online survey – link to survey sent out to ~300 recipients and they were asked to forward to colleagues and constituents; n = 241; all questions pertaining to child well-being 0-21
Washington Unified SD survey of, 2000	Parents of West Sacramento elementary school students	<p>Top 3 Family Service Needs:</p> <ul style="list-style-type: none"> • Child Care • Drug Abuse Prevention • Gang Prevention <p>Top 3 Health Service Needs:</p> <ul style="list-style-type: none"> • Dental Care • Immunization • Physical Exams/Screening <p>Top 3 Barriers to Service:</p> <ul style="list-style-type: none"> • Cost • Unaware of Service • Child Care 	Survey of 432 parents

APPENDIX C

ONLINE PROVIDER SURVEY RESULTS



YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

BACKGROUND:

Between December 19, 2003 and February 13, 2004, Yolo County service providers and policymakers were invited to participate in an online survey regarding their perception of maternal, child and adolescent health issues. Potential respondents included teachers, healthcare professionals, social workers, elected officials and others with a stake in promoting the health of Yolo County mothers, children and their families. Participants were asked to forward the link to colleagues. Printed versions of the survey were also available for those unable to access the survey online. A total of 204 surveys were received. Respondents included individuals from all agencies and organizations that were invited to participate as well as from individuals that received the survey link from colleagues.

The goal of this survey was to gain input regarding the perception of needs, resources, barriers, and effective interventions from those serving the MCAH population. This survey was conducted as part of the 2004 MCAH Needs Assessment. Findings will also be useful in developing the FY2005 MCAH Action Plan. Survey results represent only those persons who were made aware of the survey and who were willing and able to complete and submit the survey.

SUMMARY OF FINDINGS:

Respondents commonly identified the following Yolo County needs: mental health access (specifically for low income children), dental care (specifically for low income and special needs children), drug and alcohol use, obesity, lack of after-school programs for adolescents, lack of transportation from rural areas and lack of affordable housing.

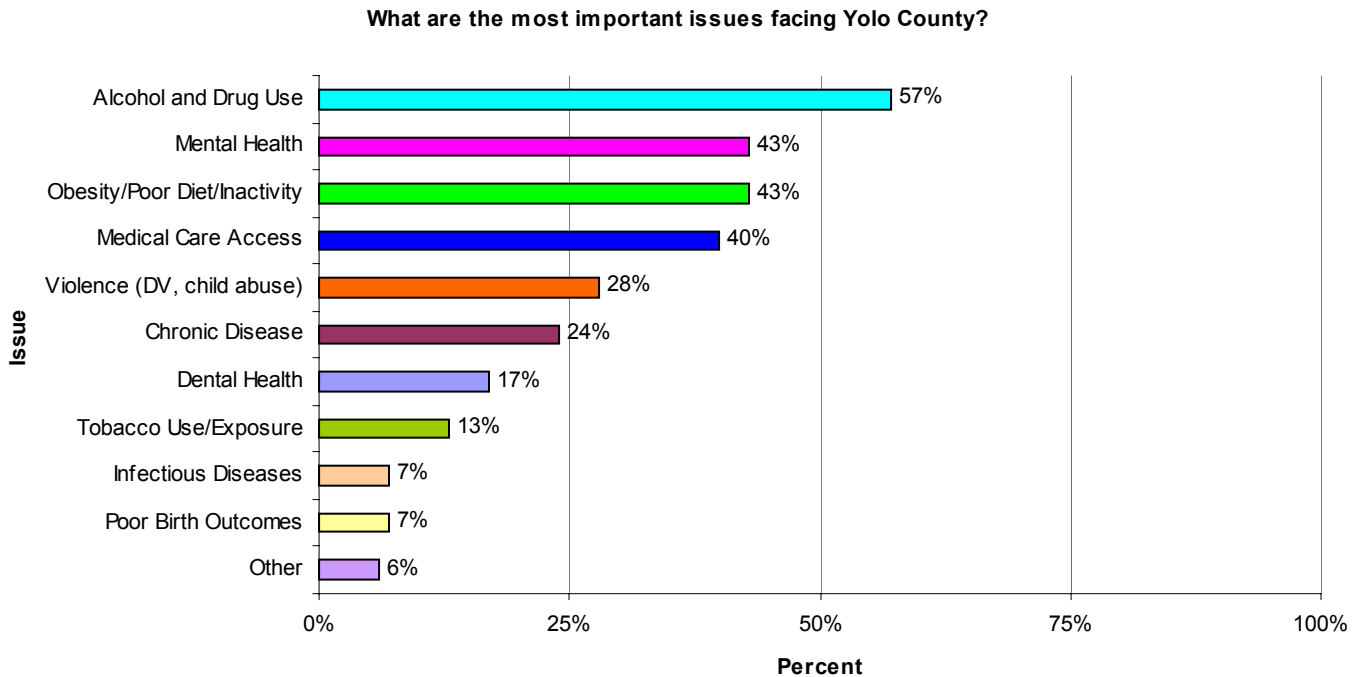
Access to health care was the single most commonly recognized component of a healthy community and most respondents perceived health care to be usually or always available in Yolo County. However, several expressed concerns for the future of health care access in the face of anticipated budget cuts. Others pointed out that while health care is available, the quality of care varies greatly. Affordable housing was most frequently identified as a rarely available resource in Yolo County.

According to respondents, there is a high degree of buy-in for programs that identify and refer those in need, promote healthy behaviors, prevent risky behaviors and/or improve health access. The most common barriers that their clients/patients experience include language/culture, transportation, low health literacy, lack of social support and drug/alcohol use.

Detailed comments were submitted by many respondents and are included at the end of this report. Teen pregnancy/family planning, undocumented client needs, lack of parenting skills, child abuse, family violence, breastfeeding and the nursing shortage were all expressed as concerns. Several of the comments include detailed suggestions for intervention, including a plea from one physician to invest "new child health resources in the existing system rather than wasting them on the development of duplicative systems and infrastructure..." which was echoed by another respondent who referred to the recent demise of a Yolo County post-partum home visiting program.

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

1) What are the most important health issues facing Yolo County? (may select up to 3)



Key findings:

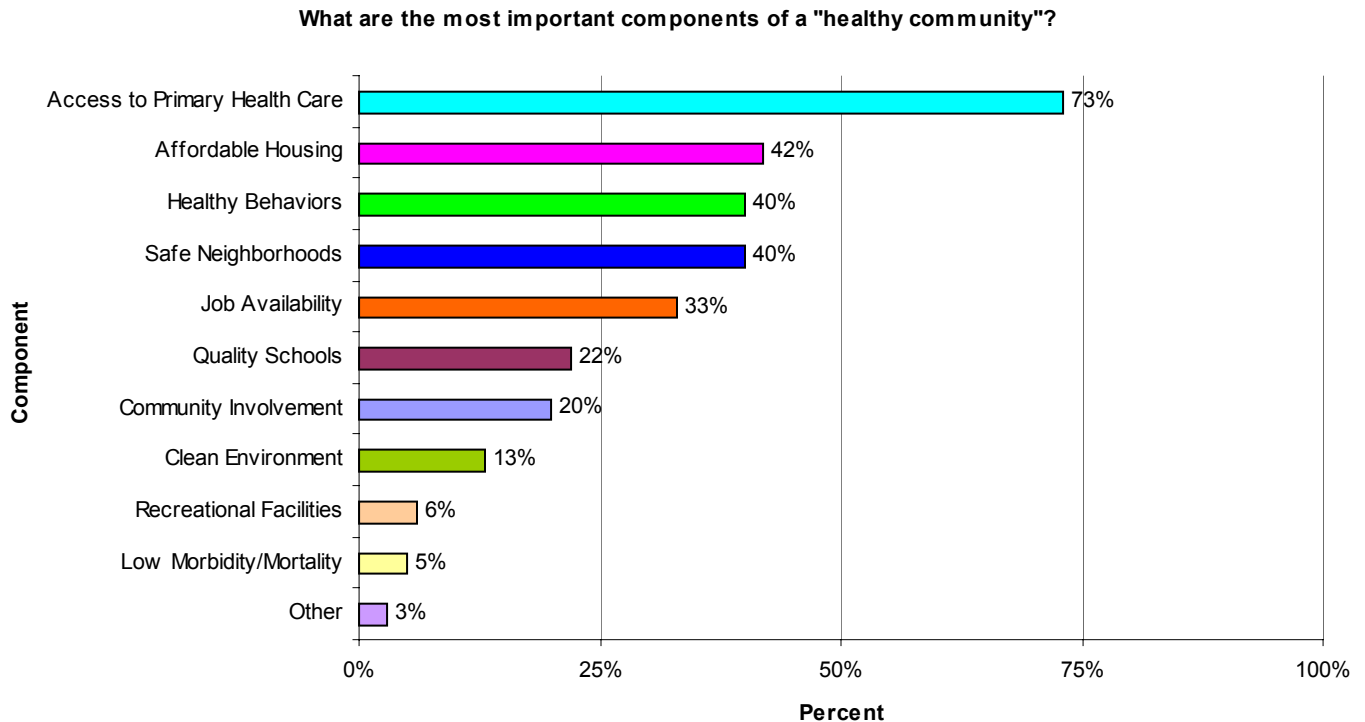
Over half (57%) of all respondents identified Alcohol and Drug Use as one of the most important health issues facing Yolo County followed by Mental Health (43%), Obesity/Poor Diet/Inactivity (43%), and Medical Care Access (40%).

Comments:

- “Re: mental health. I want to make clear this means access to care, availability of providers, ability for health providers to interact with mental health providers, i.e. know who is out there, who specializes, etc.” – physician
- “Selecting only three items is difficult. I am not sure I can prioritize a list that well. I see a large unmet need among farm workers and their extended families with lack of culturally appropriate services available in Winters. Access to Communicare is limited. Access to county services is even more limited. Mental health services are whatever we can muster. The county meets less than 5 of the mental/social health needs, mostly severely psychotic. We see young mothers daily with a complete lack of family support and basic parenting skills. No one reaches the drug using population. MediCal is collapsing for families with school age children. MediCal mental health does not exist.” – physician

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

2) What are the most important components of a “healthy community”? (may select up to 3)



Key findings:

Access to primary health care was selected by 73% of respondents as one of the most important components of a healthy community. According to responses from Question 4, 86% of respondents felt health care was always or usually available to Yolo County mothers and children.

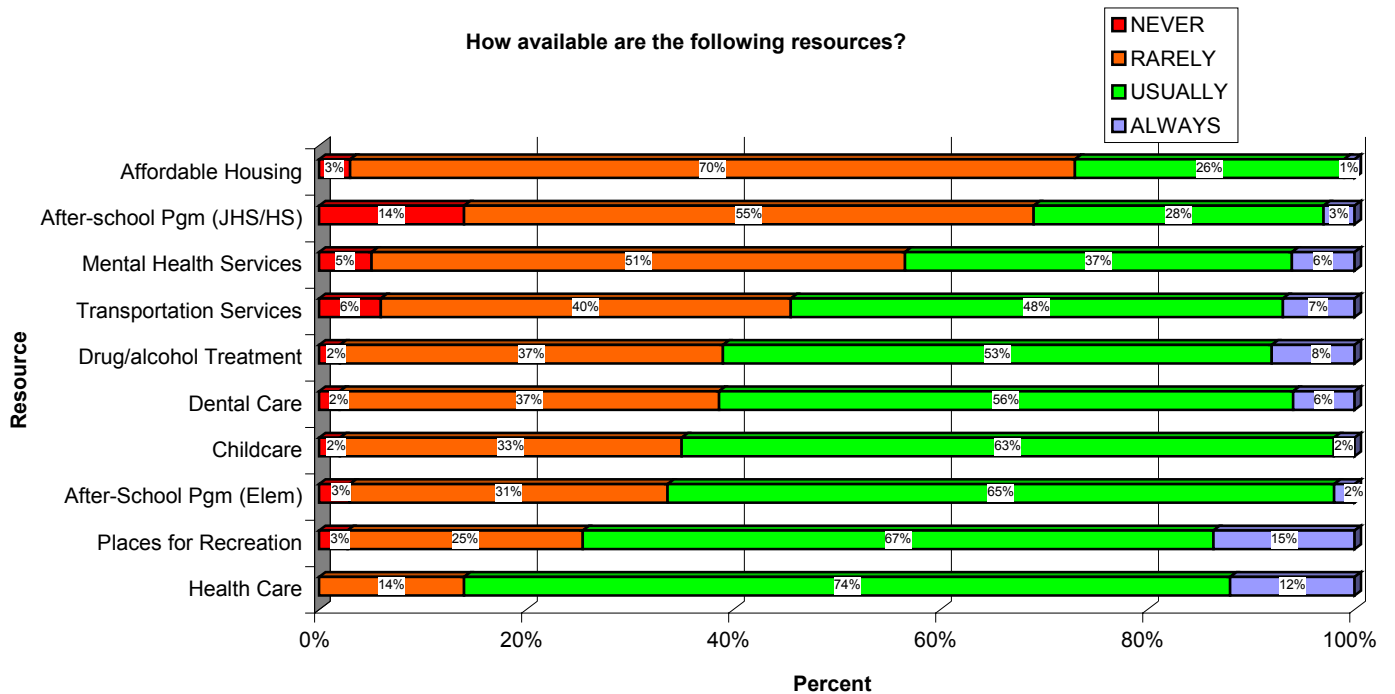
Affordable Housing (42%), Healthy Behaviors (40%), Safe Neighborhoods (40%) and Job Availability (33%) followed Access to Health Care as important components. According to Question 4, only 27% of respondents felt Affordable Housing was always or usually available in Yolo County.

Comments:

- “Although I did not rate it in my top three, I do believe that Community Involvement is a very important component of promoting community health.” – executive director, non-profit
- “Transportation from rural areas” – YCHD public health nurse
- “Tolerance and compassion” – YCHD program coordinator
- “Safe families” – program coordinator
- “Access to quality healthcare including mental health services and education” – education consultant
- “Parental involvement with children” – physician

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

3) How available are these Yolo County resources to Yolo County mothers and their families?



Key findings:

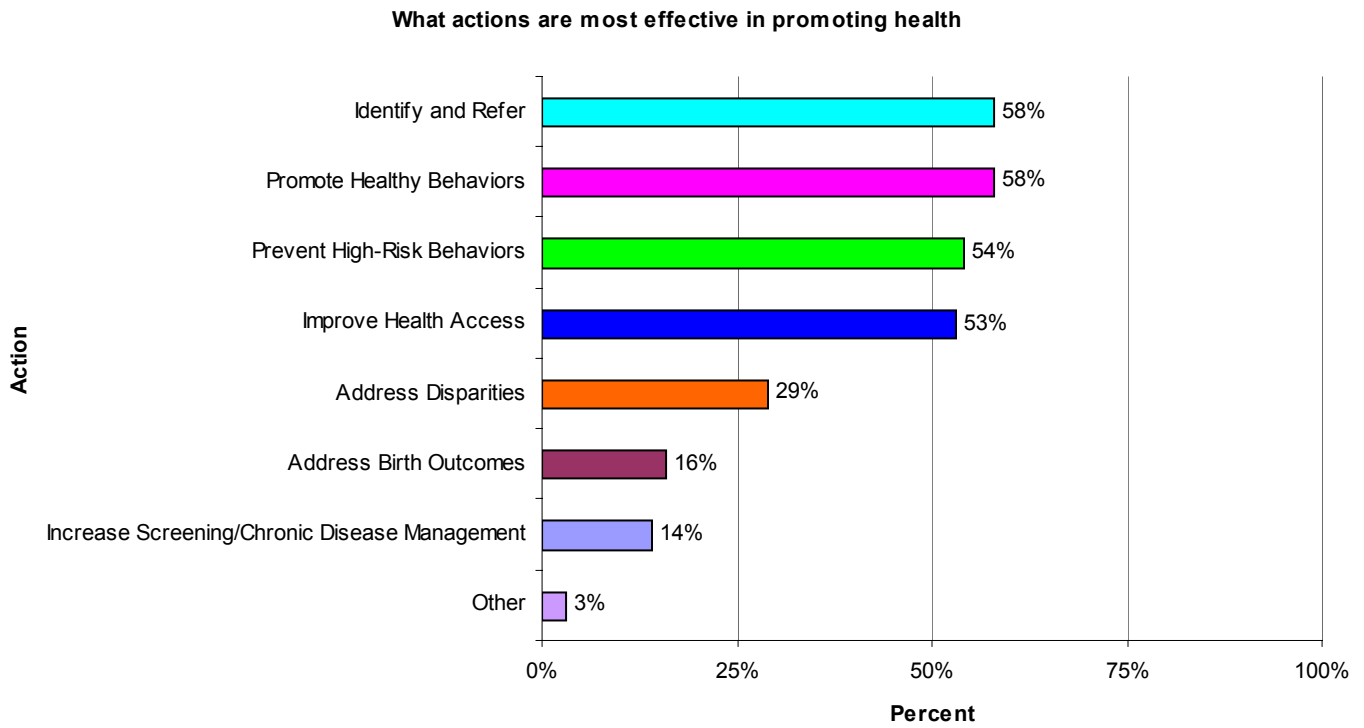
Affordable housing, After-school Programs for Adolescents and Mental Health Services are perceived by over half of all respondents as being rarely or never available to Yolo County mothers and their families. Over one-third identified Transportation Services (46%), Drug/Alcohol Treatment (39%) and Dental Care (39%) as being rarely or never available.

COMMENTS:

- “I was optimistic when I rated resources as ‘usually available’. I had a hard time deciding on ‘rarely’ and ‘usually’. They might be available, but are they accessible to those who need them? If I look at this question from this perspective, I would need to go with ‘rarely’ over ‘usually.’” – program co-director, non-profit
- “The way in which childcare was listed made me hesitant on how to respond. I feel that there is an abundance of childcare, however often it is NOT AFFORDABLE. And those that may be considered affordable are not QUALITY programs. Second, I feel strongly that programming and services should occur within a family resource center setting that is child, parent and family friendly. Many of our services are provided in very sterile, unkempt and unapproachable environments. I, as a citizen and parent, would not want to come and bring my child to many of our county facilities, the Service Center in Woodland and the Health Department especially.” – ADMH program manager

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

4) Which of these actions are most effective in promoting the health of Yolo County mothers and children? (select up to 3 choices)



Key findings:

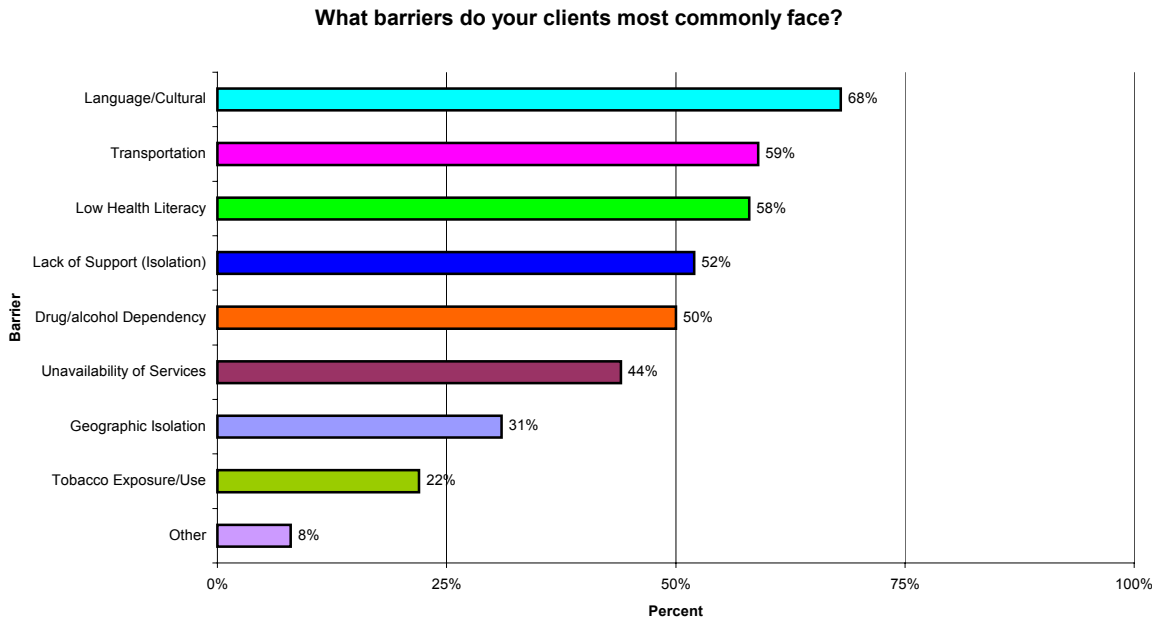
Actions perceived as effective in promoting health of mothers and children by over half of all respondents included: Identification and Referral (58%), Promoting Healthy Behaviors (58%), Preventing High-risk Behaviors (54%) and Improving Health Access (53%).

Comments:

- “Mentors/education to make them aware of importance of consequences of their choices; following through or not following through on treatment for problems/issues” – deputy district attorney
- “Mentors” - chaplain
- “Education re: need for regular medical and dental care” – school nurse
- “Improving access to basic health information” - librarian

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

5) What barriers or challenges to quality health do your maternal and child patients/clients most commonly face? (select all that apply)



Key findings:

Language/cultural barriers (68%), Transportation issues (59%), Low Health Literacy (58%), Lack of Support (Isolation) (52%), and Drug/alcohol dependency (50%) were top barriers identified by respondents.

COMMENTS:

POVERTY – HOUSING

- “Poverty/Lack of affordable, clean, safe housing” – public health nurse
- “Low income, poor nutrition” – health planning manager
- “Lack of health insurance and the money to pay for it.” – UC Davis professor
- “Low income/poverty” – clinic volunteer

DISENFRANCHISED – LACK OF KNOWLEDGE/SKILLS

- “Parents do not follow through on financial and medical issues” – public health nurse
- “Immaturity - my clients are high school students” – school nurse
- “Many moms are products of dysfunctional families who can’t follow through or take advantage of available services” – deputy district attorney
- “Disinterest until crisis” – analyst
- “Lack of adequate education/consumer education” – county supervisor
- “Lack of desire to utilize available services” – district attorney investigator
- “Lack of basic parenting knowledge and skills” – co-director for non-profit

FAMILY VIOLENCE

- “Domestic violence” – public health nurse
- “Domestic/family violence” – program coordinator

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

6) Do you have any other concerns regarding the health of mothers and children...? (Responses are grouped by subject area)

HEALTH ACCESS - GENERAL

- “ACCESS TO: (1) mental health for children, (2) dentistry for Partnership is nonexistent, (3) pediatrician for Partnership, (4) high- risk children with chronic debilitating diseases to a PEDIATRICIAN rather than family clinic, (5) medications that are non-formulary for Partnership, (6) behavioral and developmental pediatrician ex: MIND Institute, (7) nutrition/exercise program for obesity, (8) other urgent care clinic other than ER.” – pediatrician
- There seems to be a need for medication. Families may be on MediCal but the medication they need is not always covered. Families have the notion that if they have MediCal then they will get everything they need. This is not always the case. There may be services not covered and they do not know where to go. – public assistance supervisor
- “Evening clinic access for health care for those who can’t get off of work during day” - physician
- “Health Education and self-reliance/responsibility is needed for all families. Sometimes these families wait until an emergency arises before seeking health care for their children due to a number of reasons.” – public assistance specialist
- “Not being able to access ongoing health insurance for undocumented parents who have children. Some problems with clinic representatives not being user-friendly to low functioning families.” – program coordinator
- “Undocumented clients have few options, DESS is difficult for clients to work with” – public health nurse
- “Limited resources. Undocumented clients growing needs” – children’s service worker

HEALTH ACCESS - TRANSPORTATION

- “Transportation is a major limiting factor for the working poor with young children. Although taking the bus is possible, the complications in doing so taking time off from work, waiting for the bus in the cold/rain/heat, negotiating the bus ride with an infant and siblings are daunting. Some clinics, such a Harbor Medical Clinic and West Sacramento Medical Center, provide free transportation although not to specialists outside West Sacramento. Access to healthcare would be greatly improved by addressing this need in our community.” – public health nurse
- “Recreation and transportation services are not available at all in some of our areas outside of the Woodland area, i.e. Dunnigan, Capay, etc. It is hard for some of these people to get to any of our services. Dunnigan children have no organized recreation. They are provided with bus service back and forth to Arbuckle for school, but no easy access to transportation to school functions. These are Yolo County children going to school in Colusa Co. Idle time for children ends up with bad news.” – public assistance supervisor
- “Better transportation access to medical care from rural areas” – public assistance specialist”

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Online Survey Results

HEALTH ACCESS - DENTAL CARE

- “I cannot express the need strongly enough for dental and orthodontic care. The dentists will travel to foreign countries to donate their time for this care but the Yolo County kids that are receiving MediCal or no insurance find it nearly impossible to receive this care” – public health nurse
- “We need consistent and reliable dental care for those who don’t qualify for Medi-Cal/Denti-Cal. We need orthodontists who will accept CCS clients” – public health nurse
- “Availability of orthodontic care for low income” – administrative clerk
- “Lack of access to dental care” – nutritionist
- “I am also concerned that we have difficulties in obtaining Pediatric Dentists and Orthodontia providers, as well a long waiting times for an evaluation by Pediatric Neurology...” – supervising public health
- “Specifically dentists who work with children with special needs” – pediatric occupational therapist

HEALTH ACCESS - MENTAL HEALTH

- “I would like to emphasize my perspective and that of my wife a public school teacher that the most critical need is to address the severe lack of adequate mental health services for children and their parents in Yolo County” – YCHD environmental health specialist
- “There are no inpatient psych services for children in Yolo County.” – district attorney investigator
- “Available mental health programs” – physician assistant
- “Child psychiatry for Partnership is nonexistent. Lack of education for need of medical care for at risk infants/children” - pediatrician
- “Unavailability of mental health services” – school nurse

HEALTH ACCESS - DISPARITY

- “Inequities of income and health care coverage, lack of living wage” – YCHD program coordinator
- “There are social and cultural groups that tend to have greater risk factors for achieving acceptable health levels for mothers and children. These are very difficult to discuss objectively.” – anonymous
- “How well do health practitioners understand Latina immigrant cultural beliefs about health e.g., dieta de 40 dias (40 day diet) which follows childbirth? Practitioners should strive to understand and respect these cultural beliefs and help women integrate helpful cultural practices with standard medicine. Also, health care for farm workers is a major issue. We must increase their access to culturally appropriate health care.” – UC Davis researcher
- “I am also concerned that the West Sacramento area has limited pediatricians available for children with special health care needs.” – supervising public health nurse
- “Access to GOOD medical care in West Sacramento” – school nurse
- “The socioeconomic differences which separate various Yolo residents by economic, education and social standing creates a formable challenge for the Public Health Department.” – health planning manager

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Online Survey Results

ADOLESCENT HEALTH - TEEN PREGNANCY – FAMILY PLANNING

- “Lack of most services for teen parents, most notably child care, and transportation” – social worker
- “TEEN PREGNANCY” – children’s services lead worker
- “I question whether young mothers have in-depth conversations with appropriate adults about contraception choices and the dangers of inadequate nutrition or consumption of substances during pregnancy.” – career development instructor
- “That teens not be forgotten. Traditionally children bring to mind tots and infants. In fact, teens are at high risk for a host of conditions not the least of which is having unwanted infants, high pregnancy rates.” – physician
- “Educating our teenagers against unwanted pregnancy, drug and alcohol use. Educating our community about obesity and co-morbidity and promoting good diet and exercise.” – physician assistant
- “Teen pregnancy, STDs among teens, lack of birth control methods among the teens” – public health nurse
- “Teen pregnancy/prenatal care” – YCHD administrative clerk
- “Teen pregnancy and sexual activity” - physician
- “Constant use of birth control, if you cant afford yourself, don’t have kids” – program coordinator
- “Because of a high drop-out rate, many adults have very poor knowledge of preventative health care” – DESS career counselor
- “I see a real deficit in parenting skills” – program coordinator
- “Improving parenting classes with more hands-on strategies” – program director
- “Increasing parenting skills with programs such as PCIT Parent Child Interactive Therapy” – public health nurse

PERINATAL HEALTH

- “Universal home visiting of all new moms through Welcome Baby was very successful in educating parents on services and linking them to services early on...I wish funds could be found to reestablish that service.” – program manager, non-profit
- “We need better support for breastfeeding moms.” – nurse midwife
- “Breastfeeding” – medical practice coordinator

NUTRITION – PHYSICAL ACTIVITY

- “Clients do not know how to cook healthy meals. Perhaps it is time to think about providing cooking classes to learn how to cook meals that would be economical and healthy. This would help them to budget more effectively and reduce their dependence on fast food.” – career development instructor
- “I was approached by a woman in a grocery store who wanted to purchase no fat food, asking me to interpret the nutritional fact of the packages of rice, noodles and tortillas... I think we need to improve health literacy in Yolo County especially for the mother who is cooking for the family.” – YCHD lab technician
- “Too much non-active recreation, not enough physical activity” – school nurse

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Online Survey Results

CHILDCARE

- “Increased attention to AFFORDABLE childcare as well as SICK CHILD childcare is needed Increased educational outreach on the importance of early childhood development and the long term impact of alcohol abuse and other drugs on early brain development Increased awareness and diagnosis as well as support services in postpartum depression cases Literacy of our families and their abilities/inabilities to assimilate information. I realize the focus is on mothers but families are evolving in a way that fathers are also becoming the primary caregiver and may be single and in need of same type services offered to their female counterparts.” – departmental analyst
- “We need affordable childcare for children with special health care needs” – public health nurse

PRESCHOOL

- “Availability of high quality preschool and other school readiness promoting activities” – physician
- “The County needs more high quality preschool child care programs for middle and lower income families. School districts or local government need to establish more low or moderately priced after-school programs for grades 4 through 9.” – UC Davis professor
- “Access to state funded preschools” – reading specialist

CHILD ABUSE

- “Parents not following through on treatment for children who are victims and/or perpetrators of molestation and not following through on mental health issues” – deputy district attorney
- “Family court sometimes places children with a domestic violence perpetrator, not with protective parent. The children in those AVOIDABLE traumatizing situations have numerous avoidable health problems. This dilemma may prevent women from leaving abusive spouses or calling in an abusive event. Vincent Feletti, MD and CDC researcher clearly links childhood adversity with health problems in a dose-related manner: more adversity = more consequences. – program coordinator, non-profit
- “Child abuse prevention programs” – volunteer/community activist and mother
- “Prevent child abuse with home visits to new mothers for 1st 3 years...” – program coordinator

SUBSTANCE ABUSE

- “Easier and better access to alcohol/drug treatment, with child care support during the process. Total support after completing treatment, i.e., housing, job training/placement, childcare. Mental health treatment for the children during this process as well so they don’t carry unnecessary baggage and in hopes of breaking the cycle. – public health nurse
- “DRUGS are un-addressed in Yolo and affect all aspects of our community and our children’s lives” – executive director, non-profit
- “There are inadequate services to bust parents who are doing drugs (esp. meth) and exposing their children to it. The last 2 families that were my neighbors had this problem and despite repeated incidents and calls to the police, nothing was done. There are also inadequate resources for teens who are needing respite from these types of environments and who are emotionally abused.” – healthcare management worker

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Online Survey Results

POVERTY – HUNGER - HOUSING

- “I am concerned about hunger in our families. Many of our clients do not have adequate food to last the month.” – public health nurse
- “Lack of housing available for the pregnant teen who has no where to go. No family support/network to help her.” – public health nurse
- “Access to safe, affordable housing for working middle class who don’t qualify for low-income housing.” – researcher
- “I just want to emphasize that health concerns cannot be considered out of the context of other poverty factors. Families need stable and affordable housing; it affects all other aspects of life. In my experience, the greatest concern of poor families is maintaining safe and affordable housing. So many families are on the brink of homelessness or living in very unsafe/unhealthy housing, it becomes the overriding crisis. There is no time to deal with health preventive measures. Creating stable, safe, and affordable housing is critical to the overall health of families.” – legal aid attorney

ECONOMY – POLICY – FUNDING

- “Jobs. Strong economic growth will produce the resources to promote health and decrease the stress that leads to many of the high risk and maladaptive coping behaviors.” – YCHD student intern
- “I have concerns that there are proposed caps to the Healthy Family Program and the California Children’s Services Program. This would leave a gap in providing treatment services to children on a waiting list for these programs...” – supervising public health nurse
- “I am concerned about (1) adequate funding for health-related services with the California deficit currently and (2) future impact of amnesty currently sanctioned by Pres. Bush and governor of California” – community volunteer
- “As the state funds become more difficult to access I worry how mothers and children will receive the care they need.” – county supervisor
- “I am concerned that with the loss or changes to VLF transfers that the disadvantaged will experience a disproportionate share of program reductions. Counties need to seek ways to reduce dependencies on the Sacramento political scene or at least encourage a method where a dependable fund source will not require an annual local program chopping list. affordability of services even when services are available, they often are not accessed because of cost – manager, childcare family services” – health planning manager
- “The economic crisis we are facing and the need to cut or eliminate prevention services will be a major concern, i.e. in-home support, home visiting programs, and parenting classes.” – program co-director, non-profit
- “Lack of information and public scrutiny regarding expenditures of Prop 10 monies.” – community activist/volunteer
- “As a well traveled emergency physician, I can attest to the lack of follow-up care in other counties and the great difficulty this causes in trying to obtain continuity of care for our patients. The Yolo Health Alliance and Communicare are precious resources for our county, and this is the ideal system for providing quality health care for mothers and children. Please consider consolidating new child health resources in the existing system rather than wasting them on the development of duplicative systems and infrastructure.” – physician

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Online Survey Results

NURSING SHORTAGE

- “We do not have a school nurse. We are concerned that school nurses in general will be in very short supply with the new laws regarding the patient/nurse ratio. Our school staff does not have the expertise to deal with the health issues that our nurse did. A list of resources for our office would be helpful.” – elementary school administrator (Esparto)
- “Vacancy in nursing positions for community connection.” – analyst

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Online Survey Results

OTHER SURVEY RESPONDENT INFORMATION

N = 204

Respondent primary work location:

- 62% Woodland
- 16% Davis
- 12% West Sacramento
- 3% Winters
- 1% Esparto
- 1% Knights Landing
- 4% Out of County

Respondent group affiliations:

- 117 Health Department
- 46 Department of Employment and Social Services (DESS)
- 44 Medical groups (Sutter, Kaiser, Woodland, UCDMG, etc.)
- 35 Yolo County Office of Education/school districts
- 24 Children and Families Commission
- 24 CommuniCare Health Centers
- 23 University of California, Davis
- 22 Alcohol Drug and Mental Health Department
- 18 Children's Alliance
- 15 YMART
- 12 MCAH Advisory Board
- 10 Fetal-Infant Mortality Review Team
- 9 Child Death Review Team
- 8 Health Council
- 6 Other

APPENDIX D

COMMUNITY FOCUS GROUP RESULTS



YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

"Is this going to affect us, since you guys came here? What do you guys do with this information?" - Aaron, teen in drug recovery

SUMMARY OF FINDINGS

As part of the 2004 MCAH Needs Assessment, the Yolo County Health Department conducted focus groups in March and April 2004 in Davis, Esparto, West Sacramento, Woodland and Yolo. Focus groups were used to solicit input from members of the MCAH population (mothers and adolescents) regarding their perception of health-related needs, resources and barriers.

In all, 39 Yolo County mothers and adolescents participated in focus groups. Groups included mothers of special needs children, undocumented mothers, adolescent mothers, African American mothers, Hispanic mothers/adolescents, White mothers/adolescents, Spanish-speaking mothers and English-speaking mothers/adolescents. Residents of Davis, Esparto, West Sacramento, Winters, Woodland and Yolo participated in groups. Adolescent participants included both male and female students from seven different schools representing four Yolo County school districts.

Despite the great diversity of participants in age, race, language, culture and place of residence, five common problems were identified or articulated by groups.

PROBLEMS IDENTIFIED BY MOST OR ALL FOCUS GROUPS:

- Prevalence of drug/alcohol abuse
- Lack of affordable childcare
- Prevalence of depression (clinical depression, post-partum depression and feelings of hopelessness or isolation)
- Lack of transportation as a health access issue
- Lack of organized after-school activities for teens (particularly in West Sacramento and in rural areas)

In addition to needs articulated by participants, several other issues were revealed (e.g., poor breastfeeding duration rates among teens, poor access to and utilization of quality preventive dental services for mothers and children). In general, the importance of breastfeeding, good nutrition/fitness, protection against STDs and unwanted pregnancy and routine preventive dental care were acknowledged as important, but were often secondary to other concerns. Each topic area is discussed below.

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

METHODS

Group participants were recruited through partner organizations and flyers. Seven focus groups were organized as follows:

- (1) Low income rural mothers (English and Spanish, participants from Esparto area)
- (2) Low income Woodland mothers (Spanish)
- (3) Low income West Sacramento mothers (English)
- (4) Adolescent mothers/expectant mothers (English, participants from Woodland and Yolo)
- (5) Adolescents (English, participants from Davis and Woodland)
- (6) Adolescents in drug recovery (English, participants from West Sacramento)
- (7) Adolescents in drug recovery (English, participants from Davis and Winters)

Focus group questions were developed and piloted by Health Department staff. Group discussions were recorded with participant consent. All but one teen group allowed recording. Notes taken during the group sessions were supplemented with transcribed comments from recordings. Parental approval forms were signed and collected prior to conducting adolescent groups.

After group introductions, facilitated discussions began by asking participants to brainstorm about problems experienced by themselves, their peers and their community-members. Groups were asked to rank problems and discuss ways in which each problem might affect health. In addition to issues raised by participants, other specific topics were explored. These topics included: health care access, prenatal care, dental care access, breastfeeding, drug abuse, sexually transmitted diseases, breastfeeding, depression, childcare and nutrition/fitness. Effective and ineffective interventions and resources were discussed.

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

DRUG USE

"I've met a lot of people who do [drugs] just for fun, it's like a Friday night thing except for, like, several times during the week." – Katie, Davis adolescent

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All groups	Drugs are everywhere, available to anyone at any place at any time; members of all groups aware of family, friends or neighbors that use or sell drugs	High crime rates and gang activity are directly related to drugs
All groups	People are aware that drugs are dangerous and should be avoided, but current drug prevention messages are ineffective in keeping people from trying/using drugs	Teens in recovery felt that current television prevention messages were laughable and were unlikely to dissuade teens from experimenting with drugs.
All teen groups, West Sacramento mothers	Treatment programs are readily available for anyone wanting to quit, but users have to want to quit before treatment can be effective	There are too many opportunities to resume drug use despite intentions to quit; users have to "get out of this environment"
All teen groups	"Drugs" means illicit drugs, prescription drugs AND alcohol	Alcohol and marijuana are most accessible and most used among teens; legal drugs like alcohol are easiest to obtain
All teen groups	Depression, curiosity/boredom/thrill-seeking and peer pressure are the most common reasons teens might begin using drugs; drug prevention PSAs are laughable	<i>"You can't have someone who hasn't done [drugs] come talk to you because they have all these facts, blah, blah, blah. You have to have somebody actually that had it affect them in a negative way come and talk to people. That's probably the most effective way, I think."</i> – Adolescent in drug recovery program, Davis
All teen groups	Parents play an important role in helping teens avoid or get off of drugs	Teens in recovery routinely referred to their parents involvement in their recovery (both positive and negative)
All teen groups	Constructive after-school and weekend activities were likely to keep teens occupied and away from drugs, but few are available	<i>"Like this last weekend I stayed busy so I didn't get drunk, you know I had other things to occupy my mind."</i> – West Sacramento teen
Both teen drug recovery groups	Recovery groups were helpful in keeping teens off drugs	Teens not likely to seek such treatment voluntarily (teen recovery groups are court-mandated.)

Opportunities for MCAH based on focus group comments:

- Community readiness for change: Findings support provider online survey results and suggest agreement among community members, providers and policymakers that drug/alcohol use are perceived as important problems in community with significant adverse health implications.
- Interventions to explore or advocate with partners: Residential treatment housing for mothers in recovery, after-school programs for adolescents, in-school presentations by recovered addicts or alcoholics, programs/messages targeting parents
- Related research: Qualitative data needed to substantiate prevalence; consider partnering with local healthcare groups to conduct a county-level study similar to the 1992 California Dept of Alcohol and Drug Report (involved anonymous drug screening of mother Statewide at time of birth and found that 11.4% statewide and 17.5% in Sacramento region tested positive for drugs or alcohol)

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

CHILDCARE

“...There are only so many hours that you can work and, say you only get a \$200 check a week, that’s daycare right there. And if you have more than one kid, you’re screwed.” – Esme, high school student and adolescent mother

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All groups of mothers	Perhaps the most important problem to many participants...Lack of affordable (and flexible) childcare is an important problem that indirectly impacts family quality of life by affecting mother’s ability to work or go to school	<ul style="list-style-type: none"> Many teen moms expressed that they will likely not seek employment because of cost of childcare; would be difficult to complete high school without in-school childcare One rural mother takes evening college classes after her husband returns from work. She recently quit her job to care for her children because childcare costs exceeded income
All groups of mothers	Heavy reliance on family, fob’s family and friends for childcare	Mothers of all groups reported importance of extended family
Mothers of special needs children	Extremely difficult to find qualified providers that are willing and able to care for children with special needs	Mothers of special needs children found child care almost impossible to find
Rural mothers	Lack of licensed childcare providers nearby	Limited options reported by rural mother
Rural mothers and mothers of special needs children	Questionable quality of childcare available/quality of care important	<ul style="list-style-type: none"> By some groups “quality” defined as someone who doesn’t neglect or abuse child Child success enhanced by socialization and early learning (especially important for isolated, shy, special needs children)

Opportunities for MCAH based on focus group comments:

- Needs assessment: Findings support Yolo County Children’s Alliance Community Summit (January 2004) that identified childcare as a top priority in this county (i.e., community members, policymakers and providers are in agreement on the importance of this issue.)
- Interventions to explore or advocate with partners: Advocacy of childcare coordination programs (especially in rural areas and among special needs families) and programs that promote childcare quality (Local Childcare Planning Counsel, LINKAGES Program) and affordability

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

DEPRESSION

“What makes you use [drugs] is depression. That’s the most that will put you in that state of mind.” – Rene, West Sacramento mother

GROUP	THEME	COMMENTS or GROUP CONSENSUS
All groups	Feelings of depression or isolation/loneliness are a common and important problem with health-related implications	Some participants recognized a distinction between clinical depression and feelings of depression
All groups	A person can access professional mental health through their physician	Many participants unaware of other resources or access points
All groups	Depression is the most likely reason someone might start or continue using drugs	<i>“What makes you use [drugs] is depression. That’s the most that will put you in that state of mind.” – West Sacramento mother</i>
Hispanic mothers	Women experiencing feelings of depression or post-partum depression should seek out friends or family.	Hispanic women were more likely to report talking to family/or friends regarding these feelings than medical professional or counselor
All teen groups	In order for a teen to seek help, a trusted confidant (friend, parent, counselor, school nurse, etc.) must be available	<ul style="list-style-type: none"> • Confidentiality is paramount • School guidance counselors were not perceived to be trustworthy. Teens felt counselors and school nurses were likely to tell parents what they had been told • Except for Cache Creek High School students, School nurses were generally perceived to be too busy dealing with sick students to be approached about mental health issues
All teen groups	Participants in all groups know someone that has been on or is on anti-depressive medications	<ul style="list-style-type: none"> • Teens in at least two different groups expressed concern that physicians might not know enough about treating mental health issues before prescribing medications • Expressed a high level of understanding regarding the types of medications available and how they may be helpful for some teens
All groups of mothers	Regular socialization with peers extremely important to maintaining mental health	<ul style="list-style-type: none"> • Mothers participating in regular weekly get-togethers suggested their groups helped them avoid feeling of depression • Mothers that were not in regular groups suggested regular informal groups as a way to avoid depression (found relaxed focus group setting to be ideal)

Opportunities for MCAH based on focus group comments:

- Needs assessment: All groups mentioned or acknowledged depression/feelings of depression as a common and important problem with impact on child and maternal health. PHP seen as most common access point to mental health services
- Interventions to explore or advocate with partners: Support for existing informal community-based weekly or monthly groups for mothers and creation of new groups in West Sacramento and rural areas; Are there enough mental health providers in county? Are physicians comfortable/competent being primary mental health care source.

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

HEALTH ACCESS – MEDICAL CARE

“There are a couple of issues with seeing the doctor. I don’t have transportation. I can’t afford \$60 for a bus pass... in order to get [an appointment at Salud,] I had to wait at least a month, and in order to get my daughter seen at 8:00, I had to take the bus at 6:40 in the morning.” - Andrea, West Sacramento mother

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All groups	Lack of transportation consistently reported to be an important barrier to utilizing preventive care	<ul style="list-style-type: none"> Rural mothers had limited public transportation options Lack of transportation was commonly identified as a reason for not following through with primary care West Sacramento mothers and teens expressed problems getting to care in WS and in Sacramento
All groups	Appointments often cannot be made when participants feel they need them (also felt wait times in waiting rooms much too long)	<ul style="list-style-type: none"> Mothers commonly expressed frustration when attempting to schedule appointments for well baby exams, check ups and for ill family members (This experience was reported both by mothers on Medi-Cal and with private medical insurance - Some Medi-Cal mothers however, felt that they had little or no difficulty getting appointments when they needed them) One teen mother said that she had learned to be more aggressive with clinic staff when scheduling appointments, but doubted many of her peers knew how to stand up for themselves when scheduling appointments Teens without children (especially males) reported little or no difficulty accessing care, but appeared to have had little experience trying to access medical care
All mothers	Prenatal care was acknowledged as being very important - care during pregnancy is easily accessible	<ul style="list-style-type: none"> Teens cited ignorance and fear of being told they were pregnant as reasons for not seeking prenatal care in the first trimester Adults suggested drug use was a common reason for not seeking early prenatal care
West Sacramento mothers	Most felt that if they needed medical care in an emergency situation, they would be able to get it, but expressed inability to access preventive care	<ul style="list-style-type: none"> One uninsured mother reported she would access the emergency room if she felt she needed to see a doctor Cost/lack of insurance most commonly cited by adult mothers
Some participants	Questioned quality of care	African American mother had infant that died of meningitis and felt that she had been ignored by her provider until it was too late; others had similar stories, none so extreme though

Opportunities for MCAH based on focus group comments:

- Needs assessment: Lack of transportation and inability to schedule appointments when needed were common reasons for not accessing or utilizing preventive care – much emotion on discussing this topic, but few solutions offered by groups.
- Interventions to explore or advocate with partners: Community-based health transportation services (through neighborhood groups?)...???

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

ORAL HEALTH

“I don’t want to go to the dentist ... I know I have things wrong with my teeth. I can feel it ... but I don’t go.” – Rene, West Sacramento mother

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All groups	Acknowledged the importance of regular preventive dental exams for children and adults	<i>“[Oral health] is at least as important as everything else we’ve talked about today.” – West Sacramento mother</i>
All mothers	Groups seemed to agree that children should be introduced to dental care when their first teeth begin to erupt	Much variation in answer until groups came to consensus (often based on what someone’s pediatrician had told them)
All groups	Parents and adolescents were likely to postpone or delay care for a number of reasons	<ul style="list-style-type: none"> • Reasons commonly cited included fear, difficulty getting to appointments, not being as high a priority compared to other issues • Cost/lack of insurance and other concerns cited
All mothers	Mothers unclear on what quality preventive care should look like	<ul style="list-style-type: none"> • Even among mothers that perceived their children were receiving quality preventive care, it seemed that dental care was sporadic at best. Comments suggested that children of many participants had undergone significant procedures that could have been prevented with proper dental care or earlier treatment (multiple extractions, surgeries requiring general anesthesia, etc.) • Most mothers felt the best dental care they’ve ever received was when they were pregnant
All mothers	Difficulty getting timely dental appointments and locating dentists that would accept their children	Mothers of special needs children reported profound difficulty locating dentists that were willing to work with their children.

Opportunities for MCAH based on focus group comments:

- Needs assessment: All groups acknowledged importance of dental care, but dental care not seen as a priority in their lives. In some ways, mothers appear to have grown accustomed to sporadic, difficult-to-access, substandard care.
- Interventions to explore or advocate with partners: Availability of dentists accepting Medi-Cal, reinforcing healthy dental behaviors among children, activities that improve community expectations of preventive dental care, encouraging physicians to include oral exams/dental referrals with all physical exams

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

BREASTFEEDING

“...They wouldn't let me leave [the hospital] until she latched on. But then when I got home I stopped and got her on formula because she was crying and crying like she was hungry, so I just gave her formula and she was better.” - Luz, adolescent mother

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All mothers	Breastfeeding is superior to formula	Participants listed benefits of breastfeeding (healthier children, fewer immune problems, better test scores for children in school, convenience, much less costly and an opportunity to bond closely with the infant)
All mothers	Lots of information available through prenatal visits, WIC and hospital	Mothers in all groups reported that they received helpful information about breastfeeding at health care access points
All mothers	The decision to stick with breastfeeding often made in the first week	<ul style="list-style-type: none"> Two reasons for discontinuing breastfeeding were cited by adult mothers: difficulty getting the infant to latch on to the breast and perception that they were not making enough milk for their infant. One teen mother was unaware of mechanical breast pumps and felt she could have breastfed longer if she had been aware of them
Teen mothers	Teen mothers most likely to report difficulty breastfeeding	<ul style="list-style-type: none"> One teen mother reported using the 1-800 WIC breastfeeding support line and found it helpful. This particular teen mother was able to maintain breastfeeding for 2 months while her peers reported having discontinued breastfeeding during the first week Many teens expressed guilt and/or anger at healthcare providers for making them feel guilty for failing to breastfeed Teens listed problems latching on, infant seemed hungry all the time/not making enough milk, only nursed on one breast, infant seemed frustrated making family frustrated with mother Teens felt breastfeeding was too much of a burden for all their other issues they had to deal with
Mothers who had difficulty breastfeeding in past	Even those that reported difficulty breastfeeding in the past reported they would probably try to breastfeed if they were to have more children	<i>“Even though I had trouble [with breastfeeding], I know I'll probably try again if I ever have another. I wish could have breastfed my others because I know it's so much better for them.” – West Sacramento mother</i>

Opportunities for MCAH based on focus group comments:

- Community readiness for change: Despite acknowledging importance of breastfeeding, many mothers (especially teens and African American mothers) report discontinuing breastfeeding beyond first week for multiple reasons. Most expressed interest in breastfeeding in the future if they have another child.
- Interventions to explore or advocate with partners: Partner with WIC in offering breastfeeding duration support
- Related research: Data lacking regarding breastfeeding duration in county (vs. breastfeeding initiation)

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

SEXUALLY TRANSMITTED DISEASE

"I know a lot of people [who have had] gonorrhea." – Candice, adolescent mother

GROUP	THEME	COMMENTS or GROUP CONCENSUS
All groups	Acknowledged STDs as important community problem	<ul style="list-style-type: none"> • Discussion, especially among adult Hispanic mothers, was limited • Teens were more open in their discussion of this topic, but didn't articulate it as one of a top concern at the beginning or end of the focus group
Teen groups	Common problem among teens	Members of all teen groups knew of friends or peers that have had STDs
Teen groups	Teens unlikely to care about STDs until they get them (or get pregnant)	Point emphasized by teen mothers
Teen groups	Teens expressed concern and anxiety about STDs and their lack of knowledge about STDs	<ul style="list-style-type: none"> • Diseases with possibility of lifelong persistence of infection were perceived as most worrisome (teens referred repeatedly to herpes and HIV and STDs that were frightening) • Lifelong antiviral therapies required by herpes and HIV cited as reason to "get checked out" early
Teen groups	Teen Clinic mentioned by all teen groups as most important source of treatment and information. Some mentioned Planned Parenthood.	<ul style="list-style-type: none"> • Some disagreement about availability and friendliness of staff • Some problems scheduling appointment at Teen Clinic while at school • Confidentiality of an important issue
Teen groups	Confidentiality, fear and ignorance all cited as reasons a teen might not seek care	Teens stressed importance of being able to confide in someone without necessarily being reported to parents
Teen group in recovery	More frank conversations with teens in schools about STD prevention would be effective	<ul style="list-style-type: none"> • Student punished for using school computer to research a mandated report on herpes • Pictures would frighten students but would also get their attention

Opportunities for MCAH based on focus group comments:

- Community readiness for change: Despite high rates of infection among adolescents and young adults and general acknowledgement that STDs are a problem, groups did not rank STDs a high priority. Most adults did not discuss topic as openly as teens. Teens did not believe peers would be motivated to change sexual behavior unless frightened by their own experiences or horror stories from others.
- Interventions to explore or advocate with partners: Partner with schools to better educate teens and have information available if/when teens seek it, partner with Communicare to publicize availability of Teen Clinic and Planned Parenthood and increase clinic accessibility to teens (hours and arranging appointments for students)

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH Focus Group Results: Needs Assessment

NUTRITION/FITNESS

“Eating healthy is hard when people are always offering you crap.” – Shelly, adolescent mother

GROUP	THEME	COMMENTS or GROUP CONSENSUS
All groups	Information regarding the obesity epidemic and the importance of regular exercise and nutrition are understood and appreciated	Groups reported familiarity with nutrition and fitness messages (including Five-A-Day, worsening obesity epidemic etc)
All groups	Information alone is currently unlikely to motivate change; motivation to make healthy choices is lacking even with all the information available	Echoed by all groups
All groups	As a community, we do not eat well	Groups responded with resounding “No!” when asked
West Sacramento mothers and teen mothers	Walking is most common form of exercise	White West Sacramento mothers did not always feel safe walking in their neighborhoods
Teen groups	Teens may not see eating healthy an important priority	Teens perceived themselves, by and large, as “skinny” (perceived as being healthy)
Teen groups	Over-emphasizing obesity epidemic may reinforce poor self-image/unrealistic goals	Teens suggested this may contribute to eating disorders among girls and anabolic steroid use among boys
Teen groups	Teens felt they ate healthiest at home or at the home of a friend where someone cooked	<i>“My friends mom cooks all this healthy stuff, so when I go over there I know I’m going to eat good, but at home? At school? Nah.” - Davis teen</i>
Teen groups	If healthy food options were more palatable, more students would select them	<i>“I’d eat salads everyday if they were fresh and tasted good, but they don’t here.” – teen mother</i>
Teen mothers	Healthy food costs more	<i>“That’s another thing: it’s hella expensive to buy healthy stuff! It’s so much easier and less expensive to just stop at a fast food place or something.” – teen mother</i>

Opportunities for MCAH based on focus group comments:

- Community readiness for change: Policymakers at the Yolo County Children’s Alliance Community Summit (January 2004) selected obesity as the priority problem for children in this county. However, while acknowledging importance of this issue, community members do not perceive this a priority problem in their lives.
- Interventions to explore or advocate with partners: livable communities, safe walking areas, support healthy home cooking, cooking classes, healthy alternative recipes for Spanish-speakers

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

OTHER ISSUES

Other issues raised by focus group members:

GROUP	THEME	COMMENTS or GROUP CONCENSUS
Teen mothers, West Sacramento mothers	Lack of affordable housing	<ul style="list-style-type: none"> • <i>“This is not where I want to be. I’d like to have a big house and a backyard, where I come in and see something cute. You get depressed. You see crack everywhere, meth everywhere, people cussing, drugs everywhere, fighting, cops rolling in.”</i> – low-income West Sacramento mother • <i>“You need to know you’ll be going home to your own place. If you have your own place, you feel more as a family, as a whole...I think that’s where most of the problems exist because we don’t have our own place.”</i> – teen mother • <i>“We go looking for houses, but every time we offer something down, somebody outdoes us. We just fight all the time.”</i> – teen mother
West Sacramento mothers and teens	High crime rates	Most crime perceived to be drug-related; Among teens – gang-related crime a problem

TABOO TOPICS

Some topics were not explored in focus groups and did not arise during conversations. Domestic violence and child abuse/neglect were two important examples of topics that did not emerge. The nature of groups convened did not lend themselves to explore these topics. Single-issue focus groups involving key informants would be one way to include input on these topics in the future.

UNREPRESENTED POPULATIONS

Despite attempts to coordinate a group of Russian-speaking mothers, no group was successfully convened. Additionally, working parents (fathers and mothers) are underrepresented in these focus groups. Future focus groups should probably attempt to capture input from these populations.

YOLO COUNTY MATERNAL, CHILD, AND ADOLESCENT HEALTH

Focus Group Results: Needs Assessment

ACKNOWLEDGMENTS

Focus groups could not have been completed without the assistance of several individuals and organizations. MCAH would like to thank:

- Harbor Park Apartments, Yolo County Family Resource Center (FRC), Rural Innovations in Social Economics (RISE), Communicare Clinics (John H. Jones and Davis Community Clinic), Cache Creek High School and YCHD Tobacco Education Program for providing space to hold groups
- Target Stores, Raley's & BelAir and Safeway Food & Drug for donations used for incentives and food
- Oralia Rogriguez (RISE), Cristina Crouchet (Harbor Park Apartments), Liz Esper (FRC), Matt Cervantes (YCHD YUFASTAR Program), Kate Sieberth (Cache Creek High School), Karen Grubbs (Communicare Clinics) and YCHD public health nurses Carla Rodegerdts and Jennifer Miller for assistance in recruiting and coordinating groups
- YCHD Get Ready Program (Mark Diel, Cary Reid), Yolo Crisis Nursery (Laura Heinz, Deanna Gordon), Women, Infants and Children (WIC) (Lisa Webster), YCHD Public Health Nursing (Carla Rodegerdts, Kaprice Rowland) for collecting and donating incentives (books, bags and toys)
- Sonya Rinkus (YCHD public health nurse), Liz Esper (FRC) for Spanish translation and co-facilitation and Anel Moreno (YCHD Health Education) for Spanish transcription
- The MCAH Needs Assessment Local Planning Group and Myrna Epstein for suggestions and guidance regarding focus group structure and content
- Family, friends and co-workers who assisted in piloting focus group questions
- The 39 mothers and teens that gave of their time to participate in the Needs Assessment and candidly shared their thoughts with us

APPENDIX E

PRIORITIZATION MATERIALS



Problem Prioritization Tool (Yolo County Health Department)

Criterion #1: Community identified problem	Criterion #4: Cost of not addressing the problem															
Criterion #2: Measurability/Effectiveness	Criterion #5: Amenable to intervention/intervention proven															
Criterion #3: High Incidence/Prevalence	Criterion #6: Severity of health problem consequence (w/o intervention)															
Problem	<p style="text-align: center; font-size: small;">In the line below each criterion number (e.g. C1), record assigned weight as decided by the group. Then, for each problem, score each criterion (use agreed upon rating scale) and multiply the score by the assigned weight. Add weighted criterion scores to obtain Total Score for Problem.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="text-align: center;">Criterion</td> <td style="text-align: center;">C1</td> <td style="text-align: center;">C2</td> <td style="text-align: center;">C3</td> <td style="text-align: center;">C4</td> <td style="text-align: center;">C5</td> <td style="text-align: center;">C6</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Total Score for Problem</td> </tr> <tr> <td style="text-align: center;">Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> </table>	Criterion	C1	C2	C3	C4	C5	C6	Total Score for Problem	Weight	1	1	2	2	3	3
Criterion	C1	C2	C3	C4	C5	C6	Total Score for Problem									
Weight	1	1	2	2	3	3										
1. Health Access																
2. Substance Abuse																
3. Child Abuse																
4. Mental Health																
5. Obesity																
6. Breastfeeding																
7. Oral Health																
8. Sexually Transmitted Diseases																
9. Childcare																

Problem Prioritization Scoring Definitions

C1: Community identified problem (perception of problem)

1. Not perceived as a problem; efforts to address it would be opposed
2. Recognized as a problem; efforts to address it would be opposed
3. Recognized as a problem; community indifferent to efforts to address it
4. Recognized as a problem; efforts to address it would be supported by some
5. Recognized as a problem; efforts to address it would be welcome

C2: Measurability / Effectiveness

1. Cannot be measured for effectiveness
2. Difficult to measure for effectiveness
3. Somewhat difficult to measure for effectiveness
4. A little difficult to measure for effectiveness
5. Can be measured for effectiveness

C3: High Incidence or Prevalence

1. Low incidence or prevalence
2. Moderate incidence or prevalence
3. Moderate incidence or prevalence in some subgroups
4. High incidence or prevalence in some subgroups
5. High incidence or prevalence in all subgroups

C4: Cost (financial, emotional, psychological, social, other) to community if problem is not addressed

1. No cost to community
2. Minimal cost to community
3. Moderate cost to community
4. High cost to community
5. Very high cost to community

C5: Problem is Amenable to Intervention / Intervention Proven Effective by Research

1. No known effective intervention exists
2. Intervention with a proven efficacy exists, but probably cannot be applied to the population in question
3. Promising intervention exists and can be applied to the population in question
4. Intervention with a proven efficacy exists; it is uncertain whether it can be applied to the population in question
5. Intervention with a proven efficacy exists and can be applied to population in question

C6: Severity of Health Problem Consequences (without intervention)

1. Not life threatening or disabling to individuals or society
2. Rarely life threatening, but could be disabling
3. Moderately life threatening or there is moderate likelihood of disability
4. Moderately life threatening and there is strong likelihood of disability
5. Has a high likelihood of death and / or serious disability

APPENDIX F

MCAH COLLABORATIVES & COMMUNITY RESOURCES



Yolo County Health Department – MCAH Collaboratives

MCAH Collaboratives are described below. For further information regarding these groups and other services available in our community, visit the Yolo County web site at www.yolocounty.org, or the YoloLINK web site at www.dcn.davis.ca.us/yololink.

Ages 0-5 Outreach

Childhood Lead Poisoning Prevention Program (CLPPP) meets every two months with service providers every two months. The goal of this collaborative is to prevent childhood exposure to lead and minimize adverse health effects caused by lead poisoning. This collaborative conducts outreach to healthcare providers, families and venues associated with lead exposure. In the past year, CLPPP has raised awareness through outreach to community-based organizations at health fairs.

California Safe Infant Care and Child Development Education Program provides child development enhancement ages 0-3 for parenting students in Washington Unified School District (West Sacramento) and offers support to parenting teens enabling them to complete their high school education. In the past year, the program has promoted healthy pregnancy and birth, provided care and child development services for infants and toddlers, and provided ongoing support for parenting students.

California SIDS Program is made up of service providers that meet twice annually to promote awareness of prevention efforts relating to Sudden Infant Death Syndrome. The program supports families that have experienced a SIDS death and provides literature and educational material on SIDS. In the past year, the program has distributed brochures and literature, written articles for SIDS, and presented information on SIDS.

5 A Day Power Play is a statewide nutrition education program made up of service providers. They meet quarterly or as needed. Their purpose is to improve children's knowledge, attitudes, and behaviors related to fruit and vegetable consumption and physical activity. 5 A Day Power Play creates environments in which healthy behaviors are both easy and acceptable. In the past year, this collaborative worked with school children to increase physical activity in a variety of afterschool programs in the Sacramento Region.

Car Seat Coalition is made up of service providers and volunteer agencies. This group meets monthly to discuss ways to increase the knowledge and practice of car seat safety. In the past year, they put together free car seat inspections in West Sacramento and Woodland. For their exemplary work, they also received an award from the Yolo County Board of Supervisors.

Yolo County Health Department – MCAH Collaboratives

Child Care Planning Council of Yolo County advises, supports, encourages, and assists in planning for the development of quality childcare programs that are accessible and affordable and that reflect the diverse and evolving childcare needs of Yolo County. Its members are appointed to the council. This group meets monthly. In the past year, they have supported efforts for outreach to families. They have assisted with legislative events for policymakers and business leaders regarding childcare needs.

Child Care Services provides on-site services for childcare centers and family daycare providers. Services include a library of toys and resources, child development specialists, training, technical assistance, assistance with children who have special needs and health and safety issues, and a school readiness program. This collaborative meets monthly to discuss ways to help enhance the quality of childcare and early childhood education in Yolo County. In the past year, Child Care Services has assisted childcare providers with health issues such as childhood obesity, body-mass information, hand washing, and nutrition.

Head Start Health Advisory Committee is made up of health professionals and parents of Head Start children. This group meets quarterly. The purpose of this collaborative is to advise in the planning, operation, and evaluation of the health service program for Head Start children. This past year Head Start Health Advisory Committee revised a policy to incorporate TB issues.

Pediatric Asthma Coalition supports and helps families who have children with asthma. This collaborative also supports medical providers with professional trainings and increases understanding of the scope of asthma in Yolo County. This collaborative consists of service providers that meet every two months. This past year, the collaborative has worked on a resource binder of materials and will eventually develop a “tool kit” of resources like the American Lung Association “Your Asthma Book.”

Shots for Tots Regional Immunization Coalition promotes higher immunization rates to protect the health of all infants and toddlers. In this region the group works to improve immunization rates among 2-year-olds. This coalition is made up of insurance plans, health departments, community-based health care agencies, hospitals, private providers and pharmaceutical companies. Shots for Tots meets quarterly or as needed. This past year, this collaborative developed a comprehensive year 2010 regional immunization plan, supported legislation for full funding of a statewide registry system, sponsored two educational programs for immunization providers, distributed 8000 immunization packets and 8000 First Five Parent Kits to eight area hospitals.

The GET READY Project! is a Yolo County Health Department outreach program that introduces young children to reading and healthy eating while offering access to health and nutrition services to families with children ages 0-5. This collaborative goes out to 32 sites on a monthly basis, providing literacy,

Yolo County Health Department – MCAH Collaboratives

nutrition, and health access information. This collaborative is made up of service providers that meet every two months to discuss ways to incorporate literacy, nutrition, and health services to families throughout Yolo County. In this past year, this collaborative has connected families with appropriate community services, given nutrition training to families, and handed out Food-2-Learn bags.

Yolo County Children and Families Commission (YCCFC) is made up of the Yolo County Board of Supervisors, Yolo County DESS, Health Department, Alcohol Drug and Mental Health, and five community members appointed by the Board of Supervisors. YCCFC provides leadership in community involvement, assessing needs and resources, and developing a strategic plan for serving children 0-5 and their families. Services are delivered by funding community and public agencies. This past year, this collaborative has supported smoke-free parks in Winters and in other cities in the county, provided grants and mini-grants for local agencies serving children ages 0-5, and provided funding for the Access to Quality Healthcare Initiative. YCCFC meets monthly.

Yolo Early Start (YES) Team is a multi-disciplinary team seeking to assure that referrals and services for infants, toddlers and their families, eligible for Early Intervention Services, are provided in a coordinated fashion. Participating agencies include WarmLine Family Resource Center, Alta California Regional Center, Children's Therapy Center, SELPA, the Yolo County Health Department, Hands Together, NANI Project, Yolo County Alcohol, Drug and Mental Health Services, Yolo County DESS, the Head Start Preschool Program and Partnership HealthPlan of California. We are a professional multi-disciplinary team for evaluation of babies ages 0-3, and are available to families for information and support as well as for service coordination. This collaborative meets monthly. In the past year, it has reviewed cases and coordinated appropriate referrals.

Yolo Crisis Nursery Advisory Board members are representatives from agencies throughout the county that serve families with children 0-6 years of age. Its purpose is to provide oversight of the multiple activities that involve the crisis nursery. This collaborative meets quarterly.

Breastfeeding Education

Breastfeeding Coalition of Greater Sacramento is a team of lactation consultants, hospital representatives, health care plan representative, community MCAH representatives, and WIC programs. This group meets monthly to promote breastfeeding in the Sacramento area. They provide breastfeeding-related conferences and trainings specifically targeting local health care providers. In the past year, they have created a breastfeeding resource guide for the Sacramento area and collaborated to create an ad council campaign.

Yolo County Health Department – MCAH Collaboratives

California Statewide Breastfeeding Coalition, Human Lactation Center, UC Davis is made up university researchers, all California County Breastfeeding Coordinators, DHSS administration, medical administrators, and California breastfeeding promotion committee members. It is a new collaborative that plans to meet annually to devise strategies to promote breastfeeding statewide.

The Community Breastfeeding Coalition of Yolo County is a coalition of clinic providers, public health nurses, family support agencies, health plan representatives, health educators, clinic management, community lactation consultants, and community representatives. This coalition meets monthly to work on projects that advocate a coordinated and consistent breastfeeding support system for the families of Yolo County. In the past year, they have provided education through 16-hour breastfeeding trainings and opened up a 1-800 breastfeeding warm line for all of Yolo County.

Sacramento Delta-Sierra Gold Breastfeeding Coordinator Advisory Group consists of WIC Breastfeeding Coordinators that meet quarterly to discuss WIC-related breastfeeding policies and procedures. This past year, it has implemented a new pump loan policy.

Nutrition and Fitness

California Conference of Local Health Department Degreed Nutritionists (CCLHDN) is a team representing health departments throughout the state. As a subsection of the California Conference of Local Health Officers (CCLHO), this collaborative meets annually for the purpose of providing a consistent nutrition and physical activity message to all Californians. In the past year, this collaborative conducted an annual conference and provided expertise to CCLHO members at quarterly meetings.

SHAPE California is a network of over 90 school districts working together to improve the health and academic success of California children. Working as a team, it seeks to provide a consistent nutrition message throughout the school and home environment. This past year, it has raised nutrition education awareness in the classroom and raised awareness regarding the nutrient content of the foods sold in school cafeterias.

State WIC Task Force is an advisory body to the State WIC Program comprised of local WIC program directors that represent each region of the State. This body assists in forming policy, procedures, and fiscal funding issue priorities for WIC in California. This collaborative meets quarterly. This past year, it has provided funding to local agencies to establish best practice models in the areas of nutrition education, breastfeeding promotion and support, and outreach. It has also provided funding to local agencies to revitalize their nutrition education

Yolo County Health Department – MCAH Collaboratives

programs and classes. It has provided funding to local agencies to support increased caseload.

YFIT (Yolo Fitness) is a community collaborative of city/county agencies, schools and non-profit organizations including Partnership HealthPlan, MCAH Advisory Board, medical providers. The Yolo County Health Department is the lead agency. The purpose of YFIT is draw upon the expertise of its members to expand develop an action plan regarding nutrition and physical activity for Yolo County residents and to create innovative and sustainable partnerships. This collaborative meets on the first Tuesday of every month. This past year, it has participated in Public Health Week and the County Fair. It conducts outreach to community partners and community events.

Family Support

Evenstart is a collaborative of service providers that meets several times throughout the year. It is sponsored by the Washington Unified School District in West Sacramento. Its purpose is to promote adult English and literacy skills, classes on child development, and connect parents with needed services. In the past year, this collaborative has presented on a variety of health topics such as childhood obesity and nutrition, infant brain development, communicable disease, and breastfeeding.

Hands Together is a non-profit agency consisting of service providers that provide an array of services to individuals including parenting classes, support to parenting and pregnant women, adolescent gang violence prevention, AmeriCorps trainings, and support services for families with children who have special needs. In the past year, Hands Together has provided classes in English and Spanish throughout the county on nutrition.

Assisting in Access to Health Services

Healthy Communities Consortium of Sacramento and Yolo Counties is a relatively new consortium that came together when healthcare stakeholders in Sacramento and Yolo Counties decided to make a joint effort in addressing the healthcare access issues and chronic disease issues of local Slavic (Russian, Ukrainian, Bosnian), Hmong/Mien, and Latino communities. In the past year the group developed a promotores/ community health worker program and is currently seeking funding for that program. The group meets every other month and continues to seek health-related funding sources.

Health Insurance Project is a community outreach program focusing on outreach to families with children, assessing their eligibility for, and connecting them with health insurance. It is made up of service providers, healthcare

Yolo County Health Department – MCAH Collaboratives

providers, local school districts, and local businesses. The Health Insurance Project seeks to conduct outreach and enrollment into Healthy Families for hard-to-reach populations.

Yolo Health Alliance is a partnership between the Health Department, Sutter Davis Hospital, CommuniCare Health Centers, and Sutter West Medical Group. It was formed to provide healthcare to Yolo County's indigent population. This collaborative meets monthly. This past fiscal year, Yolo Health Alliance has provided health care to thousands of residents, including a significant number of undocumented children and adults.

The Yolo Multi-Agency Review Team (YMART) identifies potential resources and better coordinates services in support of high-risk families. This collaborative consists of county departments and service providers who meet to review cases for at-risk families.

Advisory Boards/Councils

Health Council is charged with advising and making recommendations to the Board of Supervisors, the Director of Public Health and the Director of County Indigent Health Care Services on health care related issues in the county. Members represent the Board of Supervisors, health service agencies, and community members.

Maternal, Child, and Adolescent Health (MCAH) Advisory Board is a board of appointed members that meets monthly to discuss the MCAH needs and the adequacy of services. This past year, the MCAH Advisory Board has participated in policy councils to promote a public health and preventive health and held a community needs assessment training.

Yolo County Sexual Health Planning Advisory Group (SHAG) advises the Yolo County Health Department on programs and services for HIV/AIDS & STD prevention efforts. This collaborative is made up of community members, and representatives of various community based organizations, agencies, and groups concerned about sexually transmitted disease and HIV/AIDS. SHAG meets monthly. This past year, SHAG has developed an HIV education and prevention plan and collaborated with a variety of groups, organizations, and agencies to coordinate provision of education and prevention services throughout Yolo County.

Other

Child Death Review Team includes representatives from the County Coroner, Health Department, Child Welfare Services, medical groups, schools, emergency

Yolo County Health Department – MCAH Collaboratives

rooms, DA's office, and EMS. This collaborative reviews every child death 0-18, to assure that no abuse or neglect was a factor in the death. The team determines if additional services are needed for the affected family and if preventative measures can be implemented to prevent future deaths. This collaborative meets monthly

Fetal Infant Mortality Review (FIMR) is a multi-disciplinary team that reviews selected fetal and infant deaths and determines if factors associated with death represent systemic challenges that require change. The team develops and implements interventions needed to reduce or eliminate factors contributing to the preventable fetal and infant mortality in accordance with California MCH Branch guidelines. In the past year, FIMR has been involved in forming a perinatal support group and developing a smoking task team to provide educational packets designed from Fresh Start for local providers in the community.

MCAH Action is a statewide organization of public health professionals committed to improving the health and well being of women, children, and families in California. This collaborative allows MCAH Directors/Coordinators to participate in state-sponsored trainings and activities to improve local MCAH programs. This collaborative meets quarterly. This past year MCAH Action submitted a response letter to the Little Hoover Commission, a bioterrorism position paper, a position paper on Comprehensive Sexual Health Education in California, and advocated for an increase in Title V funding to California and an increase in allocation funding to local MCAH programs.

Rural Action of Knights Landing consists of school district employees and community members. This collaborative provides leadership and services for the Knights Landing community. This group meets monthly. This past year, this collaborative has started an after-school program, continued case management services, and began clinical medical services.

Woodland Joint Unified School District Nurses Group is a new collaborative formed by school district nurses. Members of this collaborative also include psychologists, speech therapists, counselors, representatives from City of Woodland Recreation Department, MCAH Director, Yolo Family Resource Center Director, and representatives from Yolo Connections. This collaborative allows agencies to meet and exchange information, manage health services within the school district and best utilize available funding. This collaborative meets at least monthly.

Yolo County Children's Alliance and Child Abuse Prevention Coordinating Council (YCCA) is a partnership of various public and private community organizations that provide health, education and social services for children. This collaborative was created to improve the well being of youth and their families by working collaboratively to determine health priorities and coordinate

Yolo County Health Department – MCAH Collaboratives

resources. Meetings occur quarterly. In the past year this collaborative published The Yolo County Children’s Portfolio of various health-related indicators and held a community summit on January 23, 2004 involving over 160 service providers to identify problem areas to be targeted over the next year.

COMMUNITY RESOURCES (as of April 2004)

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
John H. Jones Clinic	950 Sacramento Avenue	West Sacramento	CA	95691	HIV Testing	English	
Esparto Family Practice	17050 S. Grafton Street	Esparto	CA	95627	HIV Testing	English	
Peterson Clinic	8 North Cottonwood	Woodland	CA	95695	HIV Testing	Spanish	
Planned Parenthood	520 Cottonwood Street, Suite 10	Woodland	CA	95695	HIV Testing	Spanish	
Planned Parenthood	520 Cottonwood Street, Suite 10	Woodland	CA	95695	Abortion	Spanish	
Sutter West Women's Health	2020 Sutter Place, Suite 203	Davis	CA	95616	Abortion	Spanish	
Beamer Street Detox Center	178 West Beamer Street	Woodland	CA	95695	Alcohol	English	
Cache Creek Lodge Inc.	435 Aspen Street	Woodland	CA	95695	Alcohol	English	
Chape-De Indian Health	175 West Court Street	Woodland	CA	95695	Alcohol	English	
Employee Assistance Program	1627 Oak Ave, Suite A	Davis	CA	95616	Alcohol	English	
John H. Jones Clinic	950 Sacramento Avenue	West Sacramento	CA	95691	Alcohol	Spanish	
Yolo County Alcohol and Drug Program	201 West Beamer Street	Woodland	CA	95695	Alcohol	Spanish	
Yolo County Alcohol and Drug Program	600 A Street	Davis	CA	95616	Alcohol	English	
Yolo County Alcohol and Drug Program	500 B Jefferson Blvd, Suite 150	West Sacramento	CA	95605	Alcohol	English	
Cache Creek Lodge Inc.	435 Aspen Street	Woodland	CA	95695	Anger Management Classes	English	
Sexual Assault & Domestic Violence Center	927 Main Street	Woodland	CA	95695	Anger Management Classes	English	
Yolo County Recorders Office	625 Court Street. #105	Woodland	CA	95695	Birth Certificate	English	
Yolo County Vital Statistics	10 Cottonwood	Woodland	CA	95695	Birth Certificate	English	
Woodland Healthcare	1325 Cottonwood	Woodland	CA	95695	Breastfeeding	English	
Yolo County WIC - Woodland	825 East Street, Suite 123	Woodland	CA	95695	Breastfeeding	Spanish	
Yolo County WIC - West Sacramento	500 Jefferson Boulevard, Bldg B	West Sacramento	CA	95605	Breastfeeding	Spanish	
Child Care Grant Program	600 A Street	Davis	CA	95616	Child Abuse/Child Care		
Child Care Resource & Referrals	600 A Street	Davis	CA	95616	Child Abuse/Child Care	Spanish	
Child Protective Services	25 North Cottonwood Street	Woodland	CA	95695	Child Abuse/Child Care	Spanish	
Esparto/Capay Valley Neighborhood Childcare Center	26479 Grafton Street, P.O. Box 526	Esparto	CA	95627	Child Abuse/Child Care	English	
Sexual Assault & Domestic Violence Center	927 Main Street	Woodland	CA	95695	Child Abuse/Child Care	English	

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Bereaved Parents Sharing and Support Groups	412 C Street	Davis	CA	95616	Counseling/Support Groups	English	
Cancer Support Group	1325 Cottonwood Street	Woodland	CA	95695	Counseling/Support Groups	English	
Children's Therapy Center	96 West Main Street	Woodland	CA	95695	Counseling/Support Groups	English	
Eating Disorders	1747 Oak Avenue	Davis	CA	95616	Counseling/Support Groups	English	
Families First	2100 5th Street	Davis	CA	95616	Counseling/Support Groups	English	
Family Resource Center	409 Lincoln Avenue	Woodland	CA	95695	Counseling/Support Groups	English	
Family Service Agency	455 First Street	Woodland	CA	95695	Counseling/Support Groups	English	
Family Service Agency	1105 Kennedy Place, Suite #2	Davis	CA	95616	Counseling/Support Groups	English	
Grandparents Raising Grandchildren	646 A Street	Davis	CA	95616	Counseling/Support Groups	English	
Grandparents Raising Grandchildren	630 Lincoln Avenue	Woodland	CA	95695	Counseling/Support Groups	English	
Interfaith Counseling Service	433 Russell Blvd.	Davis	CA	95616	Counseling/Support Groups	English	
Latina Outreach	927 Main Street, Suite A	Woodland	CA	95695	Counseling/Support Groups	Spanish	
Northern California Children's Services	125 Court Street	Woodland	CA	95695	Counseling/Support Groups	English	
RISE, Inc	168 Yolo Avenue, PO Box 616	Esparto	CA	95627	Counseling/Support Groups	Spanish	
Sexual Assault & Domestic Violence Center	927 Main Street	Woodland	CA	95695	Counseling/Support Groups	Spanish	
TOPS - Take Off Pounds Sensibly	1224 Cottonwood	Woodland	CA	95695	Counseling/Support Groups	English	
UCD Counseling Center	219 North Hall	Davis	CA	95616	Counseling/Support Groups	English	
Victim Witness Assistance Program	301 Second Street	Woodland	CA	95695	Counseling/Support Groups	English	
Volunteer Connection	327 College Street	Woodland	CA	95695	Counseling/Support Groups	English	
Yolo Connections/Family Support/Sister Friend Program	327 College Street, Suite 100	Woodland	CA	95695	Counseling/Support Groups	English	
Yolo County Community Care Continuum	1950 5th Street	Davis	CA	95616	Counseling/Support Groups	English	
Yolo County Mental Health	213 Beamer	Woodland	CA	95695	Counseling/Support Groups	English	
Yolo County Mental Health	500 B Jefferson Boulevard	West Sacramento	CA	95605	Counseling/Support Groups	English	
Yolo County Mental Health	600 A. Street	Davis	CA	95616	Counseling/Support Groups	English	
Yolo County Mental Health Association	328 D Street	Davis	CA	95616	Counseling/Support Groups	English	
Yolo Family Service Agency	455 First Street	Woodland	CA	95695	Counseling/Support Groups	English	
Yolo Hospice	132 E Street, Suite 3-E	Davis	CA	95617	Counseling/Support Groups	English	
Broderick Christian Center	110 6th Street	West Sacramento	CA	95605	Day Care	English	
Child Care Referrals	600 A Street	Davis	CA	95616	Day Care	Spanish	
Discovery Preschool	1020 F Street	Davis	CA	95616	Day Care	English	Low-Income
Esparto/Capay Valley Neighborhood Childcare Center	26479 Grafton Street, P.O. Box 526	Esparto	CA	95627	Day Care	English	
Washington Children's Center	1290 Carrie Street	West Sacramento	CA	95691	Day Care	Spanish	Low-Income
Yolo County Housing Authority	17050 Omega Street	Esparto	CA	95627	Day Care	English	Low-Income

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Yolo County Housing Authority	100 Myrtle Drive	Winters	CA	95694	Day Care	English	Low-Income
Yolo County Housing Authority	1285 Lemen Avenue	Woodland	CA	95776	Day Care	English	Low-Income
ABC Dental	970 Sacramento Ave	West Sacramento	CA	95691	Dental (Accepts Medical)	Spanish	Russian
ACME Dental	820 West Acre Road	West Sacramento	CA	95691	Dental (Accepts Medical)	Spanish	
Dr. Jose Aguilar	59 West Court	Woodland	CA	95695	Dental (Accepts Medical)	English	
Chapa De Indian Health	175 West Court Street	Woodland	CA	95695	Dental (Accepts Medical)	English	
The CommuniCare Clinic	2040 Sutter Place	Davis	CA	95616	Dental (Accepts Medical)	Spanish	
Esparto Dental Clinic	16827 Fremont Street	Esparto	CA	95627	Dental (Accepts Medical)	English	
Dr. Sidney Freeman	820 West Acre Road	West Sacramento	CA	95605	Dental (Accepts Medical)	Spanish	
Harbor Dental	825 Harbor Blvd.	West Sacramento	CA	95691	Dental (Accepts Medical)	Spanish	Russian
Dr. Robert Hune	821 Jefferson	West Sacramento	CA	95605	Dental (Accepts Medical)	Spanish	Russian
Dr. Shahryar Khodai	520 Cottonwood Street	Woodland	CA	95695	Dental (Accepts Medical)	Spanish	
Lincoln Dental Center	520 Cottonwood Street, Suite 11	Woodland	CA	95695	Dental (Accepts Medical)	Spanish	Russian
Dr. Richard Mandelaris	1791 Oak Avenue #C	Davis	CA	95616	Dental (Accepts Medical)	Spanish	Russian
Peterson Clinic	8 North Cottonwood Street	Woodland	CA	95695	Dental (Accepts Medical)	English	
Salud Clinic	500 Jefferson Boulevard, Suite B	West Sacramento	CA	95605	Dental (Accepts Medical)	Spanish	Russian
Dr. True	1035 Jefferson Blvd. #4	West Sacramento	CA	95605	Dental (Accepts Medical)	English	
Woodland Family Dental	58 West Court	Woodland	CA	95695	Dental (Accepts Medical)	Spanish	
Yolo Dental Practice	520 Cottonwood Street, #9	Woodland	CA	95695	Dental (Accepts Medical)	Spanish	
Dr. Zimmerman	127 Court Street	Woodland	CA	95695	Dental (Accepts Medical)	English	
Sexual Assault & Domestic Violence Center	927 Main Street	Woodland	CA	95695	Domestic Violence	Spanish	
Cache Creek Lodge Inc.	435 Aspen Street	Woodland	CA	95695	Drugs	English	
John H. Jones Clinic	950 Sacramento Avenue	West Sacramento	CA	95691	Drugs	English	
Peterson Clinic	8 North Cottonwood Street	Woodland	CA	95695	Drugs	English	
Davis Center for Psychotherapy	1621 Oak Avenue	Davis	CA	95616	Eating Disorders	English	
Omnibus Mental Health Association	1747 Oak Avenue	Davis	CA	95616	Eating Disorders	English	
Adult Education	315 West 14th Street	Davis	CA	95616	Education	Spanish	ESL

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Adult Education	575 Hayes Street	Woodland	CA	95695	Education	Spanish	ESL
Adult Education	920 West Acre Road	West Sacramento	CA	95691	Education	English	ESL
Alternative Special Education	1240 Harter Avenue	Woodland	CA	95776	Education	Spanish	
Alice Norman Elementary School	1200 Anna Street	West Sacramento	CA	95605	Education	English	K-6
Beamer Park Elementary School	525 Beamer Street	Woodland	CA	95695	Education	English	K-6
Birch Lane Elementary School	1600 Birch Lane	Davis	CA	95616	Education	English	K-6
Bryte Elementary School	637 Todhunter Avenue	West Sacramento	CA	95605	Education	English	K-6
Cache Creek High School	14320 2nd Street	Yolo	CA	95697	Education	English	10 thru 12
Cal-Learn	25 North Cottonwood Street	Woodland	CA	95695	Education	English	pregnant teens
California Human Development Corporation	117 West Main	Woodland	CA	95695	Education	Spanish	filling forms
Cesar Chavez Elementary School	1221 Anderson Road	Davis	CA	95616	Education	English	K-6
Dan Jacobs School	283 West Beamer Street	Woodland	CA	95695	Education	English	juvenile hall
Davis Midtown School	525 C Street	Davis	CA	95616	Education	English	
Davis Migrant Center	31550 County Road 105	Dixon	CA	95620	Education	English	
Davis Parent Nursery School	525 C Street	Davis	CA	95616	Education	English	
Davis School for Independent Study	526 B Street	Davis	CA	95616	Education	English	
Davis Senior High School	315 West 14th Street	Davis	CA	95616	Education	English	10 thru 12
Dingle Elementary School	625 Elm Street	Woodland	CA	95695	Education	English	K-6
Douglas Junior High School	525 Granada Drive	Woodland	CA	95695	Education	English	7 thru 9
Early Childhood Education Center	530 B Street	Davis	CA	95616	Education	English	K-6
Elkhorn Village Elementary	750 Cummins Way	West Sacramento	CA	95605	Education	English	K-6
Emerson Ralph Waldo Junior High School	2121 Calaveras Avenue	Davis	CA	95616	Education	English	7 thru 9
ESL Classes - West Sacramento	1200 Anna Street	West Sacramento	CA	95605	Education	English	literacy
ESL Classes - Woodland	575 Hayes Street	Woodland	CA	95695	Education	English	literacy
Esparto Elementary School	17120 Omega Street	Esparto	CA	95627	Education	English	K-5
Esparto Healthy Start Family Resource Center	17120 Omega Street	Esparto	CA	95627	Education	English	after-school
Esparto High School	17121 Yolo Avenue	Esparto	CA	95627	Education	English	9 thru 12
Evergreen Elementary School	919 West Acre Road	West Sacramento	CA	95691	Education	English	K-6
Fairfield Elementary School	26960 Country Road 96	Davis	CA	95616	Education	English	K-6
Families for Literacy	250 1st Street	Woodland	CA	95695	Education	English	Tutors
Freeman Elementary School	126 N. West Street	Woodland	CA	95695	Education	English	K-6
Gibson Elementary School	312 Gibson Road	Woodland	CA	95695	Education	English	K-6
Golden State Junior High School	1100 Carrie Street	West Sacramento	CA	95606	Education	English	7 thru 8

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Grafton Elementary School	9544 Mill Street	Knights Landing	CA	95645	Education	English	K-6
Greengate School for Exceptional Children	285 W. Beamer Street	Woodland	CA	95695	Education	Spanish	first steps program
Headstart/Early Headstart	635 California Street	Woodland	CA	95695	Education	Spanish	preschool 3-5
Early Headstart	626 West Lincoln Avenue	Woodland	CA	95695	Education	English	0-3
Headstart/Early Headstart	2455 West Capitol Avenue, Suite 110	West Sacramento	CA	95691	Education	English	
Holmes Junior High School	1220 Drexel Drive	Davis	CA	95616	Education	English	7 thru 9
Independent Learning Center	630 Cottonwood Street	Woodland	CA	95695	Education	Spanish	9 thru 12
John Clayton Kinderschool	200 Baker Street	Winters	CA	95695	Education	English	K
K-8 Home Study Program	630 Cottonwood Street	Woodland	CA	95695	Education	English	
King Continuation High School	635 B Street	Davis	CA	95616	Education	English	7 thru 9
Lee Junior High School	520 West Street	Woodland	CA	95695	Education	English	7 thru 9
Madison Community High School	PO Box 69	Esparto	CA	95627	Education	English	9 thru 12
Marguerite Montgomery Elementary School	1441 Danbury Street	Davis	CA	95616	Education	English	K-6
Martin Luther King High School	635 B Street	Davis	CA	95616	Education	English	10 thru 12
Maxwell Elementary School	50 Ashley Avenue	Woodland	CA	95695	Education	English	K-6
Migrant Education	151 B West Main Street	Woodland	CA	95695	Education	Spanish	
Migrant Head Start	39839 Road 17A	Woodland	CA	95695	Education	Spanish	6 mo - 5 years
North Davis Elementary School	555-E-14th Street	Davis	CA	95616	Education	English	K-6
Patwin Elementary School	222 Shasta Drive	Davis	CA	95616	Education	English	K-6
Pioneer Elementary School	5215 Hamel	Davis	CA	95616	Education	English	K-6
Plainfield Elementary School	20450 County Road 97	Woodland	CA	95695	Education	English	K-6
Regional Occupational Program	1240 Harter Avenue	Woodland	CA	95776	Education	Spanish	Adult & High School
River City High School	1100 Clarendon Street	West Sacramento	CA	95691	Education	English	9 thru 12
Shirley Rominger Intermediate School	502 Nieman Street	Winters	CA	95694	Education	English	4 thru 5
Southport Elementary School	2747 Linden Road	West Sacramento	CA	95605	Education	English	K-6
State Preschool Program	575 Hays Street Room 13	Woodland	CA	95695	Education	Spanish	3 to 5 years
Tafoya Elementary School	720 Homestead Drive	Woodland	CA	95695	Education	English	K-5
Teen Parent Center	1240 Harter Avenue	Woodland	CA	95695	Education	Spanish	prenatal & parenting
Tutor for ESL	9544 Mill Street	Knights Landing	CA	95645	Education	English	Tutors
Valley Oak Elementary School	1400 E. 8th Street	Davis	CA	95616	Education	English	K-6
Wagoner Elementary School	500 Edwards Street	Winters	CA	95694	Education	English	1 thru 3
West Sacramento Teen Parent Center	920 West Acre Road	West Sacramento	CA	95691	Education	Spanish	continuation
West Side School	1361 Merkley	West Sacramento	CA	95691	Education	English	7 thru 12

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Westfield Village Elementary School	508 Poplar Avenue	West Sacramento	CA	95691	Education	English	K-6
Westmore Oaks Elementary Schools	1504 Fallbrook	West Sacramento	CA	95691	Education	English	K-6
Whitehead Elementary School	624 W. Southwood Drive	Woodland	CA	95695	Education	English	K-6
Willett Elementary School	1207 Sycamore Lane	Davis	CA	95616	Education	English	K-6
Willow Spring Elementary School	1885 E. Gibson Road	Woodland	CA	95776	Education	English	K-6
Winters Middle School	425 Anderson Avenue	Winters	CA	95694	Education	English	6 thru 8
Winters Senior High School	101 Grant Avenue	Winters	CA	95694	Education	English	9 thru 12
Wolfskill High School	4922 Bowman Road	Winters	CA	95694	Education	English	continuation 9 thru 12
Woodland Christian High School	1787 Matmor Road	Woodland	CA	95776	Education	English	9 thru 12
Woodland Community College	41605 East Gibson Road	Woodland	CA	95695	Education	Spanish	ESL
Woodland JUSD Independent Learning Center	526 Marshall Avenue	Woodland	CA	95695	Education	English	9 thru 12
Woodland Prairie Elementary School	1444 Stetson Street	Woodland	CA	95776	Education	English	K-6
Woodland Senior High School	21 West Street	Woodland	CA	95695	Education	English	10 thru 12
Yolo Continuation School - W.S.	920 West Acre Road	West Sacramento	CA	95691	Education	English	
Yolo Literacy Council	250 First Street	Woodland	CA	95695	Education	Spanish	Tutors
Zamora Elementary School	1716 Cottonwood Street	Woodland	CA	95695	Education	English	K-6
AmeriCorps	327 College Street	Woodland	CA	95695	Employment	English	
CalWorks Employment & Social Services (DESS)	25 N. Cottonwood Street	Woodland	CA	95695	Employment	Spanish	
CalWorks Employment & Social Services (DESS)	500 A Jefferson Blvd. Ste. 110	West Sacramento	CA	95691	Employment	Spanish	
Department of Employment & Social Services (DESS)	25 N. Cottonwood Street	Woodland	CA	95695	Employment	Spanish	Russian
Department of Employment & Social Services (DESS)	500 A Jefferson Blvd. Ste. 110	West Sacramento	CA	95691	Employment	Spanish	Russian
Department of Rehabilitation	115 Main Street	Woodland	CA	95695	Employment	English	
E.D.D. - Employment Development Department	25 N. Cottonwood Street	Woodland	CA	95695	Employment	Spanish	
Social Security Administration	500 Jefferson Blvd, Building B	West Sacramento	CA	95691	Employment	English	
Chapa de Indian Health	175 West Court Street	Woodland	CA	95695	Family Planning	English	
The CommuniCare Clinic	2040 Sutter Place	Davis	CA	95616	Family Planning	Spanish	
Peterson Clinic	8 North Cottonwood Street	Woodland	CA	95695	Family Planning	English	
Planned Parenthood	520 Cottonwood Street	Woodland	CA	95695	Family Planning	English	

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Salud Clinic	500 B Jefferson Boulevard, #180	West Sacramento	CA	95605	Family Planning	Spanish	
Sutter West Medical Group	475 Pioneer Avenue, Ste. 400	Woodland	CA	95776	Family Planning	Spanish	
Sutter West Women's Health	2020 Sutter Place, Ste. 203	Davis	CA	95616	Family Planning	Spanish	
Abbey House	303 Abbey Street	Winters	CA	95694	Food/Clothing	English	
Broderick Christian Center Food Closet	110 Sixth Street	West Sacramento	CA	95691	Food/Clothing	English	
California Human Development Corp	117 West Main Street, Suite 11	Woodland	CA	95695	Food/Clothing	English	migrant family
Countryside Community Church	26479 Grafton Street, P.O. Box 156	Esparto	CA	95627	Food/Clothing	English	
Davis Community Meals, Shelter, Resource Center	1111 H Street	Davis	CA	95616	Food/Clothing	English	
Department of Employment & Social Services	25 North Cottonwood Street	Woodland	CA	95695	Food/Clothing	Spanish	
Department of Employment & Social Services	500A Jefferson Blvd., Suite 100	West Sacramento	CA	95605	Food/Clothing	English	Russian
Esparto Healthy Start	17120 Omega Street	Esparto	CA	95627	Food/Clothing	English	
Family Resource Center	518 Main Street	Woodland	CA	95695	Food/Clothing	English	
First Southern Baptist Church	2124 Michigan Boulevard	West Sacramento	CA	95691	Food/Clothing	Spanish	Russian
Food Bank of Yolo County	1244 Fortna Avenue	Woodland	CA	95776	Food/Clothing	English	
Federal Food Distribution	500 Jefferson Blvd	West Sacramento	CA	95605	Food/Clothing	English	
Federal Food Distribution	Railroad Avenue	Winters	CA	95694	Food/Clothing	English	
Federal Food Distribution	Gum & East Street	Woodland	CA	95695	Food/Clothing	English	
Food Closet	509 College	Woodland	CA	95695	Food/Clothing	English	
Food Locker	1321 Anna St.	West Sacramento	CA	95605	Food/Clothing	English	
Food Opportunities	120 N. Cottonwood St. #4	Woodland	CA	95695	Food/Clothing	English	
Holy Cross Church	1321 Anna St.	West Sacramento	CA	95605	Food/Clothing	English	
Holy Rosary St. Vincent de Paul	531 Walnut Street	Woodland	CA	95695	Food/Clothing	Spanish	
Pregnancy Support Group	30 Main Street, Suite B	Woodland	CA	95695	Food/Clothing	English	
S.T.E.A.C. - Short Term Emergency Action	Box 1047	Davis	CA	95617	Food/Clothing	English	
Seventh Day Adventist Church	29 Elliot Street	Woodland	CA	95695	Food/Clothing	English	
Wayfarer Center	201 4th Street, Box 1248	Woodland	CA	95695	Food/Clothing	Spanish	
West Sacramento Resource Center	604 Andrew Street	West Sacramento	CA	95605	Food/Clothing	Spanish	
WIC	825 East Street	Woodland	CA	95776	Food/Clothing	English	

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WIC	500 Jefferson Blvd., St. B	West Sacramento	CA	95605	Food/Clothing	English	
Winters Ministerial Alliance	512 First Street	Winters	CA	95694	Food/Clothing	Spanish	
Alta California Regional Center	250 W. Main Street., Ste. 100	Woodland	CA	95695	Genetics	English	
California Children's Services	825 East Street, Ste. 302	Woodland	CA	95695	Genetics	English	
Alta California Regional Center	250 W. Main Street., Ste. 100	Woodland	CA	95695	Handicapped/High Risk	English	
Alternative Education	1240 Harter	Woodland	CA	95695	Handicapped/High Risk	English	
California Children's Services	825 East Street, Ste. 302	Woodland	CA	95776	Handicapped/High Risk	English	
Children's Therapy Center	96 West Main Street	Woodland	CA	95695	Handicapped/High Risk	English	
Greengate School for Exceptional Children	285 West Beamer Street	Woodland	CA	95695	Handicapped/High Risk	Spanish	
Social Security	500 B Jefferson Blvd., Ste. 195	West Sacramento	CA	95605	Handicapped/High Risk	English	
Summerhouse	P.O. Box 1724	Woodland	CA	95776	Handicapped/High Risk	English	
Yolo Employment Services	660 6th Street	Woodland	CA	95695	Handicapped/High Risk	English	
Sutter Davis Hospital	2000 Sutter Place	Davis	CA	95616	Health	English	
Woodland Healthcare	1325 Cottonwood Street	Woodland	CA	95695	Health	English	
Yolo County Health Department	10 Cottonwood Street	Woodland	CA	95695	Health	English	
Yolo County Health Department	500 Jefferson Boulevard, Suite B	West Sacramento	CA	95605	Health	English	
Alhambra Apartments, The	4500 Alhambra Drive	Davis	CA	95616	Housing	English	AFDC/SSI & Sec.8
Autumn Run Apartments	1180 Matmor Road	Woodland	CA	95776	Housing	English	AFDC/SSI & Sec.8
Broderick Christian Center	110 Sixth Street	West Sacramento	CA	95691	Housing	English	Transitional Housing
Bryte Garden Apartments	815 Bryte Avenue #26	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Cambridge Square Apartments	225 N. Cleveland Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Carol Apartments	539 College Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Casitas Apartments	606 California Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Cherry Glen Apartments	762 W. Lincoln Avenue	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8

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CHOC (Community Housing Opportunity Corp)	1490 Drew Avenue	Davis	CA	95616	Housing	English	Affordable Housing, need >\$7000
College Greens	239 N. College Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
College Manor Apartments	411 Elliot Street	Woodland	CA	95695	Housing	English	
Colonial Terrace Apartments	59 W. Lincoln Avenue	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Community Lane Apartments	435 Community Lane	Woodland	CA	95695	Housing	English	Rent = 1/3 of income
Cottonwood Meadows	120 N. Cottonwood	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Courtside Towers Senior Apartments	320 West Court Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8, Seniors Only
Courtside Village Apartments	255 Sonoma Way	Woodland	CA	95695	Housing	English	Rent = 1/3 of income; Sec. 8
Courtwood Apartments	216 W. Court Street	Woodland	CA	95695	Housing	English	Sec. 8
Crossroads Village Apartments	222 Matmor Road	Woodland	CA	95776	Housing	English	Rent = 1/5 of income
Crosswood Apartments	646 Third Street	Woodland	CA	95695	Housing	English	Sec. 8
Davis Community Meals, Shelter & Resource Center	1111 H Street	Davis	CA	95616	Housing	English	Transitional Housing
Department of Social Services	25 N. Cottonwood Street	Woodland	CA	95695	Housing	English	Emergency Housing
Department of Social Services	500A Jefferson Blvd., Suite 100	West Sacramento	CA	95605	Housing	English	Emergency Housing
East Yolo Manor	500 6th Street	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8, Court Subsidized
Empress Apartments	174 W. Court Street	Woodland	CA	95695	Housing	English	AFDC/SSI
Fair Plaza #1	501 Daniel Street	Woodland	CA	95695	Housing	English	Sec. 8
Fair Plaza East	35 W. Clover Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8, Seniors Only
Glide Avenue Apartments	607 Glide Avenue #18	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Greenery Apartments	505 W. Cross Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Greens Apartment, The	251 W. Lincoln Avenue	Woodland	CA	95695	Housing	English	Sec. 8
Hacienda Del Sol	644 Alvarado Avenue	Davis	CA	95616	Housing	English	

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Harbor Park Apartments	3429 Evergreen Avenue	West Sacramento	CA	95605	Housing	English	
Haven House	168 College Street	Woodland	CA	95695	Housing	Spanish	Mental Illness
Heather Glenn	2324 Shasta Drive	Davis	CA	95616	Housing	English	Sec. 8
Heritage Oaks Apartments	186 Muir Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Holly Courts Aptarmens	445 Maple Street	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Hotel Woodland Apartments	436 Main Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Hunters Point Apartments	900 Todhunter	West Sacramento	CA	95691	Housing	English	Sec. 8
Ivy Towne	801 J Street	Davis	CA	95616	Housing	English	AFDC/SSI & Sec.8
J Street Apartments	1111 J Street	Davis	CA	95616	Housing	English	AFDC/SSI
Knights Landing Harbor Apartments	9320 Mill Street	Knights Landing	CA	95645	Housing	English	Seniors & Disabled
La Casa De Flores	517 Oxford Circle	Davis	CA	95616	Housing	English	AFDC/SSI
Lincoln Garden Apartments	836 W. Lincoln Avenue	Woodland	CA	95695	Housing	English	Seniors & Disabled
Lincoln Manor Apartments	150 Lincoln Avenue	Woodland	CA	95695	Housing	English	Sec. 8
Lisbon Garden Apartments	1617 Lisbon Avenue	West Sacramento	CA	95691	Housing	English	
Manorbrook Apartments	401 West Acre Road	West Sacramento	CA	95605	Housing	English	
Monterey Apartments	280 W. Court Street	Woodland	CA	95695	Housing	English	Sec. 8
Moria Gardens Apartments	1231 Gary Way	Woodland	CA	95695	Housing	English	AFDC/SSI
Northtowne Apartments	1037 North Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Park Place Apartments	1711 Sixth Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Pebblewood Apartments	260 California Street	Woodland	CA	95695	Housing	English	Rent = 1/3 of income, Sec.8
Pinecrest Apartments	920 Cranbrook Court	Davis	CA	95616	Housing	English	AFDC/SSI & HUD
Plaza Del Monte	522 Cottonwood Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Rental Property	220 5th Street #1	West Sacramento	CA	95691	Housing	English	AFDC/SSI & Sec.8
Ridgewood Apartments	90 W. Elliot Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Rivergate Apartments	900 Simon Terrace	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8

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Schaffnit Manor	630 Maple Street	West Sacramento	CA	95605	Housing	English	
Shade Tree Village Apartments	220 California Street	Woodland	CA	95695	Housing	English	Rent = 1/3 of income, Sec.8
Sharps & Flats Apartments	1660 Drew Avenue	Davis	CA	95616	Housing	English	AFDC/SSI & Sec.8
Sorrento Apartments	1540 Valdora	Davis	CA	95616	Housing	English	Sec. 8
Stella Senior Complex	25 W. Lincoln Avenue	Woodland	CA	95695	Housing	English	Rent = 1/3 of income, Seniors only
Summer Tree Apartments	6010 Community Lane	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8, Seniors Only
Sundance Apartments	510 Arthur Street	Davis	CA	95616	Housing	English	AFDC/SSI
Sunset Village Apartments	1611 Madrone Avenue	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Suntree Apartments	2033 F Street	Davis	CA	95616	Housing	English	Rent = 30% of income
Sycamore Lane Apartments	614 Sycamore Lane	Davis	CA	95616	Housing	English	AFDC/SSI
Tamarack Aaprtments	522 G Street	Davis	CA	95616	Housing	English	AFDC/SSI
Temescal Apartments	2477 Sycamore Lane	Davis	CA	95616	Housing	English	AFDC/SSI
Tiffany Manor Apartments	327 Pine Street	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Timber Apartments	250 Touchstone Drive	West Sacramento	CA	95605	Housing	English	AFDC/SSI
Touchstone Duplexes	2604 Duet Drive	West Sacramento	CA	95605	Housing	English	
Tuscany Villas	2526 East 8th Street	Davis	CA	95616	Housing	English	CHOC
Village, The	3000 Lillard Drive	Davis	CA	95616	Housing	English	AFDC/SSI
Walnut Manor Apartments	507 Cottonwood Street	Woodland	CA	95695	Housing	English	Rent = 1/3 of income
Walnut Wood Apartments	514 Community Lane	Woodland	CA	95695	Housing	English	Rent =1/3 of income
Walnut Woodland Apartments	586 California Street	Woodland	CA	95695	Housing	English	
Washington Courtyard Apartments	500 7th Street	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Wayfarer Center	201 4th Street	Woodland	CA	95695	Housing	English	Food, Shelter
West Capitol Courtyard Apartments	2455 West Capitol Avenue	West Sacramento	CA	95691	Housing	English	

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West Gate Garden Apartments	501 Michigan Blvd.	West Sacramento	CA	95691	Housing	English	
West Pointe Apartments	33 W. Elliott Street	Woodland	CA	95695	Housing	English	Rent = 1/3 of income, Sec.8
West Sacramento Resource Center	604 Andrews St.	West Sacramento	CA	95605	Housing	English	homeless
Westwood Apartments	260 W. Court Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Westwood Townhouse Apartments	800 Adams	Davis	CA	95616	Housing	English	AFDC/SSI & Sec.8
Willow Apartments, The	1959 Lake Blvd.	Davis	CA	95616	Housing	English	AFDC/SSI
Windmere Apartments	650 Community Lane	Woodland	CA	95695	Housing	English	Rent = 1/3 of income, Sec.8
Woodland Apartments	15 Woodland Avenue	Woodland	CA	95695	Housing	English	Sec. 8
Woodland Garden Apartments	1737 Sixth Street	Woodland	CA	95695	Housing	English	Sec. 8
Woodland Manor	127 Main Street	Woodland	CA	95695	Housing	English	AFDC/SSI & Sec.8
Woodland Oaks	724 Cottonwood Oaks	Woodland	CA	95695	Housing	English	Rent = 1/5 of income
Woodside Creek Club Apartments	555 Douglas #20	West Sacramento	CA	95605	Housing	English	AFDC/SSI & Sec.8
Woodside Glenn Apartments	311 N. College Street	Woodland	CA	95695	Housing	English	Rent = 1/3 of income
Davis Migrant Camp		Davis	CA	95616	Housing	English	migrant camp
Madison Migrant Camp	29289 Highway16, PO Box 44	Madison	CA	95653	Housing	English	migrant camp
Winters Child Development Center	100 Mrytle Drive	Winters	CA	95694	Housing	English	migrant camp
Immigration	117 W. Main Street	Woodland	CA	95695	Immigration	English	
Yolo County Health Department	10 Cottonwood Street	Woodland	CA	95695	Immunization Clinic	English	
Yolo County Health Department	500 Jefferson Boulevard, Suite B	West Sacramento	CA	95605	Immunization Clinic	English	
Kaiser Permanente Clinic	1955 Cowell	Davis	CA	95617	Labor & Delivery Preparation Classes	English	
Sutter Davis Hospital	2000 Sutter Place	Davis	CA	95616	Labor & Delivery Preparation Classes	Spanish	
Woodland Healthcare	1325 Cottonwood	Woodland	CA	95695	Labor & Delivery Preparation Classes	English	

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California Human Development Corp.	117 W. Main Street, Suite 11	Woodland	CA	95695	Legal	English	
Fair Housing Services	300 First Street	Woodland	CA	95695	Legal	English	
Legal Advocacy	500 A Jefferson Blvd., Suite 110	West Sacramento	CA	95605	Legal	English	
Legal Services of Northern California	619 North Street	Woodland	CA	95695	Legal	Spanish	
Restraining Order Clinics	927 Main Street	Woodland	CA	95695	Legal	English	
Victim Witness Program	301 Second Street	Woodland	CA	95695	Legal	English	
Yolo County Patients Rights Advocacy	328 D Street	Davis	CA	95616	Legal	English	mental health issues
Dr. Rigoberto Barba	520 Cottonwood	Woodland	CA	95695	Medicine	Spanish	
Dr. Ami Bautista-Vaughn	2660 W. Covell Blvd., #C	Davis	CA	95616	Medicine	English	
Chapa De Indian Health	175 W. Court Street	Woodland	CA	95695	Medicine	English	
CommuniCare Clinic, The	2040 Sutter Place	Davis	CA	95616	Medicine	Spanish	
CommuniCare Clinic, The	950 Sacramento Avenue	West Sacramento	CA	95605	Medicine	Spanish	
Dr. William Davis	23 Main Street	Winters	CA	95694	Medicine	Spanish	children only
Dr. Peter Droubay	765 W. Covell Blvd.	Davis	CA	95616	Medicine	Spanish	internal medicine
Esparto Family Practice	17050 S. Grafton	Esparto	CA	95627	Medicine	Spanish	
Dr. James Eusebio	2020 Sutter Place #201	Davis	CA	95616	Medicine	Spanish	
Dr. Elisa Horta	475 Pioneer Avenue	Woodland	CA	95776	Medicine	Spanish	
Molina Medical Centers	3 Court Street	Woodland	CA	95695	Medicine	Spanish	
Peterson Clinic	8 North Cottonwood	Woodland	CA	95695	Medicine	Spanish	
Planned Parenthood	520 Cottonwood Street, Suite 10	Woodland	CA	95695	Medicine	Spanish	
Salud Clinic	500B Jefferson Boulevard. #180	West Sacramento	CA	95691	Medicine	Spanish	
Dr. Barbara Shea D.O.	239 W. Court Street	Woodland	CA	95695	Medicine	English	
Dr. Robert Silva	2020 Sutter Place #201	Davis	CA	95616	Medicine	Spanish	internal medicine
Dr. Steven Smith	635 Anderson Road #10	Davis	CA	95616	Medicine	English	
Dr. Lansing Stenson	2020 Sutter Place, Ste. 101	Davis	CA	95616	Medicine	Spanish	
Winters Medical Group	111 East Grant Avenue	Winters	CA	95694	Medicine	Spanish	
Woodland Healthcare	1207 Fairchild Court	Woodland	CA	95695	Medicine	Spanish	
Yolo County Children's Medical Services	178 W. Beamer Street	Woodland	CA	95695	Medicine	English	
California Children's Services	825 East Street, Suite 302	Woodland	CA	95776	Medicine	English	
CommuniCare Clinic, The	2040 Sutter Place	Davis	CA	95616	OB/GYN	Spanish	
Dr. Carla Fulton-Kakutani	111 E Grant Avenue	Winters	CA	95694	OB/GYN	Spanish	
Dr. Elisa Horta	475 Pioneer Avenue	Woodland	CA	95776	OB/GYN	Spanish	
Dr. Peter Koch	1207 Fairchild Court	Woodland	CA	95695	OB/GYN	English	
Molina Medical Centers	3 Court Street	Woodland	CA	95695	OB/GYN	Spanish	

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Dr. Elisabeth Patterson	2220 Sutter Place	Davis	CA	95616	OB/GYN	Spanish	
Peterson Clinic	8 North Cottonwood	Woodland	CA	95695	OB/GYN	Spanish	
Planned Parenthood	520 Cottonwood Street, Suite 10	Woodland	CA	95695	OB/GYN	Spanish	
Salud Clinic	500B Jefferson Boulevard. #180	West Sacramento	CA	95691	OB/GYN	Spanish	
Dr. Gayle Sutcliffe	111 E. Grant Avenue	Winters	CA	95694	OB/GYN	English	
Sutter Davis Hospital	2000 Sutter Place	Davis	CA	95616	OB/GYN	Spanish	
Woodland Healthcare	1204 Fairchild Court	Woodland	CA	95695	OB/GYN	Spanish	
Davis Parks and Recreation	23 Russell Boulevard	Davis	CA	95616	Parenting Classes & Groups	English	
Esparto Healthy Start	17120 Omega Street	Esparto	CA	95627	Parenting Classes & Groups	English	
Family Resource Center	518 Main Street	Woodland	CA	95695	Parenting Classes & Groups	English	
Yolo Family Service Agency	455 First Street	Woodland	CA	95695	Parenting Classes & Groups	English	
Pregnancy Support Group	30 Main Street, Suite B	Woodland	CA	95825	Parenting Classes & Groups	English	
Woodland Adult Education	575 Hays Street	Woodland	CA	95695	Parenting Classes & Groups	English	
Yolo Connections/Sister Friend	327 College Street, Ste. 100	Woodland	CA	95695	Parenting Classes & Groups	English	
Cal Learn	25 N. Cottonwood Street	Woodland	CA	95695	Pregnancy Support	English	
Comprehensive Perinatal Serices Program (CPSP)	8 North Cottonwood	Woodland	CA	95695	Pregnancy Support	Spanish	
Comprehensive Perinatal Serices Program (CPSP)	2040 Sutter Place	Davis	CA	95616	Pregnancy Support	Spanish	
Comprehensive Perinatal Serices Program (CPSP)	500B Jefferson Boulevard. #180	West Sacramento	CA	95691	Pregnancy Support	Spanish	
Davis Pregnancy Resource Center	712 5th St., Ste. E	Davis	CA	95616	Pregnancy Support	English	
Pregnancy Support Group	30 Main Street, Suite B	Woodland	CA	95695	Pregnancy Support	English	
Tots Trade Center	231 G Street	Davis	CA	95616	Pregnancy Support	English	
4H Yolo County	70 Cottonwood Street	Woodland	CA	95695	Recreation	English	
YMCA	1300 College Street	Woodland	CA	95695	Recreation	English	
Child Care Services Resource & Referral	600 A Street	Davis	CA	95616	Resources for Low Income Families	English	
Davis Community Meals, Shelter, Resource Center	1111 H Street	Davis	CA	95616	Resources for Low Income Families	English	
Department of Social Services	25 N. Cottonwood Street	Woodland	CA	95695	Resources for Low Income Families	English	
Department of Social Services	500A Jefferson Blvd.	West Sacramento	CA	95691	Resources for Low Income Families	English	

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Esparto Healthy Start	17120 Omega Street	Esparto	CA	95627	Resources for Low Income Families	English	
Families First	2100 5th Street	Davis	CA	95616	Resources for Low Income Families	English	
Family Resource Center	409 Lincoln Avenue	Woodland	CA	95695	Resources for Low Income Families	English	
RISE, nc	16858 Yolo Avenue PO Box 616	Esparto	CA	95627	Resources for Low Income Families	English	
YCHIP - Indigent Program	10 Cottonwood Street	Woodland	CA	95695	Resources for Low Income Families	English	
YCHIP - Indigent Program	500A Jefferson Blvd.	West Sacramento	CA	95691	Resources for Low Income Families	English	
Yolo Connections/Family Support/Sister Friend Program	327 College Street, Ste. 100	Woodland	CA	95695	Resources for Low Income Families	English	
American Red Cross	120 Court Street	Woodland	CA	95695	Safety	English	
Car Seat Program - Yolo County	10 Cottonwood Street	Woodland	CA	95695	Safety	English	
CommuniCare Clinic, The	2040 Sutter Place	Davis	CA	95616	STDs	Spanish	
Peterson Clinic	8 North Cottonwood	Woodland	CA	95695	STDs	Spanish	
Planned Parenthood	520 Cottonwood Street, Suite 10	Woodland	CA	95695	STDs	Spanish	
Salud Clinic	500B Jefferson Boulevard. #180	West Sacramento	CA	95691	STDs	Spanish	
Woodland Healthcare	1204 Fairchild Court	Woodland	CA	95695	STDs	Spanish	
Yolo County Tobacco Education Program	10 Cottonwood Street	Woodland	CA	95695	Tobacco	English	
Turner Library	1212 Merkley Avenue	West Sacramento	CA	95605	Toys	English	
Woodland Toy Library	1017 Main Street	Woodland	CA	95695	Toys	English	
Sycamore Park	1313 Sycamore Lane	Davis	CA	95616	Twins & Parents Support Groups	English	
Ferns Park		Woodland	CA	95695	Twins & Parents Support Groups	English	
Community Room	315 E. 14th Street	Davis	CA	95616	Twins & Parents Support Groups	English	
Dr. Milton Blackman	231 C. Street	Davis	CA	95616	Vision	English	

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Dr. Chang	1029 Jefferson Blvd. #B	West Sacramento	CA	95691	Vision	English	
Dr. Eliopoulos	316 Walnut Street	Woodland	CA	95695	Vision	English	
Harbor Optometry	809 Harbor Boulevard	West Sacramento	CA	95605	Vision	English	
Lions Club	PO Box 795	Woodland	CA	95695	Vision	English	
Dr. May	1029 Jefferson Blvd., #B	West Sacramento	CA	95695	Vision	English	
Dr. Paul Smith	316 Walnut Street	Woodland	CA	95695	Vision	English	
Dr. Wampler	1035 Jefferson Boulevard, Suite 1	West Sacramento	CA	95605	Vision	English	
Dr. Lily Wang	113 Court Street	Woodland	CA	95695	Vision	English	
WIC	825 East Street	Woodland	CA	95776	WIC	English	
WIC	500 Jefferson Blvd., St. B	West Sacramento	CA	95605	WIC	Spanish	
WIC	17050 S. Grafton Street	Esparto	CA	95627	WIC	Spanish	
WIC	201 First Street	Winters	CA	95694	WIC	Spanish	
CHDC Head Start	626 Lincoln Avenue	Woodland	CA	95695	CHDP Provider		
Davis Community Clinic	2040 Sutter Place	Davis	CA	95616	CHDP Provider		
Knight's Landing Clinic	9586 Mill Street, PO Box 216	Knight's Landing	CA	95645	CHDP Provider		
Peterson Clinic	8 North Cottonwood Street	Woodland	CA	95695	CHDP Provider		
Salud Clinic	500 B Jefferson Blvd	West Sacramento	CA	95691	CHDP Provider		
Dr. William Davis M.D.	23 Main Street	Winters	CA	95694	CHDP Provider		
Esparto Family Practice	PO Box 134	Esparto	CA	95627	CHDP Provider		
Harbor Medical Clinics	804 Harbor Blvd	West Sacramento	CA	95691	CHDP Provider		
Molina Clinic Woodland	3 Court Street	Woodland	CA	95695	CHDP Provider		
Molina Clinic West Sacramento	954 Sacramento Avenue	West Sacramento	CA	95605	CHDP Provider		
Nomis Medical Center	155 15th Street	West Sacramento	CA	95691	CHDP Provider		
Riverbend Medical Association	1050 Jefferson Blvd	West Sacramento	CA	95691	CHDP Provider		
Sacramento Family Medical Clinics	2727 West Capitol Avenue	West Sacramento	CA	95605	CHDP Provider		
Sutter West Davis Medical Group	2020 Sutter Place, Ste 201	Davis	CA	95616	CHDP Provider		
Sutter West Davis Covell Family Practice Group	765 West Covell Blvd	Davis	CA	95616	CHDP Provider		

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Sutter West Medical Group - Family Practice	111 E. Grant Avenue	Winters	CA	95694	CHDP Provider		
Sutter West Medical Group - Woodland Family Practice	Pioneer Avenue, Suite 400	Woodland	CA	95776	CHDP Provider		
Sutter West Dixon Family Practice Group	635 Anderson Road	Davis	CA	95616	CHDP Provider		
Woodland Healthcare - Family Practice	239 W. Court St. Ste B	Woodland	CA	95695	CHDP Provider		
Woodland Healthcare	1207 Fairchild Court	Woodland	CA	95695	CHDP Provider		
Woodland Healthcare - Davis	2660 West Covell, Ste A	Davis	CA	95616	CHDP Provider		
3rd & B Davis Teen Center	303 Third Street	Davis	CA	95616	Teen Resources		
4-H of Yolo County	70 Cottonwood Street	Woodland	CA	95695	Teen Resources		
Acme Theatre Company							
Adolescent Family Life Program	25 North Cottonwood Street	Woodland	CA	95695	Teen Resources		Spanish
Adolescent Sibling Pregnancy Prevention Program -	25 North Cottonwood Street	Woodland	CA	95695	Teen Resources		
Yolo County Health Department							
Allied Services for Kids (Ask) Crisis Line	455 First Street	Woodland	CA	95695	Teen Resources		
Alta California Regional Center - Yolo County Health Department		Woodland	CA		Teen Resources		
American Field Service (AFS)							
Armory Teen Center		Woodland	CA		Teen Resources		
Boy Scouts			CA		Teen Resources		
California Kids Healthcare Foundation							
Campfire			CA		Teen Resources		
Child Care Grant Program	600 A Street	Davis	CA		Teen Resources		
Child Care Resource and Referral	600 A Street	Davis	CA		Teen Resources		
Child Health & Disability Prevention Program, Health Department					Teen Resources		
Children's System of Care, Alcohol, Drug, and Mental Health Services Department					Teen Resources		
Crossroads Group Home, Woodland Youth Services					Teen Resources		
Families First, Inc		Davis	CA		Teen Resources		
Get Ready, Yolo County Health Department					Teen Resources		
Girl Scouts of Tierra del Oro					Teen Resources		
Horizon School		Woodland	CA		Teen Resources		
Independent Living Skills Program/Transitional Housing Program, Employment & Social Services Department					Teen Resources		
John H. Jones Community Clinic	950 Sacramento Avenue	West Sacramento	CA		Teen Resources		

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Make a Wish Foundation of Sacramento & Northeastern CA	1401 Halyard Drive, Suite 130	West Sacramento	CA	95691	Teen Resources		
Mentor Coalition, Hands Together					Teen Resources		
National Youth Sports Program					Teen Resources		
Northern California Children's Therapy Center					Teen Resources		
Outdoor Adventures, University of California, Davis					Teen Resources		
PACT, Hands Together, Inc					Teen Resources		
Parks and Community Services	23 Russell Blvd	Davis	CA	95616	Teen Resources		
Planned Parenthood	520 Cottonwood Street	Woodland	CA	95695	Teen Resources		
Planned Parenthood		Sacramento	CA		Teen Resources		
Pregnancy Support Group	30 Main Street, Suite B	Woodland	CA		Teen Resources		
Progress Ranch Treatment Services for Children					Teen Resources		
Project LEAN		West Sacramento	CA		Teen Resources		
Sexual Assault & Domestic Violence Center	933 Court Street	Woodland	CA		Teen Resources		
Shriner's Hospital for Children Northern California					Teen Resources		
Suicide Prevention Crisis Line	P.O. Box 622	Davis	CA		Teen Resources		
Suicide Prevention Secondary School Program	P.O. Box 622	Davis	CA		Teen Resources		
Sutter Davis Hospital	2000 Sutter Place	Davis	CA		Teen Resources		
Teen Clinic, CommuniCare Health Centers	2040 Sutter Place	Davis	CA		Teen Resources		
Teen Clinic, CommuniCare Health Centers, Peterson		Woodland			Teen Resources		
Teen Clinic, CommuniCare Health Centers, Salud Clinic		West Sacramento			Teen Resources		
Teen Outreach, CommuniCare Health Centers					Teen Resources		
Tobacco Cessation Program, CommuniCare Health Centers					Teen Resources		
Tobacco Education, Health Department					Teen Resources		
Woodland Youth Services Group Home for Boys, Woodland Youth Services					Teen Resources		
YMCA	1300 College Street	Woodland	CA	95695	Teen Resources		
Yolo County Cal-Learn	25 North Cottonwood Street	Woodland	CA	95695	Teen Resources		
Yolo County Conservation Partnership, Probation Department					Teen Resources		
Yolo County Friday Night Live/Club Live		Woodland	CA		Teen Resources		

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>St</u>	<u>Zip</u>	<u>Resource Type</u>	<u>Language</u>	<u>Notes</u>
Yolo Family Service Agency Services	455 First Street	Woodland West Sacramento	CA	95695	Teen Resources Teen Resources		
Youth for Recovery - CommuniCare Health Centers	950 Sacramento Avenue	West Sacramento	CA	95605	Teen Resources		
Youth for Recovery - CommuniCare Health Centers		Woodland	CA		Teen Resources		
Youth for Recovery - CommuniCare Health Centers		Davis	CA	95616	Teen Resources		

APPENDIX G

MCAH CAPACITY ASSESSMENT



MCH Capacity Rating and Reporting Tool

For assistance in using this form, see “Supplement/Guidance to Assist Use of the MCH Capacity Rating and Reporting Tool and the Assessment Worksheets”

Part I. Capacity Assessment				
Assess MCH capacity in each of the areas below:	Rate capacity in each area by checking a number: 4 = strong, 3 = adequate 2 = inadequate, 1= weak Strong Weak			
A. Organizational relationship <u>within</u> Health Department	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Summary of Opportunities Increased activities/involvement by program staff in the program as well as with community/medical providers will be realized. Ongoing, regular meetings with key MCAH/related staff will promote better coordination of activities.				
Summary of Challenges Lack of full-time staff, which impacts program responsibilities. Lack of administrative support for the Directors, which impacts their ability to be involved in community-wide activities/coalitions/etc.				
B. Cultural competency	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Summary of Opportunities Have the ability to interact with Hispanic, Russian, Hmong, Mien, Cambodian and Chinese constituencies in a culturally competent manner. Receive knowledge/understanding of the dominant cultures through ongoing trainings/celebrations. Held a community-wide forum on health disparities.				
Summary of Challenges Keeping abreast of new cultures coming into the County. Ensuring that all staff receive training. Lack of funds/staff to develop materials in appropriate languages or to work in all programs/at all sites.				
C. Resources	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Summary of Opportunities Reorganization of staff/orientation of new staff will promote creativity and generate new ideas. Improved coordination/partnerships between departments/community/staff will promote quality programs and maximize resources.				
Summary of Challenges Lack of staff/funding, which impact program responsibilities/ability to generate funds/develop policies and procedures/purchase a database system.				
D. Coordination/Collaboration with other <u>Agencies/CBOs</u>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Summary of Opportunities Key MCAH staff are actively involved in coordination/collaboration and have established many agencies/CBOs as partners in promoting the health/well being of the community. Line staff participate in at least one community meeting on a regular basis.				
Summary of Challenges Lack of staff/funds to devote the amount of time/money needed to adequately participate in this activity/generate funding				
E. Other <u>None</u>	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

MCH Capacity Rating and Reporting Tool

Core Public Health/ MCH Functions	Rate capacity in each area by checking a number: 4 = strong, 3 = adequate 2 = inadequate, 1= weak Strong Weak			
1. Monitor health status	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Having reliable, current data promotes the ability to evaluate programs/ generate additional funds/lead to better policies/decisions. Developing standardized data regions within county so sub-county rural areas are aggregated in a way that improves data quality while remaining relevant to community members/policymakers.</p> <p>Summary of Challenges One epidemiologist is available to MCAH on a very limited basis due to lack of funding, which may impact the ability to obtain needed data in a timely manner. Health indicators often based on small numbers of events. Rural/other small populations data are difficult to capture/assess.</p>				
2. Diagnosis & investigate community problems	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Comprehensive training/policies/procedures being developed to improve knowledge/understanding of staff. Have the ability to coordinate with other health/social services/community-based agencies.</p> <p>Summary of Challenges Lack of funding for additional staff dedicated to the MCAH program. Ensuring adequate training of staff. Ensuring policies/procedures are in place.</p>				
3. Inform, educate, empower people	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Have staff who have expertise/knowledge. Developed connections with schools/childcare centers/ other groups. Media willing to work with staff. Improved coordination between divisions/staff to promote better coordination of activities.</p> <p>Summary of Challenges Lack of funds for additional staff. Categorical funding streams that impact the ability to coordinate activities.</p>				
4. Mobilize community partnerships	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Have staff able to identify/involve stakeholders/build networks/coalitions/collaboratives to work on MCAH issues. Training opportunities to develop knowledge/skills around these activities.</p> <p>Summary of Challenges Lack of funding for adequate staffing/training. Funding challenges community-wide.</p>				
5. Develop policies and plans	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Development of scheduled planning meetings with key staff who are committed to MCAH population. Developing training for staff regarding issues/roles/leadership in the community around MCAH.</p> <p>Summary of Challenges Lack of staff to adequately meet this function. Lack of funding for additional dedicated staff.</p>				

MCH Capacity Rating and Reporting Tool

6. Link women and children to services	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Plan to have regularly scheduled departmental meetings to coordinate services/activities/programs. Develop training to increase knowledge/skills of staff involved with community groups. Improved involvement with collaboratives/coalitions.</p>				
<p>Summary of Challenges Lack of funding for additional staff. Categorical funding streams impact the ability to coordinate activities. Lack of access to certain services, i.e. mental health/oral health/housing/transportation.</p>				
7. Evaluate effectiveness, access and quality of population based services	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1
<p>Summary of Opportunities Have an epidemiologist who is able to assist with the development of evaluation tools/database system.</p>				
<p>Summary of Challenges Lack of staff dedicated to developing an evaluation component to existing internal programs/assisting healthcare providers/plans in evaluating services/programs. Lack of funding for staff/database system.</p>				
8. Research for insights/solutions	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1
<p>Summary of Opportunities Have a university in the County. Explore partnering with other divisions/medical groups/UC Davis researchers to investigate researching issues.</p>				
<p>Summary of Challenges Identifying areas where current data are lacking/insufficient. Involving community in identifying new solutions. Evaluating effectiveness of new activities.</p>				
Part II. Capacity Assessment				
List emerging issues/policies in the public or private health care sectors that impact the local MCH program	Briefly describe MCH impact and response			
1. Obesity – Nutrition and Fitness	Overweight children/pregnant women. Increase in diabetes among children/hypertension in teens/poor birth outcomes. Include in the Five-Year Plan.			
2. Budget/Funding Crisis – adequacy of core Public Health Functions/Health Care	Decrease in health care access/providers/services. Undocumented families may not receive services. Lack of staff to adequately work with community to respond to the issues.			
3. Air Pollution/Asthma	Increase in illnesses/school absences associated with increase in asthma among children.			
List ongoing issues/policies in the public or private health care sectors that impact the local MCH program	Briefly describe MCH impact and response			
1. Substance Abuse – pregnant women/youth.	Provider trainings around perinatal substance abuse issues. Youth substance abuse in Five-Year Plan.			
2. Adequacy of prenatal care - late entry into care.	Inconclusive study done. Exploring opportunities for repeating the study with the Manage Care Health Plan.			
3.				

MCH Capacity Rating and Reporting Tool

List Collaboratives / Networks that MCH <u>convenes</u>	For its major planning body or bodies, provide a full description of membership or include roster/representation in an appendix. For others, summarize membership categories, e.g., child advocates, social services representatives, etc.
1. Y-FIT (Yolo Fitness) Community Collaborative	See Appendix F
2. Asthma Coalition	See Appendix F
3.	
4.	
5.	
6.	
List Collaboratives / Networks in which MCH <u>participates</u> as a member.	Summarize membership (see above)
1. See Appendix F	
2.	
3.	
4.	
5.	
(If applies) Briefly highlight any research activities MCH is involved in and how the findings have been used to increase MCH capacity or affect policies.	
1. Not Applicable	
2.	

APPENDIX H

MCAH ADVISORY BOARD RECOMMENDATIONS



Yolo MCAH Needs Assessment
MCAH Advisory Board Recommendations for Priorities:
Lifelong Nutrition: The Link Between Breastfeeding and Obesity

1. Nutrition: Obesity & Breastfeeding
 - a. Theoretical Justification (why these issues & indicators fit together)
 - i. Breastfeeding and obesity are linked for both mothers and children. Breastfeeding helps mothers to lose weight after childbirth (a little-known but motivating fact amongst many teen mothers), and is also linked to a reduction in childhood obesity¹, as well as many other health factors (immune system & allergies, asthma etc.) as well as cognitive and social development². When breastfed, children are less likely to be overfed, when they are done, they are allowed to stop eating; this promotes an ability to “listen to your body” and not overeat.
 - ii. MCAH has two primary populations of interest: mothers, and children.
 - iii. The preferred method of intervention for Public Health in general is primary prevention.
 - iv. A Nutrition priority emphasizing the preventative health benefits of breastfeeding, for both mothers and children, would be in line with Yolo County’s current health priorities (i.e., the Public Health Dept and the Children’s Alliance) and in line with MCAH’s own values of preventative care & education for mothers and children.
 - b. What the data say
 - i. California has a long-range health goal of reducing childhood obesity to 5%.
 - ii. Yolo, like the rest of the state, comes in far above the goal on this indicator, showing rates of childhood obesity or obesity risk between 30% and 35% for middle school to high school students³; and 7% to 13% childhood obesity in younger children⁴.
 - iii. Though we’re not doing worse than the rest of the state, we are far behind the goal.
 - c. Primary indicators affected
 - i. % of mothers who plan to exclusively breastfeed
 1. hospital discharge data for newborn screening tests
 - ii. Breastfeeding initiation
 1. available through WIC
 2. available through post-natal visit records?
 - iii. Length of breastfeeding (exclusive or non-exclusive?)
 1. available through WIC
 - d. Secondary indicators potentially affected
 - i. Childhood obesity at 12 months, available through CHDP
 - ii. Childhood obesity 12 – 23 months, available through CHDP
 - iii. Childhood obesity 2-4 years, available through CHDP
 - iv. # children with dental caries
 - v. Adult obesity
 - e. Action plan options
 - i. Breastfeeding education for groups unlikely to start (i.e. teen moms)
 - ii. Address cultural issues preventing women from starting or others from being supportive
 - iii. Address needs of working moms (workplace supporting breastfeeding)
 - iv. Fit within a nutrition campaign: Good Nutrition is Prevention, and Good Nutrition Starts with Breastfeeding.

¹ Dewey, K. recent report on research on the relationship between breastfeeding and obesity

² Pollit, E. International studies of breastfeeding and children’s health

³ Yolo County Children’s Portfolio 2003, Yolo County Children’s Alliance

⁴ Key Indicators of Well-being for children 0 – 5 Yolo County Health Department, 1999

Yolo MCAH Needs Assessment
MCAH Advisory Board Recommendations for Priorities:
Safe Families, Safe Children:
The Link Between Substance Abuse and Child Abuse

2. Abuse: Child Abuse and Substance Abuse

a. Theoretical Justification (why address the link between these two)

- i. Over and over we see a link between substance abuse and child abuse in vulnerable families.
- ii. The issues of domestic violence, child abuse, and substance abuse, mental health, and poverty are intertwined.
 1. In 2001, 62% of CPS cases were referred for substance abuse services, and the number appears to be on the rise.⁵
 2. Over 1/3 of Yolo County CalWORKS clients (poor mothers with children) were referred for substance abuse and/or mental health services.⁶
 3. It is estimated that at least 50% of women on Public Assistance experience moderate to severe domestic violence.⁷
 4. In families where there is domestic violence, there is a 40-70% higher likelihood of child abuse.⁸
 5. Substance abuse is one of the strongest predictors of substantiated neglect or abuse of infants.⁹
 6. 1/3 of youths in Juvenile Drug Court are wards of the court,¹⁰ showing the cycle of child abuse and substance abuse continue for those children who were placed in out-of-home care.
- iii. By addressing the link between substance abuse and child abuse, using early identification of families at risk, we can address not only the concurrent mental health issues for parents, but also for children. With early intervention we can reduce the numbers of children who end up with substantiated cases of abuse, and who end up in foster care, continuing the cycle of neglect and abuse themselves.

b. What the Yolo County data say

- i. As of 1999, 11% of women in our region were testing positive for alcohol use at delivery, 17.5% tested positive for alcohol or drugs; and these are under-estimates of use during pregnancy.¹¹
- ii. The number of children in out-of-home placement in Yolo has been increasing in the 1990's, and more than half of first-time placements are children under 5.¹²
- iii. The % of children entering group care, rather than foster care, is increasing in Yolo.¹³
- iv. In 2001, 62% of CPS cases were referred for substance abuse services, and the number appears to be on the rise.¹⁴

c. Primary indicators affected

- i. Substantiated cases of child abuse and neglect
- ii. Percent of children in foster care
- iii. Ratio of first calls to CPS to substantiated cases of abuse & neglect

d. Secondary indicators affected

⁵ The Impact of Alcohol and Drugs on Health and Safety, Yolo County Health Department, 2002

⁶ The Impact of Alcohol and Drugs on Health and Safety, Yolo County Health Department, 2002

⁷ I have this statistic and reference in my lecture on DV.

⁸ Key Indicators of Well-being for children 0 – 5, Yolo County Health Department, 1999

⁹ Perinatal Predictor of Early Child Abuse and Neglect, Myrna Epstein, County of Yolo, 2001

¹⁰ The Impact of Alcohol and Drugs on Health and Safety, Yolo County Health Department, 2002

¹¹ Key Indicators of Well-being for children 0 – 5, Yolo County Health Department, 1999

¹² Key Indicators of Well-being for children 0 – 5 Yolo County Health Department, 1999

¹³ Key Indicators of Well-being for children 0 – 5 Yolo County Health Department, 1999

¹⁴ The Impact of Alcohol and Drugs on Health and Safety, Yolo County Health Department, 2002

- i. Perinatal substance abuse (% of women with positive tox screen)
 - ii. # families receiving mental health services or substance abuse who do not have substantiated CPS case (increase this number)
 - iii. # families receiving mental health or substance abuse services who do have substantiated CPS case (increase, then decrease as previous indicator increases)
 - iv. length of time children are in foster care (decrease)
 - v. % of children in group care (decrease)
 - vi. #/% of juvenile drug court cases
 - vii. #/% of children with juvenile drug court cases who are wards of the court
 - viii. decrease in domestic violence as reported by OCJP
- e. Action plan
- i. Access to Mental Health services *before* crises (i.e. when there is a first report to CWS)
 - ii. Substance Abuse Treatment expanded, particularly residential and transition services for parents with young children
 - iii. Co-management of cases involving reports of child abuse and substance abuse, possibly with parole officers & CWS working together

**MCAH ADVISORY BOARD
MEETING AGENDA**

December 10, 2003

- I. Call to Order and Introductions
- II. Guests/Membership
- III. Approval of Agenda and Minutes
- IV. January Meeting
- V. Announcements
- VI. MCAH Director's Report
- VII. Needs Assessment Planning: Response to Data (see notes - page 2)
- VIII. Manual Presentation Plan: Purpose and Format
- IX. Local Priorities
- X. Agenda Items for Next Meeting
- XI. Adjournment

DISCUSSION NOTES

VII. Needs Assessment Planning: Response to Data presented on July 22, 2003

C. Vallotton led a discussion regarding data resources and potential indicators to work on and noted that the FHOP web site is a valuable source of data. Dr. Samrina Marshall noted that the survey has been developed and will be online and distributed to healthcare providers working with the MCAH population in December. They hope to have the indicators chosen in February and the report is due in June. The group working on this includes A. Hrivnak, Dr. Marshall, Public Health Nurses, Thida Tan, a Community Health Assistant and the epidemiologist. They meet every two weeks.

Indicators the Board feels are important are breastfeeding and nutrition, exercise and obesity, perinatal substance abuse, child abuse and mental health and access to healthcare.

Board members had 3 main responses to the data presented at the July 22, 2003 meeting:

- Obesity and breastfeeding were the first indicators/priorities mentioned. It was discussed that these two issues are related to one another, both have long-term impacts, and both come together around the general area of lifelong nutrition and health.
 - Even though Yolo County's number of women initiating breastfeeding is high, retention is not.
 - Of particular concern is breastfeeding among young mothers.
 - Yolo County does not have a weight management program.
- The importance of, and link between, the issues of perinatal substance abuse, child abuse, and mental health were mentioned as a second possibility for priorities.
 - We know from Myrna Epstein's research how predictive maternal mental health (and its correlates) and perinatal substance abuse are of child abuse. This research has also pointed to the sources of the data.
 - We also know that Yolo County has few mental health services, and a high number of adolescent deviance and mental health issues which cost the county a lot of money.
 - If Chasnoff's grant is accepted with the State Prop 10 office, there may be some money for addressing these issues that Yolo could tap into.
 - The board stated that this is an important area of investigation and more data is needed.
- Access to health care is another concern of the Board's.
 - There appears to be enough providers, and enough insurance programs, to provide mothers and children with services. However, those services aren't being utilized by the numbers expected. Thus, there are particular issues in Yolo affecting access which could be quality of services, transportation, and language barriers, as well as the difficulty of reaching the migrant population.
 - Thus, in order to understand the underutilization of services, access needs to be looked at in more depth. *Who* is not using services? And *why* are they not using them?

YOLO COUNTY

Board of Supervisors

Mike McGowan, Chair
District 1

Helen Thomson
District 2

Frank Siefertman, Jr.
District 3

Mariko Yamada
District 4

Lynnel Pollock
District 5

County Administrative Office

Vic Singh
County Administrative Officer

Health Department

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