

YOLO COUNTY MCAH ADVISORY BOARD

May 13, 2015

MINUTES

The Yolo County MCAH Advisory Board met on the 13th day of May 2015, in the Thomson conference room at the Bauer building at 137 N. Cottonwood Street, Woodland, CA at 8:30 a.m.

Voting Members Present: Julie Gallelo, Katy King-Goldberg, John McKeen, Kathleen Middings, Tia Will

Voting Members Absent: Barbara Boehler, Jessica Cerniak, Jenifer Newell, Stephen Nowicki,

Staff & Guests: Jan Babb, Alexi Balaguer, Katelyn Dixon, Jeff Graham, Ramy Hussein, Jordan Kwong, Zach Romawac, Sarah Schwartz, Nolan Sullivan, Anna Sutton,

8:30 A.M. CALL TO ORDER

1. WELCOME AND ROLL CALL.

- The meeting was called to order at 8:30 a.m. by Julie Gallelo, at which time around the table introductions were performed.

2. APPROVAL OF MINUTES AND AGENDA

- The Advisory Board did not achieve quorum. The Advisory Board will table consideration for the approval of the April 8, 2015 minutes at the August 12, 2015 meeting.

PUBLIC COMMENT

3. There was no public comment.

REPORTS & ACTION ITEMS

4. MCAH DIRECTOR'S REPORT, *Jan Babb*

Please see the following attachments:

- [Attachment A: MCAH Director's Report](#)
- [Attachment B: Organization Charts](#)

5. POLICY PLATFORM REVIEW, *Jan Babb/Julie Gallelo*

Please see [Attachments C: Draft Policy Platform](#)

- The draft updates were reviewed. Additional updates were identified. Jan Babb will make additional changes and bring the next version to the August 12, 2015 meeting.

6. 2007-2011 FIMR REPORT PRESENTATION, *Anna Sutton*

Please see the following attachments:

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- [Attachments D: 2007-2011 FIMR Data Presentation](#)
- [Attachment E: 2007-2011 FIMR Executive Summary](#)

The full 2007-2011 FIMR Data Report, as well as the Executive Summary can be found [HERE](#)

7. FY 15-16 CALENDAR, *Julie Gallelo*

Please see [Attachment F: Draft Fiscal Year 2015-2016](#)

- The Advisory Board did not achieve quorum. The Advisory Board will table consideration for the approval of Fiscal Year 2015-2016 Calendar.
- Future possible topics include:
 - Restorative Justice Update
 - Home Visiting Collaborative Update
 - Children's Mental Health System of Care
 - Behavioral Health issues for retreat data
 - CommuniCare services relating to MCAH population with some data provided by Partnership

ANNOUNCEMENTS

- **Ramy Hussein:** Pioneer High School was selected to participate in the Youth Risk Behavior Survey (YRBS), which measures attitudes with sexual risk, smoking, diet, violence, and other factors. This will be the first year that California will have enough data to report out on. The survey will be administered later this month and the data will be available later this year.
- **Nolan Sullivan:** Nolan is currently working to connect with the local school districts in regards to CalFRESH, Medi-Cal, and Free/Reduced Lunch programs. Currently, schools and DESS are able to share data on the CalFRESH and Free/Reduced Lunch programs to coordinate enrollment efforts. This year, there is a federal waiver that will allow 20 school districts to access Medi-Cal data. Nolan will send out further information and asked for assistance in connecting with the schools.
- **Kathleen Middings:** The school year is wrapping up.
- **Tia Will and Julie Gallelo:** On May 26th, Davis City Council will be hearing a proposal to change the default beverage in children's meals from soda. If passed, Davis would be the first city in the nation to approve this proposal.

ADJOURNMENT

8. Next meeting scheduled for: August 12, 2015

- Agenda Items:
 - *Child Abuse Data*
 - *CommuniCare Services Update*

9. Attachments:

- [Attachment A: MCAH Director's Report](#)

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- [Attachment B: Organization Charts](#)
- [Attachment C: Draft Platform Statement](#)
- [Attachment D: 2007-2011 FIMR Report Presentation](#)
- [Attachment E: 2007-2011 FIMR Executive Summary](#)
- [Attachment F: Draft Fiscal Year 2015-2016 Calendar](#)

Respectfully submitted by:

Ashley Logins-Miller, Secretary
Yolo County MCAH Advisory Board

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ATTACHMENT A

MCAH Director's Report

May 13, 2015

Dept: HSA integration update: New HR Director for the Agency appointed. In Process of hiring the Deputy Director, Fiscal & Admin services. Wrapping up staff training in the CQI PDCA process. Exploring options for dashboard software for tracking and sharing data measures across programs and community partners. Will be updating Community Health strategic plan this summer. Workgroups for CHIP have had first meeting. Plan monthly meeting X 6 months.

AFLP (Adolescent Family Life Program)

AFLP Directors mounting an advocacy effort to restore State funding.

CHVP

Funding awarded to expand/enhance existing Healthy Families America program which is the YCCA Step-by-Step Program. Jan and Katie will be working closely together to meet the State requirements and leverage resources. Additional funds to support the effort awarded by First 5 Yolo.

FIMR/SIDS

New PHN, Tyra Fulcher. Will do home visits and case abstractions.

Immunization program

MMR was offered to general public due to outbreak but, no longer. Developing funding application for 15-16. Will be required to provide perinatal Hep B follow-up this year.

Injury Prevention

Awaiting news on outstanding grant application through OTS. If funded will be able to hire another car seat tech.

MCAH Local Program

Finalizing details of 5 year action plans in the 3 priority areas. Statewide meeting next week in Sacramento. Perinatal Services Coordinator role is being revised at the State. We project this will not have a major effect on our local program. Future of the CPSP program has been a hot topic of discussion and is somewhat driving the change.

Nurse Home visiting

New PHN hired: Leslie Cristomos.

Nutrition Programs

WIC funding application submitted this week. NEOP funding application also due shortly. Anticipate reductions in both programs in the coming fiscal year and more long term. Continuing to work with PPW and CALTrans on Active Transportation Program (ATP) funding for FY 15-17. City of Woodland Fitness Initiative Commit2Fit campaign is restarting and our nutrition staff are supporting this effort.

Tobacco Control/Prevention

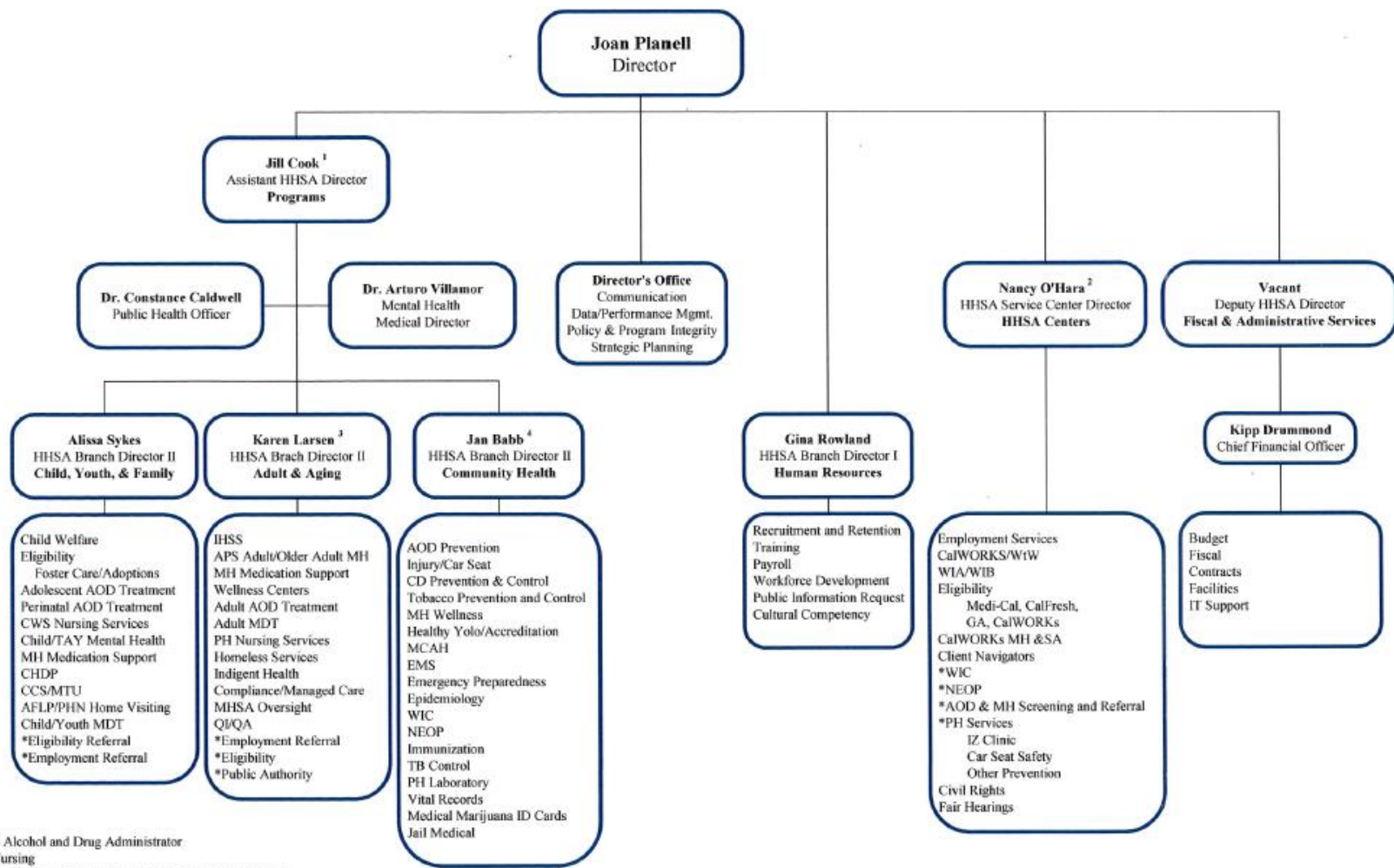
Working on policy for TRL (Winters and Woodland) and e-cigarette (County and City of West Sacramento).

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ATTACHMENT B

YOLO COUNTY MCAH ADVISORY BOARD

Yolo County Health and Human Services Agency



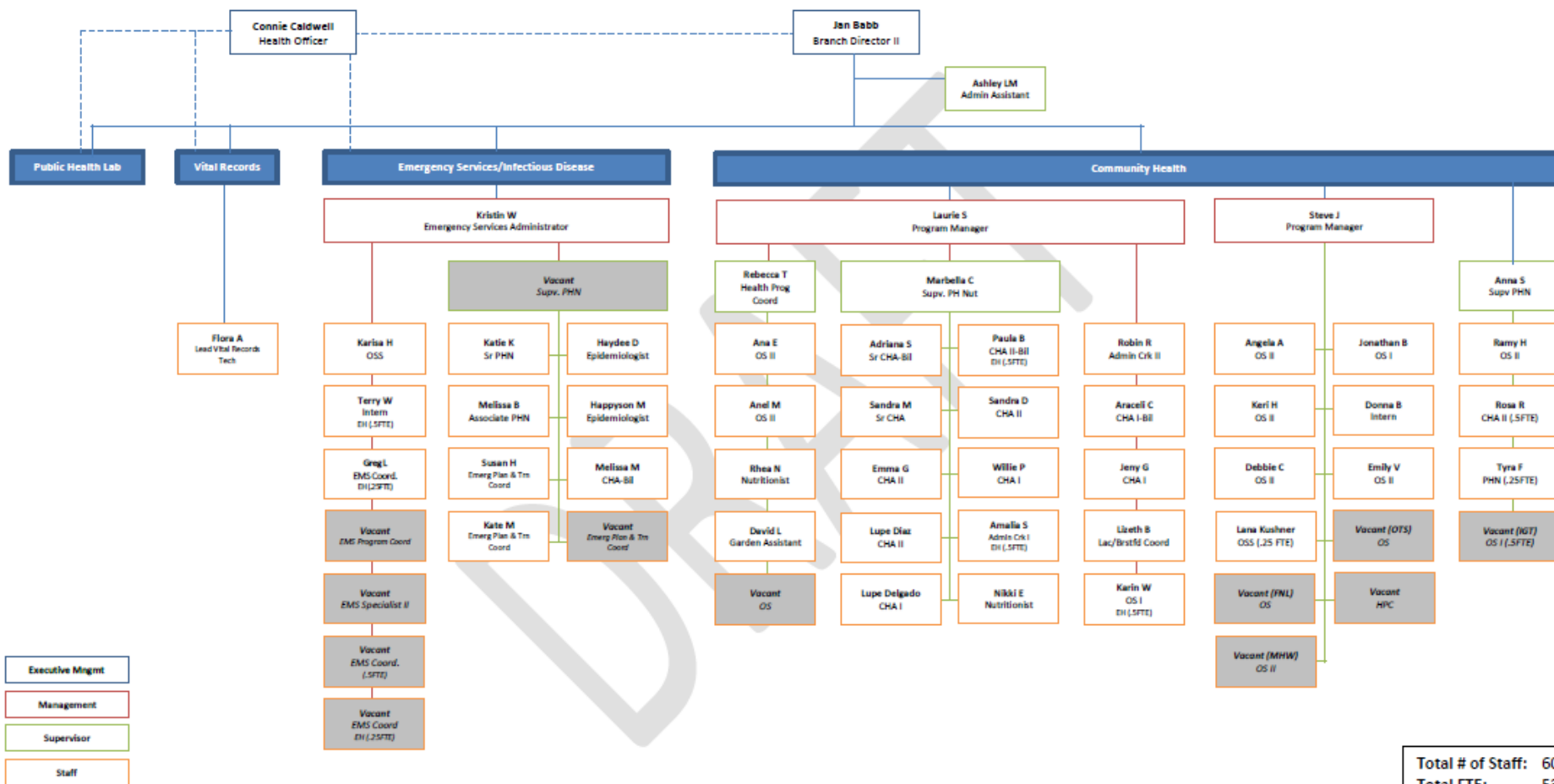
1-Health Director
 2-Welfare Director
 3-Mental Health Director and Alcohol and Drug Administrator
 4-Director of Public Health Nursing
 *Program operates in the Branch but receives policy guidance from another branch

Draft: May 4, 2015

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YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Community Health Organizational Chart by Position



As of 5.7.2015 ALM

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ATTACHMENT C

PLATFORM STATEMENT

•→ The goal of MCAH is to protect, promote and improve the health and well-being of all Yolo County mothers, infants, children, adolescents and their families. We work to reduce disparity in health outcomes across racial/ethnic, geographic and socioeconomic groups. Yolo County MCAH acknowledges the emerging evidence that health outcomes are a result of the complex interplay of biological, behavioral, social and environmental factors across the course of a person's life. The science of early childhood development recognizes the importance of early experiences as a foundation for future health. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. **Overweight and obesity among children and adolescents has become a significant health concern. Efforts should focus on prevention, including improving nutrition and physical activity environments for all children and their families.**

WE SUPPORT AND ADVOCATE FOR EFFORTS TO IMPROVE SYSTEMS IN THESE AREAS:

ORGANIZATION AND DELIVERY OF HEALTH SERVICES

- Women, children and families must be provided with continuity of care, starting before pregnancy and continuing throughout all phases of life.
- All community members should be able to identify a primary medical and dental care provider and maintain care with that provider over time regardless of changes in income or jobs.
- Access to preconception, and inter-conception health care should be available to all women during their reproductive years in order to improve birth outcomes and reduce the risk of chronic diseases
- Systems of care should be provided in a way that is culturally inclusive of the diversity of the community.
- Health services including preventive services should be accessible regardless of immigration status.

MATERNAL AND ADOLESCENT HEALTH

- Family planning services for adolescents and adults must be available in accessible, culturally competent, confidential settings and should encompass reproductive life planning, including screening, treatment and education about sexually transmitted infections (including HIV), pregnancy testing, and all forms of reversible and permanent methods of birth control. These services should be available for males as well as females.
- Comprehensive and sound medical practice in counseling pregnant women must include presentation of all options including pregnancy termination.
- Emergency contraception should be available to all women.

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- All women should have access to preconception counseling.
- All pregnant women should have access to quality prenatal care in the first trimester (12 weeks) and continuing through the postpartum period.
- Women at risk for tobacco, alcohol and other drug use and those with mood disorders must have access to treatment services prior to, throughout and following pregnancy.

ADOLESCENT HEALTH SERVICES

- Teen pregnancy prevention efforts should be based on science and not rely on abstinence-only education.
- The scope of teen pregnancy prevention needs to include be expanded to address the role of the father and include special populations such as children in foster care.
- Obesity treatment options at the appropriate level of intervention specifically for adolescents should be available to all women and children.

INFANT AND CHILD HEALTH SERVICES

- Breastfeeding support services and breastfeeding friendly community and workplace environments should be available for all community members in order to promote exclusive breastfeeding for the first six months of life and continued breastfeeding for at least the infant's first year of life.
- All infants and children should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics.
- Overweight and obesity among children and adolescents has become a significant health concern. Efforts should focus on prevention, including improving nutrition and physical activity environments for all children and their families.
- Obesity treatment options at the appropriate level of intervention should be available to all children.
- Access to pediatric dental care must be available and accessible for all children as well as access to fluoridated water in all communities.

SAFE AND HEALTHY COMMUNITIES AND HOMES

"To eliminate health disparities, we need to take a more active role in improving the environments of young children"

- Neighborhood conditions such as crime, violence and environmental health hazards put children at risk. Resources should be directed to neighborhoods that put children at the highest risk.
- All neighborhoods should have access to healthy foods, including fresh fruits and vegetables and local availability of child nutrition programs for low income families.
- Children at risk should be screened and tested where appropriate for elevated blood lead level. Cases of elevated blood lead should include environmental investigation and elimination of the lead source.

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- Safe walking, biking and open parks should be available in all Yolo County neighborhoods
- New and infill development should incorporate designs for walkability and neighborhood markets
- [Meals, foods and beverages marketed to children should adhere to healthy guidelines for total calories, fat calories, saturated fat, trans fat, sodium, and fruit and vegetable content in accordance with the best available evidence and/or well-researched national nutrition standards such as the USDA Dietary Guidelines for Americans.](#)

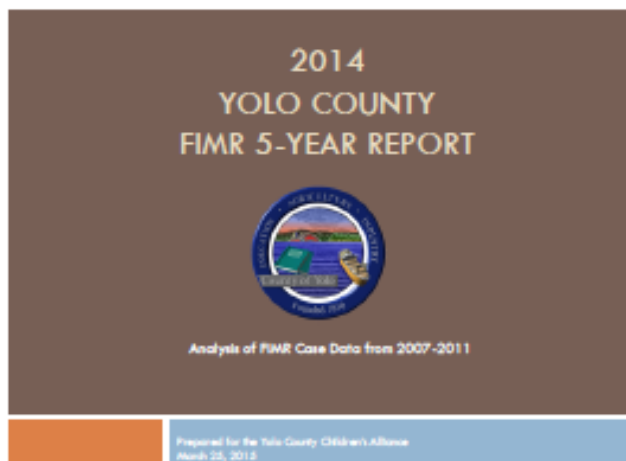
STRONG FAMILIES

- [Agencies that serve families should align practices with the strengthening families framework in an effort to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.](#)
- All young children should have the opportunity for safe, nurturing child care that provides stable relationships and a cognitively rich environment in the absence of the parent
- Children that have been abused, neglected or exposed to substances should receive early intervention services including parenting education, home visitation, developmental screening, assessment, and treatment as indicated
- Housing and energy assistance should be available to low income families with children

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ATTACHMENT D

YOLO COUNTY MCAH ADVISORY BOARD



A little bit about Yolo County FIMR

We are 17 years old!

Case Review Team & Community Action Plan

Multidisciplinary

First 5-year report in 2008

2007-11 FIMR 5-year Report Overview for YCCA

Current FIMR Team Members

- Beth Al, Yolo County Coroner's Office
- Ryan Alvarez, Yolo County Department of Health Services, Vital Records
- Olive And, Dignity Health/VitalRecord Healthcare
- Jan And, Yolo County Department of Health Services
- Bill Baker, Community Member
- Sarah Barke, Conestoga Health Centers
- Catherine Caldwell, Yolo County Department of Health Services
- Patsy Olin, Dignity Health/VitalRecord Healthcare
- Myrlene DeBerry, Yolo County Department of Health Services
- Katherine DeBerry, Kaiser Permanente
- Sarah Fox, Terney, St-Petersen Midwifery
- Jane Gorbey, Fire #1 Yolo
- Justin Harbuck, Perinatal HealthPlan of California
- Sally Hoad, Yolo County Department of Employment and Social Services
- Aimee Jagers-Miller, Yolo County Department of Health Services
- Thom Johnson, Conestoga Health Centers
- Holly Moore, Intermittent Healthcare Foundation
- Olive Moore, Yolo County Coroner's Office
- Susan Hammond, Community Member
- Lauren Hobbins, Yolo County Department of Employment and Social Services
- Amber Roberts, Perinatal HealthPlan of California
- Mary Ann Robinson, Conestoga Health Centers
- Beth Rossano, Perinatal HealthPlan of California
- Brian Rossano, Dignity Health/VitalRecord Healthcare
- Sean Saffron, Conestoga Health Centers
- Craig Seelig, Yolo County Probation
- Lolly Steig-Abraham, Yolo County Department of Employment and Social Services
- Deborah Strauss, Dignity Health/VitalRecord Healthcare
- Henry Stone, Yolo County Coroner's Office
- Bob Strong, Yolo County District Attorney's Office
- Jean Sutton, Yolo County Department of Health Services
- Laura Walker, Yolo County District Attorney's Office
- Jill Walker, Baker-Veier Medical Group
- Tim WOI, Kaiser Permanente

2007-11 FIMR 5-year Report Overview for YCCA

The issues Yolo County FIMR has taken on...

- Safe Sleep
- Prenatal Care Access
- Interpersonal Violence
- Grief/Bereavement Support
- Perinatal Substance Use
- Culturally Sensitive Materials & Resources
- Perinatal Mental Health
- Maternal Obesity
- Healthy System Policy

2007-11 FIMR 5-year Report Overview for YCCA

FIMR 5 Year Report - Purpose

To explain in detail what was learned & what actions were taken through selected fetal and infant deaths between 2007-2011.

2007-11 FIMR 5-year Report Overview for YCCA

FIMR 5 year Report - Goal

To provide stakeholders with invaluable information and recommendations that will encourage new and improved programs and policies to prevent fetal and infant deaths in our community.

2007-11 FIMR 5-year Report Overview for YCCA

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The report itself

Examines risk factors that contribute to poor outcomes for:

- **Fetuses (>20 wks gestation)**
- **Neonates (took a breath – 28days old)**
- **Infants (29 days – 12months)**
- **Mothers**

2007-11 RMR 5-year Report Overview for YCCA

Fetal Risk Factors (≥20weeks gestation)

- **Birth weight**
 - Highest rates were those <1500 grams (3.3lbs)
- **Prematurity**
 - Almost half (46%) occurred at <28weeks, BUT new for 2007-2011 is a relatively high bump UP in fetal deaths occurring early and late term (35-39wks).
- **Congenital Anomalies**
- **Multiple Gestation**

2007-11 RMR 5-year Report Overview for YCCA

Neonatal Risk Factors (birth – 28d)

- **Birth weight**
 - Majority of deaths were <2500 grams (~5lbs)
- **Prematurity**
 - Almost half were premature (48.3%)
- **Congenital Anomalies**
 - Cardiac anomalies still the majority. Rates unchanged from previous 5 years.
- **Other factors associated with neonatal death**
 - Notable that 14% were associated with maternal complications r/t pregnancy

2007-11 RMR 5-year Report Overview for YCCA

Infant Deaths

- More babies with malformations died in the current 5 year reporting period than the previous.
- Fewer preemies and low birth weight babies died in the current reporting period suggesting that critical care of these fragile infants has improved.

2007-11 RMR 5-year Report Overview for YCCA

Maternal Factors

- **Placenta or cord problems**
 - 45% for Fetal deaths
 - 38% for Neonatal deaths

2007-11 RMR 5-year Report Overview for YCCA

Highlights of the 2014 Report

- Fetal and infant deaths remain stable over the last 10 years.
- Prematurity is still a risk factor for fetuses and infants, but especially for fetal deaths.
- Abnormalities seen at birth remain a factor, but rates have remained stable.

2007-11 RMR 5-year Report Overview for YCCA

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Highlights of the 2014 Report

Yolo County mothers are not doing well...

- Numbers of pregnant Yolo County moms ages 15-44 with a concurrent mental health diagnosis were hospitalized at increasing rates starting in 2003.
- Yolo County moms in this category are hospitalized at a significantly higher rate than the state average.
- Pregnant women with a substance use diagnosis were significantly higher and have trended up since ~2009.

2007-11 FMR 5-year Report Overview for YCCA

Highlights of the 2014 Report

- A notable increase was seen in the rates of infant deaths associated with maternal health issues.
- These health issues are all PREVENTABLE risk factors.
 - Obesity, gestational diabetes, chronic health issues, drug/alcohol or tobacco use, IPV, CWS/Law Enforcement involvement, access to care prenatal and interconception.

2007-11 FMR 5-year Report Overview for YCCA

Recommendations

(page 37 of the 5 year Report)

- Include the pre-conception & interconception time period.
- Work to reduce barriers to early prenatal care should continue.
- Invest in evidence-based models of intervention and support healthcare providers to help women achieve healthy weight and lifestyle before, during AND in-between pregnancies.
- Develop policies and supports systems of care to address maternal mental health issues, substance use/abuse, interpersonal violence and trauma.
- Develop policies and programs that promote comprehensive maternal health and wellness from a Life Course Perspective. Systems of care must be multidisciplinary in their approach to serving the mental, physical and social needs of a woman of reproductive age. This approach takes into account the lifespan and the stage of the woman in determining a woman's health trajectory.
- Communities, stakeholders and providers need policies and partnerships to foster and give protective buffers for mothers and their families. Operationalize the concept of the Social Determinants of Health, which are a set of conditions that a person's born into that both promote and negatively impact an individual's health and life.
- Think of mom and baby as ONE as the science of toxic stress continues to grow, it becomes imperative for our community to view the mother and her child as a single unit even beyond birth. Breaking down medical silos that serve only the mother or only the child, especially in the first year of life is an important first step in promoting the health of an entire community.
- Promote Safe Sleep environments to decrease the risk of SIDS and SDS. Agencies and providers need to work together to provide consistent and evidence based recommendations and support around the safest sleep environment for the baby.

2007-11 FMR 5-year Report Overview for YCCA

For more information:

- The full 2014 FMR 5 year report can be found [online](#) on the Yolo County Fetal Infant Mortality Review (FIMR) homepage.
- "Summary of Local FIMR Findings" and "Recommendations" are on pages 36 & 37 of the FIMR report.

2007-11 FMR 5-year Report Overview for YCCA

Questions?

Anna Sutton, RN, PHN, MSN
FIMR/MCAH Coordinator
Direct (530) 666-8649
Email: anna.sutton@yolocounty.org

2007-11 FMR 5-year Report Overview for YCCA

ATTACHMENT E

YOLO COUNTY MCAH ADVISORY BOARD

YOLO COUNTY DEPARTMENT OF HEALTH SERVICES ¶

FETAL & INFANT MORTALITY REVIEW ¶

5 YEAR REPORT ¶

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Executive Summary ¶

DECEMBER 11, 2014 ¶

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ACTIVITIES OF THE YOLO COUNTY FIMR TEAM &
ANALYSIS OF LOCAL FIMR DATA ¶

¶
¶ Section Break (Continuous) ¶



Page Break

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WOODLAND, · CA · 95695 ¶
(530)666-8649 ¶

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This report was prepared by:

Haydee Dabritz, PhD Epidemiologist	Anna Sutton, RN, PHN, MSN FIMR Coordinator
Constance Caldwell, MD Health Officer	Jan Babb, RN, PNP, MSN MCAH Director

Special thanks goes to Dr. Rick Baker, retired Kaiser Pediatrician and FIMR Team member for his time in editing this report, Victoria Conlu, RN, PHN for detailed medical record review, data collection and entry and Ashley Logins-Miller, Yolo County MCAH Office Support Specialist for technical assistance in formatting and printing of this report. For more information about the FIMR Program, please contact the Yolo County MCAH Program at (530) 666-8645.

To download or access the complete 5 year report, please follow these steps:

1. → www.yolohealth.org
2. → Click on "Reports and Publications" on the left hand side
3. → Click on "Maternal, Child & Adolescent Health" at the top of the page
4. → Scroll down for the "2007-2011 Fetal Infant Mortality (FIMR) Data Report"

YOLO COUNTY MCAH ADVISORY BOARD

SUMMARY OF LOCAL FINDINGS ¶

Fetal and infant mortality rates have remained stable over the past 10 years. ¶

Yolo County mortality rates are below the State mortality rates in all categories except for fetal mortality (5.4 per 1000 for 2007-11), which is slightly higher but not significantly different from the State (5.0 per 1000 in 2010). Overall, fetal and infant death rates remain unchanged between the two FIMR reporting periods. ¶

Prematurity is still a factor in fetal and infant deaths, especially for fetal deaths. ¶

The percentage of fetal and infant deaths associated with prematurity increased from the previous reporting period (2002-2006) compared to the current reporting period (2007-2011). In particular, fetal deaths associated with prematurity rose significantly from 54% (2002-2006) to 78% (2007-2011). ¶

Abnormalities seen at the time of birth are still a factor in fetal and infant deaths. ¶

Rates of fetal and infant deaths associated with abnormalities seen at the time of birth (congenital abnormalities) remained unchanged between the two FIMR reporting periods. ¶

Maternal health issues associated with fetal deaths remained unchanged between the two reporting periods, but a notable increase was seen in rates of infant deaths associated with maternal health issues. Important to note is that the following are all preventable risk factors. ¶

Maternal Obesity: Rates of infant deaths associated with an obese mother tripled between the first reporting period (2002-2006) and second reporting period (2007-2011). In the first reporting period, 11% of mothers were reported to be obese versus 34% in the current period. ¶

Gestational Diabetes: Rates of infant and fetal deaths associated with gestational diabetes remained unchanged between the two five year reporting periods. However, with rising rates of maternal obesity, the risk for gestational diabetes also goes up. Women with gestational diabetes and their offspring are at increased risk for diabetes later in life. ¶

Chronic maternal health problems: Rates of infant deaths associated with chronic maternal health problems more than doubled between the two reporting periods. Rates went from 21% (2002-2006) to 45% (2007-2011). ¶

Maternal drug, alcohol, or tobacco use: Rates of infant deaths associated with maternal use of drugs, alcohol or tobacco use doubled between the two reporting periods. Rates went from 13% (2002-2006) to 28% (2007-2011). ¶

Interpersonal Violence, Child Welfare (CWS) and/or Law Enforcement Involvement: Despite numbers being small, the prevalence of interpersonal violence/CWS and/or Law Enforcement involvement continues to be an issue and is now at 21% or one in five, higher than the previous 5-yr period. This particular maternal health issue is worth much discussion as there is tremendous opportunity for prevention and intervention. ¶

Access to and continuity of healthcare between pregnancies: Rates for infant deaths associated with mothers having limited or no prenatal care more than tripled between the first and second FIMR reporting periods. Rates went from 13% (2002-2006) to 41% (2007-2011). ¶

Analysis using the Perinatal Period of Risk (PPOR) model indicates a possible shortfall in the area of maternal health and maternal care further supporting the trends seen in maternal health issues between the two FIMR reporting periods. ¶

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RECOMMENDATIONS

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Based on the work of the FIMR Program, community and health system activities to improve birth outcomes and decrease fetal and infant deaths should focus on the following:¶

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- 1)→ Include the **preconception & interconception** time period.¶
- 2)→ Efforts to reduce barriers to early prenatal care should continue.¶
- 3)→ Invest in **evidence-based models** of intervention and support healthcare providers to help women achieve healthy weights and lifestyles before, during **AND in-between pregnancies**.¶
- 4)→ Develop policies and support a **system of care** to address maternal mental health issues, substance use/abuse, interpersonal violence and trauma.¶
- 5)→ Develop policies and programs that promote comprehensive **maternal health and wellness from a Life Course Perspective**. Systems of care must be multidisciplinary in their approach to serving the *mental, physical and social needs* of a woman of reproductive age. This approach takes into account the *lifespans and life-stage* of the woman in determining a woman's health trajectory.¶
- 6)→ Communities, stakeholders and providers need policies and partnerships to foster and grow **protective factors** for mothers and their families. Understand the concept of the **Social Determinants of Health** which are a set of conditions that a person is born into that both promote and negatively impact an individual's health and life.¶
- 7)→ Think of mom and baby as **ONE**: as the science of **toxic stress** continues to grow, it becomes imperative for our community to view the mother and her child as a single unit even beyond birth. Breaking down medical silos that serve only the mother or only the child, especially in the first year of life is an important first step in promoting the health of an entire community.¶
- 8)→ **Promote Safe Sleep environments** to decrease the risk of SUIDS and SIDS. Agencies and providers need to work together to provide **consistent and evidence-based recommendations and support** around the *safest sleep environment* for the baby.¶

YOLO COUNTY MCAH ADVISORY BOARD

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“Children are our future & their mothers are its guardians” → → → ¶

..-Kofi-Annan ¶
2001-Nobel-Peace-Prize-Winner ¶

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ATTACHMENT F

YOLO COUNTY MCAH ADVISORY BOARD

Hosted at Yolo County Department of Health Services
 Bauer Building
 137 North Cottonwood Street, Woodland, CA 95695

Date	Type of Meeting	Time	Location	Possible Topics
August 12, 2015	Regular	8:45 – 10:15	Bauer Building Thomson Room	<ul style="list-style-type: none"> • <i>Child Abuse Data Update</i> • <i>CommuniCare Services</i>
September 9, 2015	Regular	8:45 – 10:15	Bauer Building Thomson Room	<ul style="list-style-type: none"> • <i>Restorative Justice Update</i>
November 18, 2015	Regular	8:45 – 10:15	Bauer Building Thomson Room	<ul style="list-style-type: none"> • <i>Home Visiting Collaboration Update</i>
December			No meeting	
January 13, 2016	Retreat	8:30 – Noon	<i>TBD</i>	<ul style="list-style-type: none"> • <i>Mental Health & Substance Abuse data</i>
February 10, 2016	Regular	8:45 – 10:15	Bauer Building Thomson Room	<ul style="list-style-type: none"> • <i>Children's mental health system of care</i> • <i>Help Me Grow</i>
March 9, 2016	Regular	8:45 – 10:15	Bauer Building Thomson Room	
April 13, 2016	Regular	8:45 – 10:15	Bauer Building Thomson Room	
May 11, 2016	Regular	8:45 – 10:15	Bauer Building Thomson Room	
June			No meeting	