

MCAH Internal Stakeholder Input Event

February 13th, 2014

North Lake Tahoe

11:30 a.m. – 2:30 p.m.

Meeting objectives:

- To gain input on the priority needs of Placer County families
- To gain feedback on our presentation

Arrivals and introductions

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

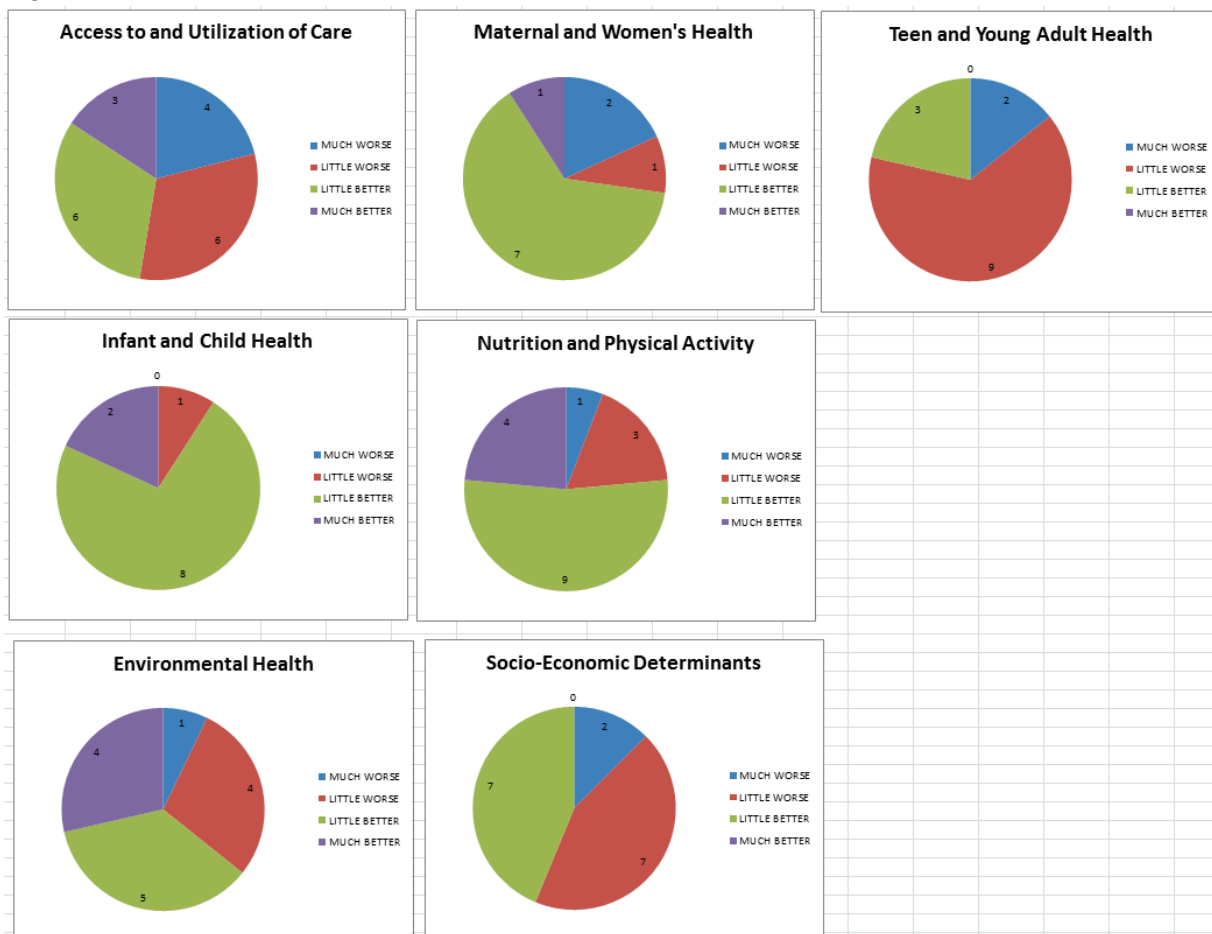
- A celebration of cultures; self-expression in cultural ways
- Natural beauty; outdoor lifestyle; spiritual health of living near nature; the lake as a central piece of Tahoe life
- Agriculture, farming, fresh food
- An active, athletic community

Data presentation

During the data PowerPoint presentation, Galen asked the audience for their perception of how Placer County compares to the state averages in the following Domains:

- Access to and Utilization of Care
- Maternal and Women’s Health
- Infant and Child Health
- Nutrition and Physical Activity
- Teen and Young Adult Health
- Socio-Economic Determinants
- Environmental Health

Polling results:



Discovery Zones

	What do you see? Any surprises? What are the key findings?	How does this resonate with your own experience in your work and as a resident of the community?	What is most important about this data? What meaning does it have for the health of our community?
Access to and Utilization of Care	<ul style="list-style-type: none"> • Optimism that new health care laws will lower the rate of immunization exemptions • The rate of Medi-Cal births in Tahoe/Truckee is probably rising • The indicated higher rate of dental care versus the state is questionable given the lack of resources 	<ul style="list-style-type: none"> • Immunizations in this community are likely higher (lack of resources) • There is a high rate of uninsured residents in this area 	<ul style="list-style-type: none"> • This data is not necessarily reflective of this specific community/region • What kinds of changes can we expect to see as a result of ACA?
Infant and Child Health	<ul style="list-style-type: none"> • Is the death rate of children aged 1-4 statistically significant? (Indicated as higher than the state average.) • The rate for low birth weight and premature births is better than the state • Asthma rates 	<ul style="list-style-type: none"> • Increased insurance through ACA will lead to higher certainty of care for chronic illnesses such as asthma 	<ul style="list-style-type: none"> • Asthma rates need to be better; what are the triggers? • Also investigate the asthma data further to see if the data is accurate
Teen and Young Adult Health	<ul style="list-style-type: none"> • The data is not reflective of the Tahoe Truckee Unified School District (TTUSD) • Would like to see data specific to TTUSD • Surprised by STD data • Would like to see newer data 	<ul style="list-style-type: none"> • Limited sexual health services • Rise in mental health needs • Limited access to treatments (mental health, substance use, sexual health) • Over-medicating/prescribing • “Sickification” • Less coping skills • Social media/lack of presence 	<ul style="list-style-type: none"> • Lack of community mental health and sexual health resources • Immigration status acts as a deterrent to services • Lack of negative attitude toward teen parenting • Entitlement
Maternal and Women’s Health	<ul style="list-style-type: none"> • Mood disorder and substance abuse hospitalization data is probably from down the hill or outside the county • Cesarean section rates are low • Gestational Diabetes Mellitus has success • The domestic violence data seems accurate 	<ul style="list-style-type: none"> • The domestic violence data seems accurate [repeated] • Postnatal Mood and Anxiety Disorder: none identifying, no treatment • Low smoking rate is good • Pre-natal care entry—number of OBs who see at seven weeks • A barrier is that the fee for education is \$150 	<ul style="list-style-type: none"> • “See number 2” • “Prevention – stats” • “Post-partum/home visiting; parenting in the area” • “Community umbrella after baby, e.g. Vermont” • “Food for moms post-partum” • Support groups • “Three health visits; house-cleaning”

	What do you see? Any surprises? What are the key findings?	How does this resonate with your own experience in your work and as a resident of the community?	What is most important about this data? What meaning does it have for the health of our community?
Nutrition and Physical Activity	<ul style="list-style-type: none"> • Have seen an increased focus on physical activities at schools • Physical activity levels are higher among upper socio-economic group (75%) than lower socio-economic residents • Disappointment in overall state breast feeding rates • Have seen significant drops in breast feeding rates after mothers leave the hospital • Baby-friendly hospitals are one reason for higher breast feeding rates • Breast feeding rates in Tahoe are probably higher than the rest of Placer County 	<ul style="list-style-type: none"> • WIC: obesity problems, especially among lower-income families • There has been a big push in schools for all students to be more active • The sports and activities available in Tahoe are too expensive for many <ul style="list-style-type: none"> ○ More programs for children aged 0-5 and adults are especially needed • (The Boys and Girls Club offers Zumba.) 	<ul style="list-style-type: none"> • Concerned about disparity in targeting. Lower socio-economic groups should be asked what they want; find out cultural preferences. • We still need to improve, despite being already better than the state • Sustainability of exposure and opportunity for activity • Need to develop and open opportunities and access for all (dance, hiking, tumbling, swimming)

Identify priorities

	What issues should the MCAH program address over the next five years from these domains? (with priority rankings)
Access to and Utilization of Care	<ol style="list-style-type: none"> 1. Address undocumented population for health care (16) 2. Chronic and life-threatening issues have no place to be seen (3) 3. All points are cash pay (3) 4. Access to insurance; more community reps are needed to help families access insurance and care. (2) 5. Immunizations; will change as a result of new requirements (1) 6a. Address wellness/preventative care. Create coalitions, not just of medical providers, but also of parks/rec, and food services (0) 6b. Access to services as needed (0)
Infant, and Child Health	<ol style="list-style-type: none"> 1. Asthma outreach and education (17) 2. Access to transportation for health appointments (11) 3. Special needs children are moving out of the area to get better care, leading to skewed mortality numbers (2) 4. Investigate mortality rates further; break down causes and impacts (1) 5a. Investigate validity of the mortality data (0) 5b. Increase access to specialty care (health, MD) (0) 5c. Address reasons for high asthma rates (0) 5d. Investigate validity of pediatric asthma diagnoses (0) 5e. Parenting classes with specific models (0)
Teen and Young Adult Health	<ol style="list-style-type: none"> 1. School site therapeutic interventions (school SWS, MFT) (18) 2. School site reproductive health services (17) 3. Easy access to confidential sexual health services (14) 4. Bullying and cyber bullying (11) 5a. Collaborate with the County to develop more local services in Tahoe/Truckee (3) 5b. Substance abuse services (3) 6. Short term parenting classes for parents of teens (2)
Maternal and Women's Health	<ol style="list-style-type: none"> 1. Home Visits before and after birth (27) 2. Postpartum support groups at hospital identified and domestic violence support groups (15) 3. Mental health providers (7) 4. Peer counseling/mommy and me (4) 5a. Institutional mental health services (1) 5b. Better collaboration with entities related to domestic violence <ul style="list-style-type: none"> o Hospitals, housing (1)
Nutrition and Physical Activity	<ol style="list-style-type: none"> 1. Peer counselor for community other than WIC (12) <ul style="list-style-type: none"> o Unless a client of WIC, women do not have access to peer counselors 2a. Adult fitness/nutrition/physical activity (outreach and education) (9) 2b. Survey the community about what they want (9) 3. Change the culture of adults, especially in lower socio-economic groups (7) 4a. How to better utilize environment/parks/programs in Tahoe (3) 4b. Free swim lessons for adults (3) 5a. Work to increase exclusive breast feeding rates (0) 5b. Rec. Board recruitment

Overall Top Priorities

1. Home visits before and after birth (27)
2. School site therapeutic interventions (school SWS, MFT) (18)
3. School site reproductive health services (17)
4. Asthma outreach and education (17)
5. Address health care services and access for undocumented population (16)
6. Postpartum and domestic violence support groups (15)
7. Easy access to confidential sexual health services for teens (14)

Evaluation Input (more coming soon via Survey Monkey)

<u>Positives</u>
<ul style="list-style-type: none">• Food• Photolanguage• Laser pointers
<u>Changes to consider</u>
<ul style="list-style-type: none">• Present statistics that are more relevant to specific communities• Provide yearly updates about what is decided and implemented as a result of these input events• Post results on a website and/or in print• Provide advance information about the data• Collapse some items before ranking with dots• Allow participants to keep the laser pointers• Get feedback from stakeholders and community on what works/doesn't work

Bike Rack

- Affordable housing/homelessness
- Don't reinvent the wheel if some agencies have attempted to address these issues
- Assist/collaborate with local agencies that are already working on addressing issues