

CALIFORNIA TITLE V NEEDS ASSESSMENT, 2011-2015 BACKGROUND AND METHODS (EXCERPT)

The mission of the California Maternal and Child Health Program is to develop systems with the goal of helping to protect and improve the health of California's reproductive age women, infants, children, adolescents, and their families. In order to fulfill this mission, California MCAH performs the functions outlined in the 10 MCAH Essential Public Health Services framework in collaboration with MCAH Programs in each of California's LHJs and an extensive set of external partners.

The *California 2011-2015 Title V Needs Assessment Report* documents the California MCAH Program's needs assessment process and findings, identifies the 2011-2015 MCAH Program priorities, and establishes the foundation for the strategic planning process that will begin in 2010. California faces an ongoing fiscal crisis that is anticipated to have continued negative effects on both the MCAH populations and state and local MCAH Program budgets. This report provides an important evidence base upon which resources allocation decisions can be made.

The California MCAH needs assessment has been a broad effort to describe and assess the large and diverse MCAH population and the multi-faceted MCAH system that ensures their health. Thus, the needs assessment has been guided by an emphasis on describing the diversity in populations, systems, and needs across California's LHJs through investment in an extensive local assessment process. In taking this approach, the MCAH Program has recognized the fundamental role played by the LHJs; the expertise of local MCAH partners, staff, and Directors; and the rich assessment of the MCAH populations and system produced by this decentralized process.

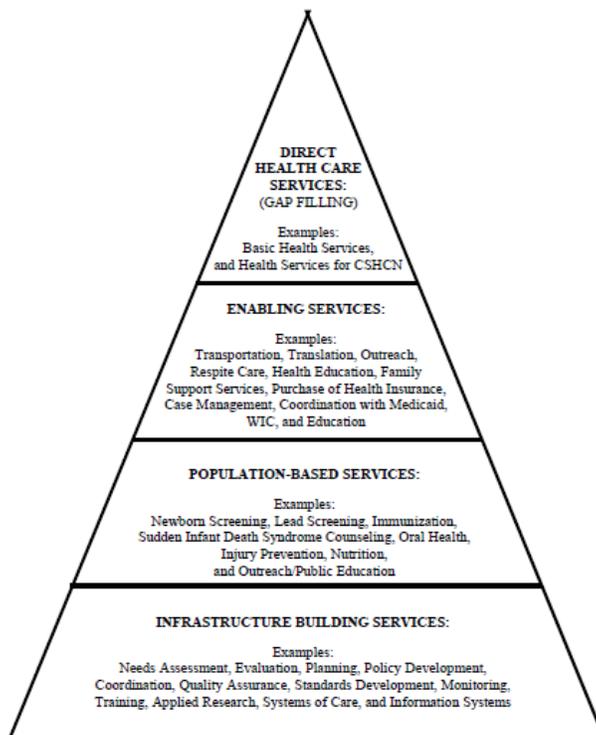
The 10 Essential Services of Public Health serve as an organizing framework for the California Department of Public Health (CDPH), and have been incorporated into the CDPH Decision Framework for evaluating internal proposals. The MCAH Program uses the 10 MCAH Essential Services to structure and describe activities implemented by the state and local MCAH programs.

10 Essential Maternal, Child and Adolescent Health Services

1. Assess and monitor maternal and child health status to identify and address problems.
2. Diagnose and investigate health problems and health hazards affecting women, children, and youth.
3. Inform and educate the public and families about maternal and child health issues.
4. Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
5. Provide leadership for priority-setting, planning and policy development to support community efforts to assure the health of women, children, youth and their families.
6. Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.
7. Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
8. Assure the capacity and competency of the public health and personal health work force to effectively address maternal and child health needs.
9. Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.
10. Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

The conceptual framework outlined by the Health Resources and Services Agency (HRSA) for the Maternal and Child Health Title V Block Grant to States is depicted in the MCH Pyramid of Services. The levels include: infrastructure-building services that establish the foundation of the MCH system, population-based services universally available to MCH populations, enabling services targeting groups and individuals, particularly those experiencing barriers to services, and direct (gap-filling) services. This framework is used to organize the presentation of information throughout the report, particularly in the capacity assessment section.

**CORE PUBLIC HEALTH SERVICES
DELIVERED BY MCH AGENCIES**



MCHB/DSCH 10/20/97

The Life Course Perspective, Social Determinants of Health, and Health Equity models provided the theoretical frameworks through which California’s 2011-2015 Needs Assessment findings were interpreted and presented. These frameworks, introduced below, gained prominence nationwide as the needs assessment process evolved and evidence accumulated pointing to the need to reframe the causes of and solutions to health disparities.

The Life Course Perspective is an evolving public health paradigm^{1,2} that has been applied extensively in MCAH in recent years. It describes health as a trajectory across the continuum of the life course beginning with the period in utero, and some suggest stretching back to the fetal experiences of previous generations.³ This framework explains health disparities by focusing on differential exposures and opportunities during sensitive developmental periods (in utero, early childhood, adolescence, pregnancy) that may have more powerful influences on subsequent health trajectories.^{3,4} Further, the model considers the cumulative effects of chronic stress across the life span. As a result of social disadvantage³ or episodes of negative exposures,⁵ physiologic changes occur, such as stress hyper-reactivity and immune dysfunction, that contribute to worsening health outcomes over time. The Life Course Perspective informs the

examination of MCAH outcomes, emphasizing the importance of health prior to and between pregnancies in the causal pathway for birth and maternal outcomes, as well as the life long consequences of risks and health conditions that occur during childhood, particularly during the period from birth to age five.^{6,7, 8, 9}

Health outcomes data for the MCAH populations in this report are presented according to a life course trajectory, with linkages to preceding and subsequent developmental periods. The health needs of reproductive age women are included to illuminate important but more distal factors related to observed birth outcomes in California's populations. Assessment of the health and developmental status of children provides critical information not only about current well-being, but also in relation to the promotion of health and well-being into adulthood. Early childhood measures are of particular importance in this regard. Adolescent health receives specific attention, as improvements and negative exposures during this sensitive period may have a great potential to shift the adult health trajectory.

Implicit in the Life Course Perspective is a consideration that health results from not only genetics and health behaviors, but from the social, psychological, economic, environmental, and cultural context in which health outcomes arise.^{1,2, 3,4, 6} Collectively, these factors are referred to as the social determinants of health. In California, as in the United States, differential access to resources in these arenas has resulted in MCAH outcome disparities for certain racial and ethnic groups, the poor, non-citizens, and other population groups.^{10, 11}

The health equity framework emphasizes that health disparities observed among these groups derive from systematic differences based on their historically restricted access to power and resources.¹¹ At its foundation is the ethical commitment to prioritizing the improvement of outcomes among these disadvantaged groups.¹²

In California, the importance of health equity and social determinants in affecting statewide health outcomes has been recognized through the integration of these concepts into the CDPH Decision Framework, the department-wide process and tools developed to facilitate shared decision-making, improve communication, and assure responsiveness to health challenges in the 21st Century.

Data on the social determinants of health across California's population describe the context in which health risks and outcomes arise. Health status data are presented by race/ethnicity to highlight the importance of MCAH disparities in California, while the intersection of race and income will highlight the social determinants of select outcomes. In the action planning stage, the consideration of the broad set of determinants of health will be integrated into the analysis of priority health problems in California, including those distal contextual factors that shape individual behavior.¹³

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