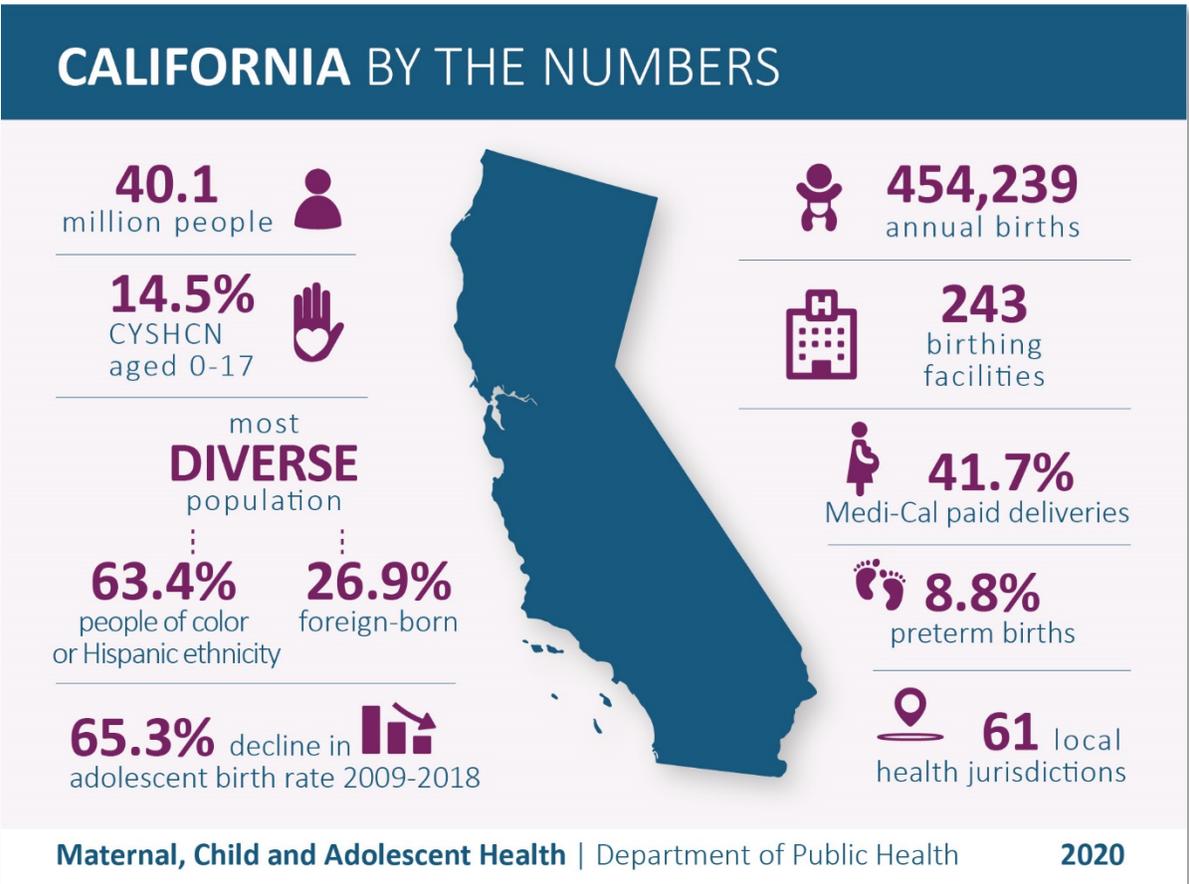


Executive Summary

PROGRAM OVERVIEW

California is the most populous and most diverse state in the country, with a population larger than that of the 22 smallest states combined. It is the fifth largest economy in the world, and contains both the largest county (by area) in the United States as well as the second largest metropolitan area. Caring for the health of California’s diverse women, children, and families comes with unique strengths, challenges and opportunities.



The mission of the California Department of Public Health (CDPH) is to protect the health and well-being of people and communities in California. The mission of the Maternal, Child and Adolescent Health (MCAH) Division is to support CDPH by implementing strategies to improve and foster health, support the development of children and adolescents, and promote well-being and health equity across the reproductive life course. The Title V Maternal and Child

Health (MCH) Block Grant provides core funding to California that helps the MCAH Division to lead, fund, partner and support activities to meet its mission.

The COVID-19 public health emergency has impacted every area, population and program that MCAH touches. As the pandemic unfolds across the country and across the world, we are committed to responding with adaptability and dedication to meet the needs of the MCAH population. We have worked quickly to incorporate telehealth into our case management and home visiting programs, engage family leaders and health care providers to create population-specific tips sheets and guidance, design new outreach and social media campaigns as needs emerge, navigate an uncertain state budget landscape, pitch in to help each other as staff are redirected to focus on the pandemic response, and respond to other challenges as they arise.

“We are already seeing a need to focus energy on increasing access to well-child visits and routine immunizations that have seen a major decrease following the implementation of stay-at-home orders.”

The COVID-19 public health emergency has also affected our Title V planning and implementation. Our five-year needs assessment and action planning process for the new cycle (2021-2025) was largely finalized in early 2020, before the severity of the pandemic was understood. The priority needs, strategies and activities presented in the following report are grounded in a comprehensive, data-driven needs assessment; however, as the pandemic continues there may be a need to adjust some of the strategies and activities. For example, we are already seeing a need to focus energy on increasing access to well-child visits and routine immunizations that have seen a major decrease following the implementation of stay-at-home orders as well as continue to expand our efforts to reduce disparities in perinatal health outcomes. Any strategies and activities that have changed will be reported upon and explained in next year’s submission.

As a result of the recent needs assessment, California’s Title V program created a new set of priority needs based on data, stakeholder input and the local needs of counties and communities. MCAH funds 61 Local Health Jurisdictions, comprised of health departments in 58 counties and three cities, which differ widely by population, geography and socioeconomic factors. California’s counties include major metropolitan areas as well as rural and frontier counties; global centers for agriculture, the arts, culture, technology and innovation; geography ranging from coastal areas and mountains to the desert; nine National Parks; an international

border; and countless other unique characteristics. Local Health Jurisdictions play a critical role in the collaborative development of priorities and strategies that drive the MCAH mission.

In addition to Local MCAH, Title V supports a variety of other programs such as the Black Infant Health Program, the Comprehensive Perinatal Services Program and the Adolescent Family Life Program. CDPH/MCAH funds partners, including State and local agencies, community-based organizations and universities to drive additional programmatic efforts that improve the health of the MCAH population. CDPH/MCAH also collaborates with partners across the State on topics including oral health, trauma and violence prevention, communicable diseases, genetic diseases, nutrition support, health care delivery, adolescent sexual health, maternal and perinatal quality of care, developmental screening and others. Through these strong partnerships and working relationships, MCAH lends its support to address relevant health areas including childhood adversity, preconception health, maternal mental health, opioid addiction, early childhood development, and maternal and infant nutrition.

“Racism has been declared a public health crisis”

Achieving health and well-being for all Californians means acknowledging and addressing health inequities that exist. These inequities are further illuminated by COVID-19, and compounded by the recent civil unrest occurring nationally in response to racism and police brutality. Racism has been declared a public health crisis by the American Public Health Association and the Association of Maternal Child Health Programs, as well as by several local jurisdictions in and outside of the state. These recent events have renewed and intensified the focus across sectors on racial and health equity. Systemic bias on the basis of race/ethnicity, gender, sexual orientation, and disability status, along with poverty, trauma, and other social and environmental factors all have an interconnected and well-established impact on physical and mental wellbeing.

At the heart of our work in MCAH is a recognition of the role that social determinants play in health outcomes. Within MCAH, we have the capacity and a responsibility to apply a health equity focus to all aspects of our work—what we lead, fund, partner, and support—and be intentional about addressing the needs of our MCH populations through our programs. Our programs connect families to economic, social, and physical supports and services that can help mitigate the impact of discrimination and poverty on their physical and mental/emotional health. To continue lessening the barriers to equitable access and quality care and services, we recognize the need to listen to and learn from our MCAH population. Our division is committed to exploring and targeting both the causes and the effects of structural injustices on mothers, infants, children, and adolescents within our communities. Our Department has a very active

Office of Health Equity and our staff participate in the department’s racial equity initiative. Our Health and Human Services Agency is a member of the Health in all Policies Task Force whose charge is to address the social, environmental and policy contributors to inequities in our state. While MCAH has made significant strides in health equity, there is a great deal of work left to do and that is reflected in our planned activities for 2021-2025.

“At the heart of our work in MCAH is a recognition of the role that social determinants play in health outcomes.”

MCAH PRIORITIES

MCAH utilizes the language of lead, fund, partner and support as an overarching framework to guide and delineate our level of engagement in each of the strategies our Title V team implements. The following is an overview of the MCAH priority health areas that CDPH/MCAH *leads* (primary responsibility and contributions of staff and/or fiscal resources), *funds* (provides fiscal support), *partners* (shared leadership and collaboration) and *supports* (reviews, advises and helps to share information) through Title V funding. These categories are not mutually exclusive and reflect the primary role that MCAH takes in each strategy.

WOMEN/MATERNAL Priority Need 1: Ensure women in California are healthy before, during and after pregnancy.

Example Strategies

Lead surveillance and research associated with pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.

Partner to strengthen knowledge and skill among health care providers, individuals and families to identify signs of maternal mental health-related needs.

PERINATAL/INFANT Priority Need 1: Ensure all infants are born healthy and thrive in their first year of life; Priority Need 2: Reduce infant mortality with a focus on eliminating disparities.

Example Strategies

Partner with birthing hospitals to support infant/caregiver bonding.

Lead research and surveillance on disparities in preterm birth rates in California.

CHILD Priority Need 1: Optimize the healthy development of all children so they can flourish and reach their full potential.

Example Strategies

Partner to foster coordination and collaboration between systems to improve developmental screening for young children.

Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families; Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.

Example Strategies

Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.

Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation and evaluation.

ADOLESCENT Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.

Example Strategies

Lead to develop and implement best practices in MCAH-funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.

Partner to strengthen resilience among expectant and parenting adolescents to improve health, social and educational outcomes.

HOW TITLE V FUNDS MCH EFFORTS IN CALIFORNIA

As described in the previous section, Title V supports a wealth of activities in California. CDPH/MCAH also takes the lead in administering other state and federal funds that align with Title V to support key programs and initiatives to improve the health of moms, babies, children, adolescents, and families in California.

MCH SUCCESS STORIES BY POPULATION DOMAIN



WOMEN/MATERNAL: MCAH formed the Maternal Risk-Appropriate Care Committee, a stakeholder group composed of providers, health plans and researchers, to develop strategies to advance Levels of Maternal Care efforts. Strategies were developed with partners such as ACOG, CDC and the Texas Department of Health.



PERINATAL/INFANT: MCAH and WIC released guidance on a family-centered approach to infant safe sleep for parents and caregivers. MCAH also launched a SIDS storytelling series, MyStory, which enables parents and caregivers who have lost an infant to SIDS to share their stories of grief, support and healing.



CHILD: As part of the Children's Healthy Weight CoIIN project, MCAH collaborated to reduce infant feeding disparities and promote workplace lactation accommodation and California Infant Feeding Guidelines via webinars, conferences and social media.



CYSHCN: As the pandemic unfolded, MCAH worked quickly to connect with partners to create a family-friendly tip sheet with suggestions and resources for parents and caregivers of children and youth with special health care needs, available in English and Spanish.



ADOLESCENT: When California's Governor issued a statewide COVID-19 shelter-in-place order, the Adolescent Family Life Program quickly responded by switching to telehealth/virtual case management visits. This allowed participants to safely receive services and maintain a continuity of support and connection.