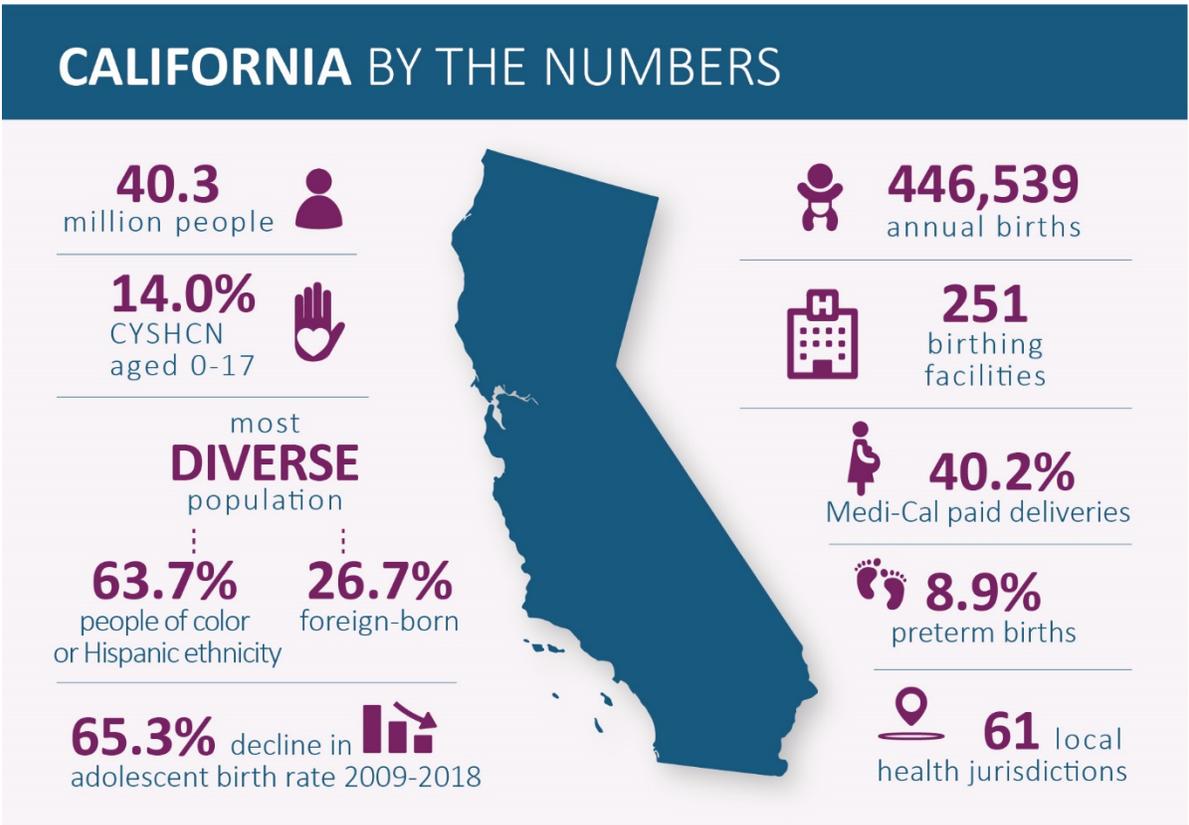


Executive Summary

PROGRAM OVERVIEW

California is the most populous and diverse state in the country, with one in eight people in the U.S. making the state their home. It is the fifth largest economy in the world as of 2019, and contains both the largest county (by area) in the nation, 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.



Maternal, Child and Adolescent Health | Department of Public Health 2021

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 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 Block Grant provides core funding to California that helps CDPH/MCAH to lead, fund, partner and support activities to meet its

mission.

The COVID-19 public health emergency has impacted every topic area, population and program that the MCAH Division touches. As the pandemic continues to unfold across the country and the world, California has activated its public health workforce resulting in over a quarter of state CDPH/MCAH staff redirected to the pandemic response along with many local agency staff. We are committed to responding with adaptability and dedication to meet the needs of the MCAH population. Over the past year, we worked to incorporate telehealth into our case management and home visiting programs, create population-specific tips sheets and guidance, expand our data collection to track impacts of the pandemic on MCAH populations, pitch in to help each other as staff are redirected to focus on the pandemic response, and respond to other challenges as they arise. The impact and stress of the pandemic on MCAH populations and public health professionals has been compounded by layers of additional crises and statewide events, including a devastating wildfire season, public safety power shutoffs and power outages, and political/civil unrest.

The COVID-19 public health emergency 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. But as the pandemic continues there may be a need to adjust some of the priority needs, strategies and activities presented in the following report.

CDPH/MCAH funds 61 Local Health Jurisdictions (LHJ), 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. LHJs play a critical role in the collaborative development of priorities and strategies that drive the CDPH/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, infectious and 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, CDPH/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.

Achieving health and well-being for all Californians means acknowledging and addressing health disparities that exist. These disparities have been further illuminated by COVID-19. Systemic inequalities on the basis of race/ethnicity, gender, sexual orientation, and disability status, along with poverty, trauma, and other social and environmental factors have an interconnected and well-established impact on physical and mental well-being.

At the heart of our work at CDPH/MCAH is a recognition of the role that social determinants play in health outcomes. Within the MCAH Division, 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 MCAH 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, mental and 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. As one example, the Perinatal Equity Initiative required funded counties to develop a public awareness campaign that reflects some of the root causes (such as racism) of maternal and infant disparities. Counties worked with community advisory boards, local focus groups, and community members and staff to complete their campaigns.

CDPH has an active Office of Health Equity and our staff participates 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.

MCAH PRIORITIES

The following Priority Needs outline the overarching goals in each of the five Title V population health domains. We created focus areas within each priority to further delineate and communicate the most pressing needs for our populations. This internal process was designed to organize and identify the highest priority areas for Title V effort and investment.

WOMEN/MATERNAL

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

Focus Area(s):

- Reduce the impact of chronic conditions related to maternal mortality.
- Reduce the impact of chronic conditions related to maternal morbidity.
- Improve mental health for all mothers in California.
- Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.
- Reduce maternal substance use.

PERINATAL/INFANT

Priority Need 1: Ensure all infants are born healthy and thrive in their first year of life.

Focus Area:

- Improve healthy infant development through breastfeeding and caregiver/infant bonding.

Priority Need 2: Reduce infant mortality with a focus on eliminating disparities.

Focus Area(s):

- Reduce infant mortality with a focus on reducing disparities.
- Reduce preterm births.

CHILD

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

Focus Area(s):

- Expand and support developmental screening.
- Raise awareness of adverse childhood experiences (ACEs) and prevent toxic stress through building resilience.
- Support and build partnerships to improve the physical health of all children.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Priority Need 1: Make systems of care easier to navigate for Children and Youth with Special Health Care Needs (CYSHCN) and their families.

Focus Area(s):

- Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.
- Increase access to coordinated primary and specialty care for CYSHCN.

Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.

Focus Area:

- Empower and support CYSHCN, families and family-serving organizations to participate in health program planning and implementation.

ADOLESCENT

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

Focus Area(s):

- Improve sexual and reproductive health and well-being for adolescents.
- Improve awareness of and access to youth-friendly services for adolescents.
- Improve social, emotional, and mental health, and build resilience among adolescents.

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: In response to the pandemic, CDPH/MCAH released [COVID-19 Pregnancy and Breastfeeding guidance](#) and corresponding [social media messages](#), which were shared and adopted widely by local health jurisdictions, community-based organizations and other stakeholders.



PERINATAL/INFANT: In alignment and partnership with Title V work, CDPH/MCAH's state-funded Perinatal Equity Initiative was established to improve birth outcomes and reduce black maternal and infant mortality through interventions implemented at the county level that are evidence-based, evidence-informed, or reflect promising practices.



CHILD: In recognition of the significant social and economic hardships that families are facing related to the COVID-19 pandemic, CDPH/MCAH worked with partners to create a number of outreach resources, including an early childhood systems resource guide for local agencies.



CYSHCN: CDPH/MCAH culminated a large scale needs assessment and strategic planning process to establish our five-year action plan to increase investment in public health services and systems for CYSHCN and their families.



ADOLESCENT: Adolescent Family Life Program agencies committed to safely continuing to support expectant and parenting young people through the COVID-19 public health emergency. They employed creative strategies to enroll and engage participants virtually and safely delivered concrete supports to help young parents meet their needs through these challenging times.