Incorporating Life Course, Social Determinants, and Health Equity into California’s MCAH Programs

Shabbir Ahmad, DVM, MS, PhD
Maternal, Child and Adolescent Health Program
Center for Family Health
California Department of Public Health

February 25, 2010
HRSA / MCHB
How has California incorporated or will continue incorporating *Life Course, Social Determinants, and Health Equity* models ("the models") into ongoing MCAH program planning and needs assessment processes at both *state* and *local* levels?
• MCAH is moving to address health disparities while considering the accumulating knowledge and consensus on the role of multiple determinants of health over the life course.

• Critical developmental periods (pregnancy, childhood, adolescence) differentially impact health trajectories.

• Determinants such as income, education, social support, control, discriminatory treatment (racism), neighborhood characteristics, environmental conditions impact health.
State and Local MCAH Programs
Incorporating Health Equity, Social Determinants & Life Course

MCAH Program Planning

Select Examples:
Example 1: Black Infant Health Program
Addressing stress & social support to reduce inequities

- **Goal**: Reduce African American infant mortality, preterm birth, and low birth weight disparities
- Disparities have persisted in African American outcomes
- No definitive scientific evidence shows the best path
  - Limited science on how to address disparities in birth outcomes
  - Prenatal care has not been the answer
- Current knowledge suggests it’s promising to address:
  - **Stress**: chronic stress (e.g., due to discrimination or hardships) associated with low income; physiologic pathways documented
  - **Social support**: may directly improve health; affects health behaviors; buffers stress effects
  - **Empowerment**: Self-efficacy plays key role in health behaviors; key to escaping poverty; lack of control at work strongly linked with heart disease
• Previous BIH Model
  – Individualized case management approach; implementation variation across 17 BIH sites

• Revised BIH model
  – Group-based approaches that develop self-esteem, empowerment, social support, and health knowledge
  – Consistency across 17 BIH sites
Example 2: Project LAUNCH
East Oakland, Alameda County

Addresses early health conditions in critical developmental period to impact health trajectories through:

- Home visitation
- Quality child care
- Mental health consultation for child care
- Developmental / social-emotional screening in pediatric and child care sites
- Strengthening families
Project LAUNCH
Promoting young child wellness, 0-8 years

Core Concepts
- An ecological framework: healthy, stable, safe and supportive families, communities, cultures
- A public health approach: prevention & promotion
- A holistic perspective: early developmental domains

Policy Areas
- Goal is for Statewide policy changes be informed by local experience
- Identification of an integrated funding stream for mental health consultation for child care
- Promotion/incentives for integrated services at the State level
Example 3: Preconception Health Council of California (PHCC)

• Forum for statewide planning and decision-making on issues and programs related to preconception health and health care

• Established by California MCAH Program and March of Dimes in May 2006

• Composed of stakeholders from local and state level, including those involved in national efforts

• Members support and oversee local preconception health promotion projects

• Advocates for a holistic approach to women’s health across the lifespan and recognizes the impact of social and environmental factors on maternal and infant outcomes.
PHCC projects and member-driven efforts

• **Post-partum Visit Project** (CA ACOG/March of Dimes)
  – Develop clinical guidelines to maximize the post-partum visit by addressing risk factors that could affect a subsequent pregnancy

• **Title X Clinic Preconception Health Integration** (California Family Health Council)
  – Expanding the family planning visit to include preconception health promotion: reproductive life planning, folic acid supplementation, healthy weight, substance use screening

• **WIC Offers Wellness** (Public Health Foundation Enterprises/WIC)
  – Women participating in WIC who had a poor pregnancy outcome are provided with comprehensive case coordination services as well as individual counseling and peer group support sessions
Example 4: MCAH Life Course integration in the Local Health Programs

- **Alameda County’s Building Blocks Collaborative**
  - A partnership of multi-sector community organizations that is developing a blueprint for community conditions supporting well-being starting from the earliest stages of life

- **Contra Costa County’s Life Course Initiative**
  - 15 year initiative: began with staff training and orientation to the life course perspective
  - BEST (Building Economic Security Today): pilot project to provide financial counseling to recipients of MCAH services

- **Los Angeles County’s Program-wide Efforts**
  - Data briefs to quantify connection between racism and birth outcomes
  - Changing the trajectory of women’s lives through home visitation
  - Focus on reproductive justice and reproductive life choices
  - Movement towards cross-sector place-based funding
Incorporating Health Equity, Social Determinants, and Life Course

Needs Assessment, Surveillance, & Organizational Capacity
## 2010-2014 Needs Assessment Overview

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Needs Assessments</strong></td>
<td>JAN-MAR</td>
<td>APR-JUN</td>
<td>JUL-SEP</td>
</tr>
<tr>
<td>Develop guidelines; release county-level data</td>
<td><img src="progression1.png" alt="Progression" /></td>
<td><img src="progression2.png" alt="Progression" /></td>
<td><img src="progression3.png" alt="Progression" /></td>
</tr>
<tr>
<td>Ongoing TA &amp; trainings</td>
<td><img src="progression6.png" alt="Progression" /></td>
<td><img src="progression7.png" alt="Progression" /></td>
<td><img src="progression8.png" alt="Progression" /></td>
</tr>
<tr>
<td>Develop local health profiles</td>
<td><img src="progression11.png" alt="Progression" /></td>
<td><img src="progression12.png" alt="Progression" /></td>
<td><img src="progression13.png" alt="Progression" /></td>
</tr>
<tr>
<td>Conduct local capacity assess</td>
<td><img src="progression16.png" alt="Progression" /></td>
<td><img src="progression17.png" alt="Progression" /></td>
<td><img src="progression18.png" alt="Progression" /></td>
</tr>
<tr>
<td><strong>State-level Assessments</strong></td>
<td>JAN-MAR</td>
<td>APR-JUN</td>
<td>JUL-SEP</td>
</tr>
<tr>
<td>Summarize local priorities &amp; capacity needs</td>
<td><img src="progression21.png" alt="Progression" /></td>
<td><img src="progression22.png" alt="Progression" /></td>
<td><img src="progression23.png" alt="Progression" /></td>
</tr>
<tr>
<td>Conduct state capacity assess</td>
<td><img src="progression26.png" alt="Progression" /></td>
<td><img src="progression27.png" alt="Progression" /></td>
<td><img src="progression28.png" alt="Progression" /></td>
</tr>
<tr>
<td>Health status data analysis</td>
<td><img src="progression31.png" alt="Progression" /></td>
<td><img src="progression32.png" alt="Progression" /></td>
<td><img src="progression33.png" alt="Progression" /></td>
</tr>
<tr>
<td>Stakeholder web-survey</td>
<td><img src="progression36.png" alt="Progression" /></td>
<td><img src="progression37.png" alt="Progression" /></td>
<td><img src="progression38.png" alt="Progression" /></td>
</tr>
<tr>
<td><strong>Priority Setting</strong></td>
<td>JAN-MAR</td>
<td>APR-JUN</td>
<td>JUL-SEP</td>
</tr>
<tr>
<td>Select health priorities</td>
<td><img src="progression41.png" alt="Progression" /></td>
<td><img src="progression42.png" alt="Progression" /></td>
<td><img src="progression43.png" alt="Progression" /></td>
</tr>
<tr>
<td>Develop performance measures</td>
<td><img src="progression46.png" alt="Progression" /></td>
<td><img src="progression47.png" alt="Progression" /></td>
<td><img src="progression48.png" alt="Progression" /></td>
</tr>
<tr>
<td>Public comment</td>
<td><img src="progression51.png" alt="Progression" /></td>
<td><img src="progression52.png" alt="Progression" /></td>
<td><img src="progression53.png" alt="Progression" /></td>
</tr>
<tr>
<td>Local MCAH Directors Report</td>
<td><img src="progression56.png" alt="Progression" /></td>
<td><img src="progression57.png" alt="Progression" /></td>
<td><img src="progression58.png" alt="Progression" /></td>
</tr>
</tbody>
</table>
Needs Assessment

• CAST V approach to capacity assessment does not explicitly incorporate aspects of the life course, multiple determinants, and health equity models.

• The models have framed the synthesis of data and interpretation of findings from the local and state assessments.
NA process has enabled MCAH to identify opportunities and mechanisms for incorporating the models into state activities:

- analysis of surveillance data from the life course perspective;
- identify outcomes and disparities unresponsive to existing interventions;
- identify local needs assessment efforts that incorporate the models;
- assessment of ongoing MCAH activities that incorporate the models;
- initial assessment of the capacity of the CA MCAH system to provide leadership in incorporating the models in the public health and health care delivery system; and
- initial discussions among the MCAH branches and with LHJs about how these models can be incorporated in the action plan for the next five years.

These models will become more concretely integrated into MCAH activities during the action planning phase of the needs assessment.
Alameda County Health Equity / Social Determinants Focus

• “A challenge during the next five years will be expanding efforts to **achieve health equity** by addressing the **social determinants of health**.”

• Programmatic Goal 5: Health status equity among racial, ethnic, gender, economic and regional groups.

• Community Health Profile augmented by data from “**Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County**”

Contra Costa County Life Course Perspective

• “The mission…is to reduce disparities and change the health of the next generation…by **achieving health equity**, **optimizing reproductive potential**, and **shifting the paradigm** of the planning, delivery, and evaluation of maternal, child, and adolescent health services.”

• Needs Assessment Goal: To apply the Life Course Perspective and health equity approach to the planning process
Incorporating Life Course and Social Determinants into Public Health Surveillance

- Incorporate social determinants variables into population-based surveys

- Improve the quality of data collected
  - Education and prenatal care/delivery payer
  - Birth data quality training

- Analyze and present data by race/ethnicity and income to identify the relative contribution of each to underlying health disparities.

- Obtain data from non-public health sources that show the distribution of social conditions that underlie health inequities.
  - Land use, parks, crime
  - Develop collaborative relationships with relevant agencies to obtain ongoing support

- Link or analyze datasets in new ways to show the impact of life course or social determinants
  - Use census data to create Area-based Socioeconomic Measures and link with health care data (e.g., birth file) to assess the association of social conditions with individual health outcomes (e.g., neighborhood poverty, residential segregation, etc.).
  - Link datasets across multiple years to create an intergenerational birth cohort file of women and their offspring.
Organizational Capacity

• Improved internal MCAH capacity required to integrate the models into the needs assessment process:
  – Build knowledge base of staff
  – Equip and empower staff to apply this knowledge to their work activities
  – Develop internal structures to support integration of models into ongoing work
  – Identify opportunities to communicate across sectors
  – Identify best practices and examples in other local and state MCAH programs
Thank You!