



Humboldt County Maternal, Child and Adolescent Health

2019-2023 NEEDS ASSESSMENT REPORT

MCAH NEEDS ASSESSMENT REPORT

Process

Overview

The Maternal, Child, and Adolescent Health program works to improve the health of families or, more broadly, the health of the systems that support raising happy and healthy children in our community.

The program's needs assessment is done every 5 years and is used to identify local data trends and seek input from the community about how to address those trends. This process ensures that MCAH goals are driven by data and community input.

The needs assessment for 2019-2023 covered prenatal care, postpartum depression, neonatal abstinence syndrome, services for children and youth with special healthcare needs, teen and family health, dental health, and the wellbeing of families. Data on these topics was presented to local coalition meetings and to community members, and both groups were asked for input about whether the data represented their experience, what factors inform the situations represented by each data point and what would improve those situations in our community.

For each data point, this report will show the data itself, the input gathered from local coalitions, the input gathered from community members, and a short summary of the themes identified around the community's experience with each data point.



Selected Data



Perinatal Health

Postpartum Depression
Prenatal Care



Infant Health

Neonatal Abstinence Syndrome



Teens, Youth and Families

Quality of Life



Children and Youth with Special Healthcare Needs

Functional Services



Dental

Health and Access

Data Sources

TREND DATA

The Needs Assessment Report process begins with reviewing county data and identifying significant trends that impact the population served by the Maternal, Child and Adolescent (MCAH) health program. Data comes from the California Department of Public Health's (CDPH) MCAH data dashboard, healthykids.org dashboard, or locally gathered data from Humboldt County Public Health. The trends selected for review are those that had the most significant changes in the past 5 years since the last Needs Assessment. There are variables for the data such as different sources, time periods or age groups. Some focus areas without available data were included to gather data relevant to the needs of the community.



LOCAL COALITION POLLS

After identifying focus areas, the relevant trends were presented to coalitions of agencies that serve populations important to MCAH. At these presentations, the attendees were asked if the presented trends equated with the needs of their clientele. Attendees were also asked for feedback, related to those trends, on what would help them in their work to improve health, and what resources their agencies need to do that work.



SURVEY DATA

To learn the opinions of community members, a survey of 50 different questions was developed. Depending on the response to key questions, the survey taker would be directed to questions from one or more of several categories:

- Teen health
- Children and youth with special healthcare needs
- Perinatal trends
- Prenatal care experiences
- Oral health

The survey was available in English and in Spanish and was posted in public spaces using a QR code as well as online and in private businesses. A protocol was set up to allow only single entries per email. In total, 156 responses were recorded.



Coalition Make-Up

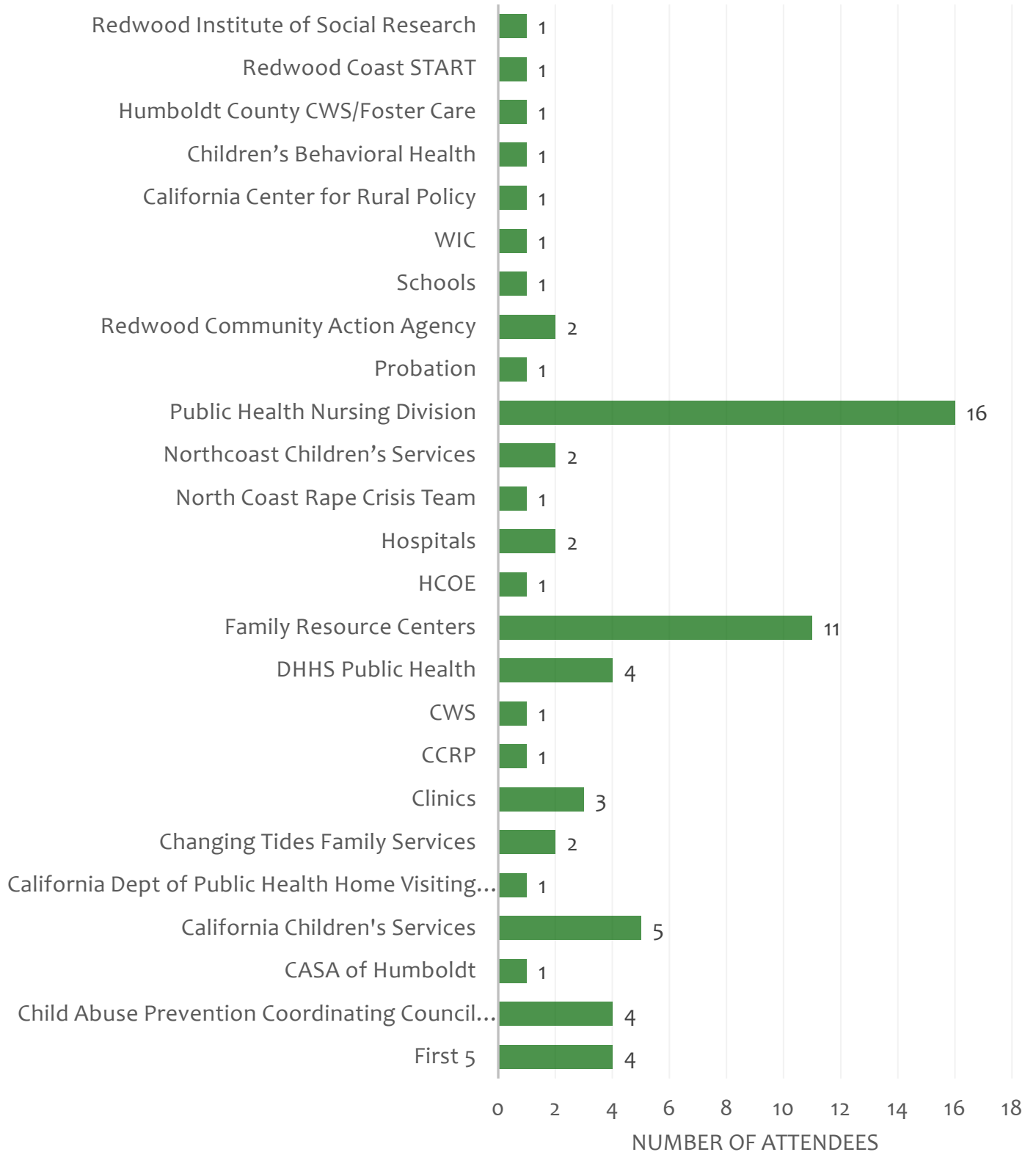
Agencies Represented



In total, 123 coalition members representing 25 agencies responded to 15 polling questions at 7 separate presentations. DHHS and family resource centers were the most represented agencies.

Agencies represented at coalition meetings

AGENCIES REPRESENTED

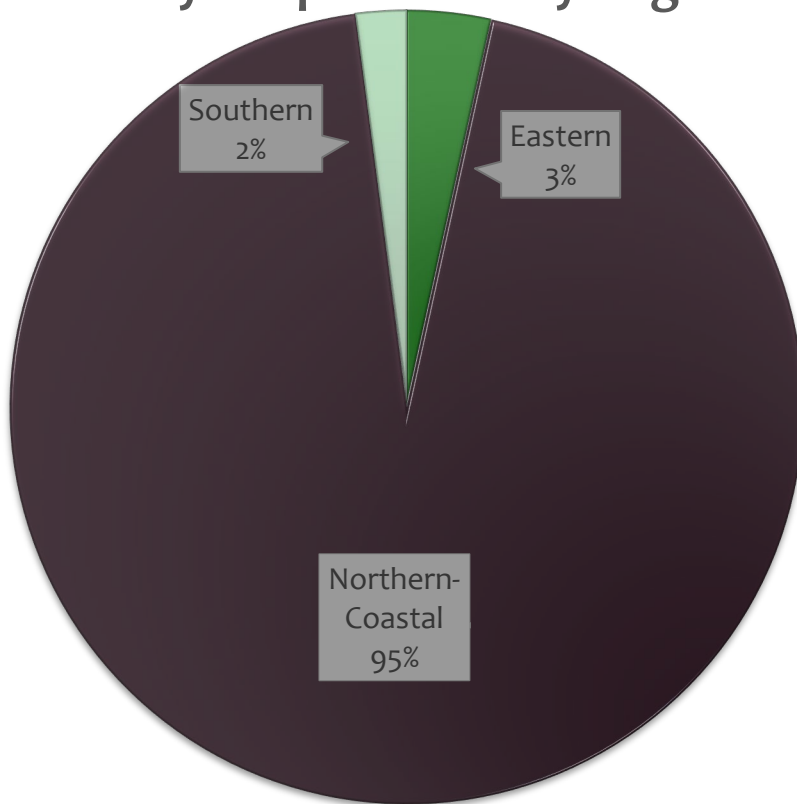


Survey Demographics

Region



Survey Respondents by Region

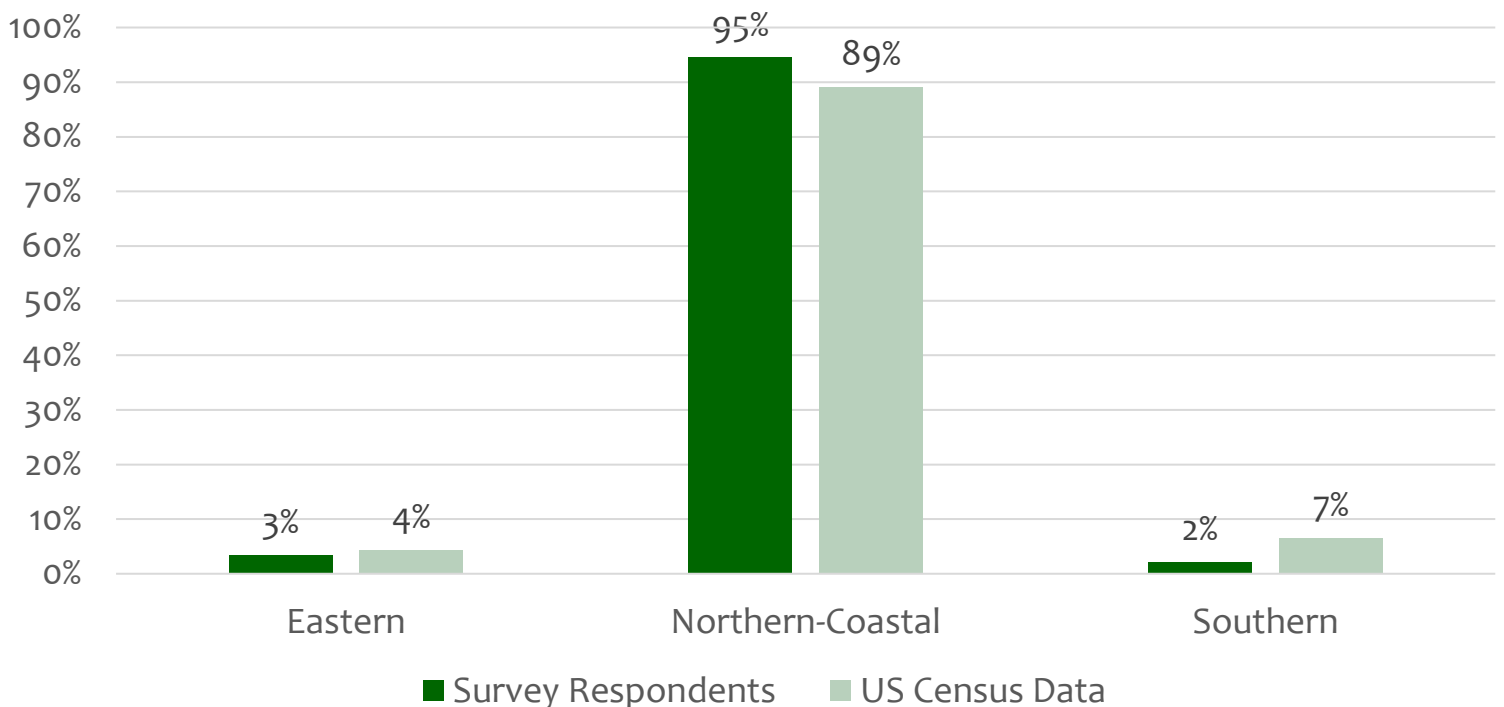


Regional data was measured by zip code and can be compared directly to US census data for Humboldt County. As the highest population centers are in the northern/central region, the most responses were recorded from those identified zip codes.

While it was expected to see more responses from the higher population areas, when compared to census data the Northern-Coastal region was over-represented in our survey while Eastern Humboldt residents were slightly under-represented and Southern Humboldt residents were significantly under-represented.

*94% (147/156) of eligible people answered this question about their region of residence. This is the same as the section average of 94%.

Regional Comparison - Survey Respondents Vs. US Census Data



Survey Demographics

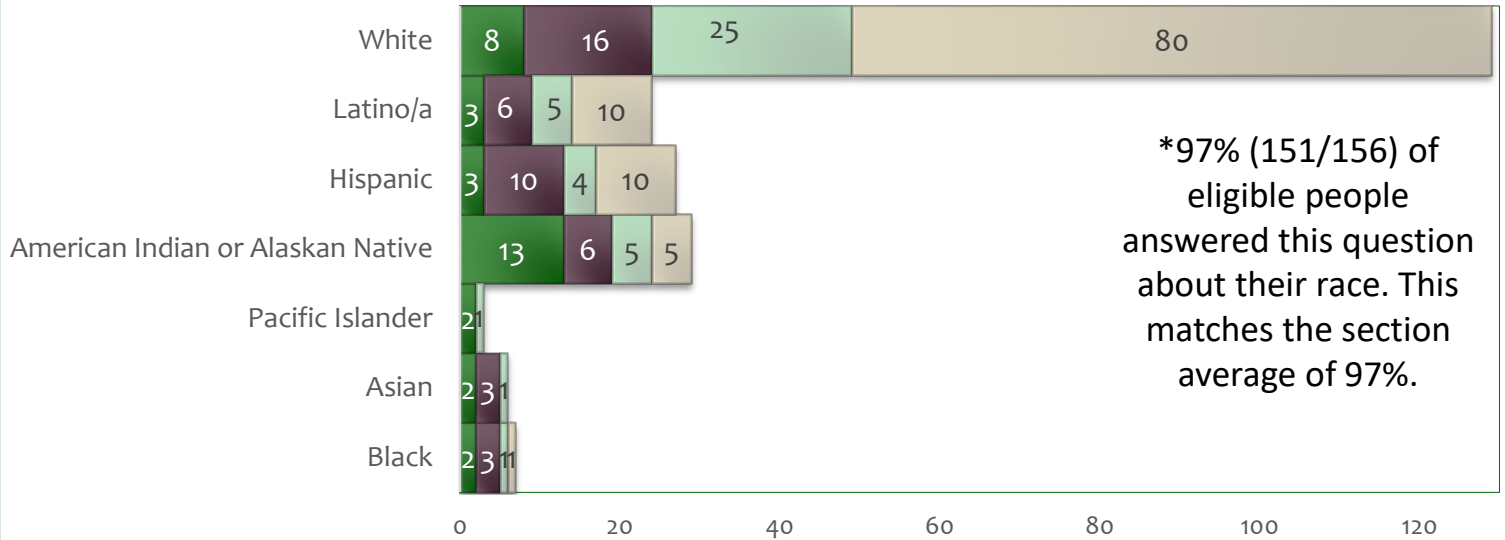
Race



In terms of demographics, the goal of the survey was to hear opinions that were representative of Humboldt County's population. Because the questions we asked about race are different from those asked by the census survey, we cannot make a direct comparison. The MCAH survey allowed a greater degree of flexibility in reporting one's racial identity than the US census. Of the 151 survey respondents, about 70% (106) identified as being entirely one race. The remaining 30% chose at least 2 races to describe themselves which is significant, given that only 6% of Humboldt residents identified themselves as multiracial in the US census survey. This marked difference between our data and the US census data is likely due to the differences in how the question was asked rather than an actual difference in the racial identity of our survey respondents.

The data in this report are not divided by race because a thorough discussion of the impact of racism on the health of a community is beyond the scope of this report. Nevertheless, our data shows that racism has an impact on our community, and we encourage agencies needing data to support work around racism and health to contact us for data that includes racial and ethnic categories.

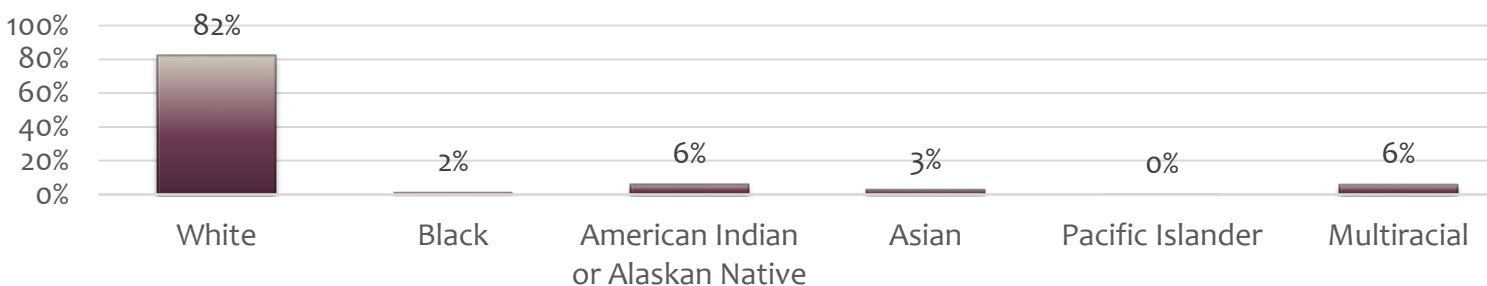
How much does each race/ethnicity describe you?



***97% (151/156) of eligible people answered this question about their race. This matches the section average of 97%.**

	Black	Asian	Pacific Islander	American Indian or Alaskan Native	Hispanic	Latino/a	White
■ A little	2	2	2	13	3	3	8
■ Partly	3	3	0	6	10	6	16
■ Mostly	1	1	1	5	4	5	25
■ Entirely	1	0	0	5	10	10	80

2020 US Census Data for Humboldt County



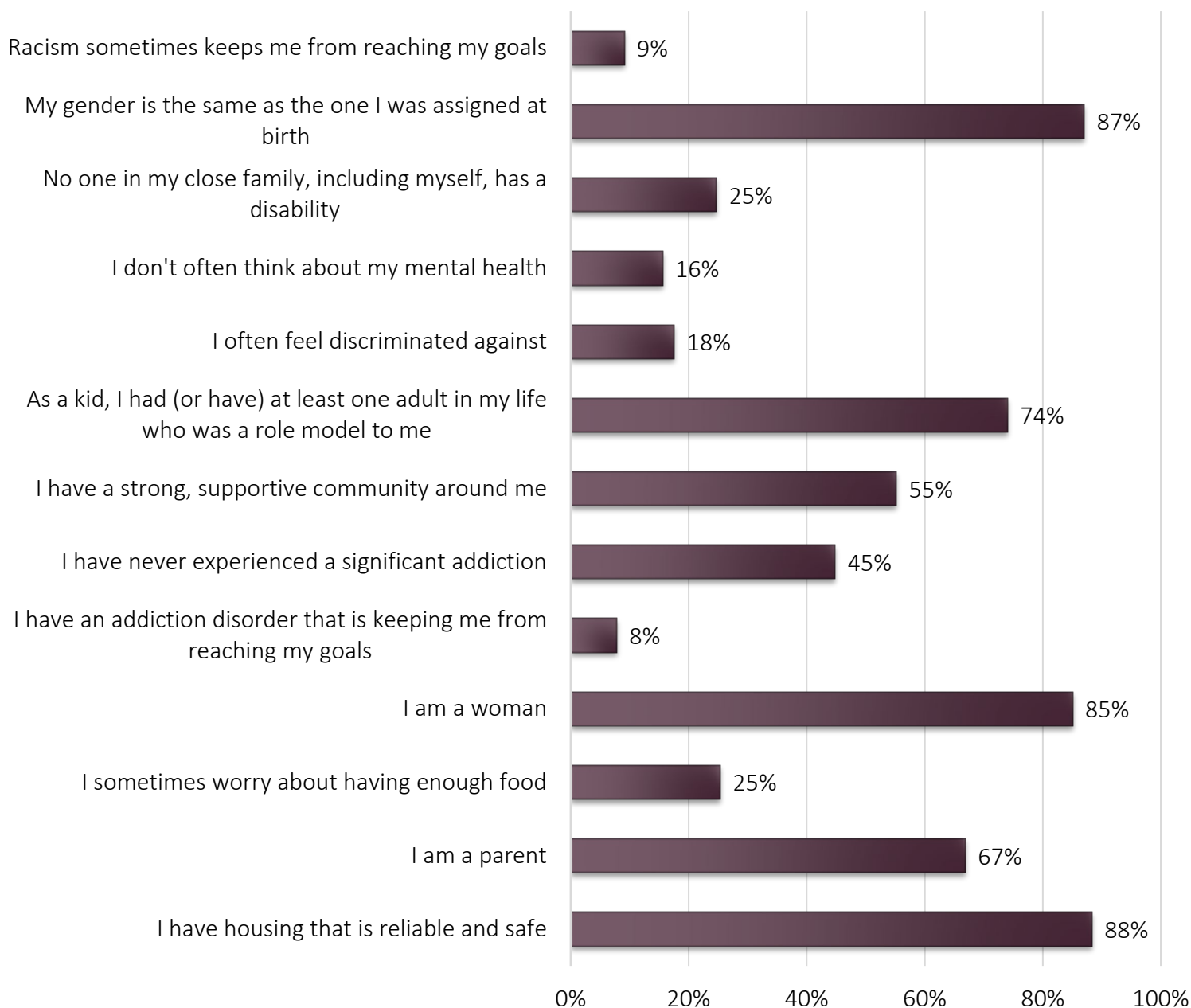
Survey Demographics

Life Experience



In addition to being representative of the demographics of our county, we also want the survey to reflect the wide range of experiences of county residents. Although it is difficult to know whether we have achieved a representative sample in this regard, it is helpful to know who is and is not represented in this report. The chart below shows the percentage of the 154 people responding to this question who felt that a given statement described their experience.

Which of the following experiences have you had? Please check the box next to any of the statements that describe you. You can check as many or as few as you wish.



* 99% (154/156) of eligible people answered this question. This is higher than the section average of 94%.

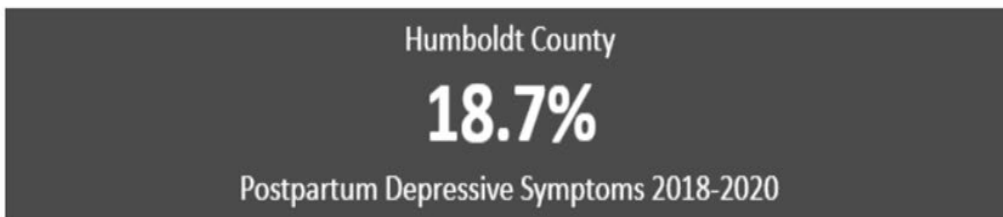
Perinatal Health

Postpartum Depression

Trend data

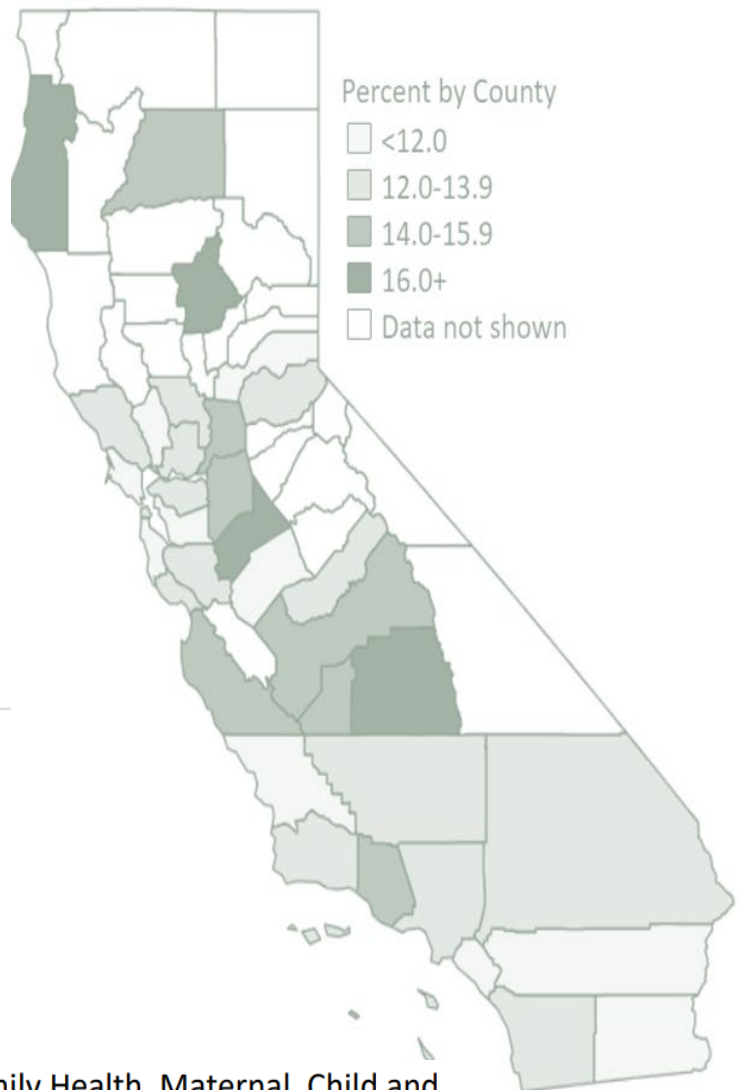
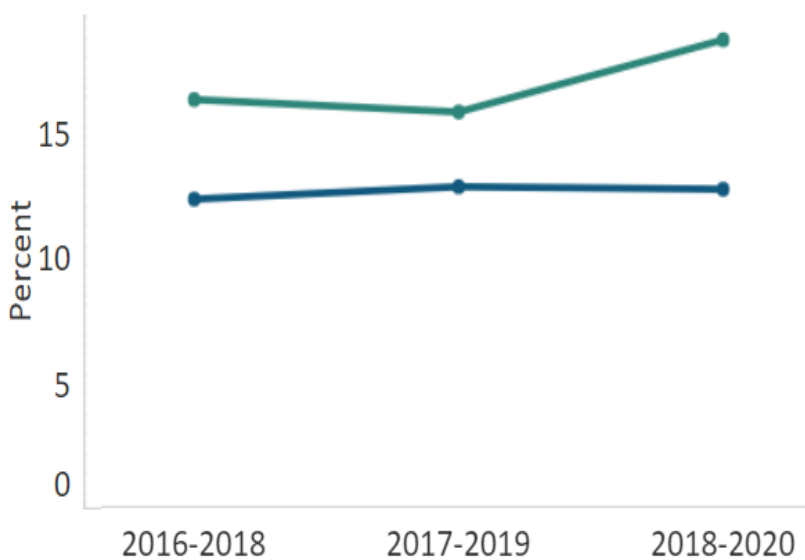


Over a 5-year period, there has been a 6% increase in the rate of postpartum depression for residents of Humboldt County. Looking at the trend lines below, you can see that there is not a corresponding rate increase in California, making this a local concern.



Postpartum Depressive Symptoms

Humboldt County and California

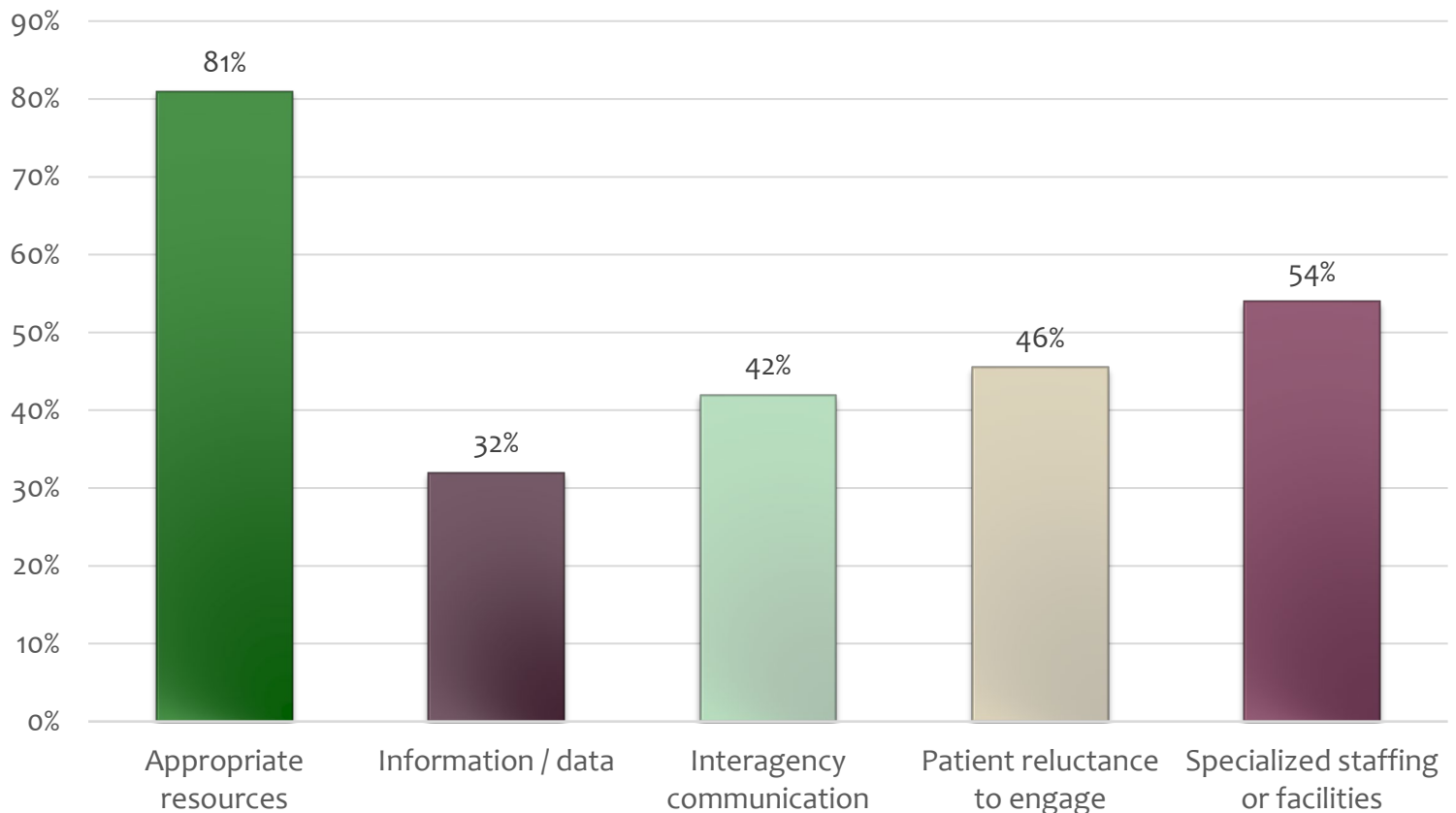




Identifying Limitations

Coalition members were asked about what limits agencies' ability to address depression in the parents they work with. Just over half of respondents felt limited by a lack of specialized staffing or facilities and roughly 80% of respondents felt that a lack of appropriate resources limited their ability to serve parents experiencing depression.

Percentage of Respondents who identified each factor as a limitation in their ability to address the needs of parents experiencing depression



*100 out of a total of 123 coalition members (81%) responded to this poll question.

	Identified all 5 factors as limitations	Identified 4 factors as limitations	Identified 3 factors as limitations	Identified 2 factors as limitations	Identified a single factor as a limitation
Percentage	11%	19%	22%	20%	28%
Number	11	19	22	20	28

Perinatal Health

Postpartum Depression

Survey Responses



Identifying Causes

We asked community members for their opinions about why postpartum depression rates in Humboldt County might be higher than elsewhere. For each of the three possible responses in the graph below, respondents were asked to rank them as very likely, likely, or not likely. The graph below shows the likelihood that survey respondents gave to each factor.

Of the three possible reasons we offered, most respondents felt that the lack of mental health care was the most likely, while very few felt that local rates were elevated due to better diagnostics rather than more actual cases. Offering suggested answers unavoidably brings bias into the question. To help offset this we asked respondents to write in another reason if they would like to. Thirty of the 117 people responding did write in a comment with the most common themes related to a need for better support for parents and more available mental health care. The four comments quoted below are representative of the most common themes from the 30 comments we received.

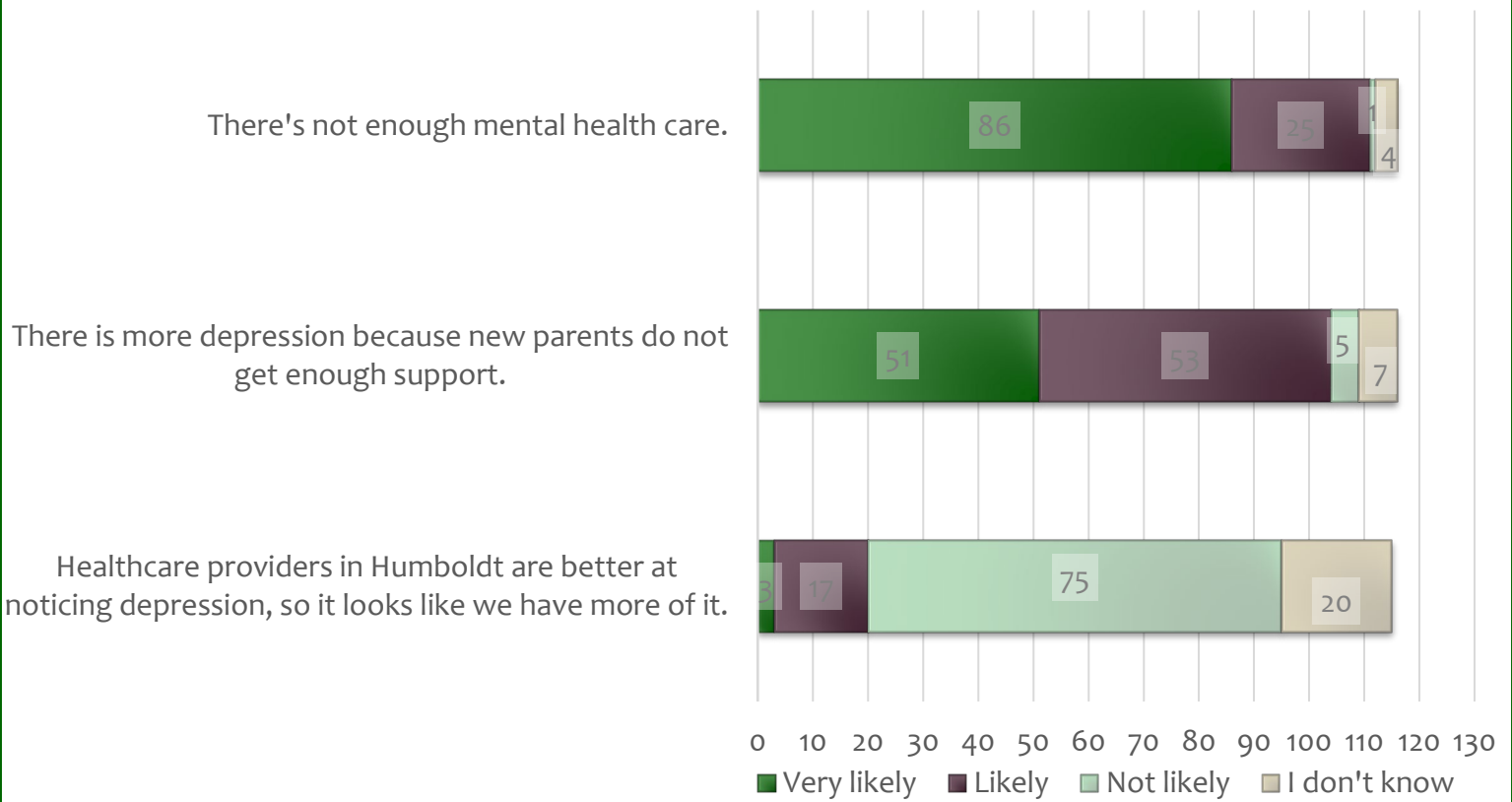
“It’s hard to see a good provider for mental health services that take different types of insurance. I waited 9 months to be seen it’s too long.”
-Survey Respondent

“We definitely need more mental health care, I refer prenatal patients and they are added to a waiting list for counseling, because we are so overbooked...”
-Survey Respondent

Money stress of needing to leave the baby to go back to work. Lack of childcare and not accommodating to breastfeeding mothers. Social Support for mothers at home with no one to talk to or take a break once in a while.
-Survey Respondent

The depression is identified but then there is no one to send them for help so the depression gets worse
-Survey Respondent

Why do you think people in Humboldt County are more likely to be diagnosed with depression after giving birth than people in other places?



***95% (117/123) of eligible people answered this question. This is representative of the section average of 95%.**



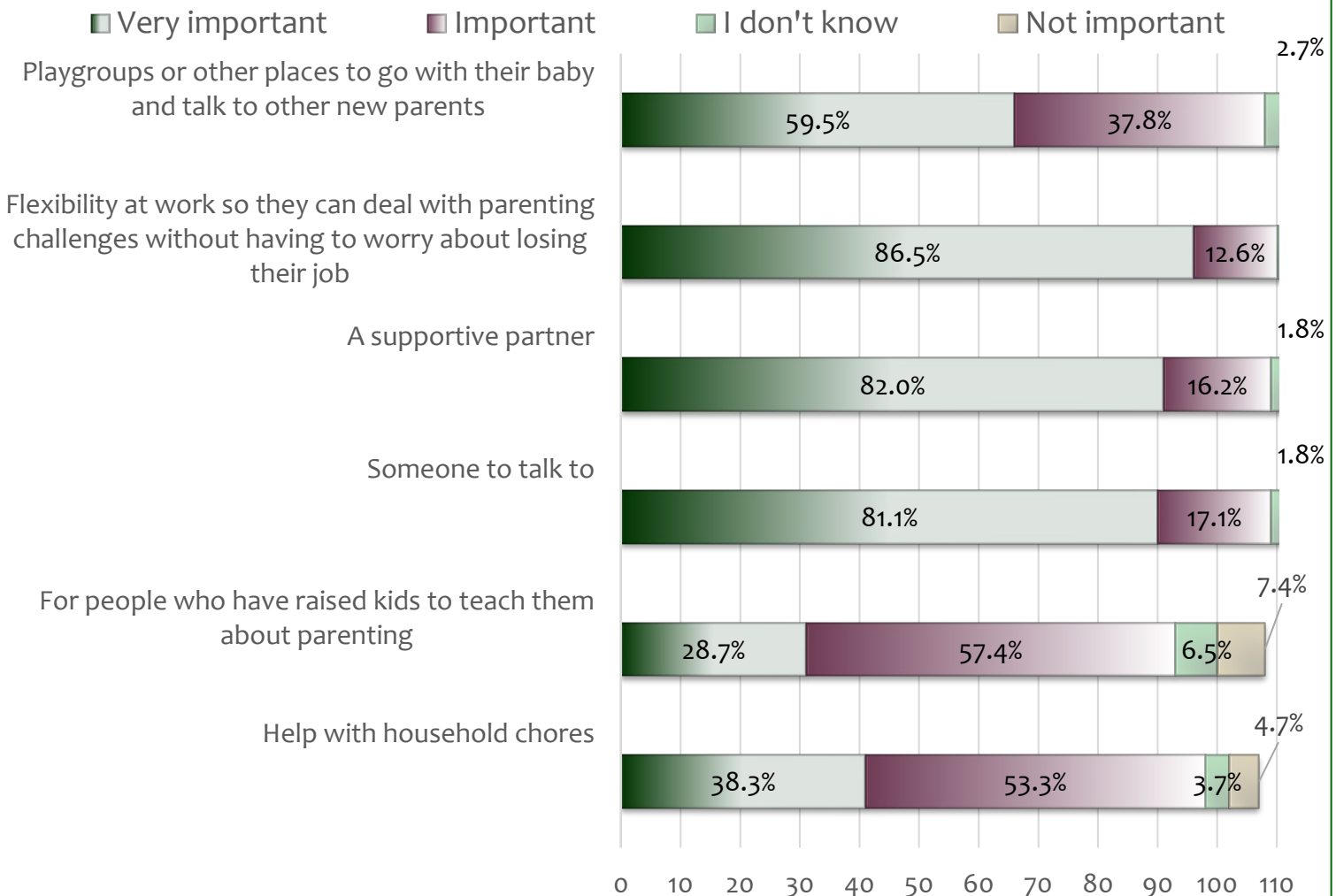
Identifying Solutions

To get community perspectives on what new parents need to maintain good mental health after their baby is born, we asked respondents to rank the list of ideas in the chart below as “very important”, “important”, or “not important”. We assigned a numeric value to each of the three responses and calculated a weighted average based on those values. The graph below shows the percentage of the total value that each idea received. In addition to these ranking questions, we also asked for comments. Both the ranking and the comments show that community members see family leave, flexible workplaces and accessible childcare as top priorities, while also placing a high value on the support of family and friends.

“Childcare programs that remain open until the parent can get off of work at their scheduled shift, to not lose work hours.”
-Survey Respondent

“Longer and more comprehensive family medical leave.”
-Survey Respondent

What do you think new parents need to have good mental health after their baby is born?



*95% (117/123) of eligible people answered this question. This is representative of the section average of 95%.



In the past 5 years, postpartum depression rates have increased in Humboldt County but not in California as a whole, suggesting that this trend is influenced by local factors. Coalition members confirmed that they have seen more postpartum depression over the past 5 years which suggests that the upward trend is due to increasing cases rather than improved diagnosis. Further supporting this, increased diagnosis was not identified as being a likely cause of the increasing trend by survey respondents.

A lack of appropriate resources was seen by coalition members as the largest limitation on their ability to serve clients with postpartum depression. Community members, meanwhile, see family leave, flexible workplaces and accessible childcare as important factors in decreasing postpartum depression.

☞☞ Parents are stressed! They are trying to access housing, locate childcare to find a job, find food for their kids. Factors such as these increase emotional stress which leads to depression.
-Survey Respondent

☞☞ having new parents go back to work so soon after birth is not the best practice and we all know that!!
-Survey Respondent

☞☞ Individuals in the community I work with often do not have familial support or are new to the area, creating isolation & feelings of loneliness
-Survey Respondent





Prenatal care trends in Humboldt county fluctuate by region. Our goal in asking for input about these trends was to identify what is causing changes in each region so that agencies and programs working towards improving prenatal care rates can tailor their strategies to each region.

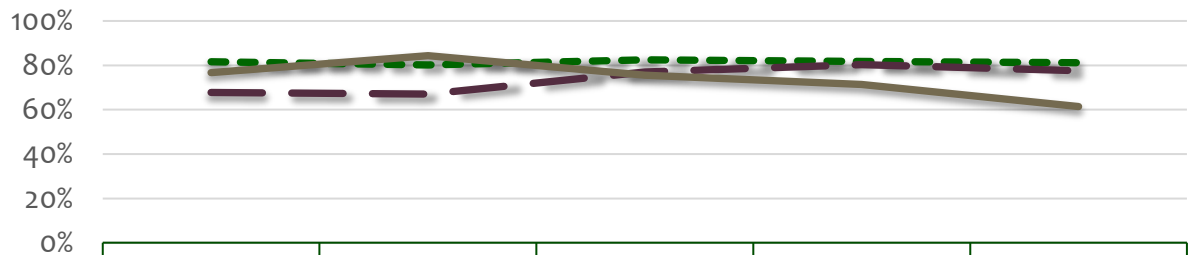
Number of Births to Humboldt County Residents

(by Region of residence)

	2019	2020	2021	2022
North/Central Coast	1,238	1,118	1,139	1,054
Eastern	96	76	74	61
Southern	86	77	76	84

Births with Early* Prenatal Care

(by region)

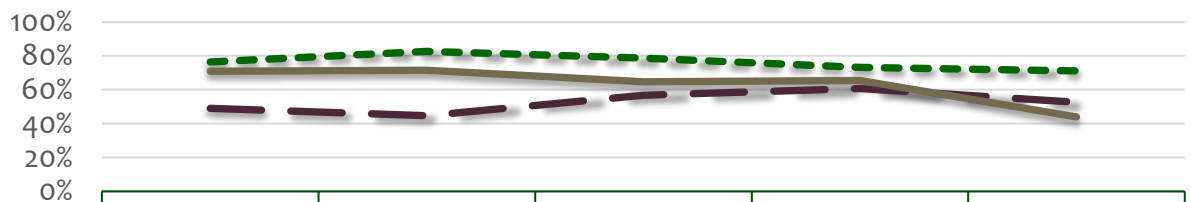


	2019	2020	2021	2022	2023
North/Central Coast	81.7%	80.1%	82.5%	81.8%	81.2%
Eastern	67.7%	67.1%	77.0%	80.3%	77.6%
Southern	76.7%	84.4%	75.6%	71.4%	61.4%

*Early prenatal care is defined as prenatal care during the first trimester (or first 3 months)

Births with Adequate* Prenatal Care

(by region)



	2019	2020	2021	2022	2023
North/Central Coast	76.3%	82.6%	78.8%	73.2%	71.1%
Eastern	49.0%	44.7%	56.8%	60.7%	52.6%
Southern	70.9%	71.4%	64.6%	65.5%	43.9%

**Adequate prenatal care is defined by the Kessner index as starting during the first trimester and including nine prenatal care visits for a full-term pregnancy.



Survey respondents were asked what keeps people in their community from seeing a provider during pregnancy. Employment, childcare, and transportation were ranked as the most challenging across all regions of the county.

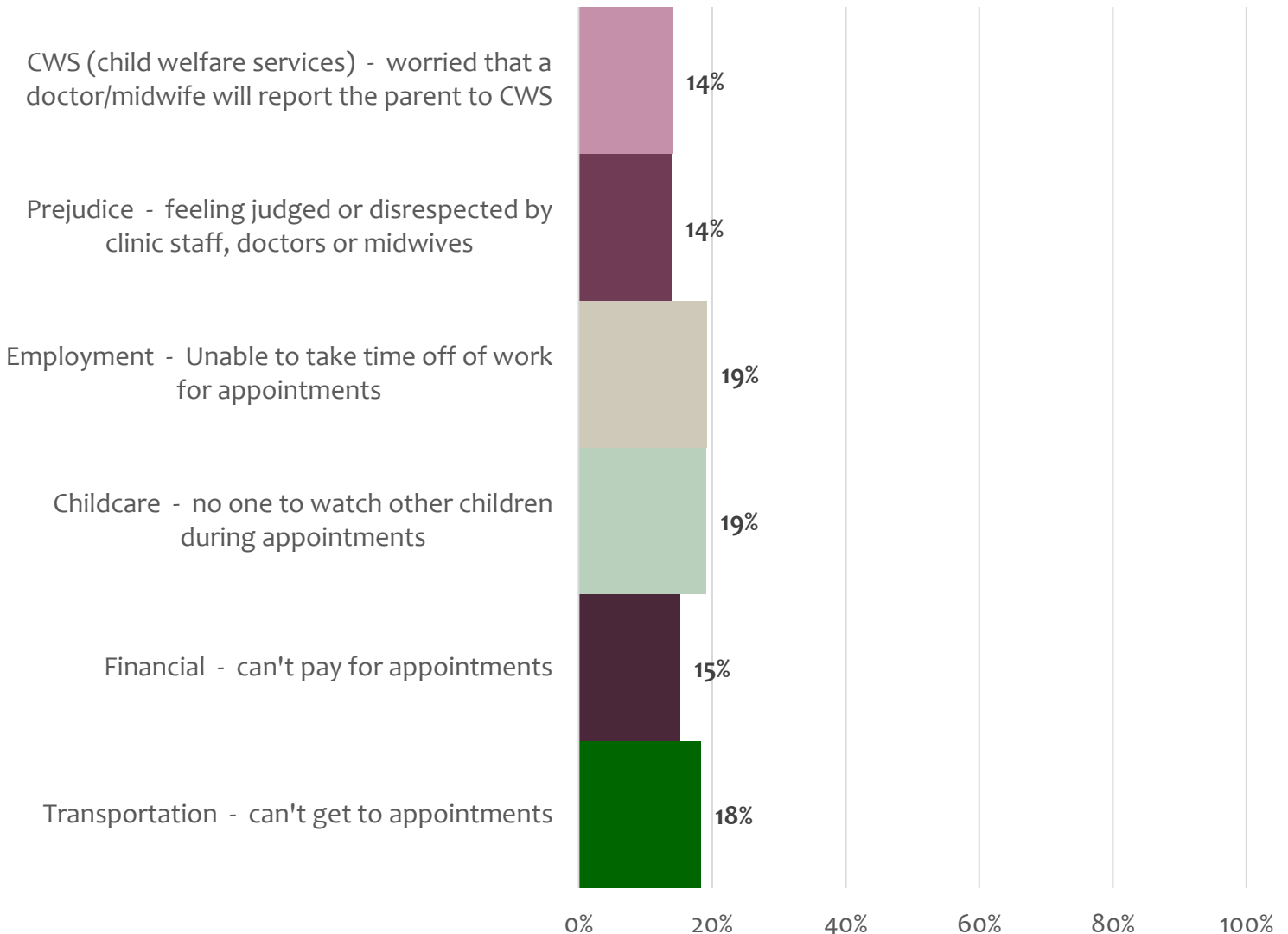


“many people living rurally”
-Survey Respondent



“Not enough available appointments locally”
-Survey Respondent

What challenges do you think keep people in your community from seeing a doctor or midwife while they are pregnant?



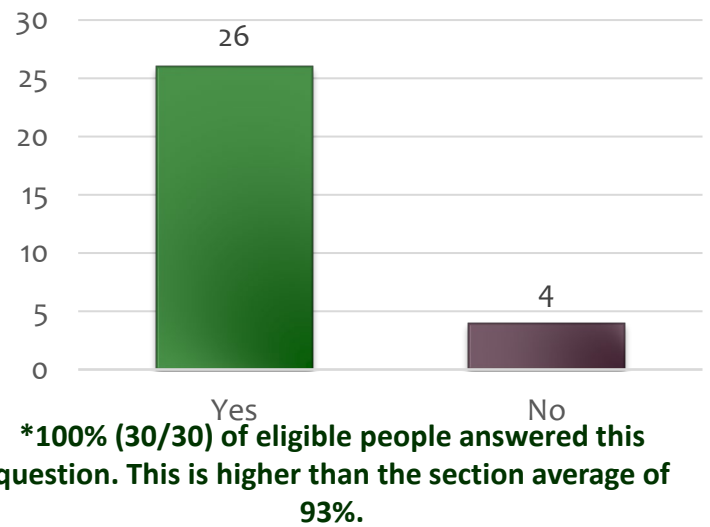
*93% (114/123) of eligible people answered this question. This is slightly less than the section average of 95%.



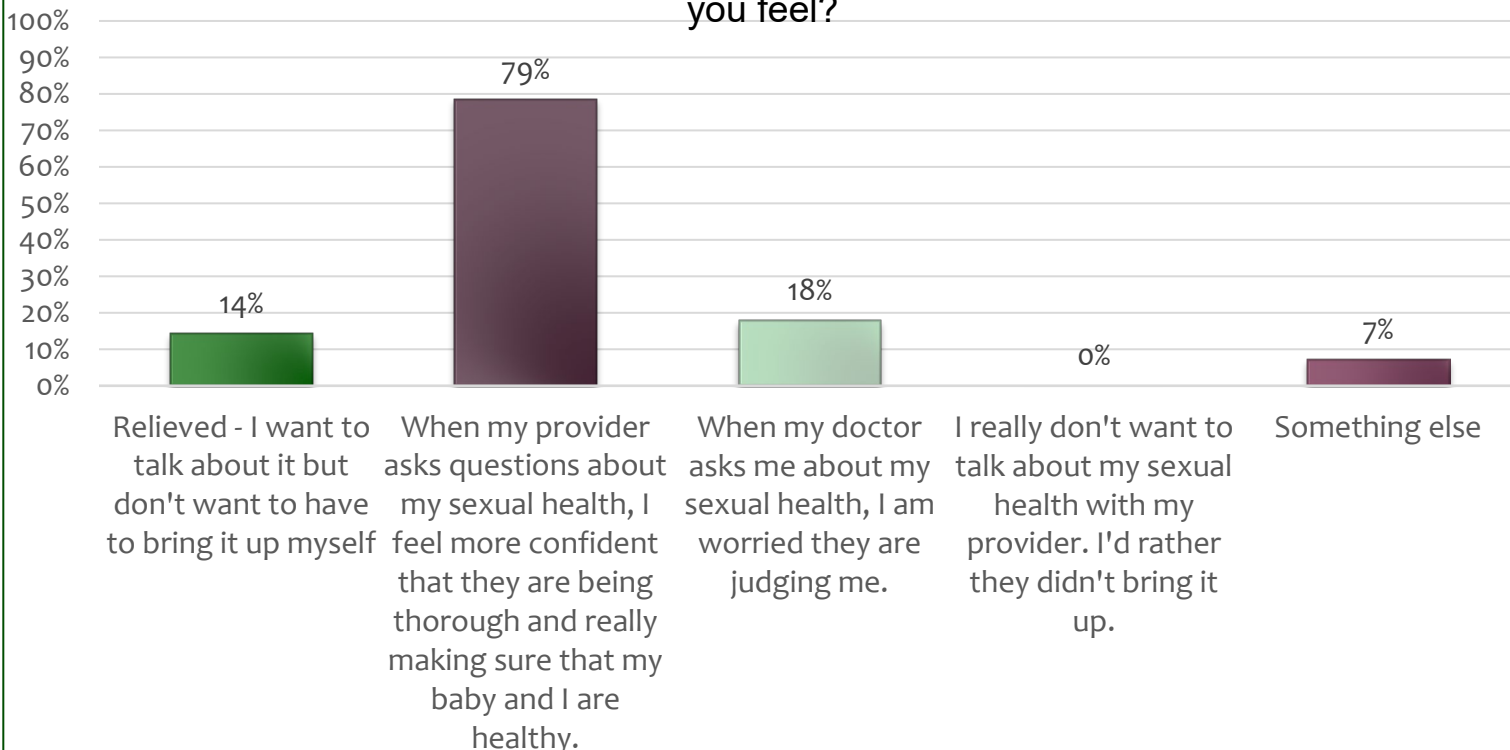
Experiences of Care

If survey respondents indicated that they had a child within the past 5 years, they were asked about experiences with their prenatal care providers. The goal of this series of questions was to understand the experience of prenatal care from the parents' perspective. All but 3 of 30 respondents remembered talking to their provider about sexually transmitted infections. When asked about their comfort with those conversations, most respondents indicated that those conversations made them feel confident that their provider was being thorough. None of the respondents indicated that they would rather not be asked about their sexual health.

Do you remember your doctor/midwife talking about getting tested for sexually transmitted diseases during pregnancy?



When your provider asks you questions about your sexual health and risk for sexually transmitted infections (like syphilis), how does that make you feel?



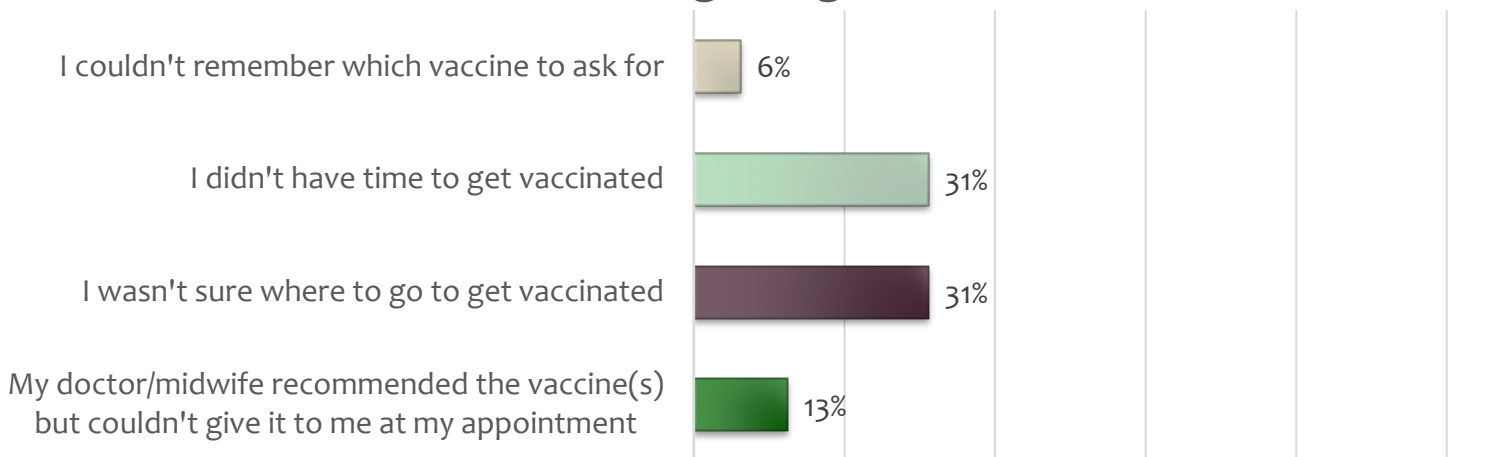
***93% (28/30) of eligible people answered this question. This matches the section average of 93%.**



Experiences of Care

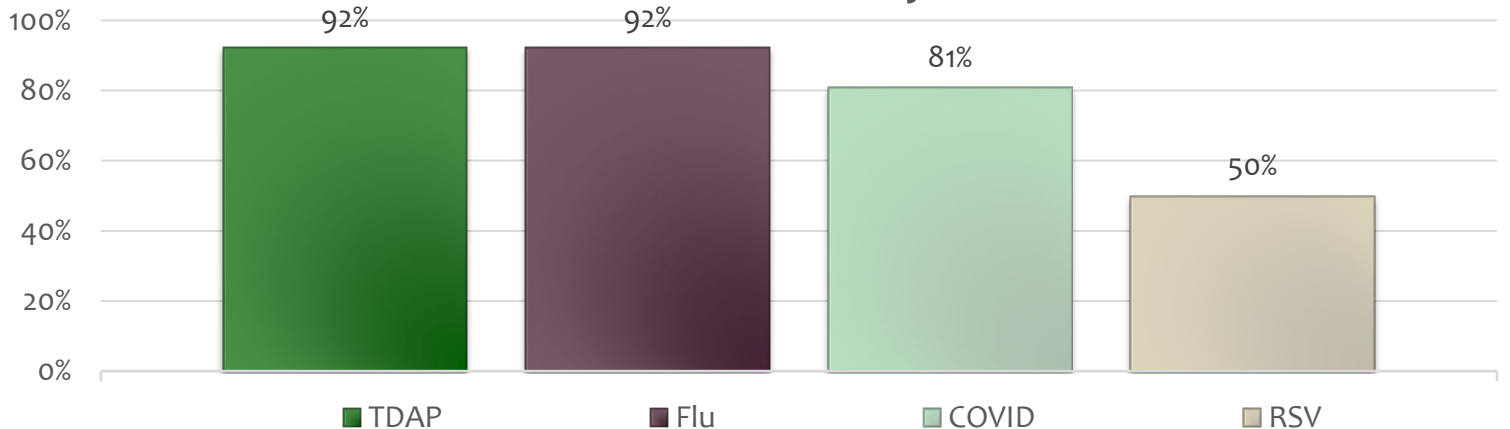
Vaccines are an important part of protecting mothers and newborns from infectious diseases. To understand parents' experiences learning about vaccines and getting vaccinated during pregnancy, respondents were asked if they remembered discussing vaccines with their provider and what problems they had getting vaccinated if they wanted to. Just under 80% of respondents indicated that their prenatal care provider discussed vaccines with them. Very few respondents to this survey were monolingual Spanish speakers, but in those few responses we noted significantly fewer parents recalled their provider discussing vaccines. While we did not have enough responses for this to be actionable data, it would be in the community's best interest to follow up on this and find out if the discrepancy persists with larger numbers.

If you wanted to get a vaccine but didn't, what kept you from getting it?



*87% (26/30) of eligible people answered this question. This is less than the section average of 93%.

Which of the following vaccines did your doctor/midwife discuss with you?



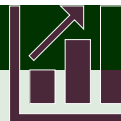
*63% (16/30) of eligible people answered this question. This is significantly less than the section average of 93%.

Prenatal care provides an opportunity to test for complications, treat diseases and educate about health maintenance and disease prevention. A lack of prenatal care is a significant risk factor for many health problems in parents and babies. Humboldt County typically sees somewhat lower prenatal care rates in people who live in the more remote eastern and southern regions of the county, as compared to the more populated areas.

Coalition members identified lack of access to care, transportation challenges and lack of appointment availability as reasons for lower rates of prenatal care in more rural areas. Many community members also identified transportation as being likely to keep people from getting prenatal care, but even more identified a lack of time off work or a lack of childcare as being barriers to prenatal care.

Community members were also asked about their personal experiences at prenatal care appointments. Almost all respondents recalled discussing testing for sexually transmitted infections with their provider, and the majority identified conversations about sexual health with their provider as giving them confidence in their healthcare. While most respondents remembered discussing vaccines with their provider, 5-10% did not. Very few respondents to this question identified as being monolingual in Spanish, but even though the number of respondents was too low to draw definitive conclusions, it is notable that parents who were monolingual Spanish were much more likely to report that their provider did not discuss vaccines at prenatal visits, and it would be worthwhile to collect more information on that topic.





Substance use disorder during the perinatal period has been and continues to be an increasing trend with negative long-term consequences for both parents and children. There are many ways to measure the impacts of perinatal substance use. Neonatal abstinence syndrome data come from hospital billing codes, so they are most likely to highlight situations where there is an acute impact of perinatal substance use on the infant. Neonatal abstinence syndrome rates, however, are not impacted by treated vs untreated perinatal substance use disorder and are therefore an imperfect measure of outcomes. The graph below from the California Department of Public Health shows exponential growth between 2017 and 2021, with the trend beginning to increase at a slower rate with data from 2022.

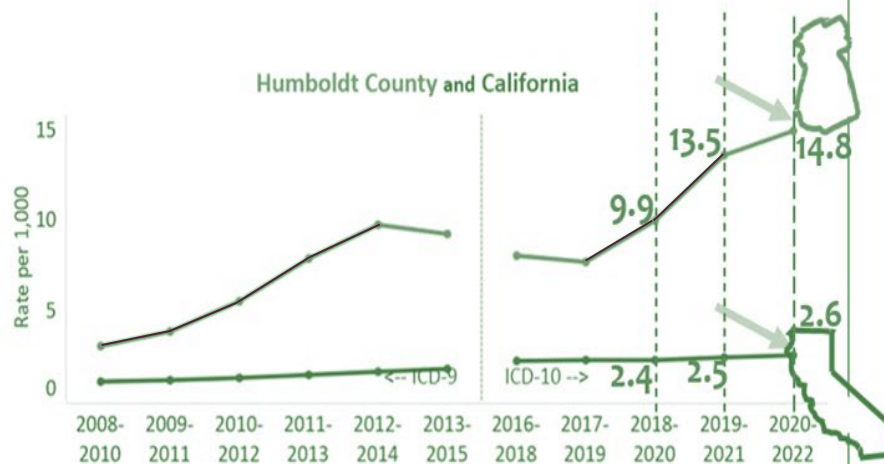
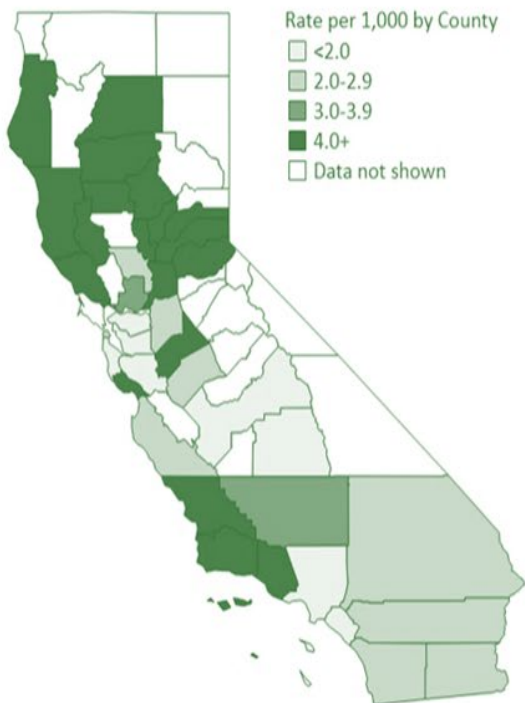
The goal in seeking input on this trend was to hear ideas from local agencies and county residents about what contributes to, improves, and gets in the way of improving outcomes related to perinatal substance use disorder in Humboldt County.

14.8

Neonatal Abstinence Syndrome Rate 2020-2022

2.6

Neonatal Abstinence Syndrome Rate 2020-2022



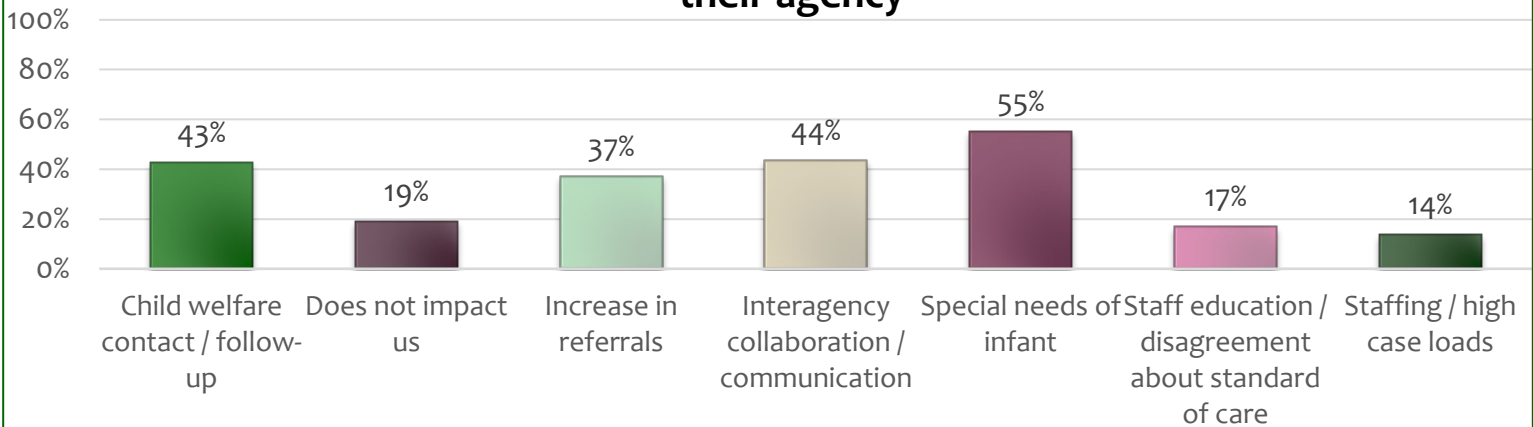
California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, CYSHCN Dashboard, Last Modified January 2023.



Identifying Limitations

When asked to select all the listed impacts of neonatal abstinence syndrome that applied to their agency, 55% of respondents (52 of 86) indicated that the special needs of infants had an impact and just under 45% indicated that they were impacted by interagency collaboration and/or CWS follow-up. Because responses vary between agencies, this data is meant to be looked at as an overall impact on the perinatal care system rather than on any specific service or agency.

Percentage of Respondents who identified each factor associated with neonatal abstinence syndrome as having an impact on their agency



*86 out of a total of 123 coalition members (70%) responded to this poll question.

	Child Welfare Contact...	Does Not Impact Us	Increase in Referrals	Interagency Collaboration...	Special Needs of Infant	Staff Education...	Staffing / High Case Loads
Number of people selecting this response	40	18	35	41	52	16	13
Percentage of respondents selecting this option	43%	19%	37%	44%	55%	17%	14%

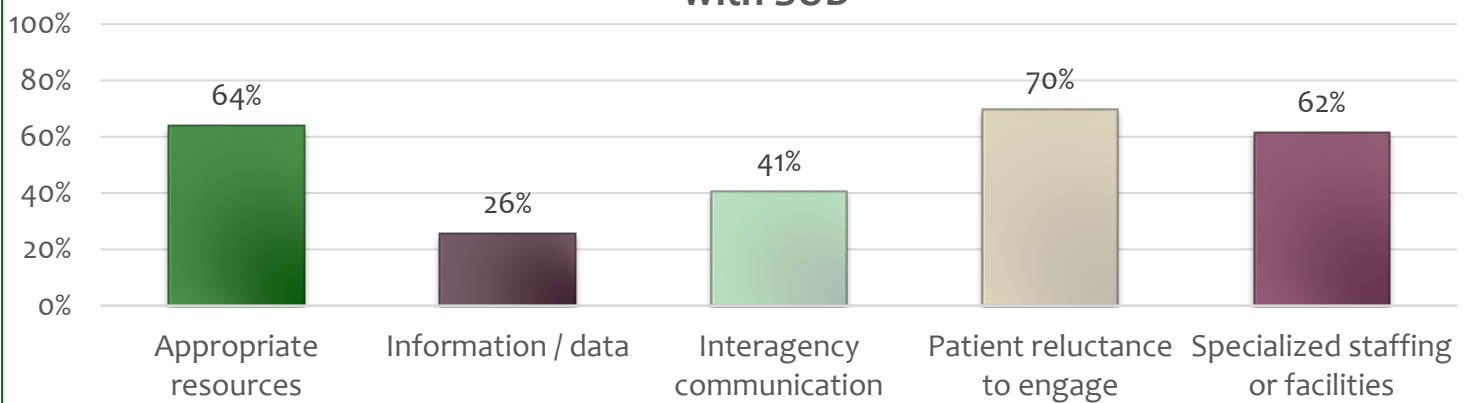
	Identified all 5 factors as Impactful	Identified 4 factors as Impactful	Identified 3 factors as Impactful	Identified 2 factors as Impactful	Identified a single factor as Impactful
Percentage of people identifying each number of factors as Impactful (N=86)	12%	19%	17%	24%	28%
Number of people identifying each number of factors as Impactful (N=86)	10	16	15	21	24



Identifying Limitations

Coalition members were asked about what limits their ability to address the needs of pregnant clients with SUD. They were asked to select all options that they felt were limitations. Patient reluctance to engage was considered a limitation by 70% of respondents (60 of 94) while appropriate resources and specialized staffing or facilities were seen as limitations by 60-65% of respondents. Patient reluctance to engage is an indicator that a system is not meeting patient needs appropriately or making care accessible. Understanding the ways in which care is not meeting the needs of people who are pregnant and have a substance use disorder will be an important goal over the next few years.

Percentage of Respondants who identified each factor as a limitation to their ability to address the needs of pregnant clients with SUD



*94 out of a total of 123 coalition members (76%) responded to this poll question.

	Appropriate resources	Information / data	Interagency communication	Patient reluctance to engage	Specialized staffing or facilities
Number of people selecting this response	55	22	35	60	53
Percentage of respondents selecting this option	64%	26%	41%	70%	62%

	Identified 5 factors as limitations	Identified 4 factors as limitations	Identified 3 factors as limitations	Identified 2 factors as limitations	Identified a single factor as a limitation
Percentage of people identifying each number of factors as a limitation (N=94)	12%	19%	17%	24%	28%
Number of people identifying each number of factors as a limitation (N=94)	10	16	15	21	24



Identifying Causes

Community members responding to the survey were asked to rank three possible reasons why more Humboldt County newborns are diagnosed with withdrawal than their peers in other counties. The listed reasons could be rated as strongly agree, agree or disagree. In general, people tended to disagree with the idea that Humboldt's rates appear higher because of increased testing locally. The other two responses acknowledged an existing high rate of SUD in general, with one suggesting a need for more general prevention and treatment and the other suggesting a focus on respectful treatment for SUD during pregnancy. The weighed average for these responses was very similar, but general prevention and treatment had a higher percentage of respondents who agreed strongly with that approach. The comments about the causes of newborn withdrawal highlighted financial considerations, mental health, trauma and resources/services as common themes.

“SUD is an observable symptom. The county needs to address the root issues such as mental health and homelessness.”
-Survey Respondent

“past trauma of the parents that have no help or resources to heal”
-Survey Respondent

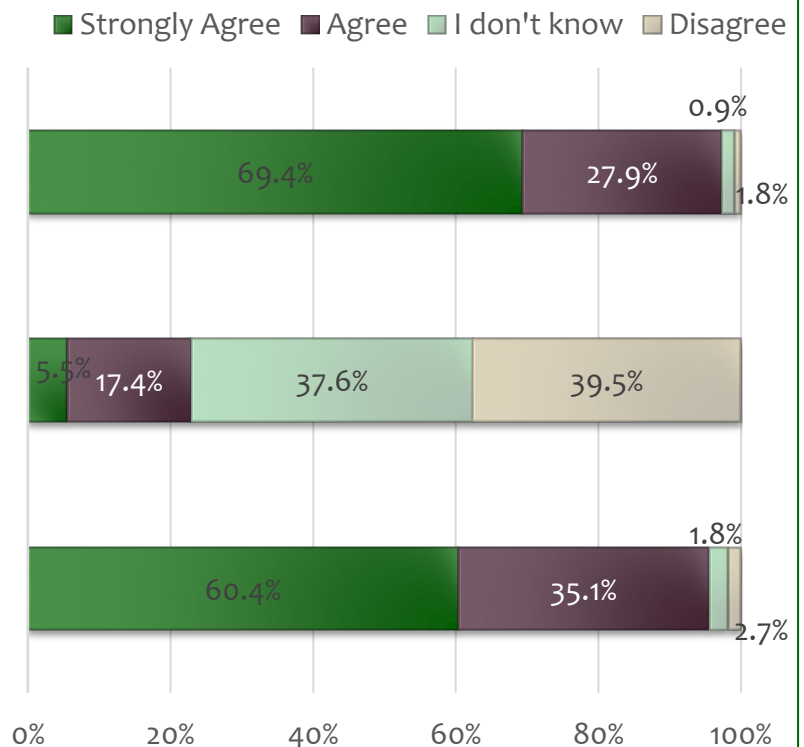
“My stepdaughter was born addicted and had complications because her mother's addiction was not fully addressed in pregnancy”
-Survey Respondent

More newborns in Humboldt are diagnosed with withdrawal than newborns in other places. Why do you think that is?

More babies are born with withdrawal symptoms because more people have an untreated substance use disorder during pregnancy. Helping people get respectful treatment for their substance use disorder during pregnancy would help.

Drug testing at birth is more common in Humboldt County than in other places, which makes our numbers higher.

More people in general in Humboldt County have a substance use disorder. If we focus on preventing and treating substance use disorder for everyone in our county, we will see fewer babies going through withdrawal.



*95% (117/123) of eligible people answered this question. This matches the section average of 95%.



Identifying Solutions

Survey respondents were also asked about what helps people with a perinatal addiction disorder. In the graph below, each possible solution was ranked. The option that the highest percentage of respondents ranked as helping a lot was about rehab facilities that accept pregnant patients. There was also room on the survey to write something else that would be helpful. These comments centered around themes of support, respectful treatment and better education about CWS practices.

“A clear understanding what will happen via CWS, if child is born testing positive for drugs. Pregnant people can avoid perinatal care because they fear being involved in a system that will punish them and take their child because they use drugs.”
-Survey Respondents

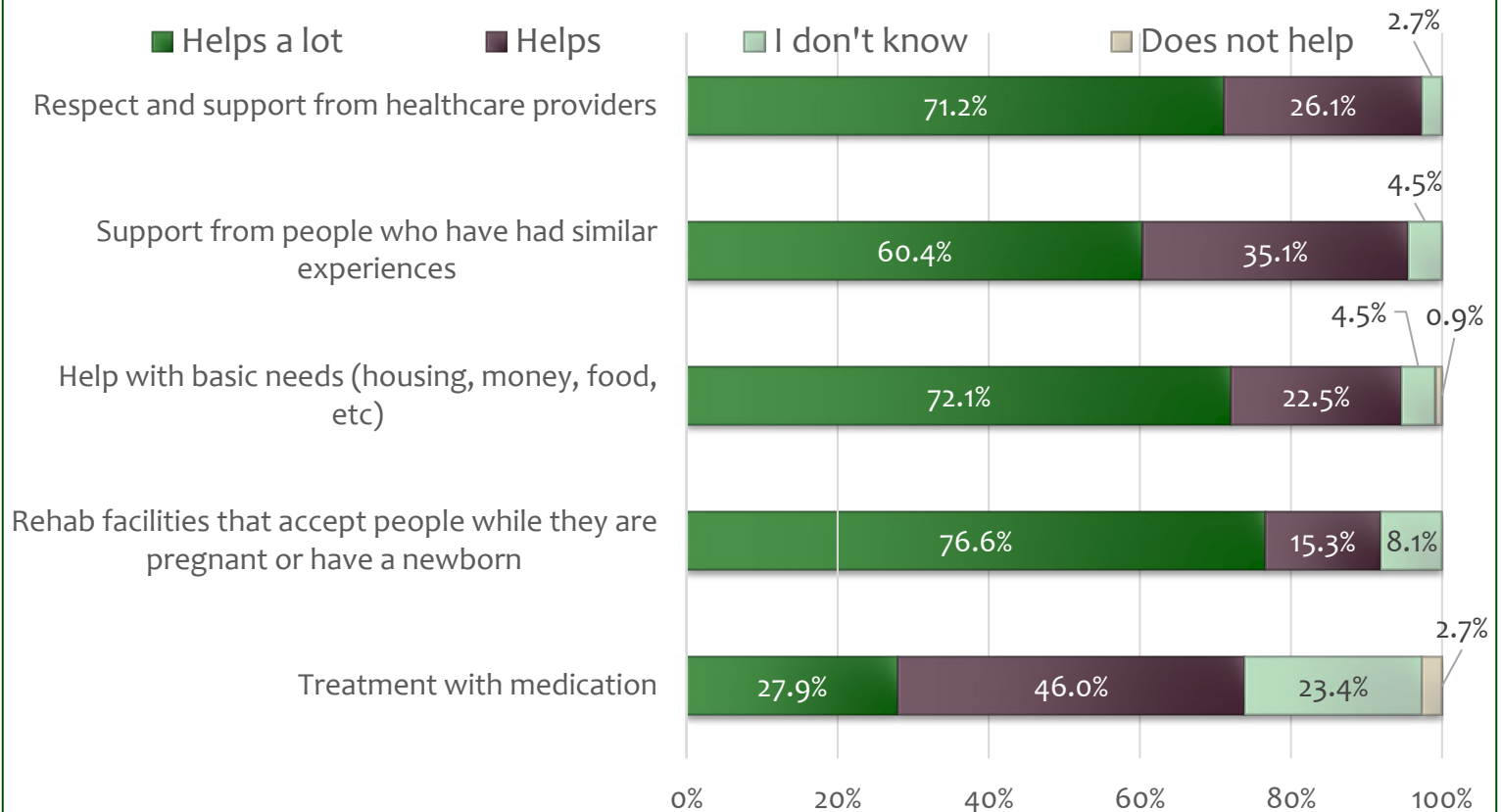
“ONGOING support not just during pregnancy/postpartum period.”
-Survey Respondent

“not treating the pregnant woman like a criminal for her addiction.”
-Survey Respondent

“Longer and more comprehensive family medical leave.”
-Survey Respondent

“Culture. Also being told SUD isn't a reason for their child to be taken away and they can access services without the fear of being separated from child.”
-Survey Respondent

What do you think helps people who have an addiction disorder during pregnancy?



*95% (117/123) of eligible people answered this question. This matches the section average of 95%.

Infant Health

Neonatal Abstinence Syndrome

Section Summary

Neonatal abstinence syndrome has been increasing in Humboldt County since 2008 with a rate of 14.8 cases per thousand live births as of 2022 when the current data was collected. This is compared to California's rate of 2.6 cases of neonatal abstinence syndrome per thousand live births.

Coalition members identified patient reluctance to engage, and indicator that services are not well-tailored to client needs, as the biggest limiting factor in addressing neonatal abstinence syndrome, followed by lack of appropriate resources and lack of specialized staffing. Community members were divided as to whether the underlying cause for these high rates was best addressed through improving overall substance use treatment in Humboldt vs focusing on perinatal substance use. Community members did not feel that Humboldt's high rates could be explained by a higher rate of testing for substance use during pregnancy.

Input from survey respondents highlighted the importance of assistance with basic needs like food and housing. Commenters also talked about the need to educate parents and providers about the fact that a positive tox screen during pregnancy is not, by itself, a reason for a newborn to be removed from the parents.





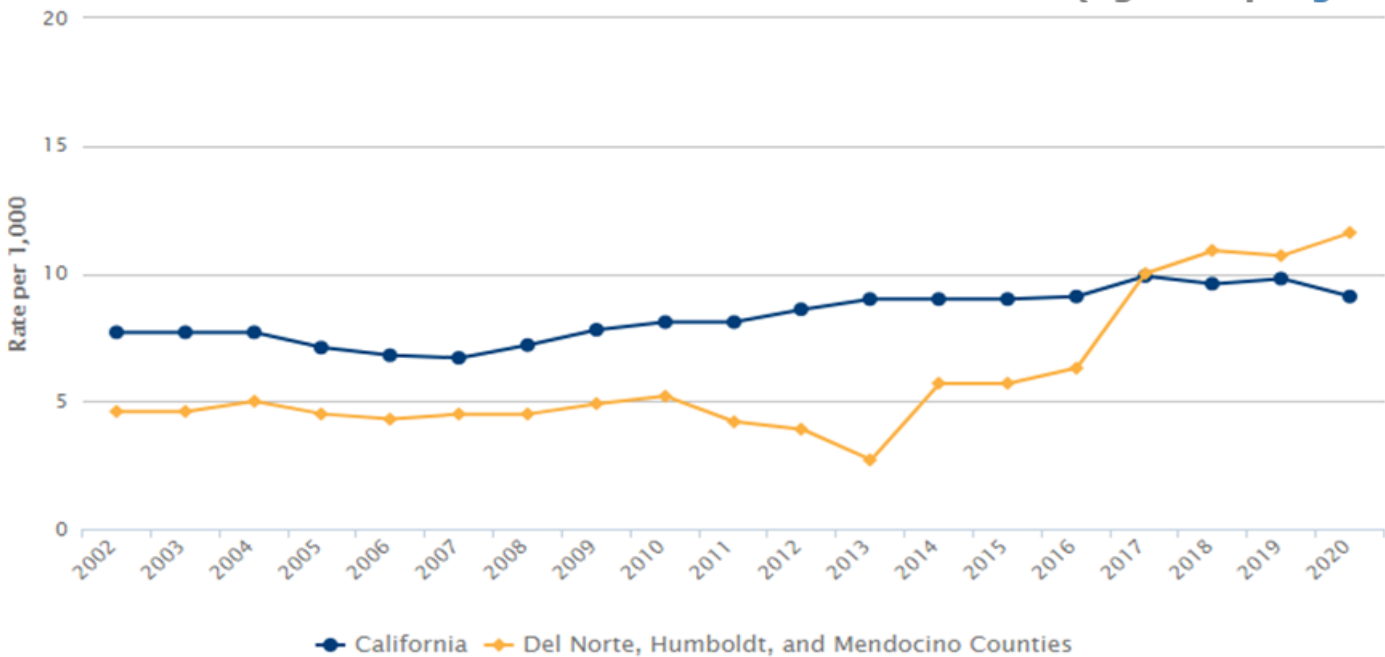
Humboldt County needs more current local data from and about teens and youth. Responses to the survey from residents under 20 were very low, so specific outreach in the future should be considered to gather additional information.

From state and national data, we know that teens and youth in our region are more likely to be hospitalized for mental illness than in other parts of the state. We also know that the health of families plays a significant role in the health of youth and teens.

Our goal with the questions in this section was to better understand what local agencies need to help teens and youth, and what community members see as being important to improving the lives of youth and families in Humboldt County.

Hospitalizations for Mental Health Issues, by Age Group:

2002 to 2020
(Age Group: Ages 15-19)



Definition: Number of hospital discharges for mental health issues per 1,000 children and youth ages 5-19, by age group (e.g., in 2020, there were 9.1 hospital discharges for mental health issues per 1,000 California youth ages 15-19).

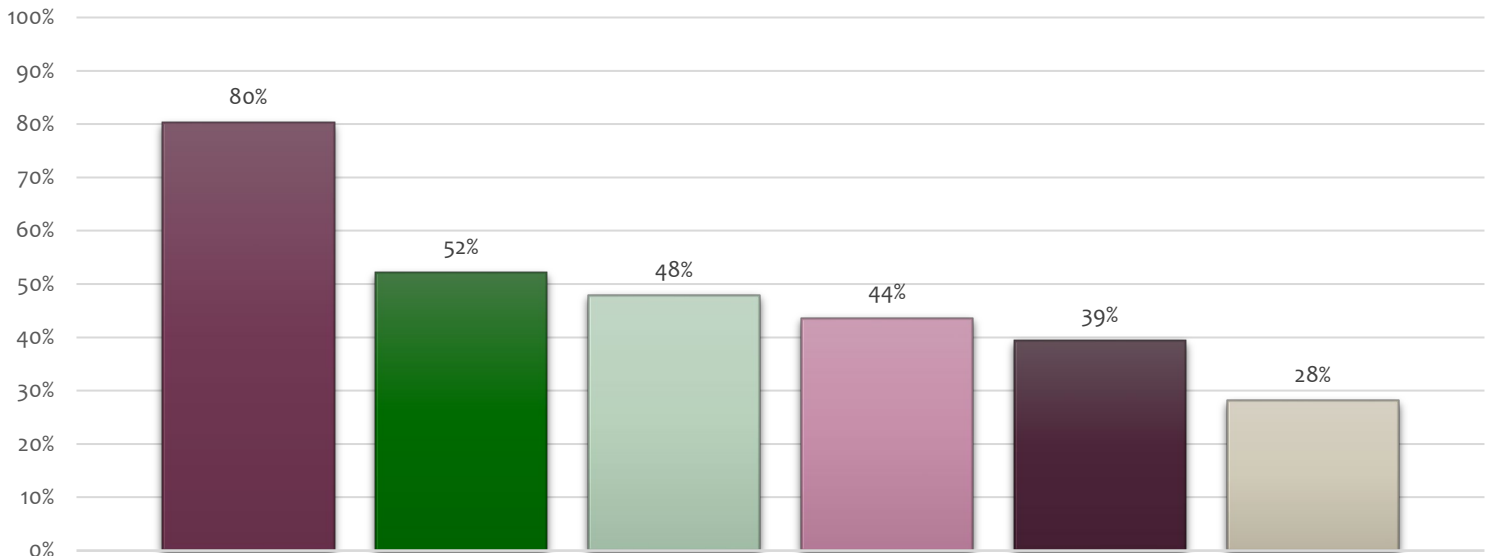
Data Source: [As cited on kidsdata.org](https://kidsdata.org), California Dept. of Health Care Access and Information custom tabulation (Feb. 2022); California Dept. of Finance, Population Estimates and Projections (Jul. 2021).



Identifying Solutions

Coalition members were asked, via Mentimeter, to choose the three factors from the list that they thought were most important to improving the lives of youth in Humboldt County. Family support was the factor chosen by the largest number of people, with 57 of 71 respondents choosing this as one of their 3 options. School was the option chosen least often with only 20 of 71 respondents selecting it.

What do you think is most important to improving the lives of youth in Humboldt County?



Percentage of respondents identifying each category as one of the three most important factors in improving the lives of youth

Support of family A good mentor Culture and traditions Support of friends Activities like sports or clubs School

***71 out of a total of 123 coalition members (58%) responded to this poll question. Respondents were asked to select up to 3 options.**

	A good mentor	Activities like sports or clubs	Culture and traditions	School	Support of family	Support of friends
Number of people selecting this response	37	28	34	20	57	31
Percentage of respondents selecting this option	52%	39%	48%	28%	80%	44%

	Identified 3 factors as Important	Identified 2 factors as Important	Identified a single factor as Important
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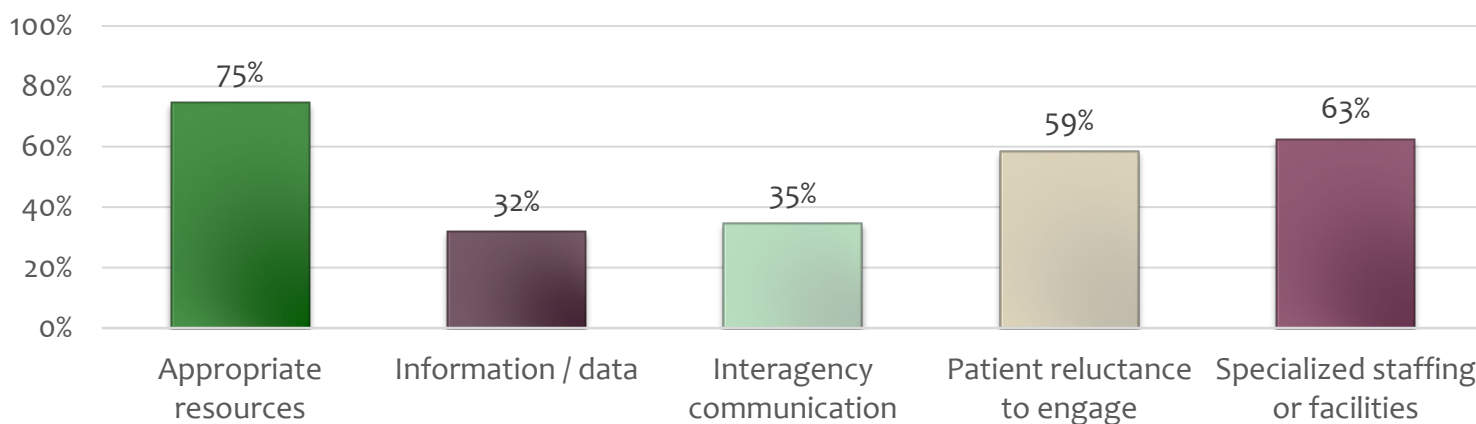
Percentage of people identifying each number of factors as Important (N=71)	67	2	2
Number of people identifying each number of factors as Important (N=71)	94%	3%	3%



Identifying Limitations

Coalition members were asked about what limits their ability to serve youth. Seventy-five of the 123 coalition members who used Mentimeter during our presentations answered this question. Most respondents selected 2 or 3 limitations from the list of 5 provided. A lack of appropriate resources was chosen as a limiting factor by 75% (56 out of 75) of respondents. Information/data and Interagency communication were the least frequently chosen options, with roughly a third or respondents considering these to be limitations.

Percentage of Respondents who identified each factor as a limitation to their ability to address the needs of youth



***75 out of a total of 123 coalition members (61%) responded to this poll question.**

	Appropriate resources	Information /data	Interagency communication	Patient reluctance to engage	Specialized staffing or facilities
Number of respondents selecting each option	56	24	26	44	47
Percentage of respondents selecting each option	75%	32%	35%	59%	63%

	Identified all 5 factors as limitations	Identified 4 factors as limitations	Identified 3 factors as limitations	Identified 2 factors as limitations	Identified a single factor as a limitation
Percentage of people identifying each number of factors as a limitation (N=94)	8%	15%	28%	31%	19%
Number of people identifying each number of factors as a limitation (N=94)	6	11	21	23	14

“Working in prenatal care we often see teens who are in need of mental health support and don't have resources available to them outside of school hours.”
-Survey Respondent

“I see a lack of sexual health education in schools. Schools seem to not have access to Sexual Health Educators for middle school kids.”
-Survey Respondent



Making Kids Lives Better

All 156 survey respondents were asked what they think improves the lives of children. Themes in these responses did not differ significantly from those in the question to coalition members about improving the lives of youths. A supportive family and positive adult role models were rated as the most important with 132 of the 138 people responding to this question ranking supportive family as 'very important'.

“Positive peer influence, resources they can access independently”
-Survey Respondent

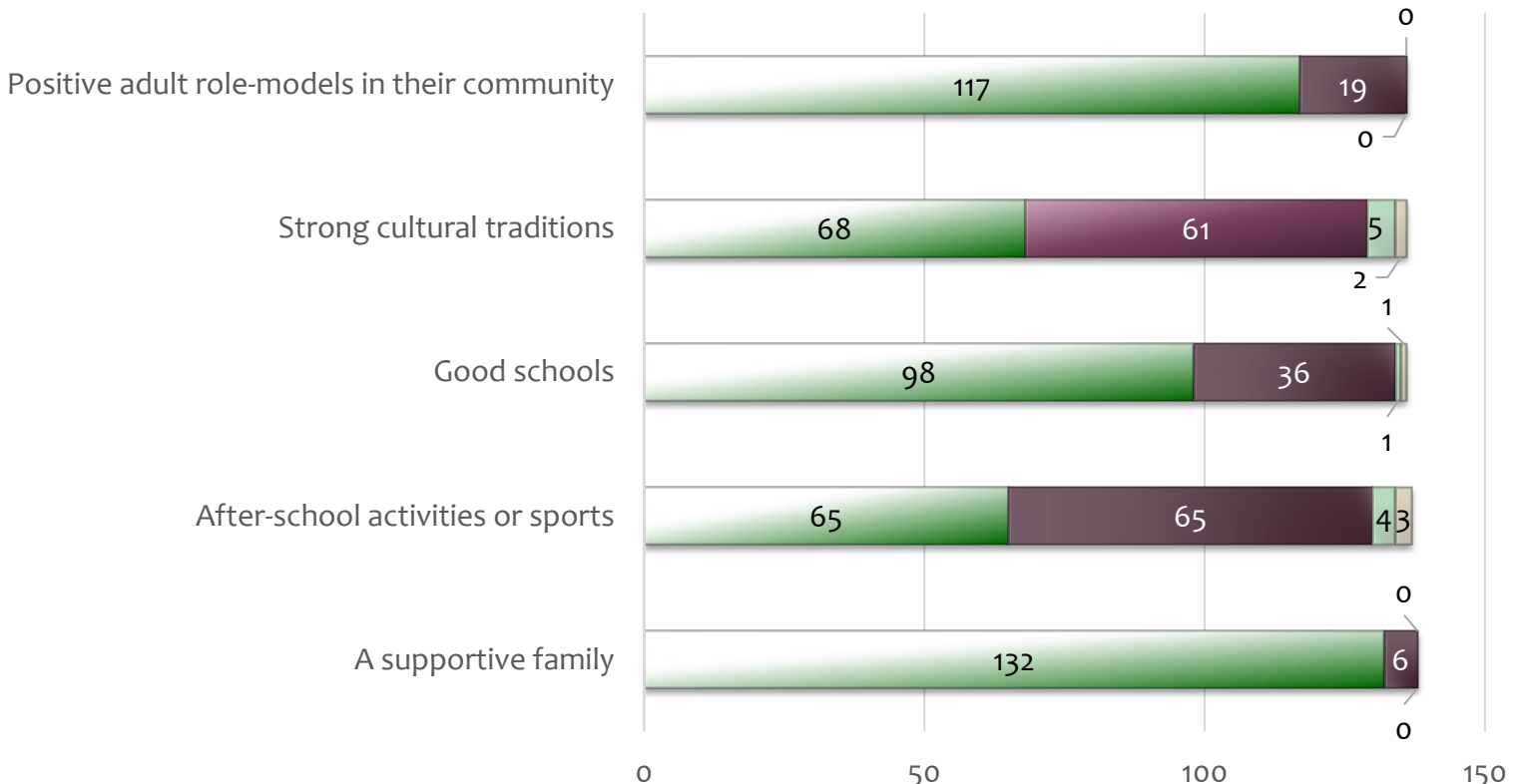
“More consistent, safe, family/kid-friendly, activities are needed in our community!”
-Survey Respondent

Basic needs met! -adequate food, shelter, health care - functional caring adults involved.”
-Survey Respondent

“healthy, clean and safe environments. Lack of substance misuse by family, friends and others. Positive activities outside of after school activities and sports. Lack of violence and trauma in their communities.”
-Survey Respondent

What makes kids' lives better?

Very Important Important Not important I don't know



*88% (138/156) of eligible people answered this question. This is similar to the section average of 87%.



Making Kids Lives Better

Given the high importance that both community and coalition members placed on supportive families to improve the lives of children and youth, understanding what community members see as important to strengthening families is critical to programs and agencies serving those populations. Responses to this question highlighted the importance of a safe loving environment where basic needs are met.

Adults can pay more attention to the kids when they are not so stressed out about making ends meet.
-Survey Respondent

Understanding ACES and chronic stress in a child's life
-Survey Respondent

Unconditional love and acceptance
-Survey Respondent

Consistent, safe places to gather with community.
-Survey Respondent

WHAT MAKES FAMILIES IN YOUR COMMUNITY STRONG?



*87% (136/156) of eligible people answered this question. This matches the section average of 87%.

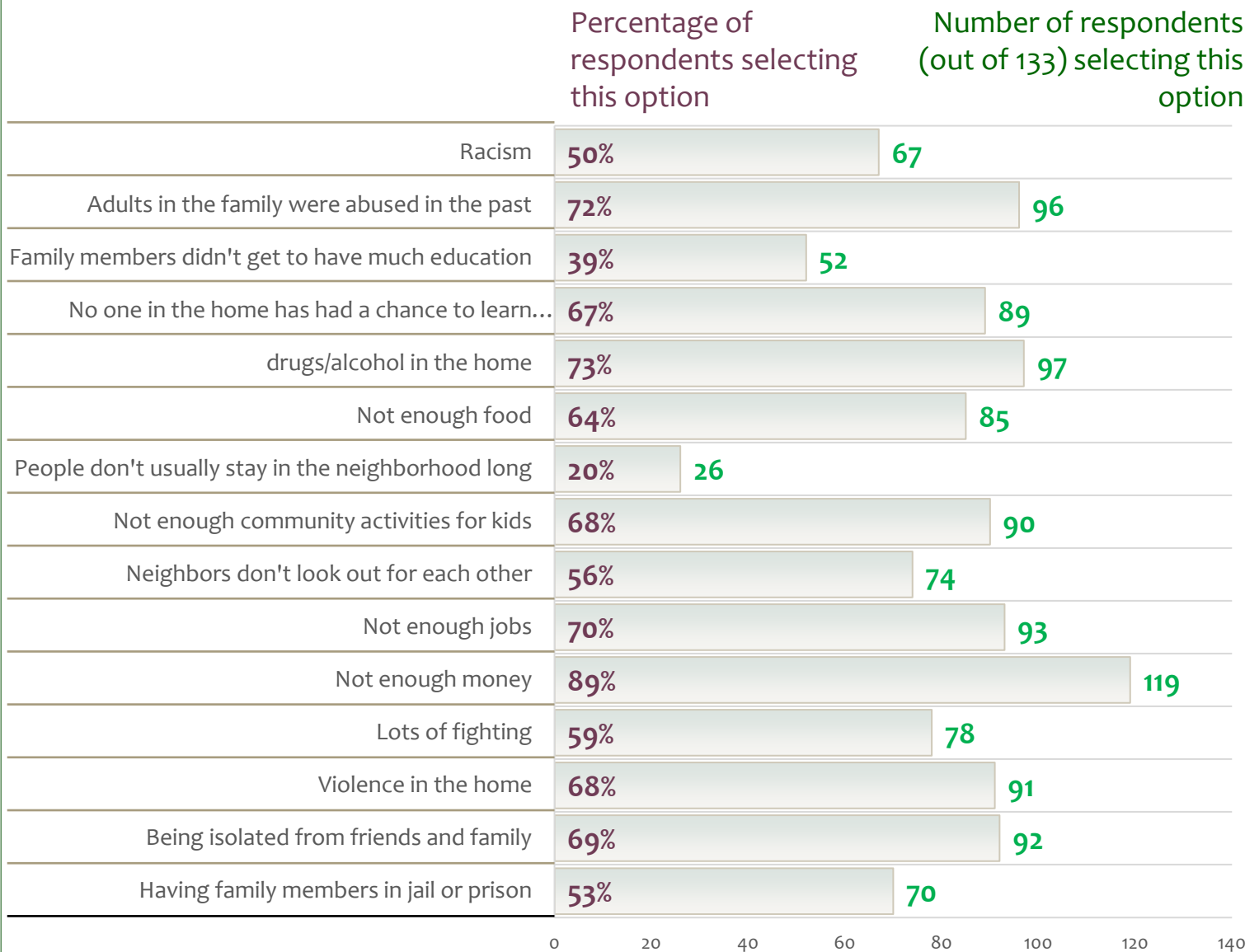


Making Kids Lives Better

To better understand what families in the community need, we asked survey respondents what keeps the families in their own community from being at their best. All 156 survey respondents were asked this question and 133 responded to it. As was the case in other questions, poverty was highlighted in the responses to this question. High ACE scores, addiction and a lack of jobs were also important focuses.

While not among the most common responses, it is important to note that a full 50% of respondents (67 of 133 community members) reported that racism kept families in their community from being at their best. Following up on this to identify education and prevention for this more locally impactable challenge would be worthwhile. Two other challenges identified by many respondents that could be addressed effectively at the local level were, not having a chance to learn parenting skills and being isolated from friends and family.

WHAT KEEPS THE FAMILIES IN YOUR COMMUNITY FROM BEING THEIR BEST?



***85% (133/156) of eligible people answered this question. This is slightly below the section average of 87%.**

ACE Scores for Humboldt County are high. 30.8 percent of adults experienced 4 or more during their childhood ([2018 Community Health Assessment](#) (CHA)). Survey respondents identified these traumatic childhood experiences as a significant barrier to families being at their best. This suggests that the community in Humboldt County understands that trauma is intergenerational. While resolving high ACE scores is a large and complex problem, our survey responses suggest that the community may be interested in education to help parents with high ACE scores learn more about how their own trauma impacts them so that they can give their kids a better childhood. Given the feedback from coalition and community members that counseling is not available for everyone who wants it, this education would need to be in the form of free public activities.

CHA Data indicates that in households with children, single parent households have a median income of under 40 percent that of dual income households. One in five people, or 20.9 percent of the population live at or below the federal poverty level. Survey responses from community members confirm that poverty has a significant impact on families. For long term systemic solutions to this, large scale change will be needed. Trialing state and national projects in our rural setting, as the McKinleyville Family Resource Center is doing with their universal income trial, is critical to ensuring that future policies meet the needs of our unique communities.

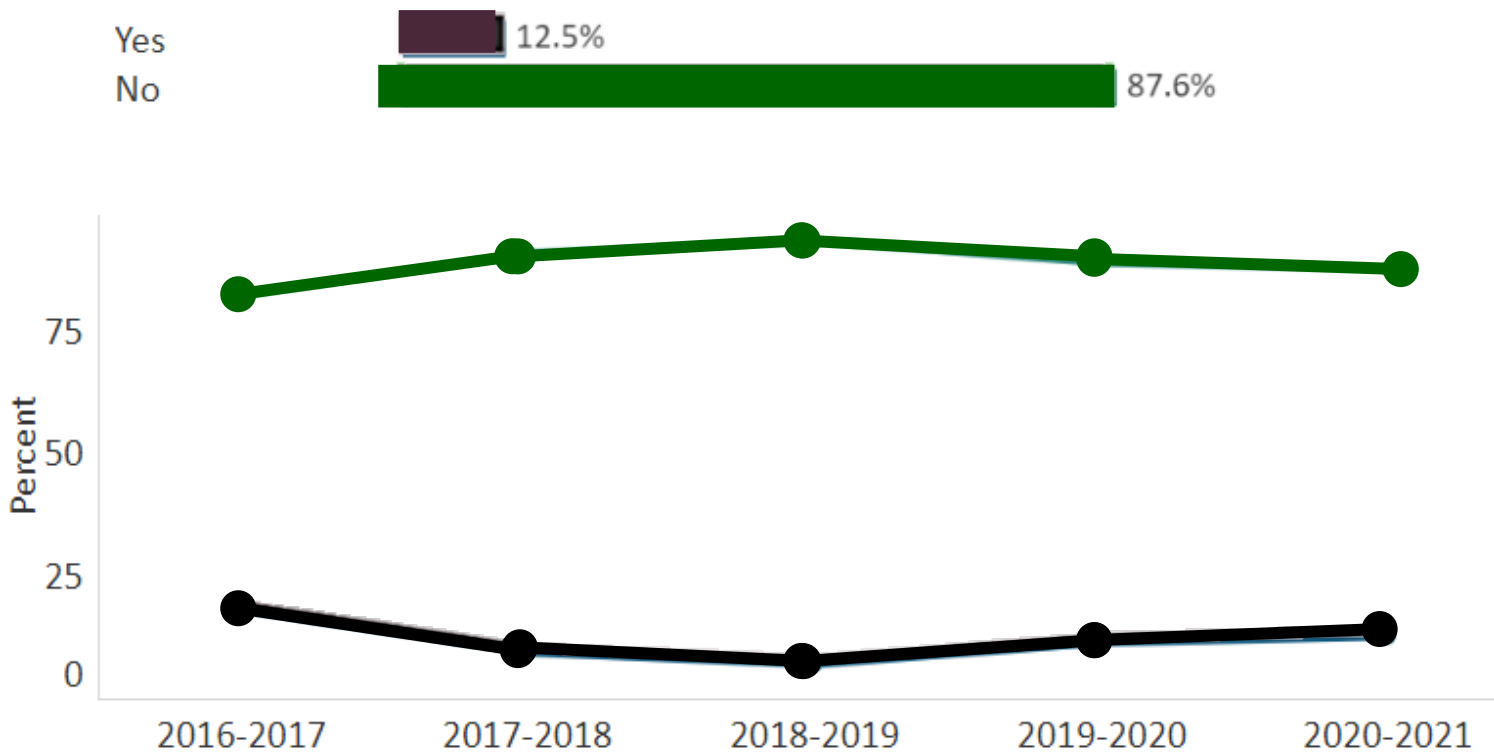
Systemic change takes time, and there is a need to offer relief to families experiencing poverty right now. Further polling families experiencing poverty about specific challenges (ensuring that they are compensated for their time) might yield ideas for smaller changes that could be effectively carried out at the local level. In our survey, 50% of respondents (67 of 133 community members) reported that racism kept families in their community from being at their best. Not having a chance to learn good parenting skills and being isolated from friends and family were two other challenges identified by many respondents, and transportation came up repeatedly in comments about what keeps families from being their best, with 38% (6 of 16 comments) mentioning transportation as a barrier to families' success. All of these factors have locally actionable solutions that could provide some relief to families while systemic change continues to take place.





There is no current local data that describes the experiences of children and youth with special healthcare needs, and their families, in Humboldt County. State data, shown in the graph below, makes it clear that families do not consider system of care supporting kids with special healthcare needs to be well-functioning. The goal of gathering input from coalitions and the community on this topic is to establish a current set of data points that can be used to measure trends in the quality of care experienced by children and youth with special healthcare needs as well as their families.

CYSHCN Receiving Care in Well-Functioning System, California, 2016-2021



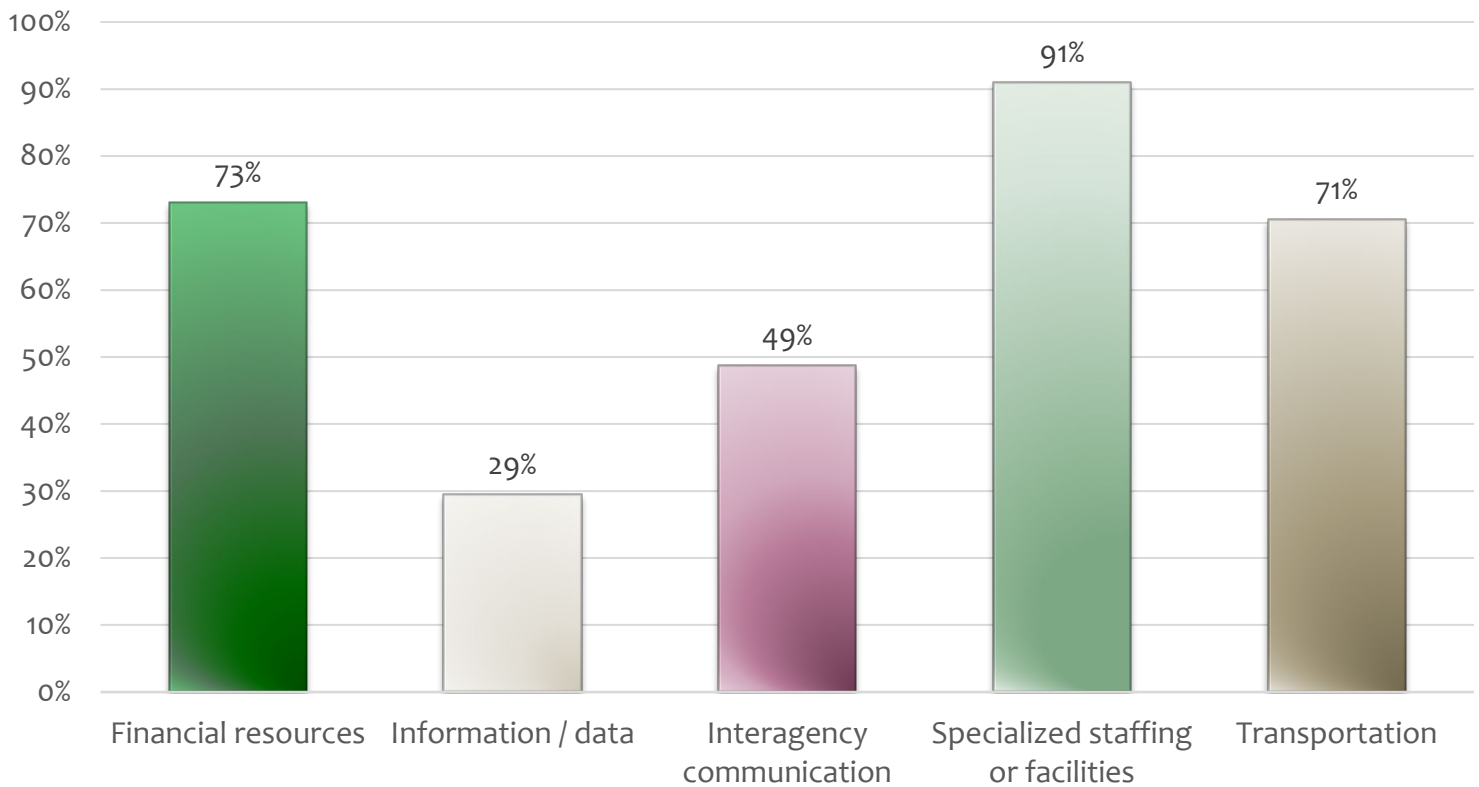
California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, CYSHCN Dashboard, Last Modified January 2023. go.cdph.ca.gov/CYSHCN-Dashboard



Identifying Limitations

Respondents were asked to select all factors (listed on the graph below) that limit their ability to address the needs of children and youth with special healthcare needs. Over 90% of coalition members who responded felt limited by a lack of specialized staffing or facilities. Transportation and financial resources were also considered limitations, each being identified as a limiting factor by over 70% of respondents.

Percentage of Respondents who identified each factor as a limitation to their ability to address the needs of children and youth with special healthcare needs



*75 out of a total of 123 coalition members (61%) responded to this poll question.	Identified 4 factors as limitations	Identified 3 factors as limitations	Identified 2 factors as limitations	Identified 1 factor as a limitation
Percentage of people identifying each number of factors as a limitation (N=94)	21%	17%	32%	31%
Number of people identifying each number of factors as a limitation (N=94)	16	13	25	24



Looking for ways to improve

Coalition members were asked an open-ended question about what would improve quality of life for kids with special healthcare needs. Responses were primarily focused on case management, lack of local providers, families traveling for appointments, and support groups.

☞☞☞ “Access to specialized pediatric care in Humboldt County. Most families have to travel out of the area.”
-Survey Respondent

☞☞☞ “Designated case manager coordinating all services. Currently fragmented which is difficult for caregivers/families to navigate.”
-Survey Respondent

“What do you think would most improve the quality of life for children with special health care needs?”

☞☞☞ “Access to providers in a timely fashion. Also, special needs children often have special needs parents and the ability to navigate the system can seem impossible. Make it easy for parents to access.”
-Survey Respondent

☞☞☞ “Connection to other children with similar needs. Groups. Resources to support.”
-Survey Respondent



Identifying Challenges

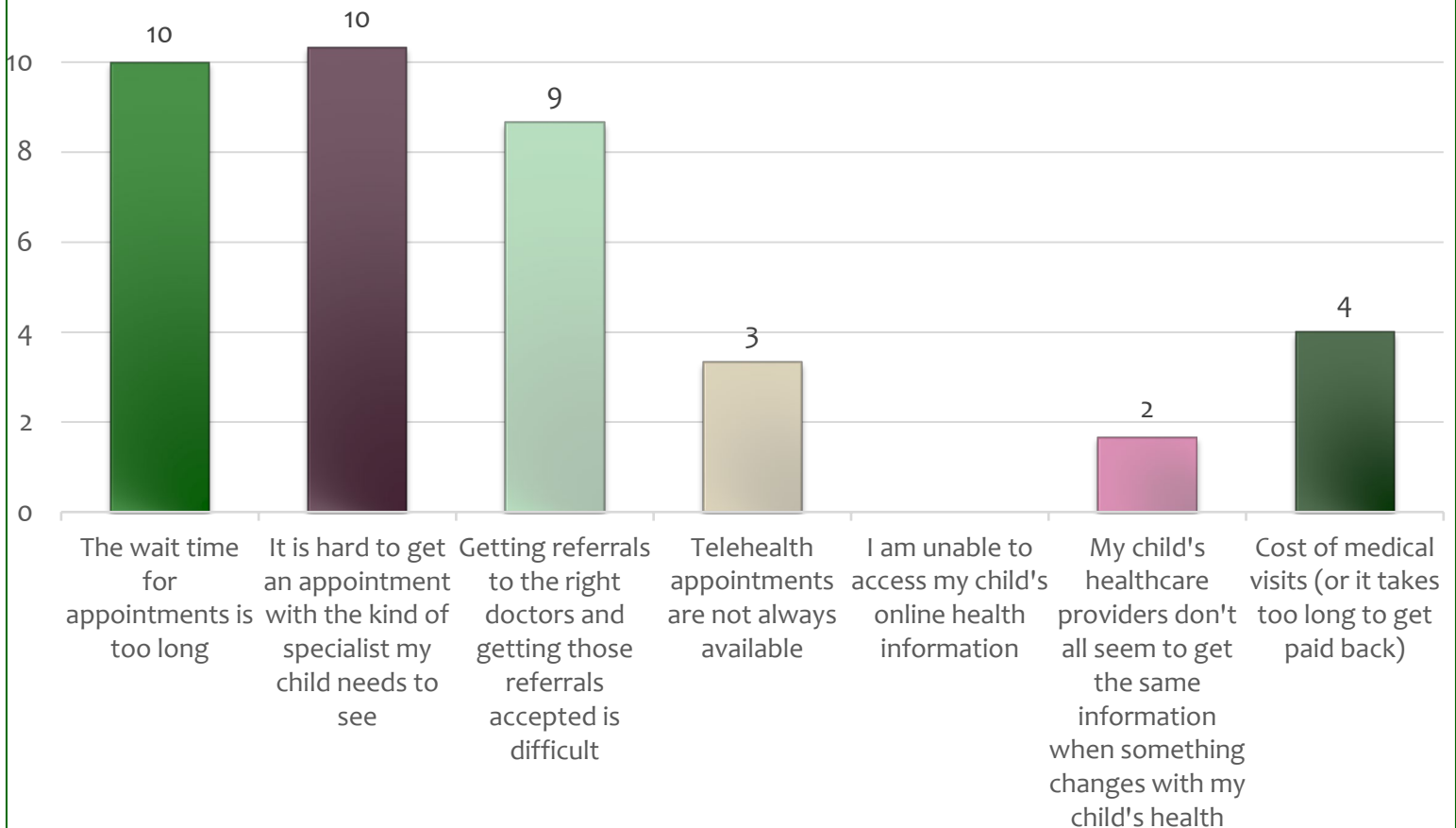
Getting referrals and appointments to see the appropriate specialist in a timely manner were identified as the biggest challenges by families whose children needed specialized health care.



“The only way to get my son the services that he is need of is to go out of the area. His current doctor for his condition is located in Sacramento. We see this doctor once a month but currently every two weeks. This can get very costly.”

-Survey Respondent

What things are challenging about managing your child's medical care?



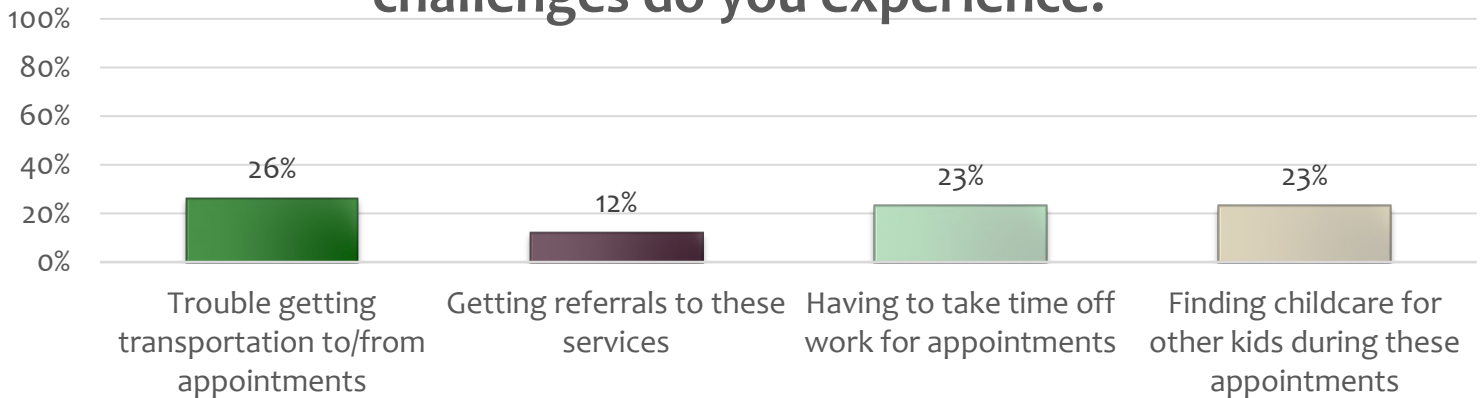
***94% (31/33) of eligible people answered this question. This matches the section average of 94%.**



Identifying Challenges

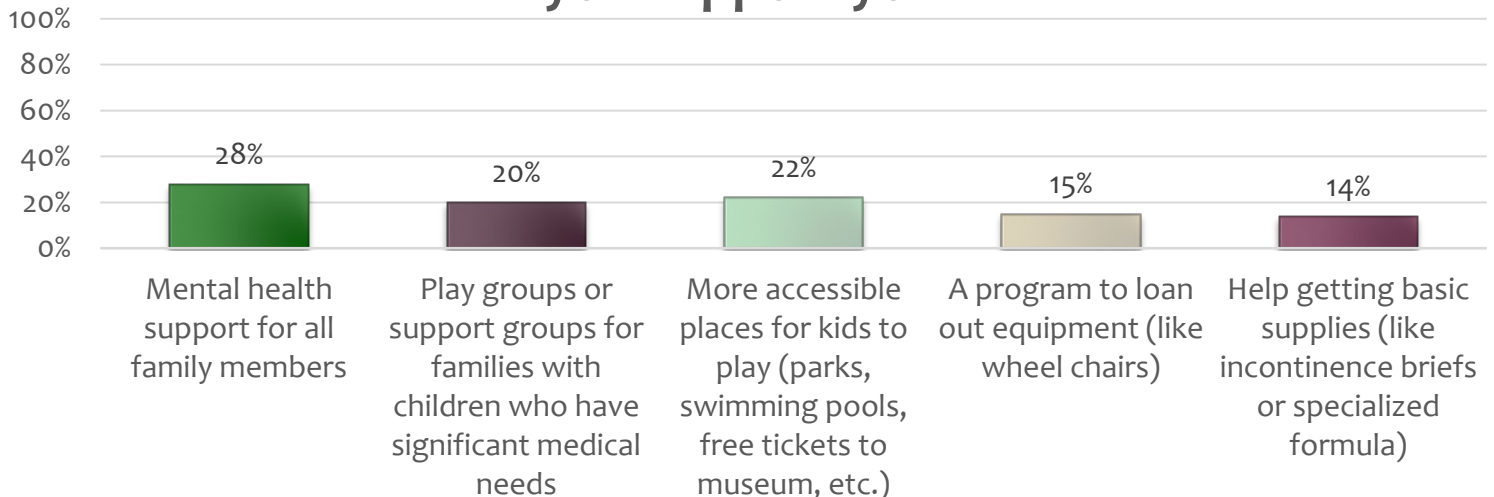
Getting to appointments, including taking time off work, finding childcare for siblings, and securing transportation were identified as challenging by families. Mental health support for the whole family was identified by families as being the most helpful, with specialized playgroups and more accessible places to play also identified as being helpful to families.

For the services that your child receives, what challenges do you experience?



***96% (25/26) of eligible people answered this question. This is significantly higher than the section average of 85%.**

What would help your family to be at their best while you support your child?



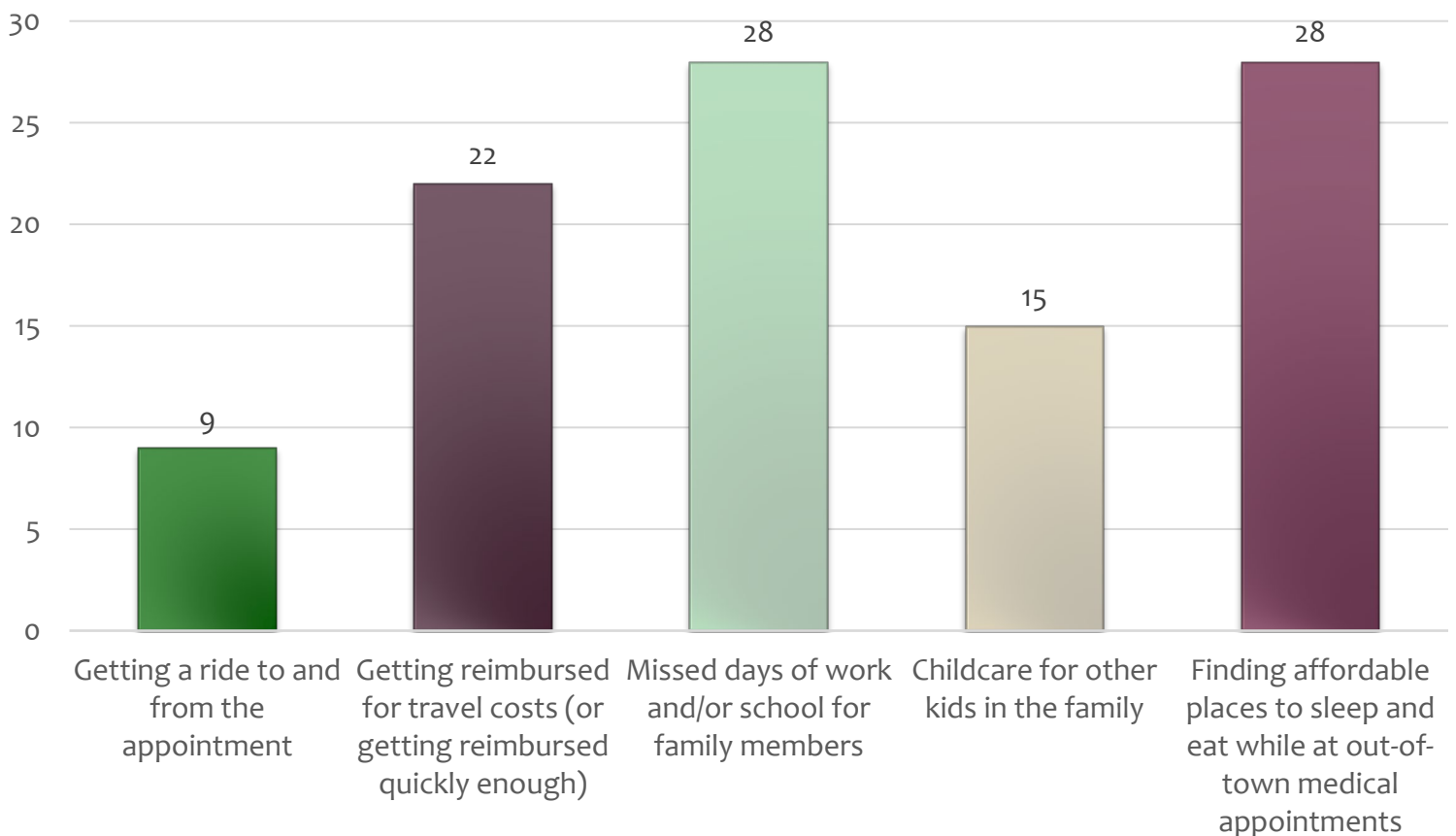
***94% (31/33) of eligible people answered this question. This matches the section average of 94%.**



Identifying Challenges

Coordinating transportation, in general, is frequently identified as a significant challenge by families of kids who need specialized healthcare. Specifically, survey respondents noted that food and lodging, taking time off work, and getting reimbursed for travel expenses were challenging.

What are the most challenging parts of coordinating transportation to medical appointments out of the area?



*91% (30/33) of eligible people answered this question. This is lower than the section average of 94%.

The families of children and youth with special healthcare needs, at the state level, do not find the systems of care and members reported that a lack of specialized staffing limits their ability to serve these families. Locally to improve the quality of life for children with special health care needs, coalition members highlighted the importance of case management, access to local providers, travel assistance for appointments, and support groups for families. Community members who have a child with special healthcare needs in their family highlighted challenges with getting referrals and appointments to see the appropriate specialist in a timely manner. Families also highlighted the importance of access to mental health care for the whole family, as well as access to community supports like accessible play areas and specialized playgroups.





Humboldt County has more than a 25-year history of multi-agency collaboration to address unmet oral health needs in the county. Despite these efforts, systemic barriers that make it difficult for low-income and vulnerable populations to access preventive care.

In 2021 through 2022, in collaboration with the Humboldt County DHHS- Public Health Branch, the California Center for Rural Policy (CCRP) conducted research to identify strategies to adequately meet the demand for oral health services in the county. The oral health landscape analysis of Humboldt in the report, *Strategies to Increase Access to Oral Health Services in Humboldt*, revealed the following:

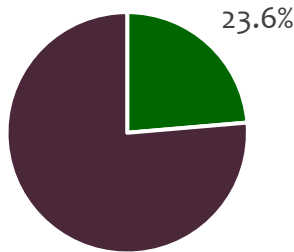
- There are only three water districts in Humboldt County with a fluoridated water supply, leaving 66% of residents without access to fluoridated water.
- Only six dental clinics operated by five organizations accept Medi-Cal Dental.
- Each dental clinic would have an average patient load of 9,200 if serving the total Medi-Cal Dental population in Humboldt County.
- Each private practice dentist has an average patient load of 1,806, well above the average U.S. dentist to patient ratio - 1631 to 1.
- No private dentists accept Medi-Cal as a form of payment.
- Approximately 40% of private practice dentists in Humboldt County are either considering or are unsure about retirement in the next five years.
- Humboldt County's rate of emergency department visits for non-traumatic dental conditions is 1.89 times the state average.
- The proportion of emergency visits for 18-34-year-olds for Humboldt County is 3.22 times the state average.



Humboldt County schools collect data on the oral health status of students entering Kindergarten each school year. The Kindergarten Oral Health Assessment (KOHA) requirement was passed into law by Assembly Bill 1433. The law requires children enrolling in public school for their first year in kindergarten or first grade to have an oral health screening completed by a licensed dental professional. It also requires specific KOHA data be collected by school staff annually and submitted to the County Office of Education. The database developed for KOHA data is called the System for California Oral Health Reporting (SCOHR).

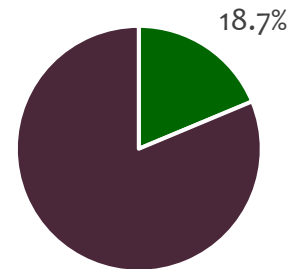
The percentage of students that provide a completed oral health assessments varies from school year to school year as do the percent of children with untreated cavities. The charts below show that the average percentage of students with untreated decay in the last five years (2018-2023) was roughly 5% lower than the prior five-year period (2014-2018).

Average percentage of Kindergarten students with untreated decay (2014-2018)



■ Evidence of untreated cavities

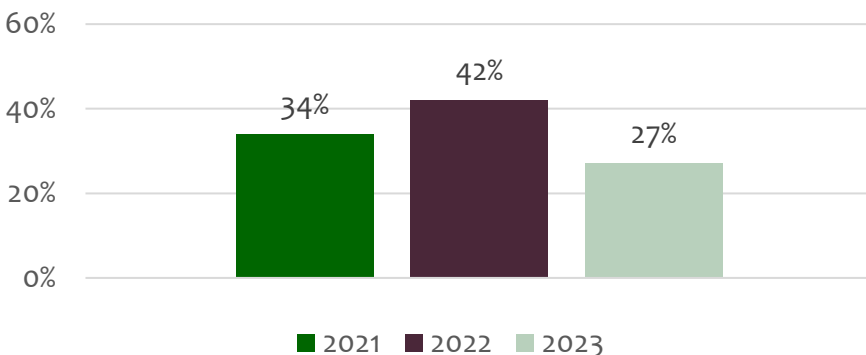
Average percentage of Kindergarten students with untreated decay (2018-2023)



■ Evidence of untreated cavities

The KOHA assessment was updated in 2021 to include data that indicates whether a student has had any history of cavities. There is not enough data available yet to show a clear trend, but the data collection showed an average of 34% of the students assessed from 2021 – 2023 had at least one cavity in their lifetime.

Percent of Kindergarteners assessed to have had one or more cavities in their lifetime



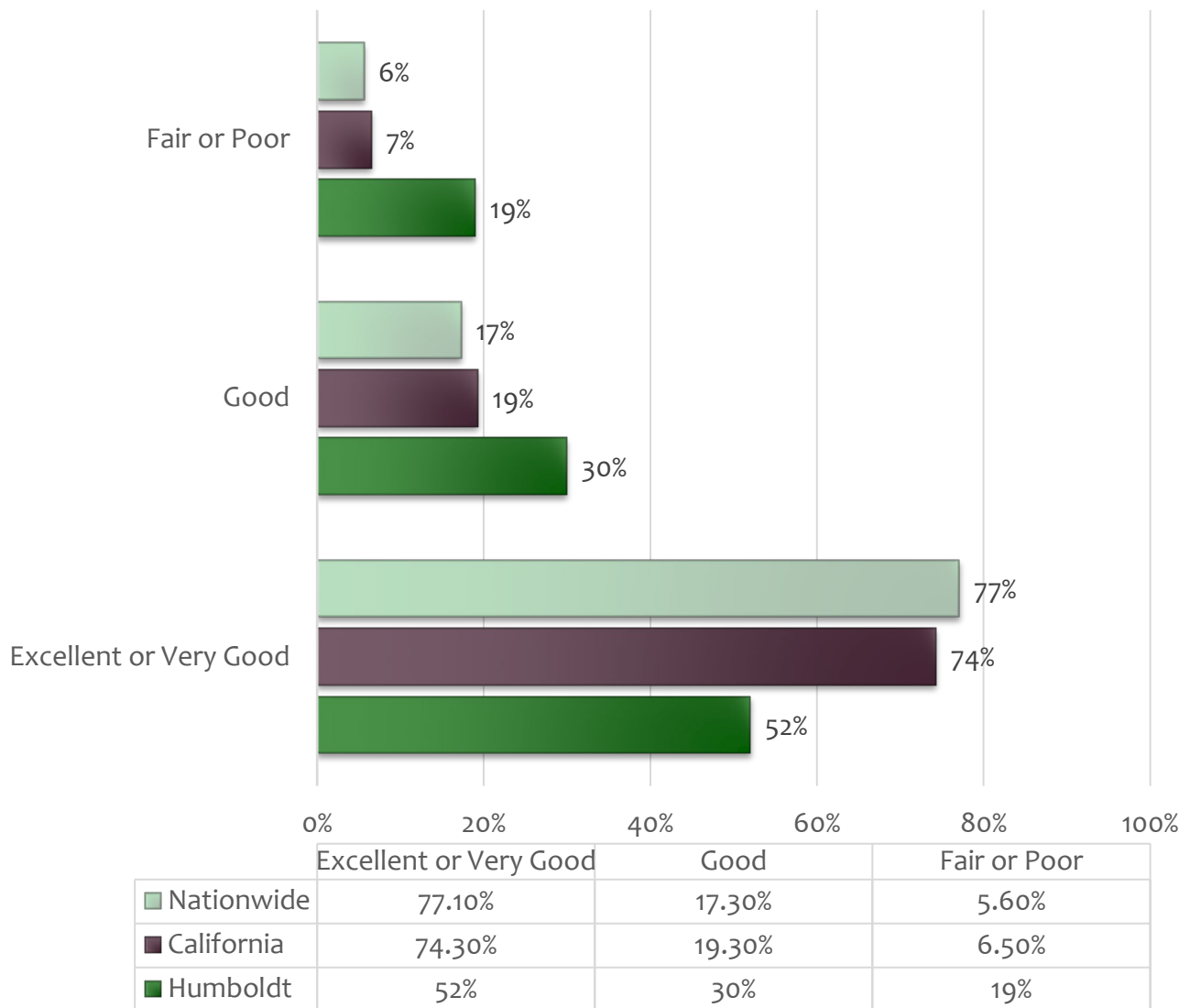
■ 2021 ■ 2022 ■ 2023



Identifying Limitations

The National Survey of Children’s Health (NSCH) provides rich data on multiple, intersecting aspects of children’s lives—including oral health. The questions used to assess oral health in children in the NSCH were posed to the survey respondents in Humboldt County as part of the needs assessment’s community survey. The following chart provides a comparison of Humboldt respondents’ responses in 2024 to State and National responses in 2021-2022. State and national data for these charts come from the [Interactive Data Query of National Survey of Children’s Health \(2021-2022\)](#)

How would you describe the condition of this child’s teeth?

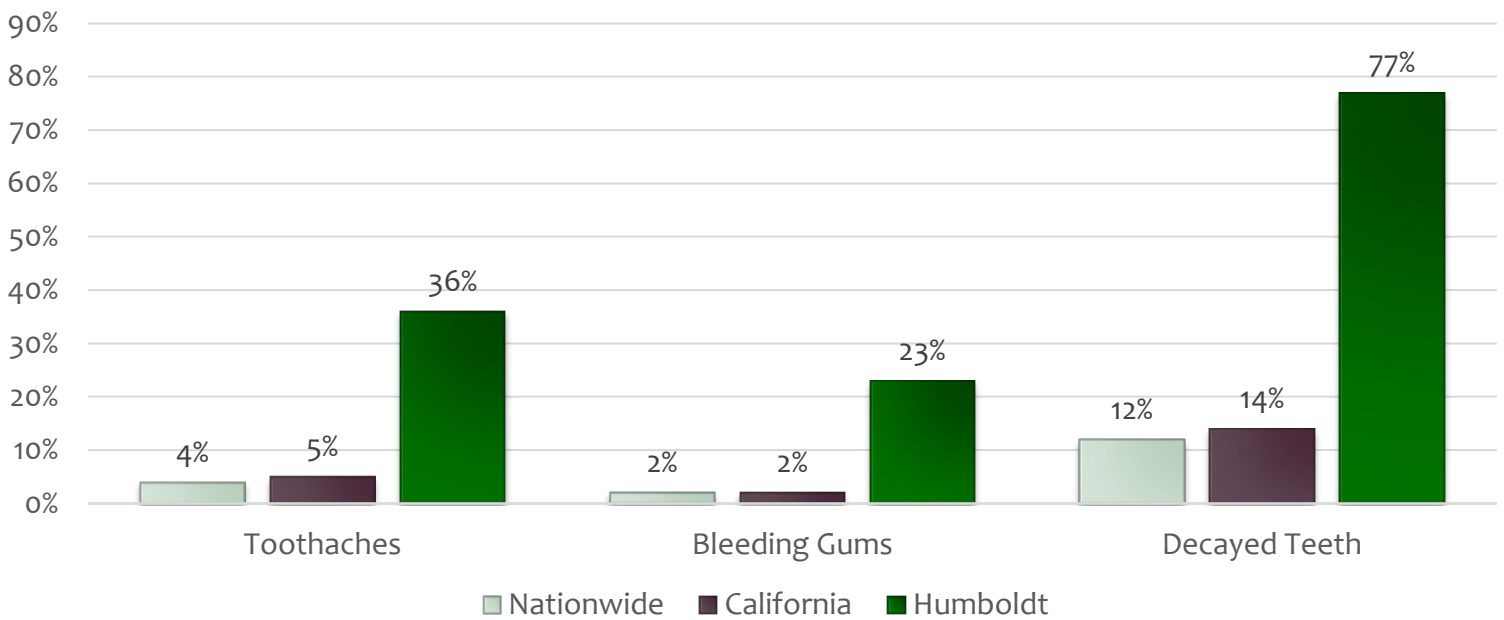


***In Humboldt County, 98% (81/83) of eligible people answered this question. This matches the section average of 98%.**



As with the question on the previous page, The National Survey of Children’s Health (NSCH) question regarding chronic oral health conditions was posed to the survey respondents in Humboldt County. The following chart provides a comparison of Humboldt respondents’ responses in 2024 to State and National responses in 2021-2022. State and national data for these charts come from the [Interactive Data Query of National Survey of Children’s Health \(201-2022\)](#)

During the past 12 months, has this child had frequent or chronic difficulties with any of the following conditions?



***In Humboldt County, 27% (22/83) of eligible people answered this question. This is significantly lower than the section average of 98%.**

“During the Past 12 Months, what PREVENTIVE dental service(s) did this child receive?”

“Cleanings, had to travel to UCSF because local dentist won’t work on kids unless they are calm and stay still.”
-Survey Respondent

“Normal cleanings and usually done through the van that travels to the schools.”
-Survey Respondent

Conclusions

The 2019-2023 MCAH needs assessment asked the community to provide perspective and input on the trends identified in Humboldt County's data during this time period. These trends were related to prenatal care, postpartum depression, neonatal abstinence syndrome, services for children and youth with special healthcare needs, teen health, dental health, and the wellbeing of families. For each data point, this report has shown these trends and well as the input gathered from local coalitions and community members. As we have looked at community input across the topics presented here, we have also seen themes that come up in most or all of the topics we looked at. Repeatedly, the community has identified a need for more healthcare providers and a need for more access to healthcare specialists and specialized resources. The challenges of rural living and the need for reliable transportation to healthcare services was also highlighted across topics.

In addition to the themes of access to transportation, specialists, and timely appointments, there were some suggestions that applied to specific trends. Related to postpartum depression, the community highlighted supporting new parents with basic needs, mental health care and extended family leave. Lack of patient engagement was noted as a significant barrier to improving services to reduce the incidence of neonatal abstinence syndrome. Lack of patient engagement suggests that we may need to do additional work to redesign substance use treatment and prevention services to be patient-centered and meet people where they are at. A lack of appropriate resources or specialized staffing was also seen as a barrier to improving services. Community members identified a need for SUD treatment in a respectful environment. For children and youth with special healthcare needs, mental health support for the whole family was identified as an important need in addition to the common themes of transportation and local specialists.

Looked at as a whole, it is clear that the trends observed in our data are representative of the experiences of local agencies and residents. Transportation, accessible and timely appointments, local access to trained specialists, and adequate specialized resources were acknowledged as important tools for improving these trends. These are tools that are currently not routinely available to families in Humboldt County. In addition to these themes, comments highlighted the role of generational trauma and poverty in perpetuating some of Humboldt County's most significant health challenges for families. This report offers vital information that can be used by county programs and other agencies to demonstrate the needs and potential opportunities for community and system-level changes in Humboldt County.