Santa Barbara County Maternal Child and Adolescent Health Community Profile 2015-2016

Section 1 – Demographics

<table>
<thead>
<tr>
<th>Our Community</th>
<th>Local</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>426,979</td>
<td>37,826,160</td>
</tr>
<tr>
<td>Total Population, African American</td>
<td>6,971</td>
<td>2,203,540</td>
</tr>
<tr>
<td>Total Population, American Indian/Alaskan Natives</td>
<td>1,865</td>
<td>164,381</td>
</tr>
<tr>
<td>Total Population, Asian/Pacific Islander</td>
<td>1,865</td>
<td>5,035,603</td>
</tr>
<tr>
<td>Total Population, Hispanic</td>
<td>187,430</td>
<td>14,501,606</td>
</tr>
<tr>
<td>Total Population, White</td>
<td>201,664</td>
<td>14,953,617</td>
</tr>
<tr>
<td>Total Live Births</td>
<td>5753</td>
<td>503,763</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our Mothers and Babies</th>
<th>Local</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy</td>
<td>76.7%</td>
<td>83.6%</td>
</tr>
<tr>
<td>% of births covered by Medi-Cal</td>
<td>59.6%</td>
<td>47.0%</td>
</tr>
<tr>
<td>% of women ages 18-64 without health insurance</td>
<td>22.2%</td>
<td>22.4%</td>
</tr>
<tr>
<td>% of women giving birth to a second child within 24 months of a previous pregnancy</td>
<td>35.1%</td>
<td>38.5%</td>
</tr>
</tbody>
</table>

| Data sources               | 1 CA Dept. of Finance population estimates 2013, 2 CA Birth Statistical Master Files 2013, 3 FHOP County Data File 2012, 4 CA Employment Development Dept. 2010-2012, 5 Data from CA Child Welfare Indicators Project, UC Berkeley 2010-2012 |

Section 2 – About Our Community – Health Starts Where We Live, Learn, Work, and Play

Describe the following using brief narratives or bullets: 1) Geography, 2) Major industries and employers (public/private), 3) Walkability, recreational areas

1) Santa Barbara County (SBC) is the 19th largest LHJ in California with a population of 427,358. SBC covers a large geographical area of 2,737 square miles. The majority of SBC residents live in the cities of Santa Maria (23.3%), Santa Barbara (20.9%) and Lompoc (10%). Of the 5753 births 63.7% were to Latina mothers. In North County, the total births to women of Hispanic ethnicity 81.07% (2175/2683). There are an estimated 15,000-25,000 Mixtecos that have immigrated to the Santa Maria area, mostly working agriculture. 2) The major industries and employers are agriculture, tourism, health care industry, higher education and county government. The southern end of the county is relatively urban with a high degree of tourism and students while the northern and mid-county is predominantly agricultural. 3) Walkability varies widely from city to city. Lompoc and Santa Barbara are HEAL cities (Healthy Eating Active Living) although walkability scores vary from 47 to 62 respectively. Santa Maria has a walkability average score of 48. There are numerous bike paths and bile lanes in south county. Parks are spread throughout the county with an effort to keep parks safe from drug sales and homeless living. There are many open space areas to hike on the beach, on trails and camping at Lake Cachuma in the local Los Padres National Forest.

Section 3 – Health System – Health and Human Services for the MCAH Population
Maternal Women’s Health

- The SBC MCAH Field Nursing program acts as a safety net for high risk women and children. There is a strong collaborative effort for continued long term case management with CALM (Child Abuse Listening & Mediation) Healthy Families America and SafeCare home visitation programs as well as professional counseling and support groups. Collaboration with First 5 and Family Service Agencies county-wide is essential for short-term counseling, ongoing child development visits, parenting classes, nutrition support services and educational opportunities.
- The William Sansum Diabetes Center has continued the Semillas de Cambio preventative education for women who have had GDM as well as Ocho Pasos, an 8 week course for women with type II DM. There are nutrition and diabetes classes offered. SBC PHD Health Care Center has a diabetic clinic.
- Santa Barbara Promotores de Salud has a robust educational program and have a leader through the SB County Education Health Linkages. 90 Promotores were trained in the Comenzando Bien program in coordination with the March of Dimes and MCAH/CPSP. Promotores are assisting in multiple programs for women county-wide.
- Reiter’s Corporation has onsite health care and education for their north county farmworkers.
- Health Linkages, through SB County Education Office, works with the Family Resource Centers and public agencies (DSS/PHD) to train and support Certified Enrollment Counselors for health insurance access to women children and families.
- The Maternal Mental Health & Substance Use Coalition promotes screening, education & services to providers and the community.

Perinatal/Infant Health

- There are three hospital obstetrical departments (Santa Barbara, Lompoc, Santa Maria) and a free-standing birth center (SB) where women give birth in SBC. There are 13 CPSP provider sites, of these 8 FQHC health centers that offer obstetric services.
- SBC has two NICU’s now to serve the North and South County.
- SBC PHD MCAH Field Nursing attempts to do home visits on all PHD Health Care Center (HCC) postpartum women and very high risk prenatal cases. First 5, SB Cottage Hospital & Marian Hosp. invest in Newborn Home Visiting (not for PHD HCC families).
- SBC PHD has Lactation Services that have Lactation Consultants, pumps, texting and education services for Breastfeeding mothers. The Breastfeeding Coalition is active county-wide to promote education and advocacy efforts.

Child Health

- SBC MediCal Managed Care – CenCal Health requires all pediatricians that offer MediCal Services to be CHDP providers. The CHDP PHN and the PSC advocate for CHDP and MCAH priority areas including developmental screening, oral health, perinatal mental health substance use screening.
- The Board of Supervisors has historically approved $1M/year for Health Kids Insurance coverage for children not eligible for health care services. The expansion of health services to all children will determine if this effort will be continued.
- First 5 and PHD/TSAC funding assist in Early Childhood Oral Health. The local CHDP program offers TSAC funding for dental services for children ineligible for DentalCal.
- The Children’s Oral Health Collaborative through SB CEO Health Linkages works collaboratively with community partners and has funded a Children’s Oral Health Program Manager for children in SBC.
- WIC service 9500 children (1-5yr)/mo. They receive nutritious foods, referrals and individual/class nutrition education biannual.
- Partners for Fit Youth is a county-wide coalition of school and agency representatives committed to improving the health of youth and their families through outreach, education, intervention, and environmental change. Preventing childhood obesity and related chronic disease is a key focus of the group.
- First 5 actively invests in county-wide family services that include Newborn Home Visiting (not for PHD HCC families), THRIVE Carpinteria, THRIVE Guadalupe, THRIVE Isla Vista, THRIVE Santa Maria, THRIVE Westside. First 5 is active in two statewide Initiatives: Children’s Health Initiative to provide universal health care coverage to all children and CARES (Comprehensive Approaches to Raising Education Standards) Initiative providing stipends for early care and education professionals
- The Kids Network was created by the Board of Supervisors in 1991 as an advisory body on children and family issues to coordinate existing services and strategically determine priority needs and concerns in the areas of human services, health, education and juvenile justice for children and families.
- The Child Abuse Prevention Counsel is a collaborative effort to raise awareness about child abuse and has been active in promoting strengthening families and the protective factors in the parenting community and across health and human services.

Adolescent Health

- Adolescent Family Life Program (AFLP) TAPP through the Community Action Commission (CAC) has 1.5 case managers in North County for services to pregnant/parenting teens. SBC is one of the county’s piloting the evidence-based curriculum
- CAC has the CalPREP program (Personal Responsibility Education Program) that has been very successful for at risk youth.
- There are numerous youth drug and gang prevention projects throughout the county.

Children with Special Health Care Needs

- Local CCS is one of 25 counties moving to ‘whole child’ approach. TriCounties Regional Center has an Early Start program for children under 3 yrs of age and services for CSHCN. The County Schools offer support for CSHCN 3-5 & School based svc thereafter. ALPHA family services provide comprehensive support to families with disabilities.
Section 4 – Health Status and Disparities for the MCAH Population

Describe the following using brief narratives or bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

- The greatest health disparities are for women and children in the North County.
- In general families in the North County are likely to be young, Latino, Spanish-speaking and live in poverty than residents in South County. They are also more likely to have births and to have teen births. They are less likely to be employed.
- The percentage of births to mothers with an education level below GED in North County is 46.1% compared to 17.6% in South County and 20% in Mid-County.
- Dental care access for low-income children and pregnant women is limited with only 12 dental providers that accept Denti-Cal in South County, 6 in mid-county and 17 in North County. There are only three dental surgical centers for Medi-Cal with none in South or mid-county and a 3-6 month waitlist.
- There has been an increase in positive drug toxicology screens for delivering mothers from all socio-economic groups.
- 36.8% of our children are overweight/obese.
- The influx of the Mixteco population in North County has continued to challenge the county’s health care system. Language and cultural barriers were identified that prevented maximizing the effects of enhanced perinatal services and pre/inter-conception education. Marian Hospital has created Mixteco picture books and has Promotores to assist in this effort.
- Gestational Diabetes Mellitus (GDM) is very common among obese women and those of Latino descent. Immigrants from Mexico, Central and South America, who make up 35.1% of the population in our county, experience more than double the rate of diabetes compared to the general population. Many immigrant women in our county are undocumented and without health insurance after the initial postpartum period. Source: William Sansum Diabetes Center
- Breastfeeding: There is a cultural norm in the Hispanic community to supplement and various myths that hinder breastfeeding. The FNU and other home visitation agencies attempt to educate, advocate, assist and dispel myths. Early return to work is also a barrier. Although there are baby friendly companies, many of our clients are farm workers that are paid by how much they pick as a crew (or) are in minimum wage jobs and do not feel comfortable or may not have adequate time to pump at the workplace.
- Prenatal care: Barriers to care are the high number of healthy Hispanic women that do not seek care until the 2nd trimester. There are outreach activities in North County at health fairs for the Hispanic/Mixteco community to encouraging early prenatal care, enhance knowledge that care should begin early and dispel any negative perceptions or fear of health care providers or services.

The SBC community and public organizations have addressed all of these issues in a community-wide effort (section 3) especially in our low-income and/or Hispanic community with health and dental services, education, and resources. There has been much progress in children and families accessing health care and insurance and an awareness of health eating and exercise throughout the county. There has been a concerted effort to bring a family strengthening approach, protective factors and trauma informed services to Community Based Organizations, Behavioral health, Social Services and Public Health MCAH programs to address these issues.

☑️ IMPORTANT: By clicking this box, I agree to allow the state MCAH Program to post my LHJ’s Community Profile on the CDPH/MCAH website.