Santa Barbara County
Maternal Child and Adolescent Health
2020-2025 Title V Community Assessment

Kelley Barragan, MCAH Program Coordinator
 Mitchell Hee, Epidemiology Intern
 Michelle Wehmer, Epidemiologist

PHD Mission: To improve the health of our communities by preventing disease, promoting wellness, ensuring access to needed health care, and maintaining a safe and healthy environment.
Objectives

- Define Title V requirements
- Examine local worsening and improving indicators
- Identify priority problems
- Discuss current solutions and how we, as a community, can create change
Reporting requirements mandate completion of a State annual report that specify:

- Needs of the State MCAH population
- Programs and policies implemented to meet those needs
- Monitor progress toward achieving federal and state performance outcome measures
- Management/expenditure of funding
- Every 5 years a comprehensive statewide needs assessment must be conducted of the MCH population
Title V Maternal & Child Health Block Grant

In California - Decentralized statewide needs assessment process - each local health jurisdiction (LHJ) conducts a needs assessment

Key Objectives

- Identify local needs and capacity
- Obtain stakeholder input at the local level
- Focus local MCAH efforts by having each LHJ identify priority areas they will focus on during the next 5 years
- Develop a local five-year action plan
Methodology for 2020-2025 SBC Title V Needs Assessment

- Analyzed FHOP (Family Health Outcomes Project) **Databooks** and other local epi data reports on various MCAH health indicators
- Incorporated data from various community needs assessments
  - Santa Barbara County Public Health Department Community Needs Assessment 2016
  - Cottage Health Community Needs Assessment 2016
  - Dignity Health Community Needs Assessment 2016
  - Santa Barbara County Children’s Scorecard 2017
  - Santa Barbara County First 5 Strategic Plan 2017-2021
  - Santa Barbara County Oral Health Needs Assessment 2019
- Administered **web-based survey** to stakeholders on priority issues, causes, intervention/strategies, and partners
- Obtained feedback from community at **Stakeholder Meeting** via roundtable discussions
• Increase **health care and insurance access** to low-income women and children in Santa Barbara County.

• Increase community-wide knowledge, access and linkage of children to a **dental** home where possible to ensure preventive care and increase access to fluoride varnish.

• Increase number of health care providers who routinely screen pregnant women and mothers of children under 2 years of age for **Perinatal Mood and Anxiety Disorder (PMAD)** and refer as needed.

• Increased number of health care providers who routinely screen pregnant women and mothers of children under 2 years of age for **Substance Use** and refer as needed.

• To reduce the number of **SIDS/SUID** events by promoting optimal sleep environments.
• MCAH Field Nursing Unit updated policies and implemented CQI activities to ensure all eligible children, pregnant, and postpartum women are enrolled in Medi-Cal, had access to timely care, and received dental resources and information.

• Local Oral Health Collaborative developed an oral health campaign focusing on children 0-5.

• Perinatal Wellness Coalition worked to update resource guide of local Substance Abuse treatment services.

• MCAH Program surveyed local CPSP providers on PMAD and SA screening practices and provided current recommendations and resources.

• Partnership with Marian Regional Medical Center and other local partners to address PMADs through creation of a web-based resource directory with 211, community/provider trainings, and development of a tool-kit.

• Collaboration with SBHCC and Sansum Diabetes Research Institute to develop a pilot project with a “Centering-Like” model for GDM clients.

• MCAH Program provided SIDS/Safe Sleep presentations to numerous local organizations that interact with pregnant women/0-1 y/o.

• MCAH Field Nursing Unit incorporated the NEAR@Home Framework to address ACEs with distribution of training materials to other local partners.
Conceptual Framework

Public Health System

10 Essential Functions

Figure 1: The Public Health System

Source: CDC Website

Figure 2: The 10 Essential Public Health Services

Source: CDC Website
Conceptual Framework

Life Course Model

Conceptual Framework

PHD Focus Area: Social Determinants of Health (SDOH)
Conceptual Framework

PHD Focus Area: Health Equity

PHD Focus Area:
Adverse Childhood Experiences (ACEs)
Overview of SBC
Demographics

Source: visitcalifornia.com
SBC Population by City, 2016 (N = 447,073)

Santa Barbara 21.1%
Santa Maria 23.9%
Goleta 7.0%
Carpinteria 3.1%
Lompoc 9.8%
Guadalupe 1.6%
Solvang 1.2%
Buellton 1.1%

Balance Of County 31.2%

Source: California Department of Finance, Population Estimates, 2016
SBC Population Race and Ethnicity by City, 2016

**Santa Maria**
- Hispanic 73.4%
- White 19.5%
- Black 0.8%
- American Indian 0.1%
- Asian 5.1%
- API 0.1%
- Multi-Race 0.9%
- Other 0.1%

**Lompoc**
- Hispanic 52.8%
- White 34.1%
- Black 5.3%
- American Indian 0.5%
- Asian 3%
- API 0.4%
- Multi-Race 3.8%
- Other 0.1%

**Santa Barbara**
- Hispanic 38.2%
- White 54.5%
- Black 1.4%
- American Indian 0.3%
- Asian 3.5%
- API 0%
- Multi-Race 2%
- Other 0.1%

Source: Census Data 2016
SBC Population by Age Group, 2016

- <5: 6.5%
- 5-24: 32.0%
- 25-44: 24.6%
- 45-64: 22.9%
- 65+: 14.0%

Source: Census Data 2016
SBC Population Age Groups by City, 2016

Santa Maria
- <5: 9.8%
- 5-24: 24.3%
- 25-44: 33.7%
- 45-64: 28.3%
- 65+: 18.7%

Santa Maria
- <5: 10.5%
- 5-24: 29.0%
- 25-44: 27.6%
- 45-64: 24.2%
- 65+: 26.0%

Santa Maria
- <5: 17.1%
- 5-24: 26.0%
- 25-44: 27.2%
- 45-64: 17.1%
- 65+: 9.5%

Source: Census Data 2016
SBC Birth Rate, 2007-2016

Race and Ethnicity of Mothers who gave Birth in 2016, N=5501

- Hispanic: 65%
- White: 28%
- Asian: 5%
- Black: 1%
- American Indian: 0%
- Unknown: 1%

Source: CA Birth Statistical Master File, 2016
Santa Barbara County Medi-Cal Clients

Source: 2017 Santa Barbara County Children’s Scorecard, p.33
Medi-Cal Delivery Rates by Local vs. State and Ethnicity

Highlights:
Hispanics have a higher rate of Medi-Cal deliveries than Whites Locally and in CA.

Source: CA Birth Statistical Master File,
Education Level and Public Assistance, 2016

**Highlights:**

North County mothers have less formal education than Mid or South County mothers.

North County has a higher percentage of births to Medi-Cal recipients than Mid or South County.

---

**Education level:**

- The percentage of births to mothers with an education level **below GED** (does not include 17 births where an address was withheld and removes births where mother education was not answered):
  - North County **50.3%** (1224/2431)
  - Middle County **20.4%** (187/915)
  - South County **14.0%** (213/1521)

**Public Assistance:**

- Medi-Cal Births by SBC Geographic Area (5,501 births in 2016) show that **61.1%** of births are to women on Medi-Cal county-wide.
  - **79.4% of births** in North County were to Medi-Cal recipients.

The rate of Children and Females living in poverty is higher in SBC than CA.

Source: Small Area Health Insurance Estimates
Unemployment per 100 People in the Employment Market

Highlight:
Unemployment rates have been decreasing the past several years and SB is doing better than CA.

Source: Office of Attorney General; CA Department of Finance
MCAH Health Indicators
79% of pregnant women received prenatal care beginning the first trimester in Santa Barbara County in 2016.

Source: https://scorecard.childrennow.org/?ind=earlyPrenatalCare&yr=1

- unknown responses removed from data.
Prenatal Care in the first trimester by ethnicity, SBC, 2007-2016

Highlight:
Consistently lower rate of prenatal care among Latinas than Whites

**Tdap Vaccination**

**Highlight:**
Local Tdap immunization rates during pregnancy are greater than CA rates, but room for improvement when compared to other 20 counties with highest number of births.

---

**Tdap Immunizations during pregnancy per 100 females delivering a live birth (2015-2016).**

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBC Rate</td>
<td>57.5</td>
</tr>
<tr>
<td>CA Rate</td>
<td>50.4</td>
</tr>
</tbody>
</table>

Source: FHOP Community Health Status Report, 2017
Gestational Diabetes Rates by Local vs. State and Ethnicity

Highlight:
Hispanic women have higher rates of GDM than Whites both locally and in CA.

Source: Office of Statewide Health Planning and Development. Hospital Discharge Data.
Diabetes in Pregnancy

- In the United States, about **1% to 2%** of pregnant women have type 1 or type 2 diabetes and about **6% to 9%** of pregnant women develop gestational diabetes (Source: CDC).

- In 2018, **8.9%** of postpartum women in the WIC program (211/2376) reported having GDM in the past.
Perinatal Mental Health

Highlights:

20% of California women experience symptoms of depression during or after pregnancy.

Women of certain racial/ethnic groups, in lower social economic levels, that are younger, and/or who experience hardships in childhood are at greater risk.

- **One in five** California women who recently gave birth experienced symptoms of depression during or after pregnancy, according to the MIHA survey. That translates to about **100,000 women a year**.

- All women are at risk for symptoms of perinatal depression; however, **Black or Latina women, teens, women who have low incomes or those who have experienced hardships in their childhood or during pregnancy** are at heightened risk of having symptoms of depression.

Source: "Symptoms of Depression During and After Pregnancy" MIHA Issue Brief
Perinatal Depression

Highlight:
Local rates are not statistically significant when compared to CA Rates

**Prenatal** depressive symptoms per 100 females delivering a live birth (2013-2015).

- **SBC Rate:** 17.3
- **CA Rate:** 14.1

**Postpartum** depressive symptoms per 100 females delivering a live birth (2013-2015).

- **SBC Rate:** 15.2
- **CA Rate:** 13.5

Source: FHOP Community Health Status Report, 2017
Substance Abuse Hospitalizations of Pregnant Women

Highlight:
Substance Abuse Hospitalizations of Pregnant Women has been trending up locally.

Source: Office of Statewide Health Planning and Development. Hospital Discharge Data
According to 2013-15 MIHA data:

- **13.5%** of SBC women had any binge drinking during the 3 months before they knew they were pregnant.

- **8.8%** of SBC women had any alcohol use in the 3rd Trimester.
  - No data for <High School
  - **5.9%** High School Graduate/GED
  - **8.3%** Any College
  - **20.5%** College Graduate

In FY 17/18, **13%** (193/1455) of families served by MCAH Field Nursing Unit were identified with current or past substance use.
Percentage of Mothers Breastfeeding In-Hospital, 2010-2017

Highlight:
Local percentage of any breastfeeding is greater than CA and HP 2020 Target
Local percentage of exclusive breastfeeding is lower than CA

Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide and Maternal County of Residence, 2010-2017.
59% of newborns were exclusively breastfed while in the hospital in Santa Barbara County in 2016.

Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide and Maternal County of Residence, 2016-2017.
Exclusive In-Hospital Breastfeeding by Hospital, SBC, 2016

Highlight:
Cottage and Lompoc have increased exclusive in-hospital breastfeeding rates, while Marian has decreased.

Cottage received Baby Friendly designation in 2018 and Marian is working toward their designation.

Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2016.
Breastfeeding Ethnic Disparities

79.9% Women of Caucasian ethnicity exclusively breastfed in-hospital, while 50% of Hispanic women exclusively breastfed in hospital (SBC 2016).

SBC’s average breastfeeding rate 3 months after delivery 33.5%; the state’s average is 29.1%

- Comparison is not significant

Source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2016. FHOP Community Health Status Report, 2017
Teen Birth Rate, SBC, 2007-2016

Highlight:
Teen birth rates have been decreasing both in CA and SBC.

* Teenage mothers are defined as 15-19 years of age at time of childbirth.
Source: Vital Statistics Query System - cdph.ca.gov
Population: Department of Finance Demographic Unit, 2017 http://www.dof.ca.gov/research/demographic/projections/
** Statewide data: Report 2-2: Birth Rates by Age of Mother 2007-2016,
Teenage Births by City, SBC, 2009-2016

Highlight:
The percentage of teenage births has decreased in all cities between 2009 and 2016.

Santa Maria and Guadalupe have the highest percentages of teen births in the county.
### Teenage Births by City, SBC, 2009-2016

**Highlight:**
The percentage of teenage births has decreased in all cities between 2009 and 2016.

Santa Maria and Guadalupe have the highest percentages of teen births in the county.

<table>
<thead>
<tr>
<th>Location</th>
<th>2005</th>
<th>2011</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara County</td>
<td>651/6192</td>
<td>551/5803</td>
<td>321/5501</td>
</tr>
<tr>
<td>Carpinteria</td>
<td>30/225</td>
<td>14/192</td>
<td>7/199</td>
</tr>
<tr>
<td>Santa Barbara City</td>
<td>118/1915</td>
<td>77/1071</td>
<td>29/1235</td>
</tr>
<tr>
<td>Lompoc</td>
<td>96/928</td>
<td>85/876</td>
<td>47/838</td>
</tr>
<tr>
<td>Guadalupe</td>
<td>19/170</td>
<td>23/141</td>
<td>8/136</td>
</tr>
<tr>
<td>Santa Maria</td>
<td>371/2670</td>
<td>303/2619</td>
<td>204/2527</td>
</tr>
</tbody>
</table>

**Numerator:** Number of Teen Births by Location

**Denominator:** Total Number of Births by Location

* Teenage mothers are defined as 15-19 years of age at time of childbirth.
* Location is determined by mother’s residency

Source: Birth data: Vital Records office of Santa Barbara County and Vital Statistics Query System - cdph.ca.gov
Teenage Birth by Region, SBC, 2016

Highlight:
There are a higher number of births to teens in North County than South or Mid County.

Source: Vital Records Birth Statistical Master File, 2016; 1 birth did not have a zip code identified
Cesarean Births per 100 Low Risk Females

Highlight:
SBC is statistically doing worse than CA in cesarean births of low risk females.

Source: CA Birth Statistical Master File,
Percentage of Underweight Births, SBC, 2007-2016

Highlight:
There has been a decrease in births in SBC over time. VLBW appears stable, but LBW has slightly increased in the last two years.

SBC met the HP 2020 target for both LBW and VLBW from 2007-2016.

* Low Birth Weight (LBW) is defined as 1500-2499 g
* Very Low Birth Weight (VLBW) is defined as under 1500g

Source: Birth data: Vital Records office of Santa Barbara County and Vital Statistics Query System - cdph.ca.gov
Percentage of Premature Births, SBC, 2007-2016

Highlight:
Between 2010-2016, SBC met or exceeded the HP 2020 target.

In recent years, the percentage of premature births has trended up locally.

Source: State Birth Statistical Master files, 2007-2016
Unintended Pregnancies

Highlight:
While the SBC rate is not statistically different than CA, 30% of pregnancies are mis-timed or unwanted.

Mis-timed or unwanted pregnancy per 100 females delivering a live birth (2013-2015).

SBC Rate: 30.8
CA Rate: 30.5

Source: FHOP Community Health Status Report, 2017
Births Occurring Within 18 Months of a Previous Live Birth

Highlight:
While the SBC rate is not statistically different than CA, 25% of women are conceiving before the recommended time.

Source: CA Birth Statistical Master File,
Sexually Transmitted Diseases (STDs)

Highlight:
Chlamydia (CT) remains the most common reportable disease in CA and is at its highest recorded level since 1990.

Gonorrhea (GC) cases continued to increase sharply across all regions.

Early syphilis (ES) cases continued to increase across all regions.
Syphilis and Congenital Syphilis

Highlight:
Over the last several years, CA has experienced a steep increase in syphilis among women and congenital syphilis.
Infant Sleep Practices

Highlight:
The percentage of women always or often sharing a bed with an infant is higher in SBC than CA.

Mothers with less formal education share a bed more often than those with higher levels of education.

Mothers enrolled in Medi-Cal share a bed more often than those with private insurance.

Source: MIHA, 2013-2014
Uninsured per 100 Females Aged 18-64 Years Old

Highlight:
In 2011, “1 in 4” women were uninsured, whereas in 2015, “1 in 10” women were uninsured in SBC.

In recent years, SBC has statistically been doing worse than CA.
Uninsured per 100 Individuals Aged 0-18

Highlight:
The Affordable Care Act (2014) and SB75 (2016) have significantly impacted the number of SBC children with medical insurance. However, between 2013-2015, SBC was statistically doing worse than CA.
Children’s Oral Health (CA vs. SBC)

Highlight:
Of the parents surveyed locally, the majority reported their children saw a dentist less than 6 months ago.

Children’s Oral Health

Highlight:
In SBC, the number of untreated tooth decay in kindergarteners has generally decreased from 2012 to 2017.

Figure 9. Untreated Tooth Decay in Kindergarteners, Santa Barbara County. 2012-2017

Dental Access in SBC

Santa Barbara County Residents who qualify and are enrolled in the Medi-Cal program receive dental insurance through the Medi-Cal Dental program.

Santa Barbara County is home to 352 dentists. Out of those dentists, only 20 are accepting new patients.

Highlight: Medi-cal clients in SBC who need to establish care have limited access.

Source: SBC Oral Health Needs Assessment p. 23
SBC School Immunization Rates

Highlight:
Vaccination rates have been increasing for children in Childcare Centers and Kindergartens in SBC.

Source: CDPH Immunization Branch
**Childhood Obesity**

**Highlight:**
There are higher rates of obesity in North and Mid County than South amongst 2-5 year olds enrolled in WIC.

![Chart showing percentile of obese 2-5 year olds in WIC program]

<table>
<thead>
<tr>
<th></th>
<th>mid</th>
<th>north</th>
<th>south</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>11.32%</td>
<td>14.25%</td>
<td>8.86%</td>
</tr>
<tr>
<td>2018</td>
<td>14.3%</td>
<td>15.98%</td>
<td>10.08%</td>
</tr>
</tbody>
</table>

Source: SBC WIC
Highlight:
Although local percentages for 7th and 9th graders is similar to CA, a greater proportion of SBC 5th graders are overweight/obese compared to their CA peers.

Source: Kids Data
Children and Youth with Special Health Care Needs (CYSHN)

California’s Quality of Health Care for CSHCN: National Comparison

<table>
<thead>
<tr>
<th>National Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>50th in having at least one preventive care visit</td>
</tr>
<tr>
<td>46th for care coordination</td>
</tr>
<tr>
<td>50th in family-centered care</td>
</tr>
<tr>
<td>50th in proportion of parents with above average stress</td>
</tr>
<tr>
<td>45th in developmental screening</td>
</tr>
<tr>
<td>36th for transition to adult care</td>
</tr>
<tr>
<td>43rd in receiving needed mental health services</td>
</tr>
</tbody>
</table>

Source: 2009/10 National Survey of Children with Special Health Care Needs
Intimate Partner Violence

Highlight:
In recent years (2013-2015), SBC’s rate of calls to police for violent or aggressive behavior within the home is statistically better than CA. However, we are not fully sure what this data may be telling us.

Source: Office of the Attorney General, CA Department of Finance.
Local Domestic Violence Solutions data on clients receiving shelter services

Highlight:
While it is difficult to assess the incidence of domestic violence in SBC, domestic violence solutions has numbers of those receiving emergency services through the shelter system.

Figure 25: Clients receiving shelter services

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis &amp; Information Calls on 24/7 Hotline</td>
<td>1,500</td>
<td>4,080</td>
<td>6,250</td>
</tr>
<tr>
<td>Adult individuals seeking emergency shelter</td>
<td>129</td>
<td>131</td>
<td>140</td>
</tr>
<tr>
<td>Children under age 18 seeking emergency shelter</td>
<td>152</td>
<td>272</td>
<td>283</td>
</tr>
</tbody>
</table>

Source: 2017 Santa Barbara County Children's Scorecard
2013-14 MIHA data shows that 10.6% of women in SBC compared to 7.1% of women in CA had some form of physical or psychological intimate partner violence (IPV) during pregnancy.

In FY 17/18, 11% (152/1455) of participants in the MCAH Field Nursing Unit, self-identified with current or history of Intimate Partner Violence.

Highlight:
The percentage of women experiencing some form of physical or psychological intimate partner violence during pregnancy is higher in SBC than CA.

Source: MIHA; 2013-2014 and SBC MCAH Health Indicator Data
Assault Hospitalizations of Females aged 15-44 years old

Highlight:
In recent years (2013-2015), SBC’s rate of assault hospitalizations for women is statistically better than CA.
However, we are not fully sure what this data may be telling us.

Source: Office of Statewide Health Planning and Development. Hospital Discharge Data.
Substance Abuse Diagnosis of 15-24 year olds

Highlight:
The rate of substance abuse diagnosis for 15-24 year olds may be better in SBC than CA, but it is increasing locally.

Whites in both SBC and CA have higher rates of substance use diagnosis than Hispanics.

Source: Office of Statewide Health Planning and Development. Hospital Discharge Data.
Mental Health Diagnosis of 15-24 Year Olds

Highlight:
While the rate of mental health diagnosis for 15-24 year olds in SBC is better than CA, we are not certain about the meaning of this data.

Source: Office of Statewide Health Planning and Development. Hospital Discharge Data.
**Youth Served by Behavioral Wellness**

**Highlight:**
Each year, the SBC Department of Behavioral Wellness serves over 3,000 children and youth diagnosed with severe mental illness and/or substance use disorders.

Numbers have remained steady for mental health programs, while there has been a decrease in youth receiving treatment for severe drug and alcohol disorders.

![Figure 54: Youth Served by Behavioral Wellness (Number of Unique Clients)](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Mental health programs</th>
<th>Alcohol &amp; drug programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2853</td>
<td>817</td>
</tr>
<tr>
<td>2011</td>
<td>2988</td>
<td>952</td>
</tr>
<tr>
<td>2012</td>
<td>2928</td>
<td>931</td>
</tr>
<tr>
<td>2013</td>
<td>2922</td>
<td>903</td>
</tr>
<tr>
<td>2014</td>
<td>2740</td>
<td>719</td>
</tr>
<tr>
<td>2015</td>
<td>2781</td>
<td>425</td>
</tr>
</tbody>
</table>

Source: 2017 Santa Barbara County Children's Scorecard
Alcohol and Drug Use amongst children/adolescents

Highlight:
Youth educated in NT settings have a higher reported usage of alcohol and drugs compared to their traditionally educated peers.

Source: 2017 Santa Barbara County Children’s Scorecard

Figure 60: Current alcohol or drug use, past 30 days
SBC CWS Referrals

Highlight:
Since 2008, the number of referrals to SBC Child Welfare Services (CWS) has increased, but the percentage of substantiated allegations has decreased.

Children < 1 year old have the highest rate of abuse and neglect.

General Neglect is consistently the number one cause of substantiated cases.

![Figure 17: Number of children with allegations, and percentages substantiated](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
<th>Total Allegations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>541</td>
<td>933</td>
<td>5934</td>
</tr>
<tr>
<td>2009</td>
<td>604</td>
<td>893</td>
<td>1497</td>
</tr>
<tr>
<td>2010</td>
<td>567</td>
<td>792</td>
<td>1359</td>
</tr>
<tr>
<td>2011</td>
<td>557</td>
<td>692</td>
<td>1250</td>
</tr>
<tr>
<td>2012</td>
<td>692</td>
<td>4064</td>
<td>4756</td>
</tr>
<tr>
<td>2013</td>
<td>792</td>
<td>3824</td>
<td>4616</td>
</tr>
<tr>
<td>2014</td>
<td>893</td>
<td>3518</td>
<td>4411</td>
</tr>
<tr>
<td>2015</td>
<td>933</td>
<td>3773</td>
<td>4706</td>
</tr>
</tbody>
</table>

Source: 2017 Santa Barbara County Children's Scorecard
Children in Foster Care per 1000 Children Age 0-17

Highlight:
The rate of children in foster care is significantly less in recent years than CA.

Source: Office of the Attorney General. CA Department of Finance.
Adverse Childhood Experiences (ACEs)

**Highlight:**
1 in 6 Children have experienced two or more ACEs. The rate is not statistically different between CA and SBC.

Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age (2016).

- **SBC:** 16.3% percent of children
- **CA:** 16.4% percent of children

Source: FHOP Community Health Status Report, 2017
In Summary
Improving Locally

- Rate of Mothers Seeking Prenatal Care (overall)
- Prevalence of Domestic Violence Calls
- Teenage Births
- School Immunization Rates
- Substance Abuse Diagnoses of 15-24 year olds
- Substance Abuse Hospitalizations of Pregnant Women
- Births Within 18 Months of a Previous Live Birth
- Assault Hospitalizations of Females Aged 15-44 Years Old
- Prevalence of Domestic Violence Calls
- Mental Health Diagnoses of 15-24 Year Olds
- Unemployment Rate
- Children in Foster Care
- Maternal Mortality Rate
Meeting HP 2020

- Percentage of Underweight Births
- Infant Mortality
- Rate of Mothers Seeking Prenatal Care (Overall)
- Assault Hospitalizations of Females Aged 15-44 Years Old
Worsening Locally

- Rate of Uninsured Females Aged 18-64 Years Old
Worse than CA

- Percentage of Women Receiving Prenatal Care in First Trimester (overall)
- Teenage Birth Rate
- Percentage of Mothers Exclusively Breastfeeding (In-Hospital)
- Rate of Cesarean Births from Low Risk Females
- Rate of Uninsured Individuals 0-18 Years Old
- Rate of Uninsured Females Aged 18-64 Years Old
- Poverty Rate of Children and Adolescents
- Poverty Rate of Females Aged 18-64 Years Old
- Safe Sleep Practices (Bed sharing)
Not meeting HP 2020

- Percentage of Premature Births
- Rate of Uninsured Individuals 0-17 Years Old
- Rate of Uninsured Females Aged 18-64 Years Old
- Rate of Cesarean Births from Low Risk Females
Results from Stakeholder Survey

- 25 individuals responded

- Sectors represented:
  - State/Local Health Department (28%)
  - CBOs (20%)
  - Hospital (16%)
  - Community Clinic/FQHC (12%)
  - Family Support Organization (8%)
  - State of Nationally Affiliated Non-Profit (4%)
  - Head Start (4%),
  - Individual or Family (4%)
  - WIC (4%)
MCAH Goal 1: Improve maternal* health and increase access to health care.

*Women of childbearing age, pregnant, and/or postpartum women
MCAH Goal 2: Improve *infant* health and increase access to health care.
MCAH Goal 3: Improve **child** health and increase access to health care.
MCAH Goal 4: Improve Children and Youth with Special Health Care Needs* (CYSHCN) health and increase access to health care.
MCAH Goal 5: Improve Adolescent health and increase access to health care.
Break (10 min)
What do we want to do?

Santa Barbara County
All LHJs must identify at least:

- **Two** problems in the **Maternal** domain (reproductive age women and pregnant/postpartum women)
- **Two** problems in the **Infant** domain (one being SIDS)
- **One** problem in the **Child** domain
- **One** problem in the **CYSHCN** domain
- **One** problem in the **Adolescent** domain

If resources allow, LJHJs may also identify additional problems.
Break out into 6 groups to discuss key issues, root causes, best practices/interventions, and partner organizations in each domain.

Facilitators will assist each group.

Please try to have 4-5 members in each group:
- Reproductive Age Women
- Pregnant/Postpartum Women
- Infant
- Child
- CYSHN (Children and Youth with Special Healthcare Needs)
- Adolescent
Next Steps?

**Report to State MCAH** – Due June 14th, 2019

- Stakeholders and Community Partners
- Problem Statements, Strategies, and Partners
- Capacity Needs

**Develop Action Plans** – Due March 13th, 2020

- Engage partners willing to be involved or collaborate on identified key issues
Special Thanks

Michelle Wehmer
Mitchell Hee
Ed Tran
Paige Batson
Linda Oh
Judy Savage
Carmen Lemus
Colleen Jensen
“Alone we can do little, but together we can do much.”
-Helen Keller