

Santa Barbara County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

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| Total Population ¹ | 433,157 |
| Total Population, African American..... | 7,587 |
| Total Population, American Indian/ Alaskan Natives..... | 2,026 |
| Total Population, Asian/Pacific Islander | 21,792 |
| Total Population, Hispanic | 192,206 |
| Total Population, White..... | 209,554 |
| Total Live Births ² | 5,753 |

Our Mothers and Babies

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| % of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ² | 76.1% |
| % of births covered by Medi-Cal ² | 60.3% |
| % of women ages 18-64 without health insurance ³ | 22.8% |
| % of women giving birth to a second child within 24 months of a previous pregnancy * | 34.8% |
| % live births less than 37 weeks' gestation ² | 7.7 |
| Gestational diabetes per 1,000 females age 15-44 | 9.1 |
| % of female population 18-64 living in poverty (0-200% FPL) ³ | 37.9% |
| Substance use diagnosis per 1,000 hospitalizations of pregnant women* | 10.3 |
| Unemployment Rate ⁴ | 8.3 |

Our Children and Teens

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| Teen Birth Rate per 1,000 births (ages 15-19) ² | 28.6 |
| Motor vehicle injury hospitalizations per 100,000 children age 0-146 | 15.6 |
| % of children, ages 0-18 years living in poverty (0-200% FPL) ³ | 48.7% |
| Mental health hospitalizations per 100,000 age 15-24* | 927.4 |
| Children in Foster Care per 1,000 children ⁵ | 5.9 |
| Substance abuse hospitalization per 100,000 aged 15-24* | 428.6 |

Data sources: ¹ CA Dept. of Finance population estimates for Year 2015, January 2013; ² CA Birth Statistical Master Files 2011-2013 Annual Average, 3 year average; ³ California Health Interview Survey, 2014; ⁴ [State of California, Employment Development Department, February 2017](#); ⁵ [Data from CA Child Welfare Indicators Project, UC Berkeley Point in Time Jul 2015](#); ⁶ [California Department of Public Health, Safe and Active Communities Branch](#); *Data carried over from the Community Profile 2015-2016. Not updated.

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

1) Santa Barbara County (SBC) is the 19th largest LHJ in California with a population of 443,1571. SBC covers a large geographical area of 2,737 square miles. The majority of SBC residents live in the cities of Santa Maria (approx. 23.2%), Santa Barbara (approx. 21.0%) and Lompoc (approx. 10.0%)¹. There are 3 hospitals and one birthing center in the County. Hospital birthing sites are in Santa Barbara, Lompoc, and Santa Maria. There are two NICU's, one in Santa Barbara and the other in Santa Maria. In 2014 there were 5829 births in SBC, 64.5% were to Hispanic mothers¹. In North County, the total births to women of Hispanic ethnicity 81.65% (2207/2703)¹.

There are an estimated 15,000-25,000 Mixtecos that have immigrated to the Santa Maria area, mostly working agriculture².

2) The major industries and employers are agriculture, tourism, health care, 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. Walk scores range from 50 in Lompoc and Santa Maria to 62 in Santa Barbara. There are numerous bike paths and bike 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 and on trails throughout the local Los Padres National Forest. Lompoc and Santa Barbara are both Health Eating Active Living (HEAL) cities, in which city officials adopt policies and systems that support daily physical activity and nutrition.

Data Sources:

1 2015 Population estimates are from the CA Department of Finance Demographics Research Unit

2 Coalition for Sustainable Transportation. 2004. "Unmet Transit Needs in North Santa Barbara County."

Health System – Health and Human Services for the MCAH Population

Maternal Women's Health

- The SBC MCAH Field Nursing Unit acts as a safety net for high risk women and children. There is a strong collaboration re: continued long term case management with Child Abuse Listening & Mediation (CALM), 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.
- Gestational Diabetes Mellitus (GDM) is very common among obese women and those of Latino descent. Immigrants from Mexico, Central and South America, 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
- 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. SBC PHD Health Care Center has a diabetic clinic.
- Santa Barbara Promotores de Salud has a robust educational program and has been a leader through SB County Education Health Linkages. 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 Perinatal Wellness Coalition (PWC) promotes screening, education & services to providers and the community.
- Collaborative with Dignity Health and community organizations addressing perinatal mood and anxiety disorder. The goal is to develop a postpartum depression toolkit, web-based resource directories, processes for data sharing, and training materials.
- Continued outreach to providers and community with updated information re: Zika Virus and an information section on the PHD website.

Perinatal/Infant Health

- There are 13 CPSP provider sites, 8 of which are located within a FQHC health centers that offer obstetric services.
- 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, two-way 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 pediatricians that offer MediCal Services to be CHDP providers. CHDP PHN and the PSC advocate for CHDP. MCAH priority areas include developmental screening, oral health, and perinatal mental health substance use screening.
- Children’s Health Initiative Santa Barbara (CHISB) collaborative is working to increase consistent and timely well child visits in the low-income population in SBC.
- 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 DentiCal.
- 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
- On average, WIC serves 11,215 children (1-5yr)/mo. They receive nutritious foods, referrals and individual/class nutrition education biannual.
- Live Well Santa Barbara County is a county-wide coalition and includes representation from organizations, agencies, and government officials with an interest in nutrition, physical activity, public health, the environment, and health care. The primary collaborative focus is providing health education and advocating for health in all policies and programs.
<http://livewellsbc.org/>
- 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. 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, created by the Board of Supervisors in 1991, is an advisory body on children and family issues. The Network coordinates services and determines priority needs/concerns for children and families re: human services, health, education, and juvenile justice.
- The Child Abuse Prevention Counsel is a collaborative effort to raise awareness about child abuse prevention and promotes Strengthening Families framework in the parenting community and across health and human services.
- DSS and PHD have collaborated to hire two PHNs that provide services to youth in foster care and CWS.

Adolescent Health

- Adolescent Family Life Program (AFLP) TAPP through the Community Action Commission (CAC) has case managers in both Mid-County and 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 including Fighting Back Santa Maria.

Children with Special Health Care Needs

- SBC 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 and school based service thereafter.
- ALPHA family services provide comprehensive support to families with disabilities.
- 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 compared to residents in South County. They are also more likely to have births and to

Health Status and Disparities for the MCAH Population

- 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 is limited. There are 10 dental providers that accept Denti-Cal in South County, 6 in mid-county and 18 in North County. There are three dental surgical centers for Medi-Cal, all located in North County each with a 3-6 -month waitlist.
- There has been an increase in positive drug toxicology screens for delivering mothers from all socio-economic groups.
- 39.6% of 5th graders, 39.1% of 7th graders, 36.9% of 9th graders are overweight or obese. Source: KIDS DATA.org 2015
- 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.
- Fear of deportation has led to reluctance in accessing healthcare and social services based on anecdotal reports from community partners.
- 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 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 healthy 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.