



Priority Populations

Sector Strengths & Opportunities Brief

July 2019

Maternal Health Network of San Bernardino County

The Maternal Health Network (MHN) of San Bernardino County is a collective of various service providers that support the maternal health system throughout San Bernardino County.

Membership includes:

- Prenatal & Post-Partum Primary Care Providers
- Community Clinics & Birthing Hospitals
- Oral Health Providers & Advocates
- San Bernardino County Public Health
- Midwives & Doulas
- Family Resource & Support Service Organizations
- Breastfeeding Support Services & Coalitions
- Behavioral Health & Substance Abuse Providers
- Law Enforcement & Detentions
- School-based Services
- Health Plans

Vision

The Maternal Health Network of San Bernardino County empowers, respects and supports families before, during and after pregnancy to optimize health and wellbeing for babies and mothers.

The MHN operates utilizing the following principles:

- Equity • Integrated • Access • High-Quality • Support

Supports for Priority Populations

While all women face a baseline set of challenges before, during, and after pregnancy, specific issues faced by marginalized groups may be exacerbated by pregnancy. Living in a high poverty area; experiencing food insecurity, homelessness, or intimate partner abuse; and/or being undocumented are extreme difficulties in and of themselves. Additionally, being a woman of color or a teen can carry its own set of challenges. Navigating one, or more, of these while pregnant require access to special resources to support the delivery of a healthy baby and well-being for the mother.

For the purposes of this brief, priority populations explored included expectant women who fit within one of the following categories:

- Women of color
- Teens
- Women who are undocumented immigrants
- Women who are victims of domestic violence
- Women who are incarcerated

Understanding the challenges faced by different groups is crucial to remedying discrepancies in healthcare access and ensuring equity for all parents and infants. This brief provides a summary snapshot of the environment that priority populations live in as well as the health status of these populations, where data exists. It also explores the resources available and systems issues related to serving priority populations.

Strengths & Opportunities Analysis

The MHN commissioned a strengths and opportunities analysis to understand and document the broad landscape of existing maternal health components within the County. Areas of exploration included:

Maternal Health Status



To understand the maternal health status of families in San Bernardino County, maternal health indicators and other data were gathered. The primary data sources for this component of the strengths and opportunities analysis included:

- *San Bernardino Family Health Outcomes Project (FHOP) Indicators*. Family Health Outcomes Project. (2018, December). Retrieved from <https://fhop.ucsf.edu/san-bernardino-county-databooks>.
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014*. California Department of Public Health. 2016.
- *Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015*. California Department of Public Health; 2018.

Maternal Health Resources



To understand what supports are available throughout San Bernardino County related to maternal health, resources were mapped according to their type and location. The primary data sources for this component of the analysis included:

- *Inland Empire Breastfeeding, Childbirth and Community Resource Guide*
- *San Bernardino County Behavioral Health Directory of Services*
- *San Bernardino County 2-1-1*
- *San Bernardino County Public Health Breastfeeding Resources Flyer*

Information on barriers to access and service satisfaction was also collected from providers and consumers of the MHN.

Systems Issues



To understand systems issues associated with maternal health services through San Bernardino County, stakeholders were engaged through community gatherings as well as at through provider participation in workgroups.

San Bernardino County Context

Social Determinants of Health

Fully appreciating the maternal health needs of families in San Bernardino County requires a fundamental understanding of the social determinants that impact overall health and well-being. A brief summary of relevant social determinants of health is provided below. The Centers for Disease Control and Prevention (CDC) define social determinants of health as the “circumstances in which people are born, grow up, live, work and age.”⁴ In addition, it includes the systems in place to offer healthcare and services to a community.

Social Determinants of Health







Health and Healthcare	Education	Neighborhood and Environment	Social and Community Context	Economic Stability
Healthcare coverage, provider availability, linguistic and cultural competence and quality of care all impact an individual's overall health.	Access to education to include K-12, higher education, and vocational training, impact an individual's health throughout their lifespan.	Access to housing, transportation, parks, playgrounds and recreational activities can affect the health and wellness of communities. Crime and safety are also conditions that are considered within this determinant of health.	Social norms and attitudes (with a particular emphasis on discrimination and racism), systems of support, and community engagement all impact an individual's health and well-being.	Economic stability incorporates an individual's ability to provide for their basic needs, purchase healthcare supports, and manage the stress of day to day life.

“Inequalities in people's health are forged through the processes which maintain socio-economic inequalities in and across their lives.”⁵ While there may be many treatments available for a particular disease, not everyone with the same diagnosis will likely have the same access to treatment. Many factors may contribute to access to treatment, but the most prominent determinant of treatment access is wealth. While a person's income may not have a direct correlation to how healthy they are, links between poverty and health have long been established.⁵

Often those living in poverty have multiple socioeconomic determinants that contribute to poor health including lack of education, poor nutrition, and inadequate access to preventive care.

San Bernardino County

The following indicators describe the social determinants of health impacting women who gave birth within San Bernardino County.^{6,7}

	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
 Uninsured prior to pregnancy	24.0%	26.6%	10.0%	14.9%	29.2%	18.8%
 Lives in high poverty neighborhoods	38.9%	49.6%	60.7%	28.6%	57.2%	30.3%
 Food insecurity during pregnancy	16.6%	18.0%	19.5%	Data not available	15.2%	16.8%
 Received Cal Fresh (food stamps) during pregnancy	24.9%	35.4%	68.0%	Data not available	40.7%	21.8%
 Physical or psychological intimate partner violence	7.1%	9.7%	10.3%	Data not available	9.5%	5.8%
 Homeless/without a regular place to sleep during pregnancy	2.9%	2.6%	9.1%	Data not available	2.2%	Data not available

⁴Retrieved on November 12, 2018 from: Centers for Disease Control and Prevention. (2018). Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/>

⁵Retrieved on October 25, 2018 from: <http://books.google.com>: Graham, H. (2007). Unequal Lives: Health and Socioeconomic Inequalities. Berkshire, England: Open University Press

⁶Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots, 2013-2014. California Department of Public Health. 2016.

⁷Maternal and Infant Health Assessment (MIHA) Survey County and Regional Data Snapshots for Subgroups, 2013-2015. California Department of Public Health; 2018.

Women of Color

Health Status Indicator	California	San Bernardino County	African American	Asian/Pacific Islander	Hispanic	White
Live births (per 1,000 females, 15-44) ⁸	62	67.9	63.3	90.2	69.9	58.4
Births to teenage mothers (per 1,000 females, 15-19) ⁸	18.8	25.2	31.7	3	28.9	16.8
Cesarean births (per live births) ⁸	31.9%	32.8%	39.1%	38.3%	31.2%	31.4%
Short birthing interval (conception w/in 18 mos., females 15-44) ⁸	26.6%	28.7%	34.5%	23.4%	27.5%	31.1%
Mistimed or unwanted pregnancies ^{6,7}	31.2%	37.6%	48.2%	27.3%	40.8%	33.8%
Early and Adequate Prenatal Care (per pregnancies) ⁸	79%	72.8%	71.2%	70.4%	72%	76.3%
Substance-affected infants (per 1,000 hospital births) ⁸	26.6	28.3	42	12.8	26.3	34.7
Births at less than 37 gestational weeks (per live births) ⁸	8.6%	9.3%	13.1%	7.6%	9.2%	8.4%
Low birth weights (less than 2,500 grams, live singleton births) ⁸	5.3%	5.8%	10.1%	4.8%	5.5%	4.9%
Infant death (deaths within the first year, per 1,000 live births) ⁸	4.4	5.5	8	2.8	5.6	4.6
Substance use (per 1,000 hospitalizations of pregnant females, 15-44) ⁸	21	26.8	40.1	4.1	23.1	37.8
Mental Health (diagnoses per 1,000 hospitalizations of pregnant females, 15-44) ⁸	59	54.9	76.3	13	46.9	80.6
Prenatal depressive symptoms ⁸	14.1%	15.3%	24.2%	17.6%	14.2%	10.8%
Post-partum depressive symptoms ⁸	13%	11%	16.3%	14.1%	13.1%	10.4%
Pre-pregnancy obesity ^{6,7}	20.3%	22.7%	27%	21.8%	24.8%	17.3%

An analysis of the data presented above indicates higher instances of poor birth outcomes in almost all categories of maternal health for African American women, followed closely by the Hispanic subpopulation.

Maternal Health Resources

While the Maternal Health Network recognizes women of color have higher instances of poor birth outcomes, priority has been placed on addressing the needs of African American/Black families as they experience the most negative birth outcomes of any subpopulation. Maternal health resources specific to women of color include:

- **Black Infant Health Program:** Within a culturally affirming environment and honoring the unique history of African American/Black women, the Black Infant Health (BIH) Program uses a group-based approach with complementary client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support.
- **Perinatal Equity Initiative (PEI):** The PEI is an initiative intended to address the causes of persistent inequality and identify best practices to deal with disparities in infant mortality. PEI will promote the use of specific interventions designed to fill gaps in current programming offered through the Black Infant Health (BIH) Group Model.

Other resources identified which support African American/Black families include Sankofa Birthworkers Collective, IEBWC, LIFT and the African American Advisory Council.

Maternal Health Systems Issues

Providers identified the following systems issues specific to women of color within the maternal health system:

- System doesn't often listen to or validate the experience of women of color.
- Culturally competent services are largely unavailable and do not address implicit biases of providers.
- Increased risk of suffering from multiple social determinants of health.
- The system does not have a sufficient representation of providers of color.

⁸ Family Health Outcomes Project. (2018, December). Retrieved from <https://fhop.ucsf.edu/san-bernardino-county-databooks>.

Other Priority Populations

Data Limitations

Stakeholders identified that particular to their priority populations, there was a lack of data to describe the existing situation facing such populations. This often leaves these populations out of important discussions or decisions about appropriate interventions. The data below is the limited data available for the other priority populations explored.

Maternal Health Status

Maternal Health Resources

Maternal Health Systems Issues



Teens

San Bernardino has met the national standard (43.3 per 1,000 females aged 15-19) in regard to the rate of births to teenage mothers. That said, the county has a higher rate (25.2) than the state average (18.8).

- San Bernardino has a higher short birthing interval (68.5%) than the state (66%).

There are five teen parenting programs that operate out of the following school districts:

- Rialto Unified School District
- Redlands Unified School District
- Upland Unified School District
- Chino Valley Unified School District
- San Bernardino City Unified School District

Providers identified the following systems issues specific to teens within the maternal health system:

- Providers are not always knowledgeable about the rights or services available for teens.
- School system doesn't always provide appropriate sex education or access to contraception. Additionally, when teens who are pregnant are pulled out of school, it can create barriers to accessing resources.
- Increased risk of suffering from multiple social determinants of health.



Women who are Undocumented Immigrants

- There is no County or State specific data on the number of individuals who are undocumented immigrants while pregnant. There are an estimated 242,000 undocumented and uninsured immigrants in the Inland Empire.

The lack of data prevents data informed decisions that can support these families.

There are two immigrant support service providers in San Bernardino County, both located in San Bernardino.

Providers identified the following systems issues specific to women who are immigrants within the maternal health system:

- Providers are not always knowledgeable about the rights or services available for immigrants.
- Language barrier often prevents sufficient access to care, with additionally complications related to translating medical terminology.
- Fear of deportation.
- Increased risk of suffering from multiple social determinants of health.



Women who are Victims of Domestic Violence

- 9.7% of pregnant women in San Bernardino County indicated that they had been the victim of physical or psychological partner violence during their pregnancy. This is higher than the state average of 7.1%.

There are twenty-three domestic violence support service providers in San Bernardino County. They are located in the following cities:

- Barstow
- Big Bear Lake
- Fontana
- Needles
- Rancho Cucamonga
- San Bernardino
- Victorville
- Yucca Valley

Providers identified the following systems issues specific to women who are victims of domestic violence within the maternal health system:

- Insufficient screening or identification of domestic violence circumstances within Maternal Health Network.
- Providers not sufficiently trained to identify the signs of domestic violence or support victims when an identification is made.
- Increased risk of suffering from multiple social determinants of health.



Women who are Incarcerated

There is no County or State specific data on the number of individuals who are incarcerated while pregnant. Nationally, .6% of incarcerated women are pregnant during their incarceration.

There is one criminal justice program for mothers in San Bernardino County. This program is located in Rialto.

Providers identified the following systems issues specific to women who are incarcerated within the maternal health system:

- Inadequate coordination of care upon release.
- System doesn't offer advocacy on behalf of pregnant individuals who are incarcerated or their unborn child, and the services provided while incarcerated are often inconsistent and unreliable.
- Increased risk of suffering from multiple social determinants of health.

Summary

Indicators of maternal and infant health vary widely by factors such as ethnicity, socioeconomic and citizenship status. For example, women on Medi-Cal (the majority of which are below the poverty line) are twice as likely to have no post-partum office visits¹, African American women experience maternal mortality at a rate double any other ethnic group², and Asian and Pacific Islander women in San Bernardino have rates of gestational diabetes at least 30% higher than any other ethnic group³. The reasons behind disparities in outcomes such as these are complicated and multifaceted, but understanding the challenges faced by different groups is crucial to remedying discrepancies in healthcare access and ensuring equity for all parents and infants. Equally crucial is ensuring culturally competent advocacy aligned to the specific needs of each group.

Strengths

Some strengths of the maternal health system that target priority populations include:

- San Bernardino County is taking steps to address inequity within the maternal health system by embarking upon the Perinatal Equity Initiative and supporting the Black Infant Health Program.
- Services providers understand the importance and interplay of the social determinants of health.

Improvements

San Bernardino County families have access to a variety of resources to support maternal health, however many of these assets don't specifically target priority populations. Some areas for improvement within this particular component of the maternal health system include:

- Significant data deficiencies prevent the system from understanding issues facing women within the priority populations.
- Providers are not adequately equipped to support individuals who are pregnant within the priority populations.
- Fear, stigma and a lack of cultural competency prevent individuals within priority populations from accessing the supports they need before, during and after pregnancy.
- There is no advocacy structure in place to ensure individuals within the priority populations understand their rights, the resources available, or how to access supports.

Opportunities

One overarching opportunity identified by the Priority Populations workgroup was to establish universal policies and procedures that trigger a special and specific response when serving an individual within one of the priority populations explored throughout this brief. In doing so, each component of the system would need to:

1. Examine their own practice and identify where it could enhance efforts to better serve individuals within these priority populations.
2. Train staff appropriately on specialty care approach.
3. Implement and evaluate efforts, modifying the approach as necessary.

Other overarching opportunities include the establishment of an advocacy model for priority populations, support for home visiting services that customize their service approach to meet the unique needs of each target population, and collecting more comprehensive data to drive discussions and ultimately decisions on how to best serve all women in the maternal health system.

Opportunities identified specific to each priority population include:

Women of Color

Programs such as Black Infant Health should be expanded to support more families throughout the county. Additionally, programs that encourage more people of color to go into the health care field is necessary.

Teens

Establish stronger partnerships between school-based programs and community-based programs. Additionally, mentoring programs for teens who are pregnant may offer additional support to this target population.

Women Who are Undocumented Immigrants

Establish a promotora model of care within the maternal health network. Additionally, outreach through churches and schools by a trusted advocate could support connecting families to care.

Women who are Victims of Domestic Violence

Train service providers on how to appropriately screen, refer, and serve women who are victims of domestic violence. Additionally, providing education about healthy relationships to youth could support prevention efforts.

Women within the Criminal Justice System

Increase coordination between services providers and the criminal justice system to provide services in a seamless and reliable fashion. Additionally, a protocol should be developed to connect women to resources upon release.

Specialty Care Approach

The specialty care approach, as defined by workgroup members, should include:

- ❖ Trauma Informed Care
- ❖ Training on Social Determinants of Health
- ❖ Training on Implicit Bias and Cultural Competency