UC SANTA BARBARA

Cottage Health

Santa Barbara County PUBLIC Health DEPARTMENT

2022 LISTENING TOUR

Maternal Health Equity Findings

Below is a summary of the maternal health equity findings from the Listening Tour. Similar to the 2019 Listening Tour findings, themes have been grouped by:

1. Structural factors contributing to needs
2. Obstacles while seeking care
3. Challenges while providing care
4. Opportunities to address needs

This report highlights the key findings within the maternal health equity interviews and focus groups. Access to providers, particularly culturally and linguistically responsive providers and services, was the top theme for structural factors as well as for obstacles while seeking care. As for obstacles in providing care, misinformation/mistrust of experts was the top theme. Lastly, recommendations for improvements around maternal health equity focus on prioritizing women and children's health.

The 2022 Community Health Needs Assessment (CHNA) included a Listening Tour with community members and leaders, including public health officials, health providers, nonprofit workers, Cottage Health employees, and government leaders. Focus groups and interviews were conducted from July through September 2022 around the topic area of maternal health equity.

Structural Factors: Access to Providers and Services

General access to providers emerged as the top theme in trying to understand the barriers people face around accessing care. **A scarcity in availability of care** was also mentioned.

> *"Just the availability of OB care, especially recently, has been a huge issue with some patients having to go to Ventura. And really, really having trouble finding, I mean, even outside of OB care, but you know, gynecological care. The options have really decreased in the community over the past several years. So that's been a big issue in itself." (Maternal Health Equity: Service Providers South County)*

There was mention of the **gap in types of services that are critical at various stages in pregnancy,** including pre and postnatal care. In addition, the importance of **mothers being able to identify and receive treatment for mental health needs** also emerged as a challenge.

> *"But one of the challenges is that the definition of postnatal is that it's solely two months after giving birth. And we do know that there has been onsets after the two month period, or people go undiagnosed and aren't screened for perinatal mood and anxiety disorders. And so there's that gap of even when we look at accessibility or anything like that, because you missed that period, if it's not captured in the first two months." (Maternal Health Equity: Group Service Providers Countywide).*

Another key challenge was the **lack of education resources for new and young mothers.**

> *"Then we also see in our younger mothers just a complete lack of maternal skills, like they just don't really know what to do or where to start. And then many of our families don't have much family support. And so, and they just don't really know how to care for their newborn or for their own bodies, post pregnancy." (Maternal Health Equity: Service Providers South County)*

"Es parte de las instituciones porque de parte de Hay muchas mujeres que van al control del embarazo ya con el embarazo avanzado no se cinco, seis meses porque muchas de ellas saben que ya llegará el parto y necesitan tener un doctor a donde ir. Pero no porque ellas sepan que su salud es importante o que un embarazo no es una enfermedad pero es algo que les va a cambiar su cuerpo. Su salud y tienen que estar listas para esos cambios, conocer sobre lo que decía XXX, la depresión posparto, te puede pasar el que tu tengas un bebe y no lo quieras cerca de ti no quiere decir que eres una mala mamá es que algo anda pasando contigo. Entonces todo eso es información y educación."

"It is part of the institution because there are many women who go to control their pregnancy with an already advanced pregnancy. I don't know five, six months because many of them know that delivery will come, and they will need to have a doctor to go to. But not because they know that their health is important or that a pregnancy is not a disease, but it is something that will change their body, their health. And they have to be ready for those changes, understand what [individual's name] was mentioning, postpartum depression. It can happen to you that you have a baby, and you don't want him near you. It doesn't mean you're a bad mom. It's just that something is going on with you. So all of that is information and education." (Maternal Health Equity: Promotoras North County)

A perspective emerged from practitioners emphasizing that a major component of overall maternal health care for new mothers also includes **access to childcare services.**

"I feel like more of what we need for our patients and our families is supporting them with general childcare needs." (Maternal Health Equity: Service Providers Countywide)

"I have been speaking with a couple of moms in my position that have had difficulty with childcare finding appropriate childcare because they are still in school and they haven't been able to find a daycare that will even take the age of their child. The other thing that we have to work with a little bit is also when they aren't able to work, their resources toward care or information tends to decrease unless they know where to reach out." (Maternal Health Equity: Service Providers Cottage Internal)

Obstacles While Seeking Care: Access to Culturally and Linguistically Relevant Services and Providers

Having linguistically diverse providers is critical to ensuring that all pregnant people and their babies have optimal health and birth outcomes. The most underscored theme when seeking care was the **lack of culturally and linguistically relevant services and providers.** This was echoed by service providers and leaders.

"So after they have the baby, and mostly when, especially if they have, like, the baby's medical need, most will take care of themselves. [Hispanic/Latino patients] also lack counselors or therapists that speak Spanish." (Maternal Health Equity: Focus Group Providers North and Mid County)

"I mean, we need a lot of midwives of color, who speak Spanish, who look like their clients, who are providing that culturally competent care, who can accept Medical." (Maternal Health Equity: Advanced Service Providers)

In addition, the **Indigenous and migrant communities face even more barriers** when seeking maternal health services, including linguistic, navigation, and literacy challenges.

"We also worked with, so the Indigenous migrant communities, primarily farmworkers in the Santa Maria area, and we have case management out of our office. And we have a lot of farm working women coming in asking for support, asking for help on filling out just forms in general, whether it's to apply for MediCal so they can be seen by the doctors or to make appointments with doctors and clinics and stuff. So they, the farm working women, need a lot of support, either because of language barrier, or because of just not knowing how the systems work in this country. Maybe they have just arrived from Mexico. And it's the first time ever going to a clinic or any kind of medical facility." (Maternal Health Equity: Focus Group Providers North and Mid County)

"I would emphasize language issues and then what we sometimes call relatively low health literacy. I understand that that's a very limiting term. So the cultural differences, lack of understanding about the nature of our healthcare system and how to navigate it, how it functions." (Maternal Health Equity: Focus Group Providers North and Mid County)

"So with the Indigenous migrant communities, they do face more challenges, especially around mental health as well, because there are no services provided to them in their language. There's a lot of information, a lot of support in Spanish and in English and other languages, but not in Mixteco. So that's I think, right now we are seeing the biggest need is just to be able to provide information in their languages." (Maternal Health Equity: Focus Group Providers North and Mid County)

Beyond providing diverse linguistic services, there was a **clear need for services and providers that are culturally sensitive and relevant** to the needs of the populations being served. When services and providers are culturally competent and responsive, quality of care and health outcomes improve.

"I also would say that I don't know that all of the medical community has done enough to really try and make some of these populations feel welcomed. I mean I can set our organization. We've learned so much about…giving people in the Mixteco population warm drinks versus cold drinks is like feedback that we were given that we didn't even know about, right? That that's better, and that's, you know, more comforting to them. And so, you know, I think it on our part, it takes work to really understand these different cultures to make them want to come and feel like they're being cared for like they want to be cared for." (Maternal Health Equity: Service Providers Countywide).

"Yo trabajo en una tienda mexicana chica. Donde el noventa y cinco por ciento es comunidad hispano, hablante y también de lenguas indígenas. Van mejor ahí a esa tienda a consultarse sobre los medicamentos que tenemos ahí y van y me dicen olé que será bueno darle a mi hijo porque tiene anemia, tiene anemia pobre besito todo amarillito. Le digo ya le dijo al doctor y me dice si pero no hay citas y luego me dice que de no se que y que el bebe esté luego no puede hacer del baño y pues no mejor que usted me recomienda y allí está uno sacando de las recetas de la abuelita para hacerlas. Ósea vean lo crítico que está el asunto, la desconfianza que tienen ellas y el peligro que están viviendo los niños y las mamás en esa condición. Exponiéndose a cualquier mortal como yo que le puedo darles algo equivocado que no es bueno y ellos mejor les dan la confianza con uno porque hablamos el mismo idioma y porque somos más empáticos con ellos que ir a la oficina del doctor que les contestan el teléfono y no citas hasta que les traigan el acta de función. Entonces ósea me esta doliendo esto, okay en tres meses, okay bueno. A ver a quién mandó en tres meses."

"I work in a small Mexican store. Where ninety-five percent of the community is Hispanic, also speakers of Indigenous languages. They go there to that store to consult about the medicines that we have there, and they go and they ask me 'what would be good to give to my son because he has anemia, he has an anemia poor baby he's all yellow. I already told the doctor, and he says, 'yes, but there are no appointments,' and then he tells me about something 'I don't understand and meanwhile the baby can't go to the bathroom. And he doesn't get better, what do you recommend?' And you find yourself taking out recipes from your grandmother to give to them. That is, do you see how critical the matter is? The mistrust they have, and the dangerous condition that children and mothers are living in. Exposing themselves to any mortal like me who can give them something mistakenly that is not good for them, and they're more willing to trust you because you speak the same language and because we are more empathic with them than going to the doctor's office, where they answer the phone and don't make appointments until you bring them the death certificate, 'You see, this is hurting me, okay in three months? Okay, that's fine. Let's see who goes in three months.'" (Maternal Health Equity: Promotoras North County)

Obstacles While Providing Care: Misinformation and Mistrust of Experts

Misinformation and mistrust of experts refers to the misinformation spread by word of mouth, including gathering information from the internet. This can also include miscommunication and/or misunderstanding and having a mistrust of healthcare providers and/or services. Misinformation and mistrust are prevalent as patients seeking guidance from the internet or from family and friends, rather than their provider.

The **lack of culturally responsive providers and care** was also identified as making it more challenging for providers to care for patients. When a patient's cultural background differs from their provider's, coupled with varying degrees of provider cultural competence, patients often feel mistrust and seek guidance from non-clinical experts, such as family, friends, and others in their community.

"Also, there is just such a strong distrust in, in OB care, and, and care all together. Earned or not earned, the feeling is there. And, you know, when it comes to well, this question is specific about health challenges, it's really difficult to, to not look at if someone's not feeling that they can trust their providers, or feeling like they have culturally representative providers accessible to them or, or providers that they can afford through their various types of insurance or non insurance status. You know, just not having representative care, let alone care at all because it's, it's so it's just so thin. In this town, there's not enough, and many people don't feel respected." (Maternal Health Equity: Service Providers South County)

"I've noticed a big change and trust in providers and trust and experts. And so if people are going back to the basics of like, 'I'm going to talk to my people, and that's who I'm going to learn from.'" (Maternal Health Equity: Service Providers South County)

"También hay personas que no confían en las atenciones al embarazo por un doctor, lo quieren hacer por parte de, como se les llaman parteras. Entonces ese seria otro grupo que también existe aquí en Santa María donde donde no hay esa confiesa con el doctor para poder buscar o que quieran hacerlo."

"There are also people who do not trust pregnancy care by a doctor, they rather go to a midwife. That would be another group that also exists here in Santa Maria, that don't have trust in doctors, or that want to go to a doctor are hard to find." (Maternal Health Equity: Promotoras North County)

There was also mention of **conflicting information that people may receive from multiple providers,** which can lead to confusion and misinformation.

"One thing we are seeing is the challenge of conflicting information that people may be getting. Take breastfeeding, for example, the information they're getting from their pediatrician as opposed to their lactation support people and how that can be confusing when we're saying two different things." (Maternal Health Equity: Service Providers Countywide)

Recommendations for Improvement for Maternal Health Equity

Integrative health as a way to care for the whole person was emphasized multiple times. This includes well-coordinated care and communication with the mother as well as a collaboration amongst service providers.

"There's a lot of evidence-based ways to address perinatal mental health or feelings of overwhelm that aren't specifically about mental health. For us, it's about integrative health…the work that PEP does and MOPS does have community connections, the stuff that [individual's name] and [individual's name] do with La Leche League, like getting people connected, is so important. And so there's actually a lot of solutions in town, but I don't know if it's been—if people think of the integrative aspect. That is, collectively working together can really scaffold a community when it comes to mental health." (Maternal Health Equity: Service Providers South County)

Creating more spaces that are welcoming for pregnant and postnatal women and inclusive of mental health services, a visiting nurse, multi-lingual outreach services, and other available resources.

"Well, it'd be nice to have maybe just more welcoming centers for women who are going through pregnancy or the day of and days after childbirth and postnatal days for women. So they can be seen offering them therapy counseling for this particular group of women. I think we all can say since the pandemic, we've been talking about it today already. Just mental health is, boy, such a huge need right now. We kind of already talked about this a little bit, providing more accurate information on social media and media outlets and both English and Spanish and other languages. For us, in particular, it'd be nice to have a visiting nurse who knows a lot about childbirth to talk with our families. The Welcome Every Baby class—those are still happening in the community. Yeah, free or reduced fee Lamaze classes. And then What to Expect When You're Expecting informational guides that include a list of service resources." (Maternal Health Equity: Promotoras North County)

It was also recommended to have **immediate postpartum reversible contraception** available to patients. It is the assumption that this would be a part of the communication and consent process prior to the birth of the child.

> *"If we want to help and support our patients, we need to be offering immediate postpartum, long acting reversible contraception. It's called IPP LARC. It's the idea of giving them their implant or their IUD while they're in the hospital. So you deliver that baby, you put that IUD in, you give them an implant in their arm, you know, postpartum day, one, two. And they leave the hospital with really effective birth control if that's something they want. And that has been shown, you know, nationally to be effective. It's really where we need to go to help fill in these gaps for patients we know that are not really interacting with the healthcare system frequently enough." (Maternal Health Equity: Service Providers North and Mid County)*

In part, addressing the needs of the lack of culturally competent providers, specific training was recommended for all those interacting with patients, ranging from doctors to front office staff. This was seen as a way to increase cultural sensitivity with the intentions of building trust and rapport with patients.

> *"I would also add more cultural sensitivity and trauma-informed training for medical care providers, everyone from the front office, all the way to the pediatricians to psychiatrist, everyone who's involved in working with these different communities. I can't remember who had mentioned that. There were some, like cultural differences that we didn't learn until afterwards. And so even learning a little bit more about that community that you're serving, from those very small details as to whether you know, cold water versus hot water can really make a big difference in building that trust." (Maternal Health Equity: Service Providers North and Mid County)*