Maternal, Child, and Adolescent Health (MCAH)

Partnering YOU for change **Department of Public Health**



Seeking to improve health outcomes of the County's reproductive age women, infants, children, adolescents and their families







Today's Objectives

- 1. Provide a brief overview of the Title V Maternal, Child, and Adolescent Health Program.
- 2. Discuss opportunities for engagement and partnership:
 - 1. Title V Local Needs Assessment Requirement
 - 2. Pregnancy Associated Mortality Review (PAMR)
 - 3. Fetal Infant Mortality Review (FIMR)
- 3. Learn about upcoming program updates.
 - 1. Black Infant Health (BIH) Expansion
 - 2. Perinatal Equity Initiative (PEI) Solicitations
 - 1. Maternal Mental Health New!
 - 2. Doula Support
 - 3. Fatherhood
 - 3. Community participation stipends
 - 4. California Home Visiting (CHVP) Expansion

Inform · Collaborate · Act

Title V MCH

Maternal and Child Health Program



- 1. Assure access to quality care, especially for those with low-incomes or limited access to care.
- 2. Reduce infant mortality.
- 3. Provide and ensure access to comprehensive prenatal and postnatal care, especially for low-income and at-risk pregnant women.
- 4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services.



Local Maternal, Child, and Adolescent Health (MCAH) Programs



The Fetal Infant Mortality Review (FIMR) program seeks to identify and examine factors that contribute to fetal, neonatal and post neonatal deaths by establishing ongoing case review and community action teams.

The **Sudden Infant Death (SIDS)** program focuses on providing education about SIDS, grief counseling, and what can be done to reduce the risk of SIDS, such as placing babies on their back to sleep.



Comprehensive Perinatal
Services (CPSP) is a providerbased program responsible to
support delivery of early,
continuous and quality services
to pregnant and postpartum
women and their infants.



The Black Infant Health (BIH) program serves pregnant and up to 6 months postpartum women who self identify as Black ages 16+.

The Perinatal Equity Initiative (PEI) seeks to expand services to Black mothers to build on the supports provided through BIH.



Through our contract with El Sol, the California Home Visiting Program (CHVP) provides home visits to overburdened families who are at risk for Adverse Childhood Experiences (ACEs) to provide parenting support through preventive interventions for child development and maternal depression.





Amplifying the community's voice

- Regional Meetings Indicator Rankings
- Regional Ob/Gyn Focus Groups
- Virtual Data Sharing June 13th



Title V Needs Assessment

- Build local health jurisdiction needs assessment capacity.
- Obtain extensive stakeholder input at the local level.
- Identify "needs" and issues that would be missed by only analyzing state-level information.
- Focus local MCH efforts by having each jurisdiction identify priority areas they will focus on during the next 5 years.

6

Title V Cycle



FEDERAL & STATE

Plans



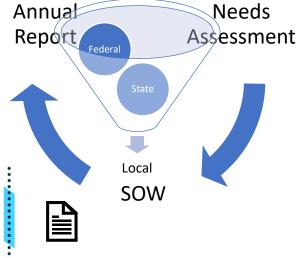
5 YEAR

Needs Assessment



ANNUAL

Statement of Work



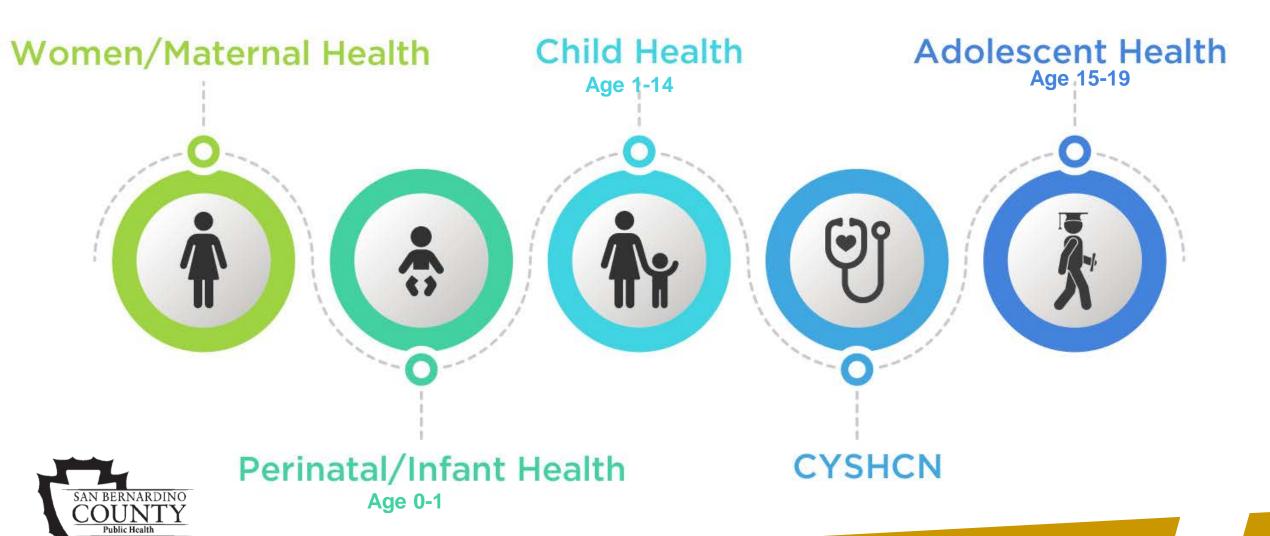
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Report



Each year, based on the needs assessment and in alignment with federal and State identified objectives, an annual Statement of Work (SOW) is submitted for activities for the upcoming fiscal year.

Maternal, Child, and Adolescent Health (MCAH) Domains



		<u>o</u>			†	
Indicator Preterm Birth Rate (2019-2021)	(State) 8.95%	(County) 9.9%	(Valley) 9.5%	(High Desert) 10.8%	(Low Desert) 9.2%	(Mountain) 10.5 %
Indicator Low Birthweight Rate (2019-2021)	(State) 7.10 %	(County) 8.1%	(Valley) 7.7 %	(High Desert) 9.0%	(Low Desert) 8.5%	(Mountain) 7.5%
Indicator Infant Mortality Rate	2018-2020 Rate (State) 4.16	2019-2021 Rate (County) 5.5	2019-2021 Rate (Valley) 5.2	2019-2021 Rate (High Desert) 6.6	2019-2021 Rate (Low Desert) 5.8	2019-2021 Rate (Mountain) n/a
Indicator Prenatal Care in th Trimester (2019-2	00 50/	(County) 86.5%	(Valley) 87.5%	(High Desert)	(Low Desert) 82.2%	(Mountain) 86.0%

Source: California Center for Health Statistics, Vital Statistics, California Comprehensive Birth and Death files

					†	
Indicator Preterm Birth Rate (2019-2021)	(State) 8.95%	(County) 9.9%	(Non-Hispanic White) 8.8%	(Non-Hispanic Black) 14%	(Hispanic) 9.6%	(Non-Hispanic Asian) 8.2%
Indicator Low Birthweight Rate (2019-2021)	(State) 7.10%	(County) 8.1%	(Non-Hispanic White) 6.9%	(Non-Hispanic Black) 13.7%	(Hispanic) 7.4%	(Non-Hispanic Asian) 8.4%
Indicator Infant Mortality Rate	2018-2020 Rate (State) 4.16	2019-2021 Rate (County) 5.5	(Non-Hispanic White) 3.5	(Non-Hispanic Black) 11.6	(Hispanic) 5.9	(Non-Hispanic Asian) 3.2
Indicator Prenatal Care in th Trimester (2019-2	00 50		(Non-Hispanic White) 88.5%	(Non-Hispanic Black) 83%	(Hispanic) 86.2 %	(Non-Hispanic Asian) 90.2%

Source: California Center for Health Statistics, Vital Statistics, California Comprehensive Birth and Death files.



SAVE THE DATE!

Join us for the Title V Needs Assessment and learn about the five-year plan for the Maternal, Child, and Adolescent Health (MCAH) programs in San Bernardino County. Share your thoughts and make a difference in the health of families.

IEH O Irce Center
Victorville
https://forms.office.com/g/hYVjbQgQQJ

COMPANYET E24
Enter

Ontario https://forms.office.com/g/2N3hX6emqK



Southern California Pregnancy-Associated Mortality Review

In 2023, California was awarded a CDC ERASE MM Grant Supplement to develop a pilot collaborative community engagement plan with local partners representing communities that are disproportionately affected by maternal mortality in the Southern California region to:

- Increase transparency of the Southern California (SoCal) PAMR review process and utilization of SoCal PAMR data to guide action and policy,
- prioritize recommendations and ensure they reflect community needs,
- disseminate findings and calls to action to potential implementation partners, and
- build collaborative partnerships and learning collaboratives within and across counties to implement recommendations for prevention of pregnancy-related deaths that align with local resources, programs, and services.

Southern California Pregnancy-Associated Mortality Review (SoCal PAMR)

DO YOU PROVIDE CARE TO BIRTHING WOMEN AND THEIR FAMILIES?

ARE YOU A COMMUNITY MEMBER WHO IS CURRENTLY PREGNANT OR HAS RECENTLY BEEN PREGNANT?

ARE YOU THE PARENT OR PARTNER OF SOMEONE WHO IS CURRENTLY PREGNANT OR HAS RECENTLY BEEN PREGNANT?

WE WANT TO HEAR FROM YOU! JOIN ONE OF OUR UPCOMING FOCUS GROUPS TO SHARE YOUR VOICE ON RECOMMENDATIONS TO IMPROVE MATERNAL CARE IN OUR COMMUNITY. COMMUNITY MEMBERS WILL BE COMPENSATED FOR THEIR TIME.











Key Goals:

- Identify and examine factors that contribute to fetal, neonatal and post neonatal deaths by establishing ongoing case review and community action teams;
- Make recommendations that address the contributing factors; and
- Mobilize the community to implement interventions that lead to system and community changes to reduce fetal and infant deaths
- Diversity among members of the FIMR project, which reflect the community served, is essential to the teams' success. Diverse team composition promotes the development of findings and recommendations that accurately reflect the community's strengths as well as the need for improved services.

<u>FIM</u>R

method for understanding the health care system and social problems that contribute to preventable fetal and infant deaths and for identifying and implementing local interventions for identified problems. It is a community-based, action-oriented process with the intent to improve health and social services for families by empowering local community members to take the necessary steps to improve fetal and infant mortality by recommending changes in the local service delivery system and community resources for women, infants, and their families.

The California FIMR Program is a



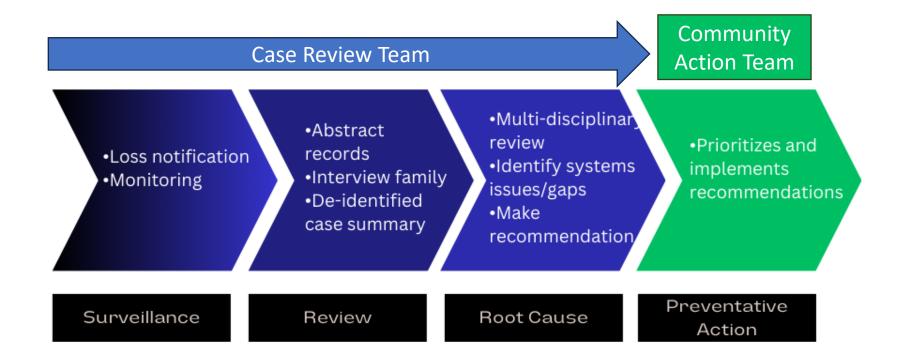
FIMR+ EXPANSION

CDPH, MCAH Division chose to fund two counties, Fresno and San Bernardino, with the following goals in mind:

- Utilize quantitative/qualitative infant mortality data from LHJs experiencing the greatest Black/White disparities, to inform programmatic and community strategies.
- Promote prenatal and postpartum systems improvement by engaging community-based groups.
- Identify the most impactful approach for use of these funds- and the cost associated to meet the stated goals.
- Offer and provide culturally appropriate, familycentered support for families experiencing infant loss.
- Support improvements in respectful care and care delivery and implicit bias mitigation.



The Fetal and Infant Mortality (FIMR) Process







2024 Major Themes/Trends

- 1. 82% of fetal deaths involved decreases in fetal movement
 - ☐ Count the Kicks Fetal Movement Counter Tools
- 2. Prenatal Testing: Absence of testing for:
 - ☐ Congenital Syphilis
 - COVID
- 3. 57% of the cases had an incomplete chart
- 4. 88% of the infant deaths were sleep-related
 - ☐ Safe Sleep Workgroup
 - ☐ 3rd Trimester Safe Sleep Assessment
 - Access to Safe Sleep Resources, e.g., bedside sleepers/bassinets
- 5. 52% of mothers had Multiple Stressors
 - 68% were Single mothers
 - 62% reported unstable housing
 - 61% were unemployed or underemployed
 - 38% had a history of depression



PARTNER WITH US:

CASE REVIEW TEAM (CRT)

Case Review Team comprised of a broad range of professional organizations and public and private agencies together to examine confidential, de-identified cases of infant deaths. Meets biweekly.

COMMUNITY ACTION TEAM (CAT)

After the case review, a broad forum of interested community members-leaders, elected officials, providers, agencies, and advocates –the Community Action Team—make recommendations in to prevent future fetal and infant deaths. Meets monthly.

We invite you to participate as a FIMR case review team member by emailing "Add me to the CAT" along with your contact information to askMCAH@sbcounty.gov. Your participation as a team member will help us to better understand how a wide array of local social, economic, public health, educational, environmental and safety issues relate to the tragedy of fetal and infant loss.

PARTNER WITH US: JOIN OUR COMMUNITY ADVISORY BOARD

- August 7th meeting will feature PAMR Presentation
 - Community will receive stipends for participation
 - Lunch will be served
- Looking for Community Advisor



PERINATAL

black infant health





BOARD - Uplifting the community voice to help strengthen Black families

- Contractor Updates
- Program Planning and Evaluation
- Funding Opportunities

PEB 7 - IN PERSON
MAY 1 - VIRTUAL
AUG 7 - IN PERSON
NOV 4 - VIRTUAL



NOW





Questions?





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