

Santa Barbara Women's Health Coalition

2023 Focus Group Findings



Santa Barbara Women's Health Coalition conducted preliminary discussions with community members to gather sentiments and experiences surrounding the following topics:

1. Adolescence through Young Adults
2. Maternal Health
3. Menopause and Aging
4. Chronic Conditions

Below is a summary of the informal information we gathered. **It is essential to note the limitations of these findings.** They represent only a small snapshot of community perspectives, and a more extensive, formal needs assessment is necessary for a comprehensive and accurate understanding. Additional limitations include insufficient attention to the persistent and well-recognized racial disparities that exist across healthcare, due to our discussion participants being mainly white women. Additionally, the conversations largely focused on the challenges women experienced. If we can collect more feedback/data, we aim to gather more insights about the strengths that women experience as well.

At this juncture, the Santa Barbara Women's Health Coalition lacks the resources required for such a thorough assessment. Nonetheless, we are actively working on defining suggestions for overarching objectives and methodologies that could inform future endeavors.

ADOLESCENCE THROUGH YOUNG ADULTS

Section 1: Defined Population

- Age (Adolescence) - 8-25 years?
 - Rationale:
 - WHO: 10 to 19
 - HealthyChildren.org: 10 - 21
 - Affordable Care Act requires coverage under parents until 26 years
 - Some girls are getting periods as early as 8
- Santa Barbara County Census:
 - 22.3% are persons under age of 18 (census.gov)
 - 62.1% have both parents present in household; 23.1% mother only, 9.1% father only, 4.6% other relatives, 1.1% no parents or relatives
 - 2016-2019, 14.3% of children have special healthcare needs
- Kidsdata.org

Child Population, by Age Group and Gender

Year(s): 2021

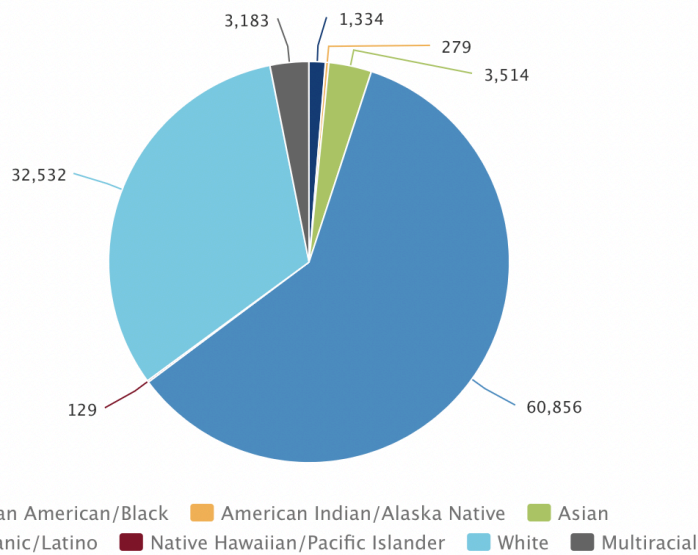
Santa Barbara County	Number		
	Female	Male	Total
Ages 0-2	7,611	8,461	16,072
Ages 3-5	8,260	8,159	16,419
Ages 6-10	13,665	14,533	28,198
Ages 11-13	7,968	8,300	16,268
Ages 14-17	12,299	12,571	24,870
Total for Ages 0-17	49,803	52,024	101,827

Child Population, by Race/Ethnicity

Year(s): 2021

Santa Barbara County

Compare to Calif



Section 2: Healthcare Needs of the Defined Population

- Social and emotional support (home, school, etc), support systems, general connectivity, extracurriculars, positive role models and messaging
- Nutrition and positive body image
- Accessibility and expertise across spheres of life, free services, a warm line to answer any/all questions or concerns (in the event that a child's home life doesn't offer support or answers)
- Primary care, general wellness exams, acne
- Mental health, depression/anxiety, suicide
- Gender identity and fluidity, bias/negative perceptions of gender identity amongst peers and family
- Schooling, peer pressure, bullying, healthcare for teens in school, reproductive rights education
- Substance use (drugs and alcohol), Narcan medication education, rehabilitation
- Parent awareness raising, education and support on all of the above

Section 3: Challenges shared at SBWHC Focus Group

- Healthcare Access and Provider Shortage
 - Insufficient number of providers; long wait times for appointments.
 - Santa Barbara, though generally well-resourced, faces strain in certain specialties.
 - High costs and quality of healthcare in Santa Barbara are barriers.
- Sex Education in Schools

- Sex education is perceived as poor, with inadequately equipped teachers.
 - Issues with male teachers providing sex education to young girls, causing discomfort.
 - Education is often too late, inaccurate, and not delivered by appropriate individuals.
 - Substance Use
 - Inadequate messaging regarding drugs and alcohol.
 - Problematic awareness of rehabilitation options.
 - Mental Health and Support Systems
 - Mixed comfort levels among adolescents in sharing issues with primary care providers or parents.
 - Lack of support and resources for parents of adolescents.
 - Difficulty in finding a therapist (takes a lot of work/time)
 - Possible stigma in accessing mental health resources in a small community.
 - Need for Improved Education and Support
 - Necessity for inclusive, honest, rights-based sex education by informed and respectful adults.
 - Increasing teen anxiety and depression highlight the need for digital mental health support platforms.
 - Menstrual products need to be more available.
 - More support for those identifying as trans or on a nonbinary gender spectrum.
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MATERNAL HEALTH

Section 1: Defined Population

- Individuals of reproductive age:
 - those who think they may want to try and conceive
 - those trying to conceive
 - Those who are pregnant
 - Those who are in the postpartum period
- Co-parents (if applicable) of these individuals in Santa Barbara County
- 2021 Santa Barbara County Census:
 - 49.8% of Santa Barbara County residents identify as female (need more detailed stats)
- Santa Barbara County Birth Report 2017-2021

IV. Key County Birth Statistics, 2021

- **Number of births to mothers residing in SBC: 5,489**
- **Birth rate: 12.1 per 1,000 County population**
- **Fertility Rate: 57.7 per 1,000 women aged 15-44 years**
- **Prenatal care initiated in the 1st trimester: 83.5%**
- **Percent born preterm (less than 37 completed weeks of gestation): 8.6%**
- **Percent of low birth weight (under 2,500 g) births: 5.2%**
- **Percent cesarean delivery: 32.8%**
- **The percent of patients that used Medi-Cal as a source of payment for delivery: 56.0%**
- **Majority of births were to residents of Santa Maria (49.0%) and Santa Barbara (27.7%) cities**

Section 2: Healthcare Needs of the Defined Population

- Access to specialized healthcare that addresses the multifaceted needs during preconception/family planning (including infertility), pregnancy (before childbirth), delivery (childbirth), postpartum (after childbirth)
 - Specialties: primary care, reproductive endocrinology, genetics, obstetrics and gynecology, urogynecology, perinatology/maternal fetal medicine, endocrinology, midwifery, psychologists, psychiatrist, therapists, anesthetists, pediatricians, neonatology, physical therapy/pelvic floor, doulas, acupuncturist, lactation consultants, nutritionists, sexual health and wellbeing
- Education/Support
 - Where can women find resources and what resources are available (Physical, Emotional, Social)
 - Options for care (fertility, birthing, postpartum birther support including breastfeeding resources)
 - Providers staying up to date on the latest guidelines, education to provide appropriate care for different patient demographics
- Empowerment/Advocacy
 - Culturally sensitive or experienced providers
 - Additional provider support in postpartum, early childhood and beyond

Section 3: Challenges shared at SBWHC Focus Group

- Provider Shortage and Systemic Limitations
 - General shortage of healthcare providers, particularly OB/GYNs and midwives. Women experiencing long waits for appointments.
 - Infrastructure, opportunities, and financial support for providers are inadequate.
 - State and federal healthcare systems and insurance impose limitations.
 - Hospital policies restricts full scope of certified nurse midwives, and historically limited options for VBACs
 - Women perceive that OB/GYNs cannot practice effectively due to outdated practices, poor recruitment, compensation, and support.
 - Perception that maternal healthcare is lagging behind larger cities, less proactive/collaborative.
 - Many women feel their voices are not heard, feel unheard, and are uncomfortable complaining about their care.
- Key Areas for Improvement
 - Enhanced support and services for postpartum women, including the implementation of ACOG postpartum recommendations:
<https://www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care>
 - Enabling midwives to practice fully within Cottage Health
 - Increase outpatient lactation help (impacted by Covid), noting the potential loss of WEB.
 - Develop and distribute more comprehensive resource lists for patients and providers.
 - Address the shortage of maternal-focused psychiatrists and psychologists.
 - Adopt a centering approach to healthcare, similar to UCSF model:
<https://www.ucsfhealth.org/programs/centering-pregnancy-program>
- Access Disparities
 - Women across all demographics experience access issues
 - Some women felt public sector OB/GYNs provide more comprehensive care than private sector counterparts.
 - Some women felt mid to higher socioeconomic groups may have a harder time accessing care compared to lower socioeconomic groups, who benefit from more public resources.
 - Women feel that providers do not reflect the population's diversity, impacting care outcomes.

MENOPAUSE & AGING

Section 1: Defined Population

- The North American Menopause Society:
 - Most women experience menopause between ages 40 and 58. The average age is 51.
 - Medical intervention, particularly surgical removal of both ovaries or cancer treatments such as chemotherapy or pelvic radiation can induce menopause earlier.
- Santa Barbara County Census:
 - SB County 446,475, 33% 50 and older, females are 49.8% of the total so at least 74,000 females over the age of 50 in SB County.

Section 2: Healthcare Needs of the Defined Population

- Medical guidance throughout the menopause transition, expertise with evaluating and treating the unique changes and symptoms. Many women do not seek care for their symptoms:
 - Irregular or heavy bleeding
 - Hot flashes
 - Vaginal dryness/atrophy
 - Effects on urogenital health
 - Increased risk of cardiovascular disease and bone loss
 - Depression
 - Sleep disturbances
 - Cognitive changes ("brain fog")
 - Joint pain
 - Bone density issues
 - Breast pain
 - Migraines
 - Body composition and weight gain
 - Skin changes
 - Balance problems
 - Sexual health and wellbeing
- Access to specialized healthcare that addresses the multifaceted needs during menopause, including providing education and guidance around diet, exercise, sleep, sex, wellness practices, as well as medical interventions
- Mental health support: Addressing anxiety and mood swings.
- Hormone Replacement Therapy (HRT) risks and benefits: Clear information about risks and benefits, customized for the patient based on their health history and needs.

Section 3: Challenges shared at SBWHC Focus Group

- Women express confusion and uncertainty about their symptoms, often unsure of what to expect and how to manage them effectively; some women observe providers as being confused too, or dismissive
- Some women fail to recognize their symptoms altogether, leading to a reluctance to seek care or uncertainty about what questions to ask their providers. In these cases, providers are not prompting the conversations either.
- Others spend considerable time and resources attempting to determine if their symptoms are related to menopause, and spending money on possible solutions that are not evidence-based.
- Women want healthcare providers to engage more closely and collaboratively with them to understand their concerns and symptoms, seeking tailored treatment options and lifestyle changes.
- Some women turn to online information and virtual menopause care.

- Some women recognize that many providers have not received education and ongoing training for menopause care and therefore they see it as a gap that needs addressing in the overall healthcare system.
- There are a limited number of Certified Menopause Practitioners in the community (Dr. Echt, Dr. Goldberg, Dr. Ramos, Dr. Lepine), two of which are concierge.

CHRONIC CONDITIONS

Section 1: Defined Population & Focus Area

- Women from various age groups that require ongoing medical attention related to chronic conditions, such as:
 - Heart Disease
 - Cancer
 - Diabetes
 - Pain
 - Long Covid
 - Osteoporosis & Arthritis
 - Kidney Disfunction
 - Mental Illness
 - Neurological Illness
 - Autoimmune diseases

Section 2: Healthcare Needs of the Defined Population

- Comprehensive medical services: continuous care covering both the onset and long-term management of chronic conditions.
- Inclusion of mental health services within treatment plans to address anxiety, depression and stress. This includes access to therapy, counseling, and psychiatric care tailored to the challenges posed by chronic conditions.
- Availability of community resources, support groups and educational programs to help women manage their specific conditions effectively. This includes peer and professional support networks that can help improve quality of life.
- Comprehensive pain management:
 - Beyond medication, integrating psychological, psychiatric, and nutritional support.
 - Inclusion of alternative therapies such as yoga, meditation, reiki, acupuncture, and other wellness practices.
- Navigators, patient advocates or coaches to support women through their healthcare challenges, providing referrals to appropriate community services and resources.
- Accessible services: available specialists, affordable treatments, transportation options, etc.

Section 3: Challenges shared at SBWHC Focus Group

- Chronic health conditions are often complicated by limited access to comprehensive medical and alternative healthcare treatments, due to insurance barriers and lack of awareness.
- Women frequently feel responsible for learning about available resources, which can be overwhelming when managing a chronic condition.
- Financial, employment, and childcare challenges make it difficult for some women to prioritize the care they need.
- Supportive and ancillary services can be expensive or unavailable beyond the initial treatment phase.
- Significant access issues and language barriers exist for Spanish-speaking individuals. Inconsistent and inadequate translation services exacerbate the problem. Holistic care programs are often difficult to find or are not offered in Spanish.

- Adult education programs offered by organizations like Sansum and Cottage can be helpful, but their availability was impacted by COVID-19.
- Women emphasized the need for compassionate listening, support groups, and volunteers or coaches to improve mental health and quality of life, particularly for dealing with grief from long-term diagnoses.
- The unhoused population is especially vulnerable to chronic health conditions due to their circumstances.
- Opportunities discussed:
 - Develop a comprehensive list of services available across the county in multiple languages; including accepted insurance and cost information.
 - Extend the successful breast cancer patient navigator model to other health conditions.