

HEALTH EDUCATION
ADVOCACY
RECOVERY
TREATMENT:



REDUCING STIGMA AND BARRIERS
DURING PREGNANCY

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OBJECTIVES

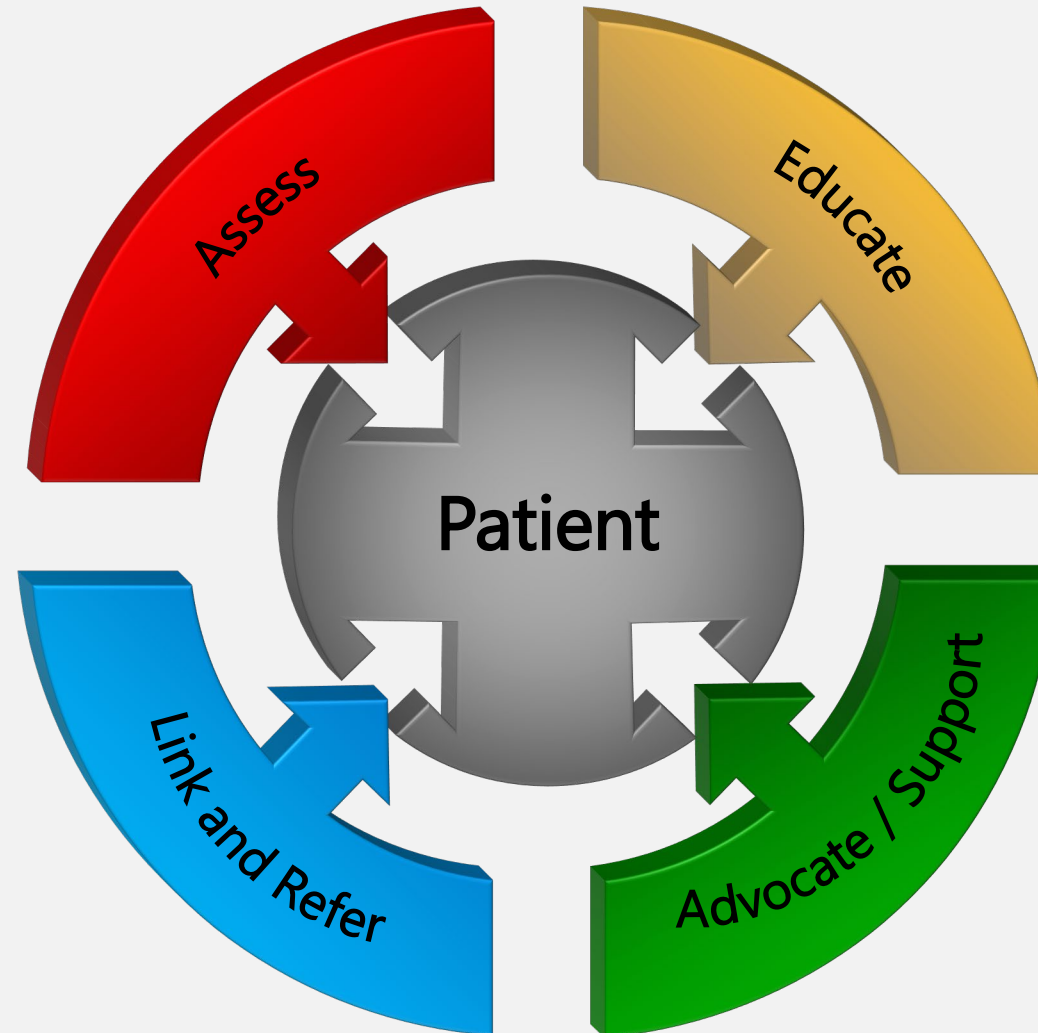
Describe How Public Health Nursing Supports
Pregnant Women to Reduce Congenital
Syphilis

Identify How to Reduce Barriers and Stigma
Related to Substance Use During Pregnancy

Public Health Nursing

- Medical History/
Diagnoses
- Social History
- Review of Systems
- Economic Resources
- Medications
- Vital signs, Height,
weight

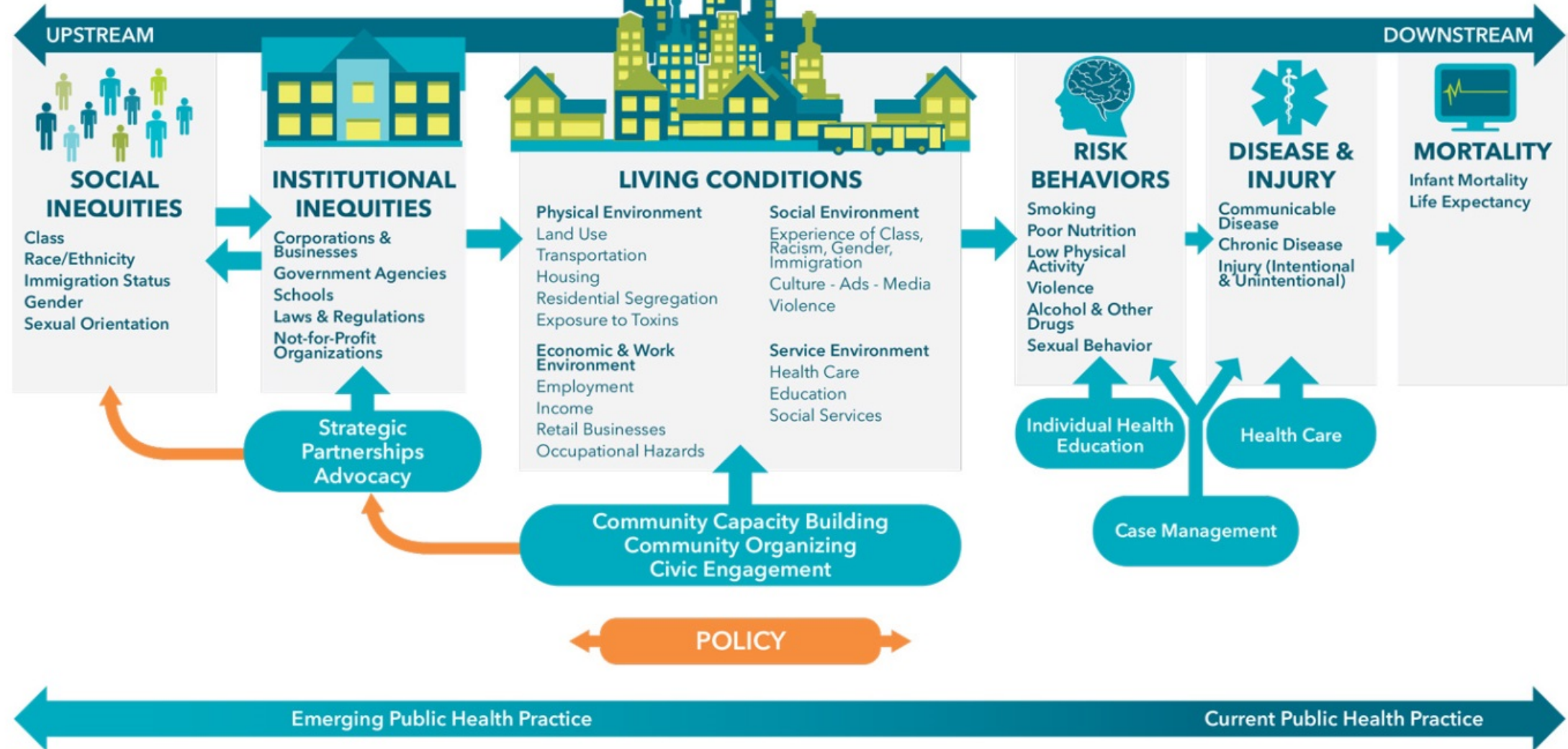
- Community
resources
- Treatment regimen
- Medications
- Chronic Diseases



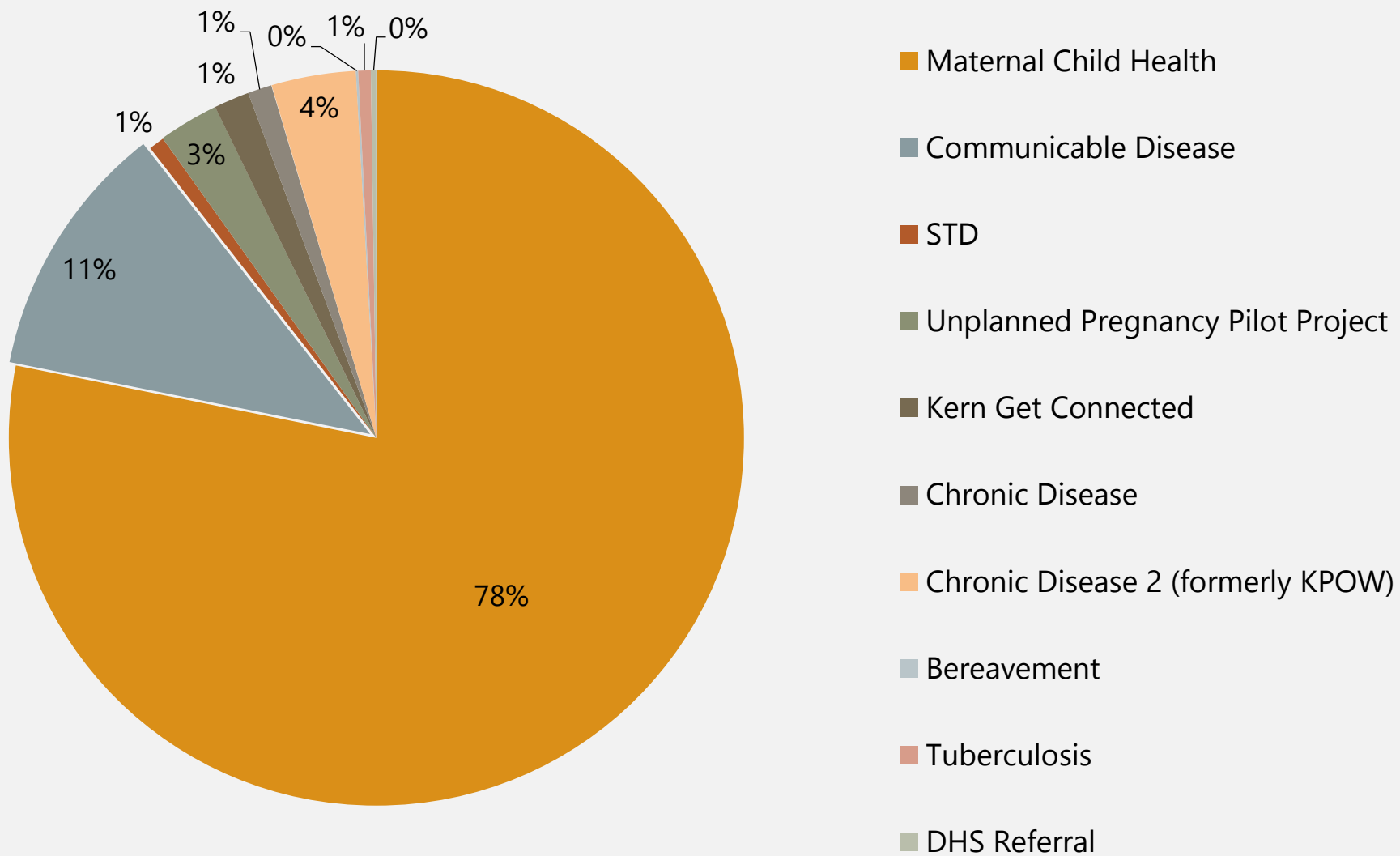
- Accompanying
patient to appts.
- Communicating with
providers
- Overcoming barriers
to resources

- Community
Resources
- Medical Insurance
- Medical Home
- Non-emergency
transportation

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

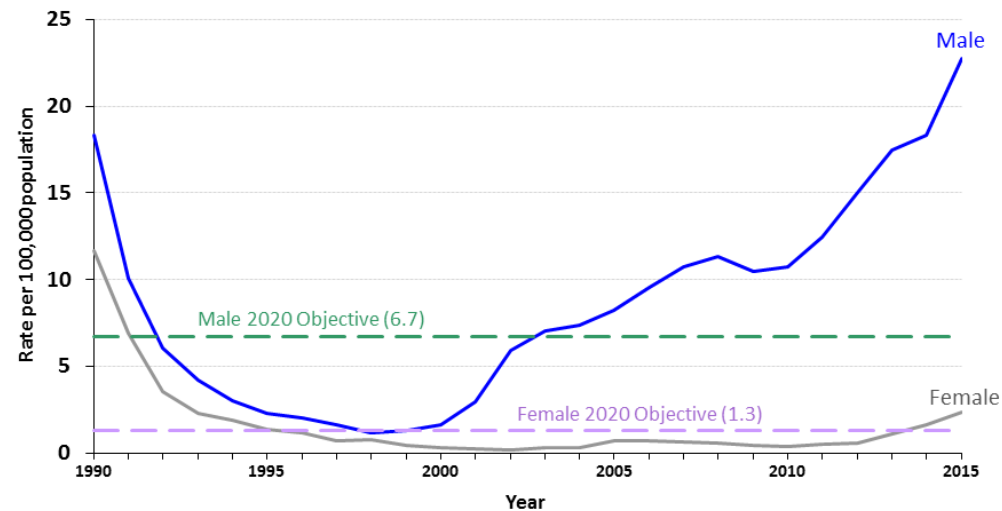


Public Health Nursing Services

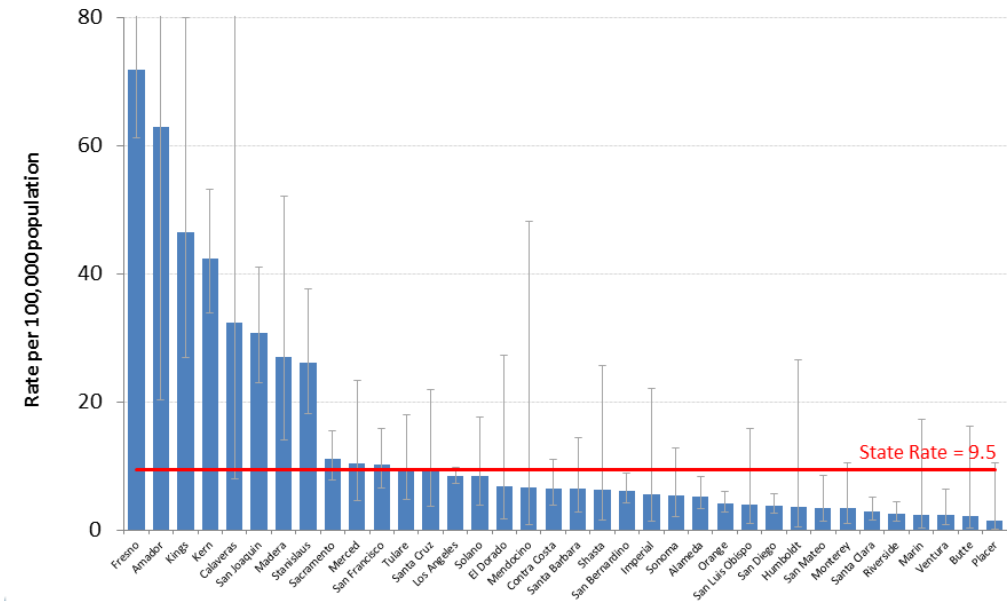


SYPHILIS RATES AND RISK FOR CONGENITAL SYPHILIS

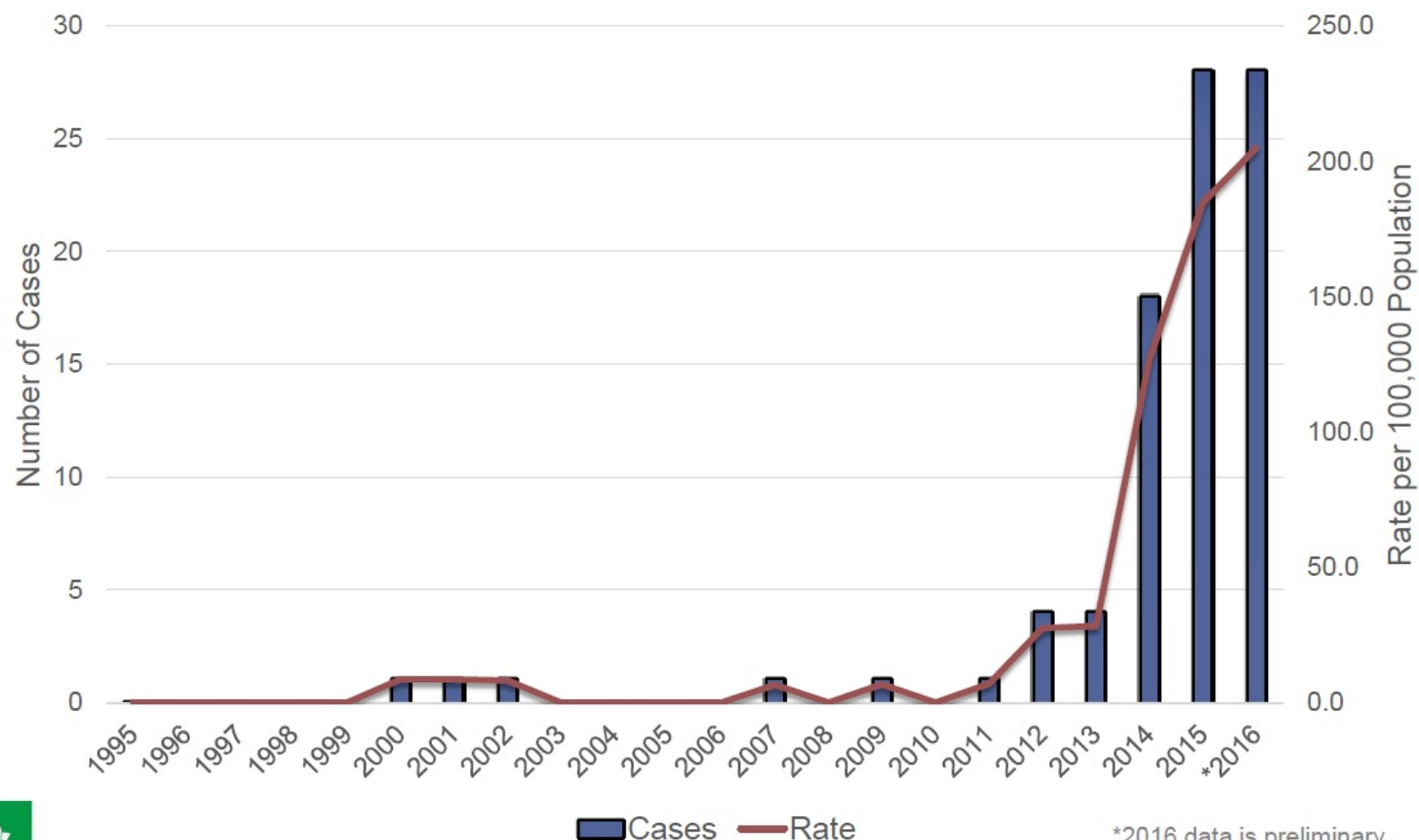
Primary & Secondary Syphilis, Incidence Rates by Gender
California, 1990–2015



Ranking of County Early Syphilis* Rates among Females Ages 15-44
California, 2015
(with 95% Confidence Intervals*)



Kern County Congenital Syphilis



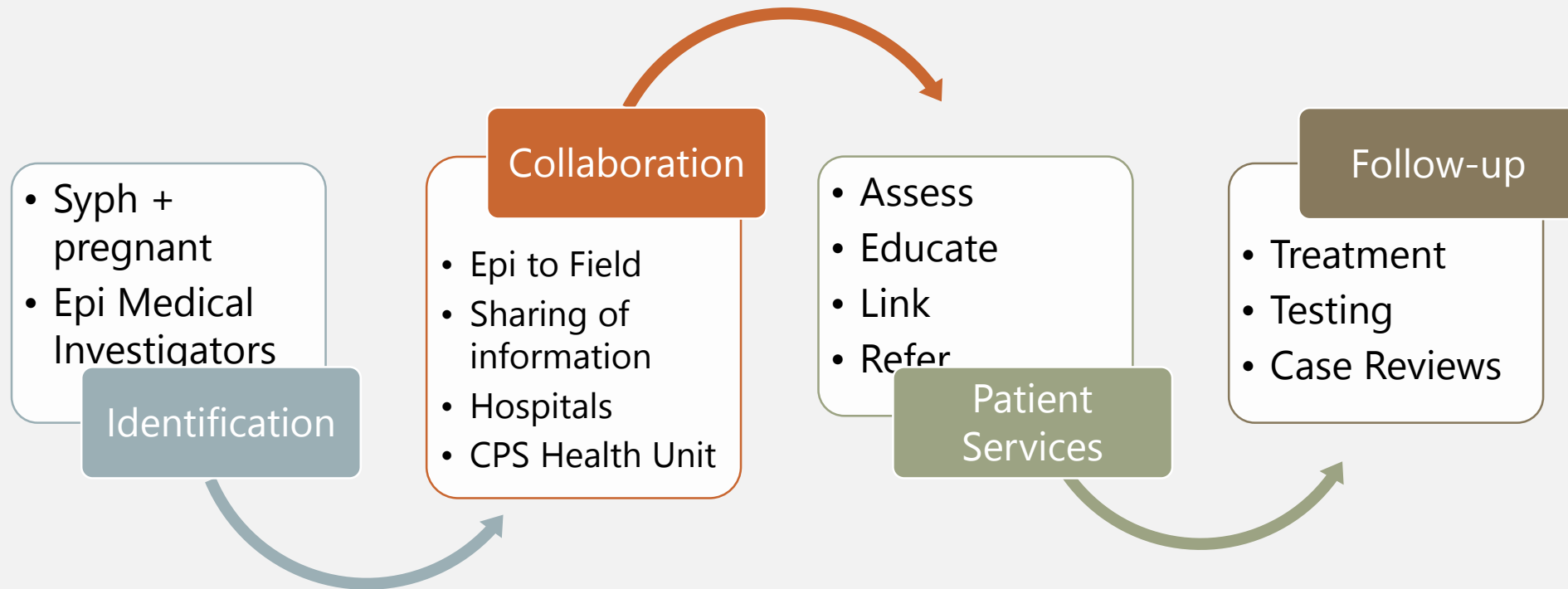
CONGENITAL SYPHILIS COLLABORATIVE RESPONSE



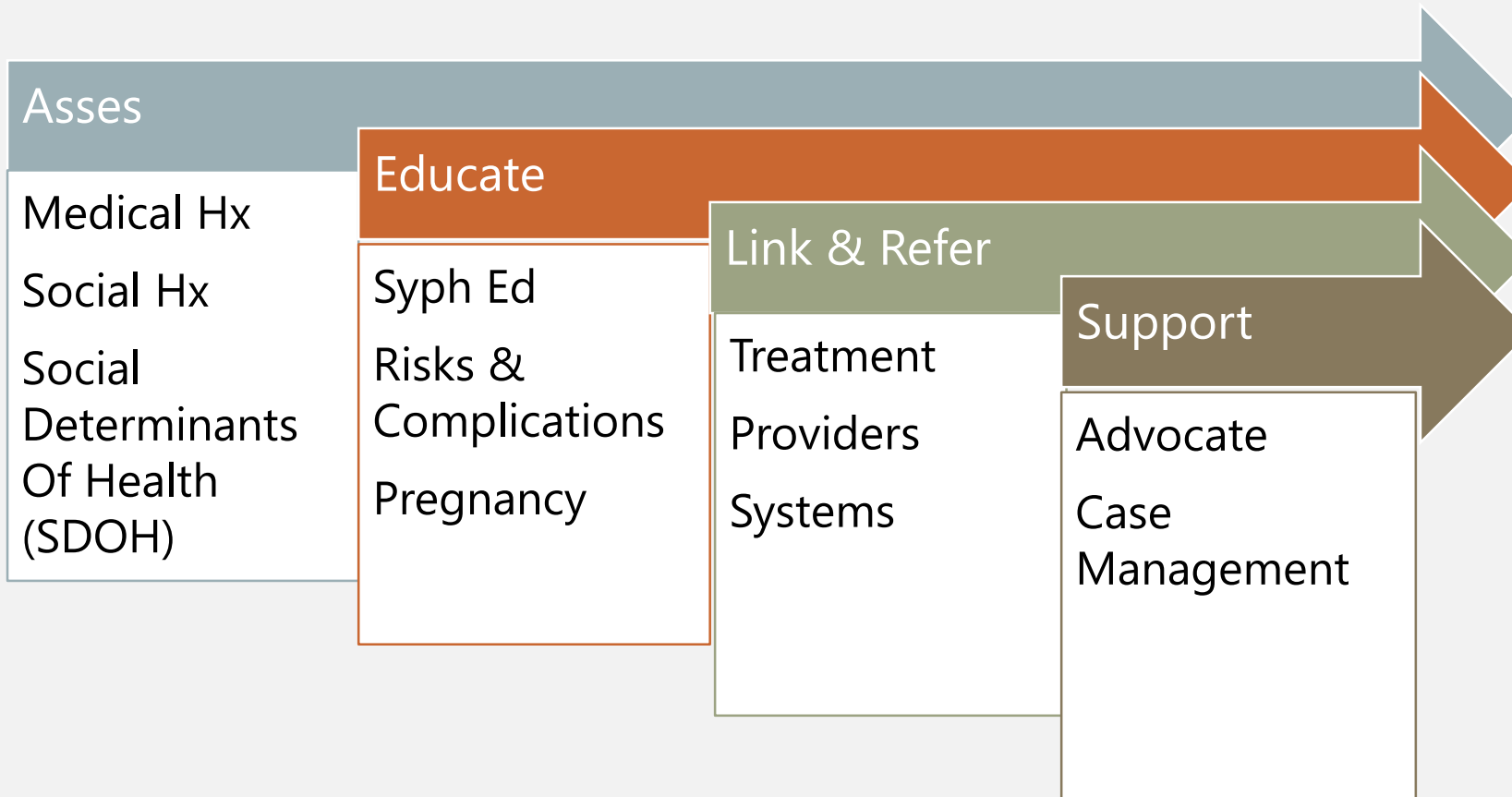
Disease Control
Epidemiologists
Medical Investigators
Field Nursing
Public Health Nurses
Public Health Aides
Health Education
Assistants
Medical Providers
Hospital Systems



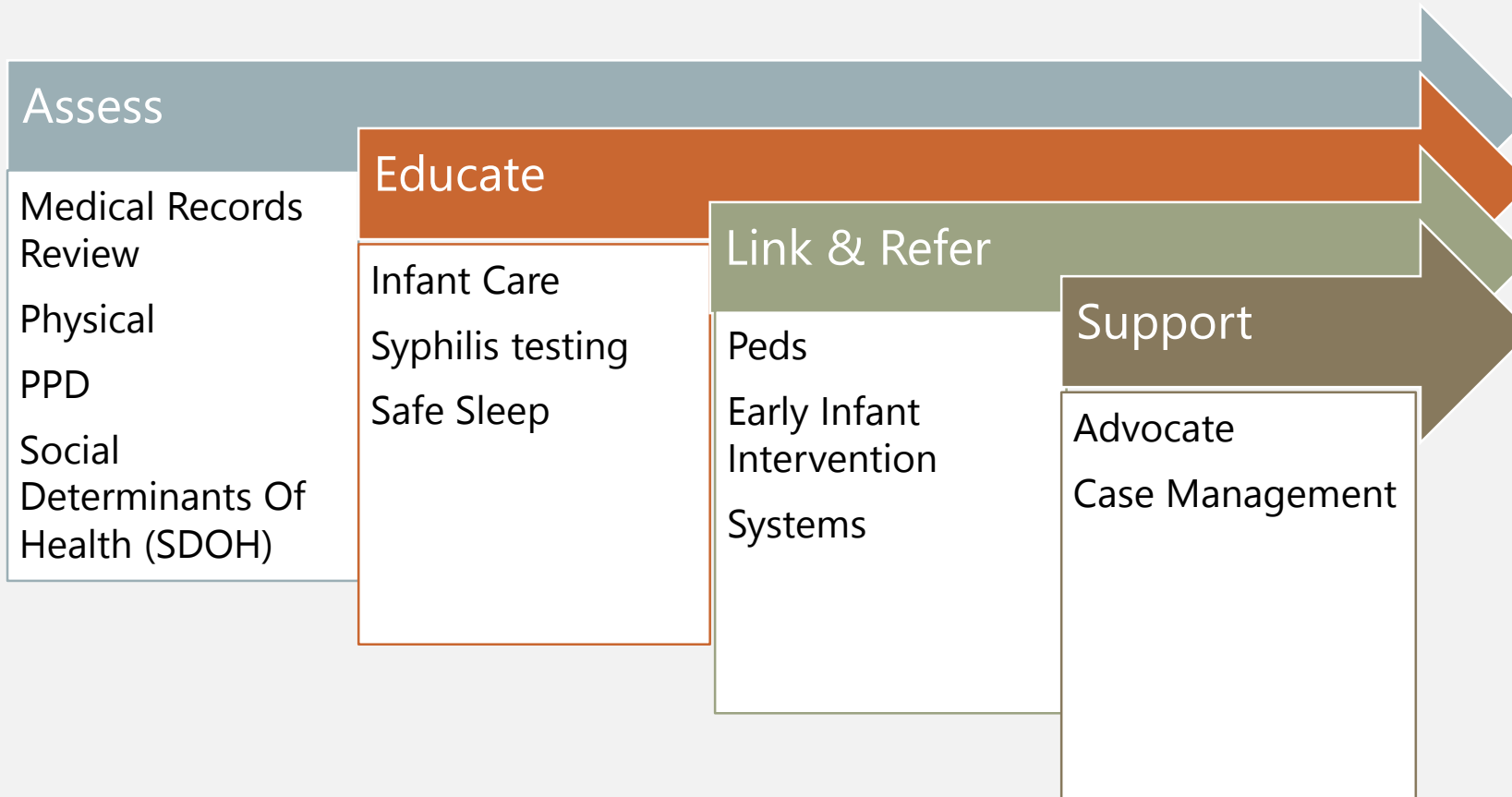
CONGENITAL SYPHILIS NURSING + EPI RESPONSE IN KERN



CONGENITAL SYPHILIS PRENATAL CASE MANAGEMENT



CONGENITAL SYPHILIS MOTHER/INFANT DYAD CASE MANAGEMENT



LESSONS LEARNED

“If we knew what it was
we were doing, it would
not be called research,
would it?”

-Albert Einstein

- Field Nursing requires extensive and ongoing education and support to keep efforts sustainable
- Consistent case conferencing was key to implementation and successful collaboration
- New avenues of information sharing became vital
- Outreach to physicians & hospital systems require a “team approach”
- Social Determinants of Health assessment continues to be key to better outcomes
 - Health is built in communities
- Collaboration, across agencies, opens doors

HEART PROGRAM

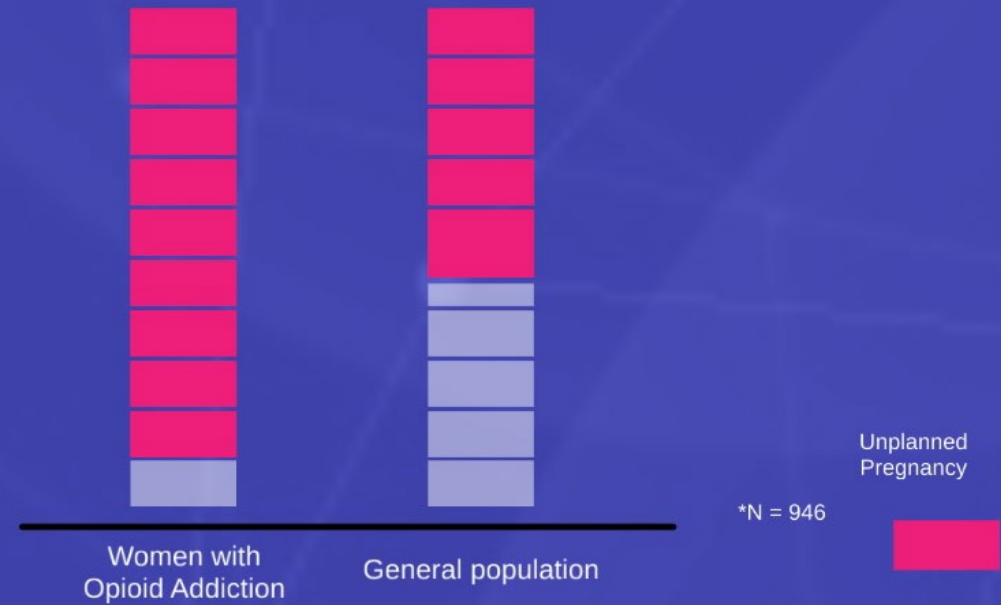


Health
Education &
Advocacy during
Recovery &
Treatment

To improve
health outcomes for
women of child-bearing
age in
Medication Assisted
Treatment (MAT)

PRIMARY
PREVENTION
PRE-CONCEPTION

9 of 10 pregnancies
of women with opioid addiction
were unplanned*



BARRIERS & STIGMA

What barriers exist for women of reproductive age accessing health care services?

What about Stigma?

BARRIERS & STIGMA

The Enacted stigma of direct experience of social and health care system ostracism and discrimination

The Perceived Stigma – the perception of stigmatized attitudes held by others toward self,

Self Stigma or internalized stigma– the personal feelings of shame and self-loathing related to regret of misdeeds and “lost time” in one’s life due to addiction

WOMEN & SUBSTANCE USE

Stigma

Exposure to violence

Lack of transportation

Lack of childcare

Unstable housing

Food insecurities

Multi-Generational drug use

History of child abuse / neglect

Different cultural beliefs

Lack of formal education

Comorbid psychiatric issues

Multiple drug exposures

Fear of legal prosecution

Lack of support system

Fear and guilt

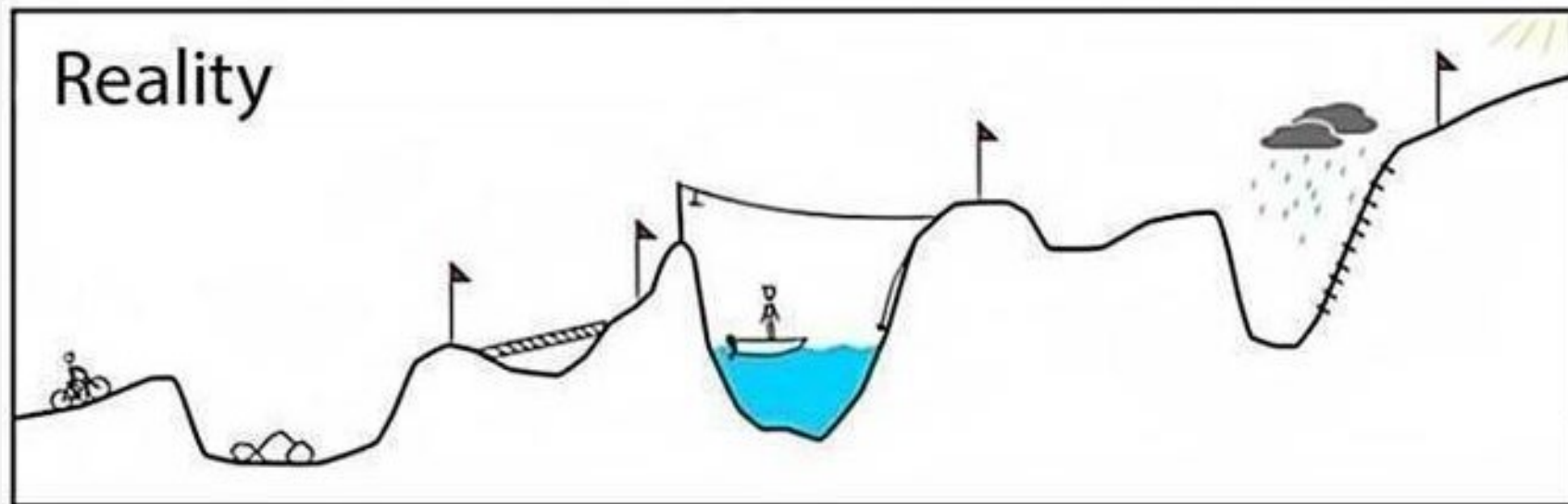
Limited parenting skills

Lack of job acquisition /
maintenance skills

Doubt that treatment will be
effective or doubt of risk

A PHN PERSPECTIVE

Assess · Link · Collaborate · Provide · Advocate





"NOTHING ABOUT US, WITHOUT US"

References

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