

First 5 Riverside County proposes to implement *Starting Strong / Empezar Fuerte*, a regional maternal health access model to improve first-trimester prenatal care and strengthen rural maternal health care delivery in Riverside County. The model will focus on rural communities where pregnant people experience persistent barriers to timely care, including provider access, health-related social needs, and fragmented referral pathways.

First 5 Riverside County is a proven community convener for cross-sector strategies that advance health equity from the prenatal period through age five, including the scaling of HealthySteps and serving as a model for other counties in current Prop 64 education. First 5 Riverside County will be a regional backbone for collaboration to advance CalRHT's goals of sustainable access, enhanced care coordination, technology-enabled care, workforce innovation, and improved rural health outcomes.

Starting Strong / Empezar Fuerte will build on First 5 Riverside County's established partnerships in HeRCARe (High Risk Care Access and Resources) and RivCo ONE, a countywide infrastructure for coordinated screening, referrals, and closed-loop follow-up across health and social service providers. RivCo ONE will be enhanced to support pregnancy identification and referral, reduce fragmentation, and create a more reliable pathway from pregnancy identification to timely care.

Starting Strong / Empezar Fuerte includes three integrated modules:

- 1: Increase **first-trimester identification and engagement** through community asset mapping, expanded participation in RivCo ONE, prenatal navigation and education, and culturally responsive outreach through trusted access points.
- 2: **Establish a prenatal risk stratification and clinical care pathway framework** in rural health clinics, for timely triage, standardized care, and referral to the appropriate level of prenatal services.
- 3: **Expand prenatal telehealth capacity for low- and high-risk pregnancies**, building on Riverside University Health System's (RUHS) HeRCARe model to reduce travel burden and improve access to care.

The need for this project is significant. First-trimester prenatal care in Riverside County declined from 86.7% in 2020 to 79.6% in 2025. In eight rural regions of Riverside, 20% - 31% of pregnant people did not receive first trimester care in 2025. Maternal comorbidities increased by 6% from 2018 to 2022, with Black people experiencing the highest rates of gestational hypertension and Asian people experiencing the highest rates of gestational diabetes among racial and ethnic groups. Prenatal depression symptoms were higher among Hispanic/Latinx pregnant people in Riverside County than statewide, and Riverside Hispanic/Latinx and Black pregnant people were more likely to report depression symptoms than White pregnant people. Approximately 16% of American Indian and Alaska Native (AI/AN) birthing parents experienced hypertension at delivery between 2020 and 2022, and AI/AN residents experience higher rates of delayed or unmet healthcare and are less likely to have a usual source of care.

First 5 Riverside County will leverage and expand relationships with RUHS, DAP Health, SAC Health, Riverside-San Bernadino County Indian Health, Riverside County Departments of Public Health and Public Social Services, Inland Empire Health Plan, Nurse-Family Partnership, and additional partners. These partnerships will drive coordinated implementation, expand regional capacity, accelerate adoption of effective maternal health practices, and advance sustainable improvements in access, care quality, and maternal-child health outcomes.