

San Diego County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	3,184,072
Total Population, African American.....	154,043
Total Population, American Indian/ Alaskan Natives.....	14,697
Total Population, Asian/Pacific Islander	352,971
Total Population, Hispanic	1,042,072
Total Population, White.....	1,520,264
Total Live Births ²	43,627

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	82.7%
% of births covered by Medi-Cal ²	33.0%
% of women ages 18-64 without health insurance ³	20.6%
% of women giving birth to a second child within 24 months of a previous pregnancy *	30.9%
% live births less than 37 weeks gestation ²	9.4%
Gestational diabetes per 1,000 females age 15-44	7.7
% of female population 18-64 living in poverty (0-200% FPL) ³	31.4%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	14.1
Unemployment Rate ⁴	10.6

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	29.7
Motor vehicle injury hospitalizations per 100,000 children age 0-146	15.5
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	41.2%
Mental health hospitalizations per 100,000 age 15-24*	1,391.3
Children in Foster Care per 1,000 children ⁵	6.0
Substance abuse hospitalization per 100,000 aged 15-24*	795.1

Data sources: ¹ CA Dept. of Finance population estimates for Year 2015, January 2013; ² CA Birth Statistical Master Files 2011-2013 Annual Average, 3 year average; ³ California Health Interview Survey, 2014; ⁴ [State of California, Employment Development Department, February 2017](#); ⁵ [Data from CA Child Welfare Indicators Project, UC Berkeley Point in Time Jul 2015](#); ⁶ [California Department of Public Health, Safe and Active Communities Branch](#); *Data carried over from the Community Profile 2015-2016. Not updated.

About Our Community – Health Starts Where We Live, Learn, Work, and Play

Larger than the smallest U.S. states of Delaware and Rhode Island combined, San Diego County spans 4,207 square miles in the southwest corner of California. It is bordered by the Pacific Ocean to the west, Mexico to the south, Imperial County to the east, and Orange and Riverside Counties to the north. Second in the State only to Los Angeles County, it had a population of 3,288,612 in 2016. It is also faced with urban growth challenges such as sprawl, traffic congestion, housing affordability, and loss of natural habitats. Its populations and 18 cities are concentrated in the western coastal and inland parts of the county, while rural areas in the east are set amongst an expanse of mountains and deserts.

In 2016, the top five industries for civilian employment were all in the Service Providing sector: 1) Government (242,100); 2) Professional and Business Services (234,000); 3) Trade, Transportation, and Utilities (221,600); 4) Educational and Health Services (198,500); and 5) Leisure and Hospitality (190,700). In 2015, 66,840 people were serving in the armed forces. In 2016, the principal employers by number of employees were: 1) University of California, San Diego (30,671); 2) Sharp HealthCare (17,809); 3) County of San Diego (17,034); 4) Scripps Health (14,863), and 5) City of San Diego (11,347).

In 2016, there were 1,294,108 acres of open space park or preserve land in the county and in 2010, 50% of San Diegans lived within half a mile of a park. The Walk Score is based on walking routes to nearby amenities and was available for the county's 16 most populous cities (maximum score is 100). For the County's five largest cities, 2016 scores were: 1) San Diego, 50; 2) Chula Vista, 41; 3) Oceanside, 35; 4) Escondido, 42; and 5) Carlsbad, 30. San Diego's score was on the lower end of the Somewhat Walkable category (50 to 69; meaning some errands can be accomplished on foot). The other four cities fell into the Car-Dependent category (25 to 49; meaning most errands require a car). All but six of San Diego County's cities also fell into this category – the highest five scoring cities made it into the Somewhat Walkable category.

Health System – Health and Human Services for the MCAH Population

Below is a list of strategies that are implemented within the MCAH programs to address the above MCAH population:

- Collaborate with existing programs to develop educational materials and/or campaigns aimed at increasing utilization of preventive medical and dental services among Medi-Cal children, pregnant teens and women, and families.
- Educate parents and families on the importance of preventive health/dental services and participate in coalitions to address challenges in accessing and utilizing medical and dental services and identify best practices to reduce barriers for families.
- Target outreach to community agencies, clinics, emergency rooms/urgent care, social and health services, and other organizations to enroll pregnant women into health coverage, connect with a prenatal care provider, and enter into early and continuous care. Offer transportation assistance to pregnant women to maintain utilization of prenatal care services.
- Identify and increase prenatal providers accepting Medi-Cal and presumptive eligibility.
- Collaborate with home visitation programs to support pregnant moms and new parents to promote infant and child health, foster educational development, and support positive parenting practices.
- Develop effective collaborations with clinics, providers, and community agencies to utilize interconception health materials to educate women of reproductive age, community clinics, Public Health Nursing, Comprehensive Perinatal Services Program (CPSP) providers, about the importance of postpartum visits, family planning, birth spacing, and maternal health.
- Collaborate with schools and organizations to utilize health messages to educate adolescent boys and girls about the importance of making healthy lifestyle choices.
- Discuss strategies for improving preconception/interconception health messaging within a Life Course framework.
- Encourage and assist providers to develop policies and procedures to screen all women, especially pregnant and postpartum women for mental health and substance use (focus on CPSP providers first, and then expand to other providers).
- Educate and increase awareness about trauma informed care among medical and social service providers.
- collaborate with California Children Services, Public Health Nursing, and other programs that serve Children with Special Health Care Needs to identify needs and barriers to accessing services and develop strategies to improve health of population.

San Diego County is racially/ethnically diverse, with 47.0% of people identifying as white, 33.4% as Hispanic, 11.1% as Asian, 4.3% as African American/black, 3.1% as two or more races, 0.5% as Pacific Islander, 0.5% as Native American, and 0.2% as other, in 2015. Minorities may face discrimination and immigrants have added cultural and linguistic barriers. A quarter of County residents (24.2%) were born outside the United States. Of those, about half (48.5%) were not U.S. citizens. Among all persons at least 5 years old, 38.1% speak a language other than English at home and of these, 38.2% report not speaking English very well. All marginalized groups can have difficulty getting an education, well-paying jobs, and accessing health care services.

Economic insecurity affects housing, safety, educational attainment, nutrition, healthcare, and ultimately, health. In 2016, 4.7% of San Diego County's workforce was unemployed (73,500 people). This is a large decline from a recent peak of 10.8% in 2010 and is moving closer to the lows of around 4% attained in the mid-2000s. In 2015, 14.5% of families and 34.4% of single-mother families lived in poverty. These overall rates also mask disparities – averaging 2011 to 2015, there were 68

census tracts (of 624 with data) where at least one in three families lived in poverty. In 2015, among county residents at least 25 years old, 13.4% never graduated high school. Housing cost burdens that exceed 30% of income are typically considered unaffordable – 56.7% of San Diego County renters spent 30% or more of their household income on rent, compared to 50.6% in the U.S. Cities in the County that were assigned 2016 Walk Scores all fell into the Car-Dependent to Somewhat Walkable range. Yet in 2015, 5.8% of homes (64,671) did not have any vehicle.

Health Status and Disparities for the MCAH Population

Significant improvements were seen in many health indicators. In 2015, an estimated 90.9% of San Diegans under age 65 had health insurance coverage, compared to 83.8% in 2001. The proportion of births where prenatal care began in the first trimester increased between 2007 (82.6%) and 2013 (84.8%). Preterm birth decreased from 10.8% in 2006 to 8.3% in 2013. Infant mortality also dropped between 2000 and 2013, going from 5.9 to 4.6 deaths per 1,000 live births. The teen birth rate was more than halved between 2000 (43.2) and 2013 (19.5 births per 1,000 population). Motor vehicle injury hospitalizations decreased among children aged 0 to 14, going from 32.9 to 12.5 hospitalizations per 100,000 populations between 2002 and 2013.