

# Nevada County

## Maternal Child and Adolescent Health Community Profile 2017-18

### Demographics

\*921

#### Our Community

Total Population <sup>1</sup> .....	98,593
Total Population, African American .....	339
Total Population, American Indian/ Alaskan Natives .....	788
Total Population, Asian/Pacific Islander .....	1,548
Total Population, Hispanic .....	9,115
Total Population, White .....	84,426
Total Live Births <sup>2</sup> .....	*921

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	78.2%
% of births covered by Medi-Cal <sup>2</sup> .....	40.1%
% of women ages 18-64 without health insurance <sup>3</sup> .....	17.5%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	29.9%
% live births less than 37 weeks gestation <sup>2</sup> .....	6.9%
Gestational diabetes per 1,000 females age 15-44 .....	4.9
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	27.8%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	32.5
Unemployment Rate <sup>4</sup> .....	11

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	14.2
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	32.9
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	36.2%
Mental health hospitalizations per 100,000 age 15-24* .....	1,429.3
Children in Foster Care per 1,000 children <sup>5</sup> .....	5.3
Substance abuse hospitalization per 100,000 aged 15-24* .....	71

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

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

Nevada County Public Health Department

Program Narrative

- 1) GEOGRAPHY-Nevada County is located in the Mother Lode of the Sierra Nevada Mountains, 978 square miles in size.
- Population near 98,500 (2012), 33% of residents living in incorporated areas, 67% live in unincorporated, outlying areas.
  - Western half of county near 1500' elevation, eastern half over 6,000' elevation in the Sierra Nevada mountains.

Lifestyle is considered rural quality; agricultural abundance, diverse cultural, historic and recreational attractions abound.

2) MAJOR INDUSTRY & EMPLOYERS-Service providers; education/health/leisure, outdoor recreation, construction, government & technology. Newest industry with multi-agency involvement; Cannabis

3) WALKABILITY-Availability of organized walking clubs, hiking, biking, kayaking, river pleasures, abundance of open space for outdoor enthusiasts, opportunities abound for an “outdoor recreational living emphasis”

- Problems-Automobile dependent residents living in rural areas beyond central town sites w/o ability of safe walking access to achieve errands, jobs, shopping, medical appointments, other ADL’s, limited county bus lines w/limited radius and times of service.

## Health System – Health and Human Services for the MCAH Population

### STRATEGIES and RESOURCES

- HOSPITALS: Sierra Nevada Memorial Hospital, Grass Valley and Tahoe-Forest Hospital, Truckee
- Large number of Home Births in Nevada County with licensed midwives (6% of total county births 2009-2011 & increased to >10% in 2014)
- CPSP PROVIDERS: Western Sierra Medical Center (WSMC), Tahoe Forest Hospital
- DENTI-CAL: Sierra Family Medical Clinic, Chapa de Indian Services, Western Sierra Medical Center, few local DDS’s
- Medi-Cal Managed Care – 2-plan county: Anthem Blue Cross and California Health and Wellness
- Mental Health and Social Services through County for eligible population

## Health Status and Disparities for the MCAH Population

### KEY BARRIERS, DISPARITIES and LOCAL CHALLENGES

- Fear amongst immigrant families to enroll in government programs, thinking their information may be provided to ICE; families separated through deportation efforts
- Economically advantaged vs. disadvantaged, “insured vs. non-insured” or non-U.S. citizen
- Local HS dropout rate 37.3% (County rate includes 3 Charter’s, 1 local, 2 out of county w/drop-out rates; 25% 33%, 63%); actual local dropout rate is <10%
- Western half of county w/extremely “tight” rental housing market, very low vacancy rate, evident homeless population and often including young families
- Limited established community ties, lack of rootedness-in immigrant population often transient & service worker population
- Risk of increased asthma rates-“poor” air quality days due to forest fires and/or influx of emissions/pollutants blown east from SF Bay area and Sacramento region into foothills and mountain communities
- Threat of flooding from Oroville Dam structural insecurity bringing large numbers of evacuees to Nevada County, most without other resources for housing, medical care
- Disparity in active life-style/recreational choices; between higher standard living residents vs. poorer working class-particularly Eastern half of county w/vacationing lifestyle (ie: snow skiing, boating, vacation homes) vs. economically disadvantaged service workers Western county w/high affluent retirement population
- English language difficulties for Spanish-speaking population in eastern county, Tahoe/Truckee region
- Anthem Blue Cross Partnership Plan & CA Health & Wellness (H&W) websites are both inaccurate, not up-to-date & do not list OB/GYN providers (recently websites are reflecting some more accurate information)
- Obesity issue amongst adults and children (NEOP and outreach healthy cooking classes in subsidized housing apartment complexes, PHD staff attending National Conference on Obesity Prevention)

- Reluctance/resistance enrolling new Medi-Cal & ACA clients, transportation issues, Monolingual Spanish & undocumented residents
- Truckee OB's refuse to accept P.E., consideration elimination of eastern county CPSP program, WSMC experienced frequent OB/GYN staff turnover
- No local inpatient psychiatric facilities
- Schools with extremely limited professional medical/school nursing services
- Limited Mental Health providers to address PMAD and other behavioral health issues, particularly substance abuse

PROGRESS: Improving Health Outcomes

- Moving Beyond Depression program-addressing the needs of lower-income and underserved perinatal women and CSHCN by identifying and treating maternal depression early and thoroughly to alleviate further negative impacts to their children and families
- Nevada County one of 3 Project Launch sites (Linking Actions for Unmet Needs in Children's Health)
- Nevada County Behavioral Health providing a Crisis Stabilization Unit for 24 hour observation/care in partnership with Sierra Nevada Memorial Hospital
- Live Healthy Nevada County (LHNC), Walkability Committee-goal to provide comfortable & safe walking NC residents, Safe Routes to School, Farm to School food opportunities for students thru Sierra Harvest
- Food banks implementing healthy food policies
- Water stations in select schools
- Tobacco ordinances in Grass Valley/Nevada City and smoke-free multi-unit housing
- Family Resource Centers
- Co-location of county HHS services
- Increased rates of kindergartners entering school with Immunizations up to date