

Sacramento County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	1,430,884
Total Population, African American	142,508
Total Population, American Indian/ Alaskan Natives	8,012
Total Population, Asian/Pacific Islander	215,906
Total Population, Hispanic	311,394
Total Population, White	692,326
Total Live Births ²	19,367

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	81.6%
% of births covered by Medi-Cal ²	47.4%
% of women ages 18-64 without health insurance ³	16.9%
% of women giving birth to a second child within 24 months of a previous pregnancy *	40.4%
% live births less than 37 weeks' gestation ²	8.3%
Gestational diabetes per 1,000 females age 15-44	12.5
% of female population 18-64 living in poverty (0-200% FPL) ³	36.5%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	32.4
Unemployment Rate ⁴	10.5

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	25.5
Motor vehicle injury hospitalizations per 100,000 children age 0-146	18.8
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	48.4%
Mental health hospitalizations per 100,000 age 15-24*	1,998.7
Children in Foster Care per 1,000 children ⁵	7.8
Substance abuse hospitalization per 100,000 aged 15-24*	978.1

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

1) Geography -

- Sacramento County covers 994 square miles in the northern portion of the California Central Valley east of the Bay area, extending east into the foothills of the Sierra Nevada Mountains.
- Major waterways include American River, Cosumnes River, Dry Creek, Sacramento River and San Joaquin River. Elevation is close to sea level; the highest point is Carpenter Hill (828 feet) in Southeast Folsom.
- The city of Sacramento, which serves as the state capital and a center for travel and trade, is surrounded by rural and agricultural land. Other cities include Citrus Heights, Elk Grove, Galt, Folsom, Isleton, and Rancho Cordova.

2) Major industries & employers in Sacramento County include:

- Hospitals (nine hospital facilities governed by four hospital systems)
- State and county government agencies, offices and legislative bodies (environmental programs, correctional institutions, transportation & municipal services, exposition & fair)
- Academic universities and colleges (e.g., California State University Sacramento)
- Other major industries - aerospace, semiconductor and chemical manufacturing electric power distribution; civic and social organizations; bus transportation; insurance; newspaper; vocational rehabilitation services

3) Walkability, recreational areas

- The city of Sacramento is the 23rd most walkable large city in the US; the most walkable neighborhoods are downtown, midtown and Old North Sacramento.
- Citrus Heights, Elk Grove, Folsom, Galt, Isleton and Rancho Cordova are car-dependent cities, as are some neighborhoods in the city of Sacramento. Rural areas of Sacramento County are also car-dependent.
- There are 226 parks and parkways totally nearly 3,200 acres of land in the City of Sacramento.
- Open protected spaces in Sacramento County include Cosumnes River Preserve, Deer Creek Hills, Mather Regional Park Vernal Pools, and Stone Lakes National Wildlife Refuge.

Health System – Health and Human Services for the MCAH Population

The Sacramento County Maternal Child and Adolescent Health (MCAH) program works with other programs, committees and advisory boards, and community stakeholders to employ a variety of strategies/initiatives to address health needs of women/mothers, children and adolescents, including cross cutting and life course issues. The following is a partial list of these groups:

- The Black Infant Health Program: provides a support group intervention that encourages empowerment and social support in the context of the life-course perspective for African American (AA) women. Social services case management is provided to ensure access to community and health-related services.
- California Children’s Services Program (CCS): provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.
- Child Health and Disability Prevention Program (CHDP): provides free health exams for low to moderate income children, helps link children to medical and dental care providers
- Childhood Illness & Injury Prevention Program (CHIIPP): strategies include public awareness campaigns, distribution of educational materials, parent-education workshops, car seat safety inspections, etc.
- Nurse-Family Partnership Program (NFP): For low-income women pregnant with their first child, public health nurses make home visits during the woman’s pregnancy and the first two years of the child’s life to help women practice sound health-related behaviors and improve economic self-sufficiency.
- Child Death Review Team (CDRT): reviews deaths of every child in Sacramento County to determine cause and facilitate the creation of strategies to prevent future deaths.
- Fetal Infant Mortality Review Program (FIMR): reviews fetal and infant deaths to identify risk factors associated with deaths and determine whether system changes can affect these factors.
- Steering Committee on Reduction of African American Child Deaths (RAACD): community-driven body established in June 2013 to create a strategic plan, monitor implementation, evaluate and report on progress towards reducing the disproportionate number of AA child deaths.

Health Status and Disparities for the MCAH Population

Key disparities in Sacramento County:

- **Preterm birth:** African American (AA) mothers have a higher percent of babies born preterm than other racial/ethnic groups in the community. Sacramento County had previously made some progress in decreasing the percent of babies born to AA mothers that were preterm (from 13.6% in 2012 to 11.7% in 2013), but the percent increased to 12.5% in 2014, and remains above the HP2020 goal of 11.4%. Older women and teen mothers are more likely to have babies born preterm compared to mothers ages 20-44; in 2013, 13.5% for teen moms, 37.4% for mothers age 45 and older, and 11.3% for mothers age 20-44. Tobacco use and late entry into prenatal care may contribute to these disparities, but they are largely mediated by social determinants of health such as income & employment, social support, and access to care.
- **Infant mortality:** AA women experience twice the rate of infant deaths (less than age one) than other racial/ethnic groups in Sacramento County. In 2014, AA infants had a rate of SUIDs deaths (360.6 per 100k live births) about 3.5 times higher than White infants (102.0) and nearly 10 times higher than Hispanic infants (36.6). Although these disparities persist, the magnitude of these disparities has decreased compare to 2013. Lack of culturally-relevant education (e.g., safe sleep practices), increased vulnerability to maltreatment & abuse (both mother and child), and lack of social support may contribute to this disparity. Additional resources have recently been allocated to addressing this issue.
- **Maternal overweight/obesity:** Over three-fifths of AA (63.3%) and Hispanic (63.8%) mothers in 2014 had a pre-pregnancy BMI categorized as overweight or obese compared to about half (50.8%) of White mothers and two-fifths (43.9%) of Asian/Pacific Islander mothers. Lack of exercise and lack of access to culturally-relevant healthy food options may contribute to this disparity. Perception of an unsafe physical environment may also discourage some women and girls from outdoor exercise.
- **Overdose deaths:** In 2014 there were 30 accidental and 15 intentional self-inflicted overdose deaths among women of child-bearing age (age 15-44). White women accounted for two-thirds and 80% of these deaths, respectively.