

# Monterey County

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

### Demographics

#### Our Community

Total Population <sup>1</sup> .....	435,232
Total Population, African American .....	11,641
Total Population, American Indian/ Alaskan Natives .....	1,433
Total Population, Asian/Pacific Islander .....	25,027
Total Population, Hispanic .....	246,827
Total Population, White .....	132,390
Total Live Births <sup>2</sup> .....	5,971

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	75%
% of births covered by Medi-Cal <sup>2</sup> .....	59%
% of women ages 18-64 without health insurance <sup>3</sup> .....	28.6%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	32.4%
% live births less than 37 weeks gestation <sup>2</sup> .....	10.3%
Gestational diabetes per 1,000 females age 15-44 .....	9.1
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	40.8%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	13.1
Unemployment Rate <sup>4</sup> .....	10.3

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	(2013) 36
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	10.9
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	55.9%
Mental health hospitalizations per 100,000 age 15-24* .....	1,142.7
Children in Foster Care per 1,000 children <sup>5</sup> .....	(2013) 3.36
Substance abuse hospitalization per 100,000 aged 15-24(*rate) .....	*563.5

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.

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

- 12 incorporated cities (Salinas is the largest)
- 3,322 square miles of land and 90 Coastline miles
- 16,000 acres of state parks and 12,500 acres of county parks
- 1.3 million acres of agricultural/grazing land
- 24 school districts (K-12) and 7 adult schools
- 7 adult schools
- 5 colleges (2 community colleges and 3 that offer undergraduate/graduate degrees) and 2 trade schools
- 2 airports (1 Regional in Monterey and 1 Municipal in Marina)

- Public Transportation: Amtrak, Greyhound, and Monterey-Salinas Transit
- 4 hospitals and 14 clinics that accept Medi-Cal
- Leader in agricultural exports (27 major trading partners worldwide)
- Major crops include: strawberries, salad products, spinach, broccoli, wine grapes, cut flowers, nursery products and beef cattle.
- Large commercial fishing industry
- Tourist destination (> \$2.6 billion dollars was spent by tourists in Monterey County during 2014, producing \$100 million in local taxes in 2014).
- Salinas’s air quality rated “A” by American Lung Association in 2015; ranking Salinas #6 nationally. Air Quality Index per “California’s Progress toward Clean Air – 2015,” Monterey County is rated “Good” for Ozone 98.9 % of days during 2012-2014 (“Good” is the best rating available).
- Natural disasters, by type, are greater than the U.S. average; floods are the most prominent type.
- Salinas, the largest city in Salinas, has a walkability score of 34; Examples of neighboring city’s walkability scores: Monterey’s score is 51; Marina’s score is 42; Carmel-by-the-Sea’s score is 89..

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

- Monterey County MCAH previously submitted a 5 Year Action Plan, which identifies plans to address goals, objectives and associated activities for the next five years. Many collaborative meetings were held with identified stakeholders prior to developing this action plan.
- Community Based Nursing (CBN) staff, formerly Public Health Regional Team (PHRT), have a home visiting team that is comprised of PHN’s, RN’s, LVN’s and RD’s. CBN provides intensive case management to assigned caseloads, which include infants and children, as well as perinatal clients and women of childbearing age. Case management services are extended to family members as needs are identified. Referrals typically come from local hospitals, clinics, agencies, community partners or self-referral. Referral diagnosis and length of case management services vary, per client’s needs/program eligibility/goals.
- Monterey County Community Based Nursing has two programs that solely serve pregnant/parenting teenagers: Teen Parenting Program (TPP) and Cal-Learn Program. While Cal-Learn is mandatory for pregnant/parenting teens in CalWORKS households, TPP is voluntary, and serves targeted high risk for teenage pregnancy areas in Salinas and South County. Both Cal-Learn and TPP programs have PHN case managers, who provide comprehensive assessments, develop individualized care plans, and linkages/referrals to local community resources and health care providers as needs are identified.
- Monterey County Caring Partners (MCCP) is a collaborative group that continues to meet monthly to identify and address family barriers preventing Children with Special Health Care needs from accessing services prescribed/recommended by their health care providers. MCCP also identifies new/ existing community resources to share with families, plans/conducts case reviews, and creates goals, objectives and timelines to make systems improvements for selected priorities. CBN/MCAH/TPP/Cal-Learn staff complete developmental screenings using ASQ-3/ASQ-SE and refer as needed. In addition, staff routinely conduct screenings and complete referrals for PMAD and Substance Abuse during Pregnancy. An ASQ-3/ASQ-SE training will be offered to staff in June 2017.
- MCAH collaborates with Monterey County Behavioral Health and Door-to –Hope/MCSTART to identify best screening tools, treatment and referral sources for women with Perinatal Mood and Anxiety Disorders (PMAD) and/or Substance Abuse during pregnancy.

\*This list is not exhaustive, but only a sampling of some MCAH services Monterey County routinely provides.

## Health Status and Disparities for the MCAH Population

Key Health Disparities in Monterey County

- As of 2015, one of the highest teen pregnancy rates in California. In 2013, Hispanic/Latino teens age 15 to 19 had higher birth rates than all other race/ethnic groups, with 48 births per 1,000 population. Multi-race teens had the next highest rate at 15 births per 1,000 population. In comparison, there were 5 births per 1,000 for Whites/non-Hispanics.

Progress: Teen birth rates in continue to trend down; the teen birth rate was 66/1000 in 2008-10.

- During 2013, late entry into prenatal care was significantly higher among mothers aged 15-19 compared to all other ages. Also, late entry into prenatal care was significantly higher for Hispanics (27%) and African Americans (27%); whites = 15%.
- Infant mortality rate was almost twice as high for Asian/Pacific Islanders (8%) during 2008-2010 in comparison to White, non-Hispanic residents (4.1%). The next highest infant mortality rate was 4.6% for Hispanic residents.
- In 2009, 45% of Hispanic women reported never having had a mammogram screening, whereas only 17% of White, non-Hispanic women reported the same. In comparison, 39% of women in U.S.A. aged  $\geq 40$  did not receive mammograms.
- During 2008-2010, diabetes mortality rates for Hispanic/Latino residents were significantly higher compared to White/non-Hispanic residents. Progress: the 2008-10 rate was significantly lower than the 1999-2010 rate.
- Unintentional injuries are the leading cause of premature deaths in the north, central, and south regions (>2x higher in north).
- Mortality rates are consistently lower for White, non-Hispanic residents compared to Black and Hispanic residents, though not statistically significant. Progress: Unintentional mortality rate decreased for Hispanics from 1999-2010; increased for others.
- Per Violence Policy Center (2015): Monterey County has highest homicide rate in the U.S.A. for youth aged 10-24.

Progress: Per capita homicide victimization rate dropped 25% between 2009 – 2013.

#### Examples of Contributing Factors

- There has been an escalation in gang violence.
- 36% of Monterey County moms who delivered a baby during 2013 had less than a 12th grade education.
- There is a shortage of primary care providers (70.4 providers per 100,000 residents); 23.8% of residents are uninsured (2011).