# El Dorado County

# Maternal Child and Adolescent Health Community Profile 2017-18

### **Demographics**

#### **Our Community**

Total Population <sup>1</sup>	
Total Population, African American	1,366
Total Population, American Indian/	
Alaskan Natives	1,634
Total Population, Asian/Pacific Islander	6,725
Total Population, Hispanic	
Total Population, White	
Total Live Births <sup>2</sup>	1,533

#### **Our Mothers and Babies**

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup>	
% of women ages 18-64 without health insurance <sup>3</sup>	14.3%
% of women giving birth to a second child within 24 months of a previous pregnancy *	41.4%
% live births less than 37 weeks gestation <sup>2</sup>	7.9%
Gestational diabetes per 1,000 females age 15-44	9.2
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup>	22.6%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	52.6
Unemployment Rate <sup>4</sup>	10.1

### **Our Children and Teens**

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

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

• El Dorado County is bordered by Amador, Alpine, Placer and Sacramento counties in California and Douglas County in Nevada. The population of El Dorado County has grown as the Greater Sacramento Area has expanded into the region. A total of 185,577 people live within the 1,707 square miles of El Dorado County. The population density for this area, estimated at 108.7 persons per square mile, is less than the population density of California, which is estimated at 242.47 persons per square mile. Eighty-two percent of El Dorado County's population resides in unincorporated areas of the County. The cities of Placerville and South Lake Tahoe are the only two incorporated cities. Nearly 35% of El Dorado County is considered rural with approximately 33% of the County's population residing toward the western border of the County in the El Dorado Hills and Cameron Park communities. The Tahoe Basin, on the eastern border of the County, is the second highest population centers.

• Major industries within El Dorado County include: Retail trade, Health Care, Accommodations or Food Service and Educational Services. The top seven employers within the County are: Blue Shield of California, County of El Dorado, Marshall

Medical Center, Red Hawk Casino, DST Output, Barton Hospital, and Sierra at Tahoe Resort. Approximately 39.9% of employed workers in El Dorado County have a long commute to work (>30 minutes) and 76.7% drive alone, most of these commuting to the Greater Sacramento Area. The average worker inflow-outflow ratio of El Dorado County is around 46% which shows a large outflow of the resident workforce.

• El Dorado County is a great place to live and play. Its lakes, fields, forests and rivers provide a beautiful backdrop for everyday activities and the landscape of the County invites residents and tourists to enjoy outdoor recreational activities year-round. The percentage of individuals who live reasonably close to a park or recreational facility, thereby having access to exercise opportunities, is 93.5%. Finally, walkability varies within the County. In some areas, such as El Dorado Hills and South Lake Tahoe, it is adequate and sidewalks are the norm. Conversely, in rural areas, walking as a source of transportation is difficult and unsafe because many roads are without sidewalks or bike lanes.

Sources: EDC Community Health Assessment, 2016; EDC Technical Assessment of Economic and Demographic Conditions, 2015; State of CA Employment Development Department, 2017; Welldorado.org, 2017.

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

• Coordinated a community-wide response to Adverse Childhood Experiences (ACEs) by facilitating an ACEs Community Collaborative (including steering committee and sector workgroups) in order to share ideas and move trauma-informed practices throughout the County; incorporating trauma-informed care practices into Public Health Nursing services. Two-year action plans have been completed by each sector workgroup, reviewed by the steering committee and are in progress.

• Ongoing partnership with a non-profit community agency to provide education in the schools (K-12) on violence prevention and self-skill building for youth. Working with teachers, parents, and administrators in these same schools so that they understand ACEs and the importance of utilizing trauma-informed practices in working with students.

• Coordinated and hosted a provider training on utilizing a trauma-informed approach (including importance of self-care) when serving clients in collaboration with the Child Abuse Prevention Council, EDC Alcohol and Drug Programs, and El Dorado County Breastfeeding Coalition. Over 120 individuals were in attendance at this conference.

• Partnering with First 5 El Dorado to serve as lead agencies for Community Hubs throughout the County. Community Hubs are a partnership between First 5 El Dorado, EDC Library, EDC Office of Education, EDC Child Abuse Prevention Council, EDC Behavioral Health and MCAH. Each Hub includes a multi-disciplinary team to engage parents, provide developmental and health screenings, early literacy activities, health education and referrals. Each Hub also provides outreach within socially-isolated areas to engage parents, provide social connections, and link families to services.

• Worked with an area hospital to update and implement their perinatal substance abuse policy. As part of the collaboration, the hospital implemented a universal drug testing model at the first prenatal visit and upon delivery and finalized an algorithm to assist nurses and physicians in deciding if a woman who tests positive for drugs should breastfeed and, if so, when it is safe to do so. This algorithm also includes information on how to make the appropriate referrals for continuity of care purposes. This perinatal substance abuse task force has reconvened to address this ongoing health need in our County.

• Working with a local FQHC to continue implementation of an expanded Medication Assisted Treatment model so that pregnant women who are using opiates, and are ready to quit, have prompt access to medications that will assist them in doing so.

## Health Status and Disparities for the MCAH Population

• Eighty-two percent of the population resides in unincorporated areas of the County. The rural nature of the County results in challenges to accessing health and human services. Services such as Immunization Outreach Clinics are available in rural areas to assist with access and increase immunization rates. Eligibility Workers have been co-located in rural health clinics to assist with access to human services. Community Hubs, implemented this year, have Community Health Advocates working to decrease social isolation, increase resiliency and access to services. This has helped to decrease the rate of uninsured individuals.

• El Dorado County is aging faster than the State of California as a whole. The largest age group in El Dorado County is 55-64 years with a median age of 43 years of age. This is almost ten years older than the median age of residents in California. Despite these statistics, policy makers are working diligently to support families and utilize the life course model in order to augment prevention efforts. An example of this is the Community Hub Program implemented this fiscal year.

• El Dorado County residents have fewer primary care physicians (per 100,000) population than some of the state and a percentage of the population lives in a "Health Professional Shortage Area" (HPSA). To help remedy this, telehealth is being utilized to assist with primary and specialty care access. Community Hubs assist in removal of geographic barriers to primary medical care and specialty health care services by connecting families to resources. Transportation leaders have started discussion on increasing bus routes to facilitate access to Community Hub services.

• Current rates of domestic violence, substance use in adolescents and pregnant women, and mental health hospitalizations in adolescents and pregnant women are higher than they have been in the past and higher than the state average. Local service providers are affecting change by collaborating, using the collective impact approach, coordinating care, and sharing resources so that improvements can be made to these important health indicators.

• As part of the Public Health Accreditation plan, a parklet is in development for Placerville's Main Street to add recreational space within a congested area of the County to promote healthy living, encourage active transportation, and foster mental wellness. The parklet is expected to open in summer of 2017.