Inyo County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Our Children and Teens

0 to	
Teen Birth Rate per 1,000 births (ages 15-19) ²	33.1
Motor vehicle injury hospitalizations per 100,000 children age 0-146	
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	47%
Mental health hospitalizations per 100,000 age 15-24*	880.5
Children in Foster Care per 1,000 children ⁵	5.6
Substance abuse hospitalization per 100,000 aged 15-24*	

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

Geography:

- 18,687 residents reside in a 10,227 sq. mile geographic region; borders NV. Elevation 4150ft. Lowest point Badwater in Death Valley, at 282 ft. below sea level; highest point Mt. Whitney, at 14,496 ft. above sea level. Majority of the County's population reside in the Owens Valley. The southeastern portion of the Inyo County contains a series of mountain ranges characteristic of the rest of the Great Basin, interspersed with spans of desert. Due to the rugged terrain, County residents are fairly isolated from the rest of California.
- Takes 3-5 hrs by car to reach a moderately large city in CA or NV. Los Angeles and Las Vegas are 4-5 hrs south. Sacramento is a 5 hr. drive north and west over the Sierra Nevada Mountains. During the winter months several of the passes are usually closed. Residents are required to drive many additional hours to circumvent the mountains, thereby adding miles, gas costs and other expenses. Arid climate. 78% sunny days

- Outdoor activities abundant: rock climbing, hiking, fishing, hunting; lakes, rivers, hot springs, bikes, boating
- Downtown: walkable to any location including schools, grocery stores & hospital

Major employers:

DWP, County of Inyo, City of Bishop, State of CA, Forest Service/Park Service/BLM, Schools, Hospitals. The government sector is the largest employer. Major industry includes agriculture, tourism, and retail. With less than 2% of land in Inyo County under private ownership, economic development a challenge.

Walkability/Recreational areas:

- Although 98% of land is owned by Local, State, or Federal government agencies, public lands are accessible.
- Walkability scores in the population centers of Inyo County range from 0-76 on a scale of 1-100. Scores vary widely by community due to the very rural nature of most neighborhoods where transportation is needed for most errands.
- There are County parks accessible in most communities.

Health System - Health and Human Services for the MCAH Population

Inyo County is considered a frontier county, due to the very low population density and distance from large urban areas. One unfortunate by-product of our location is a shortage or lack of health care options for some members of our community. Health Care Reform has increased the number of residents who have health coverage, however, access to care remains an issue. We continue to offer immunizations, STD testing and treatment, and Women's Health Care at our clinic. No dental or vision services available for the Medi-Cal population. Access to prenatal services remains very limited in the southern portion of Inyo County. Population in general is in need of preventative and interventional medical, dental, mental health services, substance abuse, and Social Services. Strategies and initiatives locally include:

Maternal/Women's Health:

- Referring pregnant women to the Owen's Valley Women's Clinic.
- Offering education opportunities, such as webinars, to OB/GYNs.
- Providing community-based flu vaccination clinics.

Perinatal/Infant Health:

- Ongoing SIDS education: Safe sleep ads/pamphlets; press release in local newspapers; outreach at community events.
- Public Health Nurse attended SIDS conference and webinars.
- Safe Sleep and SIDS literature distributed to Women's Clinic and to Bishop Pediatrics
- Effort focused on building partnerships with local providers, especially those who provide prenatal services and NEST.

Child and Adolescent Health:

- Ongoing Dental Case Management and educational classes taught in English and Spanish. Involved in providing out-of-county transportation.
- Ongoing community collaboratives and partnerships. Most notably, the Team Inyo for Healthy Kids collaborative, which focuses on preventing childhood obesity.

Children with Special Health Care Needs

• Coordinate with CCS program and also assist with Medical Therapy Clinic semiannually.

Health Status and Disparities for the MCAH Population

Health indicators and disparities can be difficult to track due to the small population size. Statistics are often not available or are unreliable, or combined with data from other small counties in order to reach a statistically significant sample size.

Smoking rates, STD rates, poverty rates, and other key health and/or social indicators tend to be higher in Inyo compared to statewide data. The 2017 County Health Rankings complied by the Robert Wood Johnson Foundation ranked Inyo Count y 48 out of 57 total counties for health outcomes.

Prenatal Care:

• Limited access to prenatal care can be attributed to the large geographical area, cultural beliefs and practices, language barriers to accessing care, and limited availability of Medi-Cal providers.

Obesity:

• Barriers to maintaining a healthy weight: fast food; portion size; media/TV; school meals; lack of education; sedentary lifestyle; cultural differences; two-parent working families; lack of obesity treatment programs; lack of role modeling; lack of medical providers who address obesity in children; stress; lack of self-esteem; lacking motivation; embarrassment.

Poverty:

- Food insecurity/lack of transportation/homeless; poor food choices; fast food vs. fresh; Prevention staff assist mothers to purchase healthy foods at local Farmer's Markets utilizing their EBT and WIC resources.
- Closest Denti-Cal providers are in Mono and Kern Counties. Some transportation and case management is provided through MCAH.
- Dental education is provided, incorporating healthy lifestyle food choices.
- Designated Dental Health Professional Shortage Area; challenge especially for the pediatric population in accessing dental care. For the past several years, MCAH funding has enabled the County to provide a part-time Dental Case Manager. Dental Case Management has been able to reduce their patient load by 50% through on-going educational efforts.

Adolescent Health:

Inyo County has historically had a relatively high teen pregnancy rate, with data showing a trend towards declining rates. Assumptions are made that there is an educational gap in birth control; lack of access to birth control; fear of seeking confidential medical care for birth control; developmental stage of teenagers "won't happen to me"; inappropriate use of birth control. County Health Rankings and Roadmaps 2015 ranks Inyo County 35 out of 57 counties for teen births, which represents a 2- point improvement over the prior year's ranking.