## San Mateo County

# Maternal Child and Adolescent Health Community Profile 2017-18

### **Demographics**

**Our Community** 

Total Population <sup>1</sup>	741,857
Total Population, African American	19,010
Total Population, American Indian/	
Alaskan Natives	1 169

Total Population, Asian/Paci	ific Islander	197,856
Total Population, Hispanic		
Total Population, White		308,845
Total Live Births <sup>2</sup>		8,821

### **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 births covered by Medi-Cal <sup>2</sup> % of women ages 18-64 without health insurance <sup>3</sup> % of women giving birth to a second child within 24 months of a previous pregnancy * % live births less than 37 weeks' gestation <sup>2</sup> Gestational diabetes per 1,000 females age 15-44 % of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> Substance use diagnosis per 1,000 hospitalizations of pregnant women*	
Unemployment Rate 4	

### **Our Children and Teens**

Teen Birth Rate per 1,000 births (ages 15-19) 2	18.2%
Motor vehicle injury hospitalizations per 100,000 children age 0-146	9.2%
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup>	23.3%
Mental health hospitalizations per 100,000 age 15-24*	1,204.8
Children in Foster Care per 1,000 children 5	2.2
Substance abuse hospitalization per 100,000 aged 15-24*	532.2

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

1) Occupying 455 square miles, San Mateo County is characterized by its geographic contrasts. The county is bound on the west by the Pacific Ocean, on the east by the San Francisco Bay, to the north by San Francisco County and City, and to the south by Santa Clara County (Silicon Valley). San Mateo County is often referred to as the Peninsula. Four regions are typically described: North-County, South-County, Mid-County, and the Coastside.

It was formed in 1856 out of the southern portion of then-San Francisco County, and is known for its mild climate and scenic vistas. It includes redwood forests, rolling hills, farmland, tidal marshes, creeks and ocean beaches.

2) Major industries include: bioscience, computer software, green technology, hospitality, financial management, health care, transportation and small business. The county's largest employers include Facebook, Gilead Sciences, Inc., Franklin Templeton Investments, Oracle Corp., San Mateo County, Kaiser Permanente, Seton Medical Center, Electronic Arts, Inc., Visa, Inc. and the San Francisco International Airport.

Civilian employed population by industry is as follows: Educational services, health care and social assistance (21.9%); Professional, scientific management, administrative and waste management services (16.4%); retail trade (9.2%) and arts, entertainment, and recreation, accommodation and food services (9.2%).

3) Walkability throughout the County varies from somewhat walkable (San Mateo and Brisbane) to very walkable (Daly City, Redwood City, and Menlo Park). Open spaces include: 79 hiking trails, 19 County parks, 11 State parks and 12 State beaches.

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

There are seven acute care inpatient hospitals located in San Mateo County: Kaiser Permanente (Redwood City and South San Francisco); Mills-Peninsula Health Services (Burlingame and San Mateo); San Mateo Medical Center (San Mateo); Sequoia Health Services (Redwood City) and Seton Medical Center (Daly City). Three of these hospitals are birthing centers: Mills-Peninsula, Burlingame; Sequoia Health Services and Kaiser Permanente Redwood City. The majority of our Medi-Cal births are delivered at Lucile Packard Children's Hospital in Palo Alto. Additionally, there are two level 1 trauma centers serving San Mateo County: Stanford Medical Center (Palo Alto) and San Francisco General Hospital (San Francisco).

We have 6 primary CPSP providers serving San Mateo County residents: North East Medical Services; Ravenswood Family Health Center; San Mateo Medical Center Fair Oaks Health Center; San Mateo Medical Center Main Campus; San Mateo Medical Center Coastside Clinic; and Stanford Hospital. Twenty-six Denti-Cal providers (dentists and orthodontists) in San Mateo County provide oral health services to low-income children. Health Plan of San Mateo (HPSM) serves as the only Medical Managed Care plan for the overwhelming majority of the County's population eligible for full-scope Medi-Cal benefits, including women, infants and children. Most Medi-Cal deliveries (approximately 73%) are to undocumented women, and so are still provided through Fee-for-Service Medi-Cal.

Our MCAH and CHVP programs work collaboratively with colleagues in other sectors of the San Mateo County Health System (e.g., Behavioral Health and Recovery Services, Health Coverage Unit, Health Information Technology, and the San Mateo Medical Center and Clinics) as well as other county agencies (e.g., Human Services Agency) to address the needs of our mutual clients. Children with Special Health Care Needs (CSHCN) often have complex conditions and are at greater risk to develop poor health outcomes and receive sub-optimal health care due to limited access, socioeconomic challenges, language and cultural barriers and increased stressors experienced by the familial unit. Our California Children's Services (CCS) Program is currently piloting a demonstration project with the HPSM. The HPSM CCS Demonstration Project (CCS Pilot) seeks to provide whole-child, family-centered care through an integrated and coordinated delivery system.

# Health Status and Disparities for the MCAH Population

We have identified six primary areas of concern:

#### 1) Prenatal Care

The percentage of African American and Asian/Pacific Islander women receiving late (during the third trimester) or no prenatal care is higher relative to other populations in our County. MCAH worked with HPSM to create the Go Before You Show Campaign, and now provides ongoing outreach. Culturally appropriate materials are updated and disseminated to raise awareness about the importance of early access to prenatal care and engaging in perinatal services.

### 2) Perinatal Mood and Anxiety Disorders

Asian/Pacific Islander, Black and Latina women have higher rates of hospitalization for Mood Disorders due to language and cultural barriers, and socioeconomic challenges. Although mental health referrals are available through County programs (e.g. Prenatal to Three Mental Health program and Behavioral Health and Recovery Services), and services have been expanded, additional providers of color are needed.

### 3) Perinatal Substance Use

Some perinatal women also suffer from substance use, which often co-occurs with mental health issues. Substance use diagnoses and hospitalizations have increased significantly in the last 10 years. MCAH is working to train staff on Trauma-Informed Care and to help our Health System became a Trauma-Informed system. This will ultimately result in improved care and health/well-being for our clients.

#### 4) Preterm Birth

The overall preterm birth rate for San Mateo County is lower than the State average; however the racial disparity between African American and White babies being born early still remains. Programs such as Black Infant Health have significantly helped to lower the preterm and infant mortality rates in the African American community.

### 5) Access to Healthcare for Men and Fathers

We have long recognized fathers' needs for supportive services to help them address social determinants of health (e.g., housing, employment). After the introduction of the Affordable Care Act, San Mateo County restarted case management services for Medi-Cal eligible men.

### 6) Children with Special Healthcare Needs

Children with developmental issues continue to be underserved in San Mateo County. With support from First 5 San Mateo County, San Mateo County has piloted and implemented a Help Me Grow-like program ("Watch Me Grow") to screen, refer and coordinate care for