

# Amador County

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

### Demographics

#### Our Community

Total Population <sup>1</sup> .....	36,945
Total Population, African American .....	964
Total Population, American Indian/ Alaskan Natives.....	553
Total Population, Asian/Pacific Islander .....	632
Total Population, Hispanic .....	4,796
Total Population, White.....	29,035
Total Live Births <sup>2</sup> .....	261

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	87.3%
% of births covered by Medi-Cal <sup>2</sup> .....	44.2%
% of women ages 18-64 without health insurance <sup>3</sup> .....	16.1%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	39.1%
% live births less than 37 weeks gestation <sup>2</sup> .....	8.6%
Gestational diabetes per 1,000 females age 15-44 .....	13
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	29.1%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	48.9
Unemployment Rate <sup>4</sup> .....	12.1

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	20.2
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	14.5
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	39.2%
Mental health hospitalizations per 100,000 age 15-24* .....	1425.5
Children in Foster Care per 1,000 children <sup>5</sup> .....	6.9
Substance abuse hospitalization per 100,000 aged 15-24* .....	758.7

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

\*Amador County is located in the Sierra Nevada Mountains of California approximately 45 miles southeast of Sacramento in a part of California known as the foothills. As of 2010, its population is 38,091 with approximately 3,500 inmates housed at Mule Creek State prison. Amador County ranges in elevation from approximately 250 feet in the western portion of the county to over 9,000 feet in the eastern portion of the county.

\*The county boasts of a public transportation system which operates only during the day Monday-Friday, no weekend service, \*Three incorporated towns, with 60% of the population living in rural unincorporated areas.

\*Parks are too far away to be accessed without a car and that routes to parks often involve traveling on roads that are not safe for bicycles and pedestrians. 81% of the workforce drive, 4% walk to work and less than 1% use Public Transportation

\*Workforce: 63% private wage and salary workers/24.6% government workers/12% are self employed

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

Sutter Medical Foundation is the largest provider of healthcare for the MCAH population since it has the only Pediatric clinic and one of two OB/ GYN clinics for the county. Managed Medi-Cal healthcare services are provided by 5 clinics, two of which are Rural Health Clinics and one is a Tribal Health Clinic. There is one hospital for the county, Sutter Amador, whose Maternity Unit serves both Amador and Calaveras' OB needs. Calaveras does not have an operating delivery suite or Obstetrical services in the county. Dental needs for low income are scarce. MACT Dental Clinic, is the only Denti-Cal Provider, but as a Tribal Clinic, the native American population is the priority; leaving it closed much of the time to the remainder of the population.

Managed Medical Plans: (2) Blue Cross of California and California Health and Wellness

CPSP Provider: None in the county/

\*The Sutter Medical Foundation Women Services provides OB services to beneficiaries of one of the two local plans. The practice was formerly a CPSP provider, however, the practice has chosen to disenroll from CPSP. There were no monetary benefits to the practice. CPSP services are required by the MMC Plan so the expectation is that CPSP functionality will be maintained and they saw no other benefit to continue.

\*The Gill Obstetrical Group also provides OB services to the general and Medi-Cal populations. However, this is a satellite program out of San Joaquin County. The women begin care locally but are required to complete and deliver out of Amador County.

The biggest barrier to care continues to be the merging of fee-for-service Medi-Cal into Managed Medi-Cal. Access to care is difficult since one plan has the majority of the providers so many families with the second plan now have to leave the county to find services.

## Health Status and Disparities for the MCAH Population

\*Lack of access to primary and preventative physical, dental and behavioral health services: Clinics struggle to meet the demand for services, leading to long waits to be seen or closed practices. Lack of public transportation limits the ability of the rural transportation disadvantaged population to access services which are usually in the more urban areas and in some cases, outside the county. Refusal of providers to see patients outside of their particular managed Medi-Cal plan. Confusion within the M/C population on who, what, where to access services. All this leads to people to only seek services for acute care. This cycle leads to increased health care costs, disrupted families, and increased human suffering.