Colusa County
Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

<table>
<thead>
<tr>
<th>Total Population 1</th>
<th>22,254</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population, African American</td>
<td>205</td>
</tr>
<tr>
<td>Total Population, American Indian/Alaskan Natives</td>
<td>356</td>
</tr>
<tr>
<td>Total Population, Asian/Pacific Islander</td>
<td>411</td>
</tr>
<tr>
<td>Total Population, Hispanic</td>
<td>12,746</td>
</tr>
<tr>
<td>Total Population, White</td>
<td>8,535</td>
</tr>
<tr>
<td>Total Live Births 2</td>
<td>313</td>
</tr>
</tbody>
</table>

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy 2 .......... 71.5%
% of births covered by Medi-Cal 2 ................................................................. 66.2%
% of women ages 18-64 without health insurance 3 ........................................ 27.3%
% of women giving birth to a second child within 24 months of a previous pregnancy * ........................................ 39.1%
% live births less than 37 weeks gestation 2 ................................................... 10.4%
Gestational diabetes per 1,000 females age 15-44 ........................................... 11.5
% of female population 18-64 living in poverty (0-200% FPL) 3 ...................... 42.9%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* ............ 22.7
Unemployment Rate 4 .................................................................................. 20.3

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) 2 ................................................... 31.6
Motor vehicle injury hospitalizations per 100,000 children age 0-146 ................ 12.7
% of children, ages 0-18 years living in poverty (0-200% FPL) 3 ...................... 58.7%
Mental health hospitalizations per 100,000 age 15-24* ...................................... 933.6
Children in Foster Care per 1,000 children 5 .................................................... 3.9
Substance abuse hospitalization per 100,000 aged 15-24* ................................. 466.8

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

Colusa County is a rural community spanning approximately 1,150 square miles. Much of the land is devoted to agriculture, which remains a primary economic activity, yet a declining source of employment. This is most likely due to a change in the type of crops grown in the County, which has seen a decrease in row crops and an increase in trees. More efficient drip irrigation as also decreased the need for agricultural labor. Drought conditions will also impact ag economy and employment. According to the Economic Analysis Branch of the California Department of Transportation, in 2014 the largest increases in employment were split between Manufacturing (240+ jobs), transportation/utilities (50+jobs), education and healthcare (30+jobs). Although the unemployment rate improved slightly from 19.1 in 2013 to 17.5 in 2014, Colusa County unemployment rates remain one of the highest in the state, which certainly contributes to the poverty levels noted in the above chart.
With respect to walkability both the City of Colusa and Williams scored fairly high with most errands being accomplished on foot. More rural communities, such as the unincorporated areas of Arbuckle, Maxwell, Princeton and Stonyford are more car dependent, with most errands and activities requiring transportation. Colusa, Williams and Arbuckle have accessible recreation areas available to community residents; Princeton and Stonyford have limited resources.

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

- The only birthing hospital in Colusa County, Colusa Regional Medical center with approximately 150 births per year, recently closed. MCAH program has worked diligently to link pregnant women to providers in adjacent Counties.
- The Family Practice that provided obstetrical care no longer offers that service in Colusa County.
- Women have to travel to Sutter, Yuba, Yolo and Butte County to receive prenatal care.
- Colusa Regional Hospital Clinic closed on April 2016. The hospital was purchased by American Specialty Healthcare Inc. The hospital plans to reopen in the summer of 2017. The hospital will not reopen its OB unit and do not plan to in the future.
- No CPSP provider in Colusa County.
- No Pediatrician or Specialty Pediatric care available in the County.
- Four Denti-Cal providers located in Colusa County: Colusa Ampla Health, Arbuckle Ampla Health, Colusa Indian Dental Clinic and Arbuckle Dental Smile (Dr. Roger Ashworth).
- WIC is available through Ampla Health Clinics in Colusa and Aruckle.
- Two clinics in the city of Colusa offer Presumptive Eligibility for Pregnant Women; Colusa Ampla Health and North Valley Family Physicians.
- Two clinics in Colusa (Colusa Ampla Health, Riverside Clinic) and one clinic in Arbuckle (Arbuckle Ampla Health) offer family pact at this time

**Health Status and Disparities for the MCAH Population**

- Colusa has historically and currently has a higher rate of late entry to prenatal care compared to the state may be impacted by not having prenatal care providers in Colusa county and limited clinics with Presumptive Eligibility.
- Geographic location of providers, Colusa has limited out of county public transportation.
- Late entry into prenatal care and % of females living in poverty impacts rates of gestational diabetes.
- Higher than state average % of children and females living in poverty is known to contribute to high childhood obesity rates.
- Lower than state average vehicle injury rates may be partially attributed to the County-wide child passenger safety program developed by MCAH program.
- MCAH program works closely with Child Protective Services to connect parents receiving services with Medi-cal programs prior to and during foster care placement.
- MCAH program collaborates with LHD programs that conduct nutrition education and outreach to CalFresh recipients.