Demographics

Our Community

Total Population 1 ................................................................. 136,480
Total Population, African American ........................................ 1,418
Total Population, American Indian/Alaskan Natives .......................... 7,155
Total Population, Asian/Pacific Islander ........................................ 3,362
Total Population, Hispanic ........................................................ 13,988
Total Population, White ............................................................ 104,653
Total Live Births 2 ...................................................................... 1417

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy 2 .................. 78.5%
% of births covered by Medi-Cal 2 ................................................. 57.1%
% of women ages 18-64 without health insurance 3 .......................... 22.6%
% of women giving birth to a second child within 24 months of a previous pregnancy * .......................... 41.1%
% live births less than 37 weeks gestation 2 .................................. 7.0%
Gestational diabetes per 1,000 females age 15-44 .......................... 8.2
% of female population 18-64 living in poverty (0-200% FPL) 3 .......................... 45.9%
% of children, ages 0-18 years living in poverty (0-200% FPL) 3 .......................... 52.8%
% of births less than 37 weeks gestation 2 .................................. 7.0%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .................................. 63.7
Unemployment Rate 4 .................................................................. 9.5

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) 2 ................................ 23.8
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .................................. 11.7
% of children, ages 0-18 years living in poverty (0-200% FPL) 3 .......................... 52.8%
Mental health hospitalizations per 100,000 age 15-24* .................................. 1,563.3
Children in Foster Care per 1,000 children 5 .................................. 918.3
Substance abuse hospitalization per 100,000 aged 15-24* .......................... 918.3

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

Humboldt County is one of California’s most rural counties, and is located on the far Northern Coast of California, approximately 75 miles south of the California-Oregon border. The nearest major urban areas are San Francisco and Sacramento, which are at least five hours away by motor vehicle. The county covers 2.3 million acres and is densely forested, bisected by several rivers and the coastal mountain range. It is bordered by the Pacific Ocean on the west, Mendocino County on the south, Del Norte County on the north and Trinity and Siskiyou County on the east. In landmass it is one of the State’s largest counties, and is about the size of Delaware and Rhode Island combined. During the winter, road closures are frequent. Some roads are only passable by using a four-wheel drive vehicle, any time of the year. The county is rural in nature; with a population of 134,923 spread over 3,573 square miles, or 37.7 persons per square mile, compared to California with 239 persons per square mile. Eureka is the largest community in the county, and is the county seat of government. Although there are many small communities spread throughout the rugged terrain, most of the services are in two communities that surround Humboldt Bay: Eureka and Arcata. Over the years the economy of the area has shifted from a reliance on the bountiful natural resources, including lumber, fishing and wood products that abounded in this rural area to...
one dependent on service, including education, utilities, utilities, art, transportation and tourism. Major employers include local city/county government, Humboldt State University, College of the Redwoods, St. Joseph Hospital System and Mad River Hospital, Humboldt County and Eureka City Schools. The lack of a robust economy places Humboldt at 36 of the 58 counties in California based on per capital income. Humboldt County faces challenges around walking and bicycling because of its remote location, climate and culture, but has been on the cutting edge of the Safe Routes to School policymaking. A local coalition, the Humboldt Partnership for Active Living (HumPAL) is an innovative team that uses a multi-disciplinary approach to address the relationship of land use choices, community design and public health by implementing small projects designed to increase physical activity; prioritizing use of scarce resources; and analyzing the addressing related land use policy issues. Walkability scores range from 0-92. Only 1% of the residents use public transportation to travel to work

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

MCAH chairs the following:

- The Humboldt Pregnancy & Postpartum Support Network: Activities have included: implementing the strategic plan created with Strategies (2015-16); running an advertisement within Humboldt Transit Authority buses (2017); supporting and promoting six Mother/Woman Groups in the community (2017); promoting the Humboldt County Blue Dot Project on Facebook and at community meetings/events (2017); and presenting a viewing of Dark Side of the Full Moon, a movie that brings maternal mental health out of the shadows. Coalition members were interviewed by a local radio station, KHUM (2017).

- The Oral Health (OH) program receives grant funding for an Oral Health Coordinator who leads the Dental Advisory Group (DAG) and the Pediatric Oral Health Leadership Team (POHILT). Both work to improve children’s oral health to inform their collaborative efforts and target future initiatives provides. Additional funding has provided a data consultant the ability to create the “Kindergarten Oral Health” data report. The OH Coordinator also has subcommittees whose focus is on data collection and outreach. MCAH coordinates “well-child dental clinics” every month in three locations in the county where young children can receive dental varnish.

- The Breastfeeding Task Force obtained a grant from First 5 with the intention of identifying businesses as being “breastfeeding friendly.” Additional progress has been made on a Breastfeeding Policy for Humboldt State University’s staff and students. The Task Force encouraged the Times Standard Newspaper to vote on the best breastfeeding friendly establishment.

- Paso a Paso meets quarterly with staff from Paso a Paso, a program funded by St. Joseph Hospital where support is provided to pregnant and parenting Spanish speaking families. MCAH meets to ensure that maternal, child and adolescent health issues faced by Latino families are being addressed. Staff from Paso a Paso participate in several MCAH coalitions.

On November 21, 2016, Humboldt County became the first small county to be a Nationally Accredited Public Health Department. MCAH was the lead on Domain 7 Access to Care. MCAH has led the Humboldt County Help Me Grow program work with engaging community partners. MCAH is working in collaboration as a project lead and steering committee member, with Center for Rural Policy at Humboldt State of a research, and evaluation project related to Perinatal substance use in Humboldt County.

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

Six of the eight leading causes of premature death in Humboldt County are preventable. These include: unintentional injury, alcohol and other drug (AOD) overdoses, motor vehicle traffic injuries, heart disease, suicide, and liver disease/cirrhosis. A leading cause of premature death continues to be the acute and chronic effects of alcohol, drug and tobacco use. Health disparities are marked among the poor and/or those who have a serious mental illness. In Humboldt, non-white and American Indian/Alaska Native (AI) persons die approximately twelve years sooner than those who are Caucasian. The AI population has a higher rate of infant mortality, lower rate of early entry into prenatal care, and a higher rate of death from unintentional injuries. MCAH has targeted American Indian early prenatal care and post-neonatal mortality as a priority. Isolation, geographic distance contributing to transportation barriers, and access to basic services are risk factors, accompanied by high unemployment rates and economic instability. Protective factors include family cohesion and
supportive relationships in the community. More than 250 nonprofit organizations, coalitions and collaborative groups, and an extensive network of Family Resource Centers provide families with supportive services and activities. Many of these occur in isolated areas. With funding from the Mental Health Services Act, DHHS and community partners conduct activities and educational events to raise awareness about the impact of alcohol and other drug abuse in our community to create a healthy environment for youth, adult, school and parent groups through the Alcohol and Other Drugs Prevention program, MCAH participate in coalitions regarding prevention activities. The Stigma and Discrimination Reduction Program / Prevention & Early Intervention program works to reduce stigma against those living with mental illness through education, outreach and by supporting public speaking opportunities for those living with mental health disorders. The Suicide Prevention Program / Prevention & Early Intervention enhances individual, family, community and workforce ability to prevent suicide through education, outreach, training and collaboration. MCAH serves on a variety of coalitions with these teams, including the Alcohol and Other Drug Prevention Treatment Team Meeting and the Suicide Prevention Network to address disparities and improve the health status of Humboldt County.